

# A Time for Action: Responding to AIDS

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**YOUR FIRM IS NOT IMMUNE. YOU MIGHT NOT HAVE FACED A CASE OF HIV INFECTION AMONG YOUR EMPLOYEES, BUT YOU PROBABLY WILL. THE TIME TO PREPARE YOUR WORKFORCE IS NOW. HERE IS HOW SIX COMPANIES ADDRESSED THE ISSUE.**

One Monday afternoon, Phillip Moore entered the office of his supervisor, John Davies, and shut the door. Moore explained that he would need an extra sick day every month, for an indefinite amount of time, to receive treatment for a medical condition. Davies was concerned; in addition to being a good employee for six years, Moore was a friend. Davies wanted to know what was wrong and whether he could help. Moore hesitated, but decided that his boss would eventually learn the truth somehow.

He explained that he had recently tested positive for HIV, or the human immunodeficiency virus—the virus that causes AIDS.

Davies was shocked for many reasons. He had thought that HIV infected only gay men and drug abusers. But he had met Moore's wife, so he assumed that Moore was not gay. And he couldn't believe that Moore would use illegal drugs. Davies thought about the many times he had visited Moore's house or ridden in his car, and he wondered if he could have caught something, too.

Davies considered how Dolores

Meyers, the president of the company, might respond to the news. Meyers Warehousing was a small firm, with about 80 employees. If news like this became public, Davies foresaw major human resource problems, given the nature of AIDS and the "quaint" environment of the firm.

Davies needed answers to many questions. Should he suspend Moore temporarily until the company decided what to do? Moore had come to Davies in confidence; was it OK to tell anyone else about the situation? What would be the legal ramifications of any management decisions? Did the company have a policy on such issues?

Davies decided to contact the legal and personnel departments of Meyers Warehousing to ask some general questions, and to call on some external resources for more answers. In the meantime, Davies told Moore he would get back to him in several days regarding his request.

The scenario at Meyers Warehousing is a hypothetical case, but similar cases have appeared at firms throughout the United States. J. Kohl, A. Miller, and N. Pohl present some startling statistics

in a February 1991 *Labor Law Journal* article. According to their estimates, 1.5 million Americans are infected with HIV, which causes acquired immune-deficiency syndrome—AIDS. And of the 1.5 million people with HIV, researchers project that 300,000 will develop “full-blown” AIDS by 1995.

### **Epidemic proportions, and an epidemic of avoidance**

On April 24, 1981, Ken Thorne informed the Centers for Disease Control that he had been diagnosed with AIDS. Later that year, Thorne died as a result of AIDS complications. Since that first reported U.S. case, AIDS has claimed more than 78,000 lives; the number is only expected to grow. HIV is a fatal, pervasive virus that permeates every facet of our world. AIDS infiltrates every population—regardless of race, gender, age, or sexual orientation. But misconceptions, fears, and powerful emotions block many people’s ability to understand the AIDS crisis.

The U.S. workforce must question the misconceptions, address the fears, and understand the emotions. And in addition to social and ethical reasons for responding to HIV, companies should consider the financial impact HIV can have on the economy and on their own bottom lines.

HIV has a direct effect on business in that it places a drain on the pool of healthy adults of working age. According to D. Masi in a July 1987 *Personnel* article, 90 percent of people with HIV were then between the ages of 20 and 49. Today, in the state of Illinois alone, 98 percent of the 3,553 people diagnosed with HIV are of legal working age, says a 1991 DePaul University report, “AIDS Info.”

According to C. Everett Koop, the former U.S. surgeon general, health care and support services for 145,000 AIDS patients can cost \$8 million to \$16 million. Additional costs associated with research, blood tests, and education programs totaled \$542 million in 1986—today, those same services are projected to come to \$2.3 billion, say D. Brown and G. Turner in *AIDS: Policies and Programs for the Workplace*, published in 1989 by Van Nostrand Reinhold.

In addition, businesses are ac-

### **Can Co-Workers Catch AIDS?**

Many companies are concerned that allowing an employee who is infected with the human immunodeficiency virus to remain at work would place other employees at risk of catching HIV, which causes AIDS. The truth is that HIV can be transmitted in only four ways:

- ▶ through sexual contact (homosexual or heterosexual) in which there is an exchange of blood or semen (to or from any organ with access to the blood system)
- ▶ by sharing intravenous-use drug needles
- ▶ through blood transfusions or other nonsexual internal contact with contaminated blood or blood products
- ▶ through an infected mother to a fetus or child, during pregnancy or breast feeding.

In other words, there are few occupations in which the virus poses a risk of transmission through standard workplace contact. As the Centers for Disease Control has stated, there is no risk of contagion of HIV through normal, casual contact in the workplace.

countable for indirect costs of HIV, including possible decreases in the productivity of HIV-infected employees. Companies may also incur hefty legal fees and litigation costs if they ignore laws that protect HIV-infected employees. (See “Your Company, AIDS, and the Law,” page 48.)

