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A Comparative Analysis of HIV/AIDS in France and the United States: Historical Context and Preventative Actions

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A COMPARATIVE ANALYSIS OF HIV/AIDS IN FRANCE AND THE UNITED STATES:
HISTORICAL CONTEXT AND PREVENTATIVE ACTIONS

An Undergraduate Honors Thesis
Submitted in Partial Fulfillment of
University Honors Program Requirements
University of Nebraska- Lincoln

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March 21, 2024

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Abstract

The HIV/AIDS pandemic is the result of transmission of a zoonotic disease known as simian immunodeficiency virus. The pandemic has had profound social and economic consequences and continues to be present today. France and the United States' response to the discovery of HIV will be compared and the impact that HIV/AIDS had on their countries and future responses. They had rather similar responses, however, the United States had a slower initial response compared to France. Both had similar takeaways such as aiming at improving prevention and utilizing tactics developed during the start of the pandemic like frequent testing and vaccines.

Key Words: HIV, AIDS, Pandemic, Epidemic, United States Health Care, French Health Care, Public Health

Dedication

To my mom, dad, sister, and brother-- for encouraging me to be curious and inspiring me to be great.

Acknowledgments

I owe a great deal of thanks to my thesis advisors, Dr. Erica Schauer and Dr. Erin Sayer, for their continued guidance and support throughout this process. This work would not have been possible without the encouragement of both Dr. S(s) to combine my interests in French and medicine.

A Comparative Analysis of HIV/AIDS in France and the United States: Historical Context and Preventative Actions

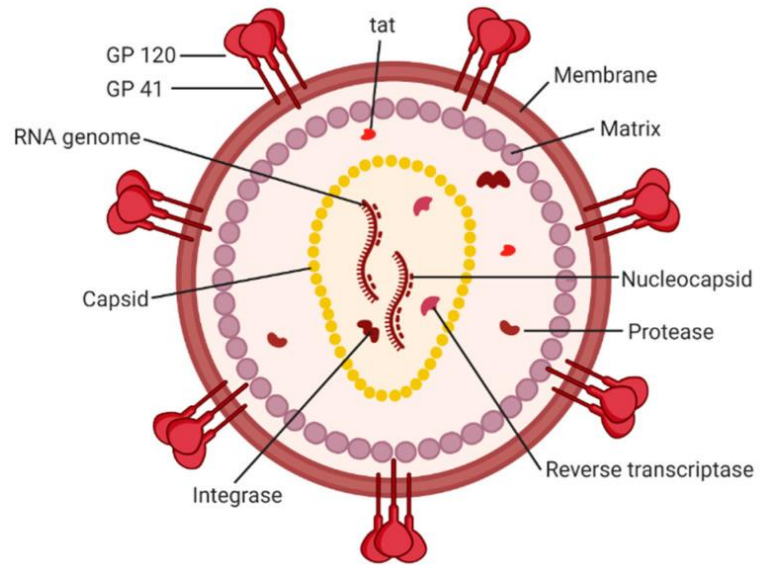
Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are a severe public health challenge around the world. HIV caused a pandemic that continues to affect millions of people worldwide. The virus is primarily spread through sexual transmission, blood exposure, and sharing of contaminated needles. HIV/AIDS has affected all demographics including those in both developed and developing countries. This thesis will explore the origins of HIV/AIDS, its progression, and its impact on society. It will examine France and the United States's responses to the pandemic and how they contributed to international efforts to combat the HIV/AIDS pandemic.

