Responding to AIDS

Ten Principles for the Workplace

Citizens Commission on AIDS
for New York City and Northern New Jersey
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DEDICATION

This report is dedicated to the memory of Bayard Rustin (1910-1987), who personified leadership in human rights and the labor movement. He was a member of the Citizens Commission on AIDS.

PREFACE

The Citizens Commission on AIDS is a private, independent group of prominent citizens--including corporate executives, union leaders, and directors of nonprofit agencies--from the New York City-Northern New Jersey region, the epicenter of the HIV epidemic.

The Commission was formed in July 1987 by a consortium of 17 foundations to stimulate private sector leadership in responding to AIDS. The most cogent declaration of our charge from the foundations was expressed by David Rockefeller, then chairman of the Rockefeller Brothers Fund. At the press conference announcing the formation of the Commission, Mr. Rockefeller said:

> We face an awesome challenge in the months and years ahead, and those of us concerned with the welfare of our community must act now with sensitivity, intelligence and dispatch. One effective way a democratic society has traditionally responded in grappling with tough issues involving individual behavior and public policy is through a citizens' commission which can make an independent inquiry and present reasoned recommendations. We look to this Commission to recommend an action agenda in the fight against AIDS for individuals, families, educators, business people and labor leaders, as well as communities and government.

The Commission's agenda is concerned with three broad areas: (1) the needs of people with AIDS or HIV infection for medical care, social services, and other forms of assistance and support; (2) prevention and education; and (3) the social impact of AIDS, including discrimination, homophobia, racism, and other adverse consequences.

In determining the special educational and advocacy role the Citizens Commission could play, we chose to focus first on the workplace. We did so because the workplace is a critically important setting in which to achieve the goals of fair treatment and education.

In our preliminary work we found that numerous studies and surveys have shown that corporate America has been slow to respond to AIDS in developing appropriate policies and programs. However, some companies

have demonstrated the kind of leadership that the Commission wanted to recognize and encourage.

Surveys have also shown that many employees still fear contracting AIDS from a coworker in an ordinary workplace and would avoid contact with a person with AIDS.

We also heard ample testimony that most people with AIDS or HIV infection want to continue working insofar as their health permits, that working enhances their physical and mental well-being, that the economic impact of this disease can be alleviated by keeping employees productive and creative as long as possible, and that the most common complaint about discrimination involved workplaces.

For all these reasons, the Commission decided to develop a set of principles that could serve as a framework for all employers, unions, and other employee representatives and business organizations that share the responsibility of responding to AIDS. Each company or agency must examine its existing policies and settings to determine the appropriate response. In some cases existing policies concerning disabling illness may be adequate to cover AIDS; in others, a review of such policies may reveal gaps that affect people with all such illnesses and disabilities. In all cases, however, education about AIDS is a new and pressing need, both to maintain a stable work environment and to give employees information about personal risk reduction.

The ten principles developed by the Citizens Commission are based on the experiences--both negative and positive--of many individuals and corporations. They offer what we believe is a rational, compassionate, and prudent framework. They have been endorsed by a wide variety of business, labor, government, and non-profit organizations. The National Leadership Coalition on AIDS has made a major contribution to the endorsement process through its direct solicitations and educational programs of its member organizations and others. The Commission is grateful to the National Leadership Coalition on AIDS for these efforts, and to the other organizations that have disseminated the Principles to their affiliates and colleagues.

This volume contains the Workplace Principles and a background paper giving the Commission's rationales for and amplifications of the Principles. This is the final version of a paper that was originally released in February 1988, when the Workplace Principles were announced. A list of endorsers as of July 15, 1989 is attached. Finally, we offer resources for further information and education.

John E. Jacob, Co-Chair
Citizens Commission on AIDS

John E. Zuccotti, Co-Chair
Citizens Commission on AIDS

July 15, 1989

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3. Employment policies should be based on the scientific and epidemiological evidence that people with AIDS or HIV infection do not pose a risk of transmission of the virus to coworkers through ordinary workplace contact.

4. The highest levels of management and union leadership should unequivocally endorse nondiscriminatory employment policies and educational programs about AIDS.