Given the grave statistics about the economic effects of HIV, it is incongruous that some companies continue to ignore the AIDS crisis. In the August 1989 issue of *Canadian Business*, C. Davies reports on the results of a survey by the Canadian AIDS Society. Half of the employees in the survey expressed concern over AIDS, but 22 percent of the companies said it was not their responsibility to educate employees about the disease.

A 1987 survey conducted by Allstate Insurance Company and *Fortune* magazine revealed that 77 percent of corporate executives would take action only after the first

case of full-blown AIDS developed in their companies, reports A. Kittrell in a *Business Insurance* article (February 1, 1988). According to Kittrell, 16 percent of the companies polled would encourage an employee with AIDS to quit, and 6 percent would terminate the employee.

Perhaps the most disconcerting revelation of the survey was that 35 percent of the respondents said that they themselves would refuse to work with an employee with AIDS. And only 1 percent of the executives would even contemplate installing condom machines in rest rooms, though evidence shows that the use of condoms can help slow the transmission of AIDS.

Actually, very few occupations carry the risk of HIV spreading from one worker to another. (See “Can Co-Workers Catch AIDS?” for a run-down of how HIV is transmitted.) But concerns relating to workplace transmission abound.

### **Education is key**

In every workplace, it is only a matter of time before an employee such as Meyers Warehousing’s Phillip Moore steps forward to say, “I am infected with HIV.” Firms that have not yet faced the issue can prepare for the “Moore’s” in their companies; those who don’t will find their managers identifying all too intimately with Davies’ confusion.

Education is the recommended response to the social and financial issues presented by AIDS and HIV. Virtually all HIV experts consider it the only means of regulating and controlling the spread of HIV.

HIV is a personal subject. Because many workers are reluctant to learn more about it, they remain uninformed about the means of HIV transmission. They continue their social behaviors without being aware that their actions could put themselves or others at risk for HIV. Dissemination of information can convince people to modify risky behaviors, slowing the spread of AIDS and reducing the financial as well as social costs of the disease. In other words, education is the most pragmatic and effective response to AIDS in the workplace.

Education is particularly important

for supervisors, who may have to manage employees who have AIDS or test positively for HIV. For example, supervisor Davies at Meyers Warehousing needs to correct his own misconceptions about AIDS and confront his own fears. Both are based on a lack of information about HIV and AIDS. Education about the virus and its results would enable him to approach the crisis—and HIV-infected employees such as his friend Phillip Moore—with compassion and sensitivity, while also keeping the company's interests in mind.

Some companies are beginning to offer educational programs about AIDS and HIV, but the problem requires more than a mediocre response from corporations. In the Allstate and *Fortune* survey, 26 percent of the executives polled thought they were "very knowledgeable" about AIDS, 56 percent said they were "fairly knowledgeable," and 13 percent admitted they knew little or nothing about AIDS.

A study by Johnson and Higgins—reported in *A Survey of Company Practices and Policies: AIDS and Benefit Plans*, published in August/September 1987—turned up similar response rates. In this study, 70 percent of respondents cited the news media as their source of information about AIDS, even though they did not consider it to be a reputable source. Only 13 percent of employers quoted physicians and public-health services as the sources of their AIDS-related medical and benefits information.

Though 82 percent of the firms surveyed felt that they should be involved in some education effort for their employees, only 28 percent have actually informed workers about AIDS.

The reason for this lackluster response from companies is that many people are afraid to face the issue of HIV and AIDS. They are afraid of "catching" HIV; afraid of infecting others through casual contact; and afraid of the lifestyles that were associated with AIDS when the disease first surfaced, including homosexuality, prostitution, and drug use.

People are also afraid of dying. Many HIV-infected people live nor-

mal lives for years, with no sign of the disease. Still, no cure for AIDS has been found, so medical experts consider death to be the eventual outcome of infection with HIV.

Fears can be conquered through education about HIV. As employees learn more about HIV and AIDS, they will realize that their fears are a natural reaction to the disease. They

will also learn how they can help prevent the further spread of the virus.

Education can cause people to alter behaviors that lead to HIV transmission, says a 1989 AIDS-awareness study of women, conducted by Ogilvy & Mather Advertising. According to a report by Blanka Ekstein in *Health Marketing*

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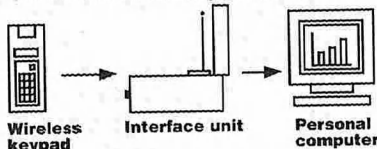


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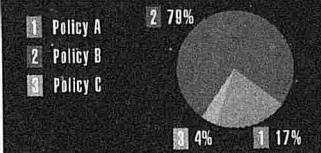
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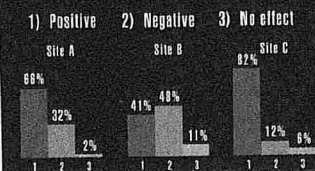
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