Background

AIDS is the final, most severe stage of HIV-1 and HIV-2. The AIDS pandemic is the result of a mutation in an affliction of monkeys and apes known as simian immunodeficiency virus. This now mutated disease, similar to most diseases affecting humans, is a zoonotic disease (Snowden, 2020). It is not entirely known when the first transmission to humans occurred, but it's expected to have happened between the 1920s and the 1950s. This was many years before the first known case of HIV-1 was determined through a blood sample in 1959 from a man who had died in Kinshasa, located in the Democratic Republic of the Congo (Nazneen Memon, 2022). From this case, scientists tracked the transmission of HIV through a "family tree." They traced back to the first transmission of SIV to HIV in humans and determined the initial transmission to have been around the 1930s (Carmichael, 2006). The transmission of the virus resulted in two

biotypes of the virus. HIV-1 developed in Central Africa and is considered the more virulent virus. HIV-1 is the strain associated with the HIV/AIDS pandemic. HIV-2 is less transmittable and is largely confined to West Africa (Nazneen Memon, 2022).



HIV is a relatively simple **Figure 1:** A visual of HIV-1 structure (Rossi et al., 2021)

virus in regard to its structure (Fig. 1). HIV consists of two strands of genetic material in the form of ribonucleic acid (RNA) containing only ten genes encased in a membrane with two types of glycoproteins on its surface (Snowden 2020). The capsid protein is a structural component of HIV that is critical to the life cycle of HIV. The virus is lined with an inner matrix layer, a host-derived membrane, and surrounded by glycoproteins (GP41 and GP120). Proteins essential for infection are found with the RNA genome inside the capsid (Rossi et al., 2021). Compared to other viruses containing five thousand to ten thousand genes, HIV is much smaller. It is parasitic and relies on a host to perform the processes essential for life. With access to the bloodstream, HIV glycoproteins on the surface enable it to target and then invade specific cells. The virus enters a type of white blood cell, called CD4, that regulates the body. The invasion of the virus into the CD4 cells leads to malfunctioning in the immune system, as CD4 cells regulate the body's immune system by activating it in the face of an invasion. The regulators of the immune system become viral factors generating HIV virions and return to the bloodstream to infect more CD4 cells. Invasion of HIV is followed by an incubation period of six to eight weeks which

causes an initial infection that has flu-like symptoms (Snowden, 2020). After a resolution of the initial symptoms, the disease progresses silently. The clinical latency may last a decade or longer, while some infections progress faster. The latent period involves HIV in a continual invasion cycle of CD4 cells, the replication of virus, destruction of the host's white blood cells, and the return of the virus to the bloodstream. HIV is active but reproduces at low levels. While there are usually no symptoms during this time HIV can still be transmitted unknowingly.

AIDS is the final stage of HIV infection. Because of the severely damaged immune system, the body is unable to fight off opportunistic viruses such as infection and infection-related cancers (NIH, 2021). There are four stages associated with the progression of HIV/AIDS related to CD4 count (Table 1). Stage 1 is represented by a CD4 white blood cell count of less than 1,000 but higher than 500. This is considered the latent period. Stage 2 is represented by a CD4 count of less than 500 and more than 350. Clinical signs vary at this level. Stage 3 is represented by a CD4 count between 200 and 350. Common signs and symptoms included severe weight loss, fever, night sweats, loosening of teeth, chronic diarrhea, and other infections signaling AIDS. Stage 4 is when the CD4 count is less than 200. (Snowden, 2020). There are severe clinical signs at this stage. The main complication with HIV/AIDS is pulmonary tuberculosis which can cause immediate patient death. If a patient is left untreated, death normally occurs within three years (NIH, 2021).

Table 1: The characteristics of the four stages of AIDS progression are shown including CD4 count, classification of the stage, and typical symptoms at each stage (NIH, 2021) (Snowden, 2020).

Characteristics	Stage 1	Stage 2	Stage 3	Stage 4
CD4 count	500-1000	350-500	200-350	<200
Classification	Latent Period	Latency/onset of severe infection	Chronic HIV	AIDS
Symptoms	Typically, no presenting symptoms	Unexplained weight loss, nail infections, sore throat, cough, respiratory infections	Severe weight loss, fever, bacterial infections, oral infections, diarrhea	Severe clinical signs, dry cough, shortness of breath, headache, chest pain, tuberculosis, cognitive/motor dysfunction

After being transmitted to humans, HIV/AIDS followed two epidemic patterns: one on the continent of origin, Africa, and one in the industrialized world. In Africa, AIDS evolved into a disease of the masses and was primarily transmitted through heterosexual intercourse. The virus spread expansively, leading to a significant public health challenge. In the industrialized world, particularly in economically developed countries, HIV/AIDS became an epidemic that disproportionately affected socially or economically marginalized groups. These groups included gay men, intravenous drug users, and ethnic minorities.