5. Employers and unions should communicate their support of these policies to workers in simple, clear, and unambiguous terms.

6. Employers should provide employees with sensitive, accurate, and up-to-date education about risk reduction in their personal lives.

7. Employers have a duty to protect the confidentiality of employees' medical information.

8. To prevent work disruption and rejection by coworkers of an employee with AIDS or HIV infection, employers and unions should undertake education for all employees before such an incident occurs and as needed thereafter.

9. Employers should not require HIV screening as part of general pre-employment or workplace physical examinations.

10. In those special occupational settings where there may be a potential risk of exposure to HIV (for example, in health care, where workers may be exposed to blood or blood products), employers should provide specific, ongoing education and training, as well as the necessary equipment, to reinforce appropriate infection control procedures and ensure that they are implemented.

CITIZENS COMMISSION ON AIDS
February 1988

RESPONDIÉNDOLE AL SIDA:
DIEZ PRINCIPIOS PARA EL TRABAJO

1. Personas con el SIDA o infección VIH (Virus de Inmunodeficiencia Humana) tienen el derecho de obtener las mismas oportunidades que personas con otras enfermedades graves o amenazantes.
2. Pólizas de empleo deben, por lo menos, cumplir con las leyes y regulaciones federales, estatales, y locales.
3. Pólizas de empleo deben ser basadas sobre la evidencia científica y epidemiológica la cual demuestra que personas con el sida o infección VIH no proponen un riesgo de transmisión del virus a colaboradores por medio de contacto ordinario en el trabajo.
4. Los niveles mas altos de dirección administrativa y sindicalista deben inequivocamente endosar pólizas de trabajo que no discriminan y programas educacionales sobre el SIDA.
5. Empleadores y uniones le deben expresar a sus empleados su apollo sobre estos principios en términos simples, claros, y inequívocos.
6. Empleadores le deben proveer a sus empleados una educación sensible, exacta, y al diá sobre maneras de reducir riesgos en sus vidas personales.
7. Empleadores tienen el deber de proteger la confidensialidad de la información medical de sus empleados.
8. Para prevenir trastornos en el trabajo y rechazamientos de colaboradores del empleado con el SIDA o infección VIH, patrones y uniones deben encargarse de la educación para todos los empleados antes que tal incidente ocurra y despues de eso a medida que se necesite.
9. Patrones no deben requirir el análisis de VIH como parte del examen físico administrativo antes de empleo o como parte de exámenes físicos generales.
10. En esas situaciones profesionales donde podriá existir un riesgo potencial de exposición al VIH (por ejemplo, en trabajos de sanidad donde empleados podrián ser expuestos a la sangre o a los productos de sangre) empleados deben proveer la educación y entrenamiento específico que marche hacia adelante, tan bien como el equipo necesario para reforzar el dominio proprio de la infección y asegurar que estos sean puestos en ejecución.

Comisión de Ciudadanos Sobre el SIDA
para La Ciudad de New York y El Norte de New Jersey
Febrero 1988

ENDORSERS OF THE WORKPLACE PRINCIPLES

(as of July 15, 1989: 375 Endorsements)