The impact of HIV/AIDS goes beyond the medical aspects and has profound social and economic consequences. The spread of the virus within these communities led to concentrated epidemics. Stigmatization and discrimination against affected populations, especially in the industrialized world, hindered effective prevention and treatment efforts. The emergence of HIV/AIDS sparked a global response, with efforts focused on raising awareness, promoting safe

practices, and developing antiretroviral treatments. International organizations, governments, and non-profits have worked together to address the pandemic and improve access to healthcare for those affected.

France's Response

HIV/AIDS, “ le VIH et le SIDA” in French, was quickly brought to the international eye, including in France, with the first case reported by the United States in 1981 (Kim, 2016). Patients with similar symptoms began catching the eyes of French physicians. One physician in particular, Dr. Willy Rozenbaum, gathered a group of specialists who were interested in looking into the new disease (Phelan, 2023). The resulting research searched for the cause of the new virus that was quickly spreading from the United States to Europe. French policy was created to work toward a safe and effective response to the epidemic. More than 50 laboratories were working toward uncovering the nature of the disease. 100 million Francs were allocated to fifty teams of scientists. The French government created a new research center focused on the study of molecules and made plans for more research centers (Supervie et al., 2014).

Along with funding and conducting national research, French scientists and healthcare providers put a large emphasis on collaboration with the international community. The French prioritized sharing and coordination with the World Health Organization (WHO) (Supervie et al., 2014). France placed itself at the forefront of the international response effort by incrementally increasing financial aid. This increased as the threat of HIV/AIDS became more present to the public. The positive correlation between the size of funding and the public's awareness of the epidemic along with the similar international and domestic acceptance of the aid urged donations (Kim, 2016). Along with monetary aid, France contributed their knowledge of the disease and the findings of their research.

While the research community was working to better understand the virus, many organizations provided financial and logistical support. France was the leading contributor to UNITAID, an organization that provides access to quality, affordable HIV treatment and diagnoses. France also contributed to UNAIDS, an advocacy organization that focuses on monitoring and analyzing symptoms and spread. Another French organization that worked internationally was *Médecins sans Frontières*, (Doctors without Borders). *Médecins sans Frontières*'s HIV/AIDS experience began in the late 1980s. Initially focused on preventing the spread of the disease in African countries, they gradually shifted their focus to prevention by 1997. While new antiretroviral therapies were improving the lives of people living with AIDS in wealthy countries, these new therapies were out of their reach. *Médecins sans frontiers* offers insight into the potential difficulties of the prevention and treatment of HIV/AIDS in less wealthy countries. They emphasize the importance of communication and raising awareness of safe practices.

France discovered the retrovirus of HIV in February of 1983. Their findings were then shared with the world in May of that year. They called the virus lymphadenopathy associated virus (LAV). This breakthrough led to many diagnostic tests and the development of antiretroviral drugs (Supervie et al., 2014).

As the gravity of the pandemic became evident, the French government implemented many policies and strategies to help address the crisis. The main policy was based on five points: prevention, training, monitoring and treatment, research, and international cooperation (Supervie et al., 2014).

A national education campaign began in the spring of 1987 and included commercials, a telephone network, and information booklets. Many of the national campaigns revolved around

the idea that HIV was a preventable disease and not an epidemic. France also legalized the sale of syringes, which had to be prescribed since 1972. This was done in the hope that intravenous infections would be less common. Voluntary screening was encouraged, and international systematic screening was created by France with the WHO—specifically, systematic screening of blood donors in African countries. Screening became mandatory for any type of blood, organ, or other anatomical donation.

A large focus was put on training not only for medical providers but also for those aiding people with drug addictions. The Ministry of Justice trained and educated prison staff and inmates on AIDS prevention. In 1987, eleven centers for AIDS information, treatment, and monitoring were created in France. Patients were triaged and then able to receive the proper information or care. Research also played an incredible role not only in the determination of the HIV retrovirus, but for the development of treatments. International cooperation has also played a significant role in further development and collaborative action (Supervie et al., 2014).

Societal attitudes towards HIV/AIDS were largely dependent on media consumption. The daily newspapers had regular coverage revolving around medical issues by verified journalists. The framing of their stories changed, providing insight into public perceptions. When the epidemic was still rather mysterious, HIV/AIDS was dubbed the “gay disease” in French newspapers (Kim, 2016). The disease was characterized based on its major route of transmission which, at the time, was homosexual intercourse. The French gay community was not very visible at the start of the outbreak-- especially since sexuality was not something typically discussed in public. The framing soon became a “social phenomenon” as social and political aspects were brought to light that showed the misperception of the “gay disease” framework (Kim, 2016).

The “social phenomenon” framing of HIV/AIDS showed that the virus had impacts on everyone and was not just impacting isolated groups. During this time, 83 articles covered diverse topics revolving around the different dimensions of the virus. This framework was followed by a “national cause” frame, beginning in 1985, when many events focused on the national agenda aspect of HIV/AIDS. With the emergence of HIV-positive patients with antibodies (seropositif), the media became devoted to challenging misperceptions and stigmas related to HIV and AIDS (Kim, 2016). Many media companies and public organizations worked to reduce these stigmas by fostering empathy, dispelling myths, and encouraging inclusivity.

Educational programs, media campaigns, and community organizations played a vital role in shifting the public’s perspectives. People living with HIV/AIDS became advocates by sharing their stories through organizations like Act Up-Paris, which promoted AIDS activism and the gay movement in France (Stambolis-Ruhstorfer, 2021). These stories were shared by word of mouth, but many stories were compiled by Christophe Broaqua in *Action=Vie*. His book talks about the startup of Act Up- Paris and includes many stories of societal involvement (Stambolis-Ruhstorfer, 2021). The sharing of stories helped challenge stereotypes and separate the person from the disease, humanizing the epidemic. The combination of governmental and non-governmental entities worked to create a more supportive environment for those affected by HIV/AIDS.

In conclusion, France’s early recognition and response to the HIV/AIDS epidemic resulted in them being a major player not only in their own country, but internationally. Their multifaceted approach led to medical, societal, and organizational responses that worked together to understand and combat the epidemic. Their ongoing commitment to international awareness and accessibility made them a vital player in the continued fight against HIV/AIDS.

United States' Response

Identification of the first cases of HIV/AIDS in the United States was in 1981 when the Centers for Disease Control and Prevention (CDC) noted in its weekly report that there was an appearance of a rare pneumonia in five young gay men in Los Angeles. At the time, they did not know the cause, but many rumors flew about the “Gay Cancer.” By the end of 1981, there were 270 reported cases of severe immune deficiency among gay men (Tim, 2020). Even with the early identification of an unknown disease, HIV/AIDS funding was not available until May 1983 (OAR, 2022). There was \$96 million allotted to HIV/AIDS research, but the funding was much less than what the U.S. government had spent on other diseases that were considered less threatening (Tim, 2020). This was due in large part to the demographics that seemed to be impacted by the unknown disease. The media dubbed this group the “4-H club”. This group included people with hemophilia (people who had received contaminated blood), gay men who reported higher incidences of the condition, heroin users and other people who used injectable drugs, and Haitians or people of Haitian origin with many cases of AIDS being reported in Haiti (Tim, 2020).