Corporations and Small Businesses

Abt Associates, Boston, MA
AEtna Life Insurance Company, Hartford, CT
Alan Emery Consulting, San Francisco, CA
Allstate Insurance Company
American Telephone and Telegraph Company
Archie Comics
Atlantic Industries
Atlantic Magazine
Bankers Trust Company
Birch & Davis Associates, Inc., Silver Spring, MD
Burroughs Wellcome Company
Chemical Bank
Chevron Corporation
CIBA-GEIGY Corporation
Coastal Training Institute, Montgomery, AL
Digital Equipment Corporation, Concord, MA
Dow Jones & Company
Du Pont (E.I. du Pont de Nemours & Company, Inc.)
EduCare Associates, Inc.
Equicor Health Plan, Inc., Wichita, KS
The Equitable
Ethicon, Inc.
Franklin Research & Development Corporation
General Electric Company
Girard Video, Washington, DC
Glaxo Inc., Research Triangle Park, NC
GOOD MONEY Publications, Inc.
Hoffmann-La Roche Inc.
Howard J. Rubenstein Associates
International Business Machines Corporation
ITT Corporation
Johnson & Johnson
League of Resident Theatres
Levi Strauss & Company
Levine, Huntley, Schmidt, and Beaver, Inc.
Lola Restaurant
The Mercantile and General Reinsurance Company Toronto, ON
Merck & Co., Inc.
Metropolitan Life Insurance Company
Midwest Title Guarantee Company of Florida
Miss Ruby's Cafe
Mobil Oil Corporation
Morgan Guaranty Trust Company of New York
Ms. Magazine
National Association of Public Television Stations
Norton Company
Ogilvy and Mather Advertising
Ortho Pharmaceutical Corporation
Pacific Bell
Philip Morris Management Corporation
Playboy Enterprises, Inc.
Princeton Project Resources, Inc., Princeton, NJ
The Principal Financial Group, Des Moines, IA
Progressive Asset Management, San Francisco, CA
The Prudential Insurance Company
Sassy Magazine
Schering-Plough Corporation
The Shubert Organization
SmithKline Beckman Corporation
Squibb Corporation
Swing Shift
Syntex Corporation
Tennessee Department of Health and Environment
Time Inc.
Times Mirror Co.
Transamerica Life Companies
U.S. News & World Report
Union Carbide Corporation
United Jersey Banks
Warner Lambert Co.
Wells Fargo Bank
Whole Wheat 'n Wild Berrys Restaurant
WNET - Public Television
Xerox Corporation

Health & Medical Groups

Addiction Recovery Corporation
Waltham, MA
American College Health Association
American Hospital Association
American Medical Association
American Nurses Association
American Pharmaceutical Association
American Psychological Association
American Public Health Association
American Red Cross/Greater Amarillo Chapter
American Red Cross in Greater New York
Association of American Medical Colleges
Association of State and Territorial Health Officials
Blue Care Network - Health Central, Lansing, MI
Blue Cross/Blue Shield Association
Chicago, IL
Cancer Care/New Jersey
Cancer Care/New York City
CIGNA Healthplan, Inc.
CIGNA Healthplan of Arizona
Colorado Department of Health
Cook County Hospital, Chicago, IL
DePaul Hospital, Milwaukee, WI
Group Health Association of America, Inc.
Washington, D.C.
Hartford Health Department, CT
Howard Brown Memorial Clinic, Chicago, IL
Kaiser Permanente, Oakland, CA
Maurice Falk Medical Fund, Pittsburgh, PA
Miller Medical Group, TN
N.J. Chapter Society of Patient Representatives
The National Assembly of National Voluntary
Health and Social Welfare Organizations, Inc.
The National Foundation for Infectious Diseases
National Hemophilia Foundation
National Hospice Organization
Newark Beth Israel Medical Center
NOVA HealthCare Group, McLean, VA
Professional Nurse, Boston, MA
St. Clare's Hospital and Health Center
San Francisco Medical Society
Securities Operations Specialists, Inc.
Staten Island Medical Group
Substance Abuse And Alcoholism Treatment Center,
Inc., Chicago, IL
Tennessee Department of Health and Environment
U.S. Conference of Local Health Officials
University of Medicine and Dentistry of New Jersey
University of Michigan Hospitals
University of New Mexico Hospital, NM
Whitman-Walker Clinic, Inc., Washington, DC

Non Profit Organizations

A. Philip Randolph Institute
Association for a Better New York
The Association of the Bar of the City of New York
Cayuga County Action Program Seneca Office
The Center for Population Options
Washington, DC
Center for Women Policy Studies
East Harlem Block Nursery, Youth Action Program
Girl Scouts of the U.S.A.
Hopkins House Association, Inc., Alexandria, VA
Human Rights Campaign Fund
Institute of Disease Prevention in the Workplace
Albany, NY
The National Assembly of National Voluntary Health and
Social Welfare Organizations, Inc.
National Coalition of Hispanic Health & Human Services
National Lesbian & Gay Task Force
National Urban League
North Central Texas Rehabilitation Agency
Northwest Action Against Rape
Public Responsibility in Medicine & Research
Sacramento Black Alcoholism Center, CA
The Salvation Army
Society for the Right to Die, New York, NY
United Way of America
United Way of New York City
United Way of Northwest Georgia
United Way of San Joaquin County, Inc.
Wildcat Services
Women's Action Alliance