Dr. Robert Gallo suggested in 1983 that AIDS was most likely caused by a retrovirus on which he had conducted prior independent research. However, it wasn't until 1984 that Dr. Gallo's team reported in *Science* that they had found a retrovirus in several groups of AIDS patients. Finally, in 1985 President Ronald Reagan gave his first public statement about HIV/AIDS calling its research a “top priority”. This was largely due to criticism of the government's inadequate funding and the fact that not enough had been done to find treatment or a cure for the growing epidemic disease (Nall, 2021). The National Institute of Allergy and Infection Diseases (NIAID) became the leading National Institutes of Health (NIH) institute

sponsoring AIDS research. Due to the complexity of HIV/AIDS, nearly every NIH institute, center, and office became involved in researching HIV/AIDS or supporting HIV/AIDS research (OAR, 2022).

With the first case of HIV/AIDS, the World Health Organization urged international attention to the pandemic. The United States showed dramatic increases in funding. In the United States, the HIV/AIDS pandemic was viewed as a threat, which led to an immense amount of funding: \$18.04 million in 1987 (Kim, 2016). This is interesting because, in the early 1980s, the government was more hesitant and slower to increase funding for research. One reason for this may be the dramatic increase in cases as testing became available within the United States. By 1987, there were 27,464 confirmed cases of AIDS in the United States whereas France only had 2165 cases (Kim, 2016). Funding increased in tandem with rising cases. In fiscal year 2019, United States federal funding totaled \$36.8 billion. Compared to the initial \$96 million set aside for HIV/AIDS research, this is an incredibly large increase (KFF, 2021).

Many policies were put into place to attempt to limit the spread of HIV/AIDS. The CDC issued guidelines for healthcare providers and laboratory technicians that could come into contact with potentially infectious materials (CDC, 2021). Posters and other forms of media were used to promote safe practices such as wearing gloves, goggles, and masks when working with potentially infected persons. Safe needle disposal was also put into place to reduce transmission. In 1982, the first commercial blood test was licensed by the United States Food and Drug Administration. Reactions between the blood and enzymes were able to indicate the presence of HIV antibodies (CDC, 2021). It took the United States Congress to pass the first bill addressing HIV/AIDS, which included funding for AIDS research and treatment. Also, in 1983, the first

AIDS discrimination lawsuit was filed on behalf of a physician treating AIDS patients who was threatened with being evicted (Nall, 2021).

Sex education also increased in schools, and in 1986, the United States Surgeon General, C. Everett Koop, reported that sex education “must include information on heterosexual and homosexual relationships” (Rothman, 2014). While education was already increasing in the classroom, this report emphasized the growing health hazard in the United States. In his report, C. Everett Koop also noted that “we have to be explicit” to get the message across (Rothman, 2014). This is an important turning point for the rather stigmatized disease. Education at a young age was vital to prevent potential infections. The following year, the Food and Drug Association approved the first antiretroviral drug zidovudine (AZT) as a potential treatment for HIV/AIDS (APA, 2017). While this was a step forward, the new drug was cost-prohibitive.

Like in many other countries, stigma surrounded conversations about HIV/AIDS. During the initial year, the term “gay plague” was commonly used (CDC, 2021). Very little was said about the disease in the media or by the public. Once it was known that the disease could affect anyone, nonchalant views on the topic turned to ones of concern. Much of the stigma surrounding the disease translated over to discrimination toward gay and bisexual men and those living with HIV. People with the disease were oftentimes evicted from their homes, lost their jobs, and medical providers would avoid touching them (De Cock et al., 2011).

In response to the strong stigma toward HIV/AIDS, many organizations and advocacy groups came to fruition. In 1982, Gay Men’s Health Crisis (GMHC) was founded by Larry Kramer (Tim, 2020). GMHC worked to raise money for research and also started the first AIDS hotline. They pushed for faster approval of treatment. By 1985, more than 6,000 Americans had already died, but finding treatment was still a priority. Toward the end of 1985, Rock Hudson

died of AIDS and left a quarter million dollars to start the American Foundation for AIDS Research (Tim, 2020). This sparked other celebrities to do the same, which began to decrease the stigma and increase support surrounding the HIV/AIDS epidemic.