Local Governments

Battery Park City Authority
City of New York
Town of Hamden, CT
U.S. Conference of Mayors
Union County Chosen Board of Freeholders
Union County, NJ

Foundations

Fund for the City of New York
The Pettus Crowe Foundation
The Rockefeller Brothers Fund
United Hospital Fund

Religious Organizations

American Jewish Committee, New York Chapter
Associated Catholic Charities, LA
Catholic Charities, USA
Dominican Sisters of Newburgh, NY
East Shore Unitarian Universalist Church
Mentor, OH
First Existentialist Church of Atlanta
Priests of the Sacred Heart, Houston, Texas
Union of American Hebrew Congregations
Unitarian Society, Fall River, MA
Unitarian Universalist Association
Universalist Unitarian Church of Farmington, MI

Unions

Actors' Equity Association
American Federation of Teachers
Association of Flight Attendants, AFL-CIO
Bridge and Tunnel Maintainers, Local 1931
California State Employees' Association
National AFL-CIO
New Jersey State AFL-CIO
New York State AFL-CIO
Newark Teachers Union
Service Employees International Union, AFL-CIO, CLC
United Federation of Teachers

AIDS Groups

Action AIDS, PA
AID, Atlanta, Inc.
AID for AIDS, NV
AIDS/ARC Services Division, CA
AIDS Action Committee, MA
AIDS Action Council, Washington, DC
AIDS Center for Queens County, NY
AIDS Comprehensive Family Care Program, NY
AIDS Council of Erie County, PA
AIDS Education Network, SC
AIDS Education Project, FL
AIDS Foundation, AZ
AIDS Foundation, IL
AIDS Help, Inc, FL
AIDS Interfairth Network, CA
AIDS Ministries Program, CT
AIDS National Interfaith Network
AIDS Pastoral Care Network, Chicago, IL
AIDS Prevention Project, WA
AIDS Professional Education Project, CA
AIDS Project, CA
AIDS Project, CA
AIDS Project, CT
AIDS Project, CT
AIDS Project, CT
AIDS Project, CT
AIDS Project, ME
AIDS Project, MO
AIDS Related Community Services, NY
AIDS Resource Center, NY
AIDS Response, TN
AIDS Response, CA
AIDS Service Association, FL
AIDS Services Foundation, CA
AIDS Services of Austin, TX
AIDS Southern Kentucky, KY
AIDS Support Group, WA
AIDS Support Program, OK
AIDS Task Force, GA

(AIDS Groups continued)

AIDS Task Force, NC
AIDS Task Force, WV
Alianza, DC
Aliveness Project, MN
All Saints AIDS Service Center, CA
American Foundation for AIDS Research (AmFAR)
American Red Cross/Chester Wallingford, PA
Among Friends, WI
Aquarius Management Corporation, NY
Association of PLWA, NM
Association of PWAs, GA
A.V.O.C., OH
Bay Area Addiction, Research & Treatment, CA
Beach Area Community Health Center, CA
Body Positive, NY
Boston Department of Health & Hospitals, MA
Broadway Cares
Carolina AIDS Research & Education, SC
Cedar AIDS Support Systems, IA
Center for Social Services, CA
Center One, FL
Central Florida AIDS Unified Resources, FL
Central Valley AIDS Team, CA
Charleston AIDS Network, WV
Chattanooga CARES, TN
Chicken Soup Brigade, WA
Coastal Bend AIDS Foundation, TX
Colorado AIDS Project, CO
Community Counseling Services for Sexual Minorities, WA
Comprehensive AIDS Center, Northwestern University Medical School, Chicago, IL
Dallas Gay Alliance, TX
Damien Center, IN
Dayton Area AIDS Task Force, OH
Delaware County AIDS Network, PA
Design Industries Foundation for AIDS (DIFFA)
Diablo Valley AIDS Center, CA
Dorchester Counseling Center, MA
East L.A. Rape Hotline, CA
El Rincom Supportive Services, IL
Elisabeth Kubler-Ross Center, VA
ERASE, NC
Fenway Community Health Center, MA
Four State Community AIDS Project
Gay and Lesbian Aliance, NJ
Gay Men's AIDS Network, CA
Gay Men's Health Crisis, Inc.
GLCSC Voluntary Legal Services, CA
Good Samaritan Project, MO
Governor's Council for Sexual Minorities, PA
Grand Rapids AIDS Task Force, MI
H.A.C.E.R., TX
Haitian Coalition on AIDS, NY
Health Information Network, WA
Health Issues Taskforce of Cleveland, OH
Hispanic AIDS Forum, NY
Hispanic League Against AIDS, FL
Hospice Care of Broward County, FL
Human Health Organization, CA
Idaho AIDS Foundation, ID
Inland AIDS Project, CA
Instituto Familiar de la Raza-Latino AIDS Project San Francisco, CA
International Society for AIDS Education
John XXIII Commission for AIDS Ministry, CA
Justice Professional, NM
Kairos House, CA
Kansas AIDS Network, KS
Kansas City Free Health Clinic, MO
Kupona Network, IL
Lancaster AIDS Project, CA
LDS AIDS Project, CA
Lesbian and Gay Community Switchboard, AZ
Living Room, OH
Long Island Association for AIDS Care, NY
Los Barrios Unidos Community Clinic, TX
Madison AIDS Support Network, WI
Madison County AIDS Prevention Program, IL
Maine Health Foundation, ME
Metrolina AIDS Project, NC

(AIDS Groups continued)

MidCity Consortium to Combat AIDS, CA
Milwaukee AIDS Project, WI
Minnesota AIDS Project, MN
Minority AIDS Project, CA
Minority Task Force on AIDS, NY
Mobilization Against AIDS, CA
Momentum AIDS Outreach Program, NY
Monmouth-Ocean AIDS Information Group, NJ
Montgomery AIDS Outreach, AL
Mountain State AIDS Network, WV
National Association of Black & White Men Together, CA
National Catholic AIDS Network, NY
National Lawyers Guild AIDS Network
National Leadership Coalition on AIDS
Nebraska AIDS Project, NE
NECHAMA, CA
Nevada AIDS Foundation, NV
New Friends, CA
New Jersey Buddies, NJ
New Mexico AIDS Services, NM
Newark AIDS Consortium, Inc.
No AIDS Task Force, LA
Northeast Ohio Task Force on AIDS, OH
Northern Lights Alternative, NY
Northern Virginia AIDS Ministry, VA
Northwest AIDS Foundation, WA
Oak Lawn Counseling Center, TX
Open Arms, TX
Operation Concern, CA
Paz Y Liberacion, TX
People with AIDS Coalition, AZ
People with AIDS Coalition, FL
People with AIDS Coalition, NY
People with AIDS Coalition, TX
Philadelphia Community Health Alternatives, PA
Project AHEAD, CA
Rio Bravo Association, TX
Roanoke AIDS Project, VA
St. Louis Effort for AIDS, MO
Salud, DC
San Antonio AIDS Foundation, TX
San Diego AIDS Project, CA
San Francisco AIDS Foundation, CA
Santa Cruz AIDS Project, CA
Shanti, AZ
Shanti, CA
Shanti, CA
Shanti, OK
Shiprock Community Health Center, NM
Southwest AIDS Committee, TX
Spectrum, DC
Spokane AIDS Network, WA
Stop AIDS Resource Center, CA
Terrific, Inc., DC
Testing the Limits, NY
Tidewater AIDS Crisis Taskforce, VA
Topeka AIDS Project, KS
Traveler & Immigrants Aid of Chicago, IL
Triangle AIDS Network, TX
Tuscon AIDS Project, AZ
Urban Indian Health and Human Services, NM
Venereal Disease Action Coalition, MO
Vida Latina, MI
Village Nursing Home AIDS Day Treatment, NY
WARN, CA
Washington Employers' AIDS Prevention Alliance
Wellness House, MI
Wellness Networks, MI
West Hollywood CARES, CA
West Side AIDS Project, NY
Western NY AIDS Program, NY
Western Reserve AIDS Foundation, OH
Willamette AIDS Council, OR
WNC AIDS Project, NC
Women's AIDS Network, CA

PREAMBLE

The Acquired Immunodeficiency Syndrome--AIDS--presents a formidable threat to American society. A new disease that attacks people in their most productive years, AIDS is first of all a tragic loss of life. It also poses a significant medical and economic challenge. But its impact goes far beyond the sum of the individual cases: at stake are the values of fairness and equality that are at the heart of the American democratic system.