In 1986, Gay Men of African Descent was founded. In the same year, a Black activist named Craig G. Harris interrupted an American Public Health Association meeting to hold them accountable for their resistance to and exclusion of Black people in their HIV-related policies (Tim, 2020). HIV/AIDS was disproportionately impacting the minority groups within the United States. The most well-known was the AIDS Coalition to Unleash Power (ACT UP). This group was originally founded in New York in 1987, but quickly became an international movement. Members worked to raise public awareness of the crisis but also pushed to increase research, education, clinical trials, social safety programs, and efforts against stigmatization.

Many other organizations worked to increase awareness through various art forms, including books, film, and quilts (Tim, 2020). Several organizations worked for years before effecting changes in society and have continued to work in order to increase awareness.

In conclusion, the United States, despite a rather slow initial reaction to the HIV/AIDS crisis, became a major player in international aid and internal research. The evolution of activism led to more governmental support and research. With the increase in education and activism, the stigma surrounding HIV/AIDS decreased immensely, and the epidemic was taken more seriously. Continued funding and research remain crucial in addressing the remaining challenges and potential treatment of HIV/AIDS.

Comparative Analysis

Initial Response

While both France and the United States have continued their efforts to treat HIV/AIDS, there are many differences between the two approaches and timelines taken. Looking at France's initial response, the European country took far more initiatives even though both France and the United States received word of the first case at the same time. The first case being in the United States and not yet identified in France allowed for France to have a head start. France was able to mobilize efforts more proactively and quickly allocated time and funding to research (Phelan, 2023). The United States, however, faced delays in recognizing the severity of the situation. This was in large part due to the stigmatization around the initially affected groups. However, in 1985, Ryan White, a teenager, contracted AIDS from a blood transfusion (CDC, 2021). With this case and similar cases, recognition that HIV/AIDS could affect anyone became known. Efforts increased immensely; the initial response in the United States was due in large part to the extreme push from affected minority groups for action by the government and research community.

Research and Treatment Development

While levels of funding in each country differed, research efforts and outcomes were rather similar. Both countries sought out the cause of AIDS. Dr. Luc Montagnier discovered the HIV virus in 1983 and developed the first test to make antibodies, however, at the time, researchers did not yet know that HIV was the same virus that caused AIDS. A year after France discovered HIV, Dr. Robert Gallo of the National Cancer Institute in the United States linked the cause of AIDS to the newly discovered HIV (Nall, 2021).

After this discovery, there was much disagreement over who actually discovered the cause of AIDS. While France had discovered the HIV virus a year before the United States discovered that HIV was the cause of AIDS, the United States claimed full responsibility for discovering HIV. France claimed that they had discovered the virus a year before the United States, and they had developed the first test to detect the virus's antibodies (Altman, 1985). France wanted recognition for its role in the United States' discovery, however, the United States did not want to give in. This led to France's Pasteur Institute ultimately suing the United States Government. In the end, the lawsuit ended with a shared recognition of the discovery of the cause of AIDS, however, Montagnier and his co-researcher, Françoise Barre-Sinoussi were awarded the Nobel Prize for their discovery of HIV (Altman, 1985).

International Cooperation

Another point of comparison is the level of international cooperation in which each country participated. France and the U.S. contributed and collaborated with international organizations like the World Health Organization (WHO). While both gave funds to international aid, the United States gave about nine times more than France (Kim, 2016). Looking statistically, however, both countries gave proportionally based on how many AIDS cases they had in their country. Financially, the United States continued increasing funding between 1990 and 2015, whereas France and many other European countries decreased their percentage of funding (Pompidou, 1987). However, at the start of the epidemic, France was the first to allocate funds to the Global Program on AIDS. France also supported the international HIV/AIDS effort by creating the first monitoring system to survey Central Africa to better understand the scale and spread of the disease. The French government also supplied screening kits to eligible countries (Kim, 2016). Overall, the international monetary contribution of France and the United States

cannot be the only criteria for international contribution. France's non-monetary efforts were just as important, if not more, to limiting the spread of HIV/AIDS and increasing understanding of the disease.