If we are to overcome this disease, the devastating stigma it has engendered, as well as its potential drain on health care resources, we must act now. We must provide access to fair, compassionate, and high-quality treatment and services for those who are ill. We must help prevent the spread of AIDS by supporting education that changes attitudes and behavior. We must encourage and fund research on treatments and vaccines. We must answer the concerns and questions of all who seek to understand this growing epidemic.

The workplace is a critically important setting in which to achieve the goals of fair treatment and education. Most adult Americans are employed; work is not only a source of financial support but also a vital link to a community of coworkers. Surgeon General C. Everett Koop has declared: "Worksites in particular can serve as effective settings in which to provide AIDS education. And the ideal time to educate your employees about AIDS is before your corporation has its first AIDS case." He called on American business to "set the example for being fair and objective and for not succumbing to groundless hysteria."

The following principles are intended as a framework for all employers, unions, and other employee representatives and business organizations that share the responsibility of responding to AIDS. Each company or agency must examine its existing policies and settings to determine the appropriate response. In some instances existing policies concerning disabling illness may

be adequate to cover AIDS; in others, a review of such policies may reveal gaps that affect people with all such illnesses and disabilities. In all cases, however, education about AIDS is a new and pressing need, both to maintain a stable work environment and to give employees information about personal risk reduction.

Economic imperatives, as well as social responsibility, make it essential for American business to address AIDS. Just as the workplace can become a model for responding to AIDS, that response can become a model for addressing all forms of catastrophic illness.

COMMENTARIES

1. People with AIDS or HIV (Human Immunodeficiency Virus) infection are entitled to the same rights and opportunities as people with other serious or life-threatening illnesses.

In addressing the needs of people with a catastrophic illness such as AIDS or HIV infection, this principle draws on the American traditions of fairness and equal treatment.

Any employee who is diagnosed with a catastrophic illness faces potentially devastating consequences. While the threats of death or prolonged suffering are paramount, just as damaging are concerns about one's ability to live with the illness--to continue working, to receive health benefits, and to experience the emotional support and assistance of friends and colleagues. Employment is more than a means to earn a living; it defines an essential part of the lives of most people. Working can make an important contribution to the physical and mental well-being of people dealing with serious illness. With the proper support, these employees can continue to make an important contribution to their employers.

When the catastrophic illness is a stigmatized one--as cancer used to be and AIDS is today--the employee faces even greater obstacles. The stigma surrounding AIDS is inimical to the interests of the affected individuals, to employers, and ultimately to society. There is no relevant difference between the way employers should treat employees with, say, lung cancer or kidney disease and the way they should treat people with AIDS or HIV infection.

All employees with serious or life-threatening illnesses that do not endanger others in the workplace should, if they choose, continue to work to the fullest degree possible. Some employees in these situations

will prefer to take long-term disability or medical leave and pursue other long-deferred activities. They should be offered the same options that are available to other employees under the employers' existing benefit plans.

Most people with AIDS or HIV infection, however, will probably want to continue to work. As long as they are physically and mentally able to perform their jobs, they should be allowed to do so. The relevant standard is job performance, which should be applied fairly and consistently to all employees.

If it becomes necessary to modify job assignments because of increasing disability, all reasonable efforts to make suitable accommodations should be undertaken. These accommodations might include more flexible hours, time off for medical appointments, reduction in workload, "telecommuting" (working at home using computer communication), or other adjustments that do not require a fundamental restructuring of the workplace or excessive costs.

Because health care benefits are so closely tied to employment in our insurance system and because AIDS (like other catastrophic illnesses) is costly, employees with AIDS or HIV infections should receive promptly all health care and other benefits to which they are entitled. Employers and unions should support counseling and Employee Assistance Programs for employees with disabilities and should consider developing techniques of case management. Although there are varying definitions of case management, it generally involves matching patient needs with available services on a continuous basis, resulting in both more coordinated and appropriate care for the patient and lower costs for the employer and insurer.