Societal Attitudes and Stigma

With the knowledge of the transmission of HIV/AIDS being initially quite limited, stigma of the disease was prevalent in both countries. Both countries started with the inaccurate view of the disease as affecting minority groups, particularly gay and minority communities. This led to immense stigmatization which, in turn, led to discrimination against minority groups. In response, many advocacy groups such as ACT UP formed in the United States and spread to other countries like France (Stambolis-Ruhstorfer, 2021). Once the public understood that the disease was able to spread to anyone, levels of stigmatization began to abate. Media in both countries worked to challenge the stereotypes associated with the disease. The recent birth of the internet allowed mass media to share knowledge of the disease. Overall, the stigma and societal attitudes were remarkably similar within the countries, even when accounting for the change in stigma once people understood the non-discriminatory nature of transmission.

Government Policies and Public Health Measures

Both governments implemented policies to reduce the spread and increase the knowledge of the disease. While initially slow-moving in the United States, guidelines were ultimately created, including new sex education curriculum implementation in schools. France created very clear policies that were a bit more overarching than the policies in the United States. This could be due to the fact that the United States Congress did not initially want to get involved. Similarly, United States officials, including the President did not discuss HIV/AIDS until it was understood

that the disease could be transmitted to anyone. Overall, if the knowledge of universal transmittance had been available from the start, the urgency of education and policies may have been stronger.

HIV/AIDS's Impact on Preventative Actions

France

In relation to preventative actions against HIV/AIDS, France created a policy concerning the prevention and control of AIDS. This policy required screening of blood, organ donors, and cell donors. Additionally, monitoring and medical care were given daily. Research was also a priority, and materials and funds were allocated to specific laboratories to have the most efficient research. International cooperation is also a main point of the policy, highlighting the fact that with diseases with transmission patterns similar to HIV/AIDS, it's important to create methods to stop the spread (Pompidou, 1987). While relating to the prevention and control of HIV/AIDS, this policy easily carries over to the prevention of other potential diseases and pandemics. Along with positive policy improvements, the HIV/AIDS epidemic has also led to many ethical debates around screening, clinical research, and confidential access to treatment for under-aged patients (Supervie et al., 2014). Overall, the policies put forward on HIV can be easily translated to a new epidemic or pandemic, and the governmental answer to the ethical debates will pave the way for action against potential new diseases.

The United States

The HIV/AIDS epidemic had an impact on the future of reactive and proactive responses to epidemics and pandemics. The initial response of the United States was lacking, however, the eventual response to the epidemic led to the creation of surveillance systems to monitor the

spread of disease (Valdiserri & Holtgrave, 2020). This not only is useful in HIV/AIDS surveillance but has been applied to the COVID-19 pandemic and can be applied to future pandemics. Additionally, community-based testing was implemented and has since been used for other pandemics and diseases. The ability to determine the causes of transmission and to find a cure for a disease demonstrated the importance of fully funding biomedical enterprises. This also carries through to other diseases, as the ultimate way to stop the spread of a disease is by utilizing proper treatment to prevent transmission. Additionally, a strong public health system is important when working to respond to pandemics (Valdiserri & Holtgrave, 2020). The HIV/AIDS epidemic in the United States showed us that organizational response is just as important as governmental response, and oftentimes pushes the government to take further action. Overall, the HIV/AIDS epidemic in the United States resulted in the establishment of important steps to take when dealing with disease and ways to be proactive when dealing with future epidemics or pandemics.

Conclusion

HIV/AIDS remains a significant public health challenge with millions of people living with the disease worldwide. The epidemic has had extensive consequences on individuals, families, and communities. HIV/AIDS had a significant impact on those with limited access to healthcare and resources. Progress has been made in the global fight due to improved access to antiretroviral treatments, increased awareness, and prevention efforts. France and the United States' responses to the epidemic have been an integral part in terms of research, treatment, and global response to HIV/AIDS. Looking toward the future, it will be essential to utilize knowledge and prioritize prevention, education, and global access to healthcare.

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