The kinds of benefits that should be reviewed in light of the needs of employees with catastrophic illness include: long-term disability; coverage for prescription and experimental drugs; reimbursement for outpatient, home, and hospice care; leaves of absence; psychological counseling, and others. Benefits administrators should also review the coverage for care partners of people with AIDS--employees who may need time off and counseling to deal with the stress of caring for a seriously ill loved one.

2. Employment policies must, at a minimum, comply with federal, state, and local laws and regulations.

The attitudes and actions that embody a policy of fair and equal treatment for people with AIDS or HIV infection, as expressed in principle 1, are not only compassionate -- they are required by law. This commentary cannot provide extensive legal documentation (see references for further information); it can, however, describe the basic legal approach that has developed in the seven years since AIDS was identified.

New York and New Jersey, like most states, have statutes that prohibit discrimination in employment, both public and private, on the basis of a person's "disability." (See N.Y. Exec. Law 296 (91) and N.J. Stat. Ann. 10:5-4.1.) New York City also has such a law.

The agencies and courts charged with enforcing this basic rule have, in both states, interpreted it to cover employees with AIDS. Although the law has still not fully matured in this area, agencies and courts have also indicated that the rule protects those who are perceived, either accurately or inaccurately, to have AIDS or to be at risk for contracting the disease. An example of an inaccurate perception is the idea that an employee who merely lives with or is related to a person who is ill is at special risk.

Under this principle, workers may not lose their jobs, or be treated differently from fellow workers merely because they have AIDS, test positive for antibodies to HIV, or are thought to be at special risk for illness. They may be accorded different treatment, however, if they are unable adequately to perform the duties of the job or have an active, untreated contagious infection that presents a probable risk to other employees through workplace contact. Moreover, employers are required to make "reasonable accommodations" for workers with AIDS, as they do for other disabled employees who can perform the essential requirements of their jobs despite their conditions.

The federal government also forbids discrimination in employment on this basis, but its statute covers only the government itself and employers receiving federal money, such as hospitals and schools. The Supreme Court made clear in March 1987 that the federal statute, known as the Rehabilitation Act of 1973, includes contagious conditions as well as other kinds of "handicaps," paving the way for

future interpretations explicitly concerning AIDS. See *School Board of Nassau County v. Arline*, 107 S. Ct. 1123 (1987).

"Disability" or "handicap" statutes (different states use different terms) are not alone in forbidding discrimination against workers with AIDS. The federal Employment Retirement Income Security Act of 1974 (ERISA), which applies to virtually all employee benefit plans, prohibits discrimination against employees who attempt "the attainment of any right" under those plans. Under this provision, employees cannot be fired or discriminated against because they filed claims, or might be expected to file claims related to their medical conditions. And in New Jersey, the discharge of an employee with AIDS who is able to work may under some circumstances violate common law principles of fair employment, possibly subjecting an employer to punitive damages.

In addition, employers who discriminate may be liable under tort law for invasion of privacy, defamation, intentional infliction of emotional distress, or assault and battery (for forced testing). Finally, employees may be protected from discrimination through provisions in collective bargaining agreements or other contractual arrangements.

Thus, although this area of the law is new and still evolving, a consensus has already emerged: AIDS and HIV infection are "disabilities" and employers may not discriminate on that basis.

3. Employment policies should be based on the scientific and epidemiological evidence that people with AIDS or HIV infection do not pose a risk of transmission of the virus to coworkers through ordinary workplace contact.

Because AIDS is a new infectious disease, it is natural that there should be concern about methods of transmission. Although much remains to be learned about AIDS, this aspect has been well studied. In the Surgeon General's Report on Acquired Immune Deficiency Syndrome, Dr. C. Everett Koop declared:

> AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.
>
> AIDS is not spread by common everyday contact but by sexual contact. Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-

sexual contact. The first cases of AIDS were reported in this country in 1981. We would know now if AIDS were passed by casual, non-sexual contact.

There are two sources of evidence to support this view: the study of the causative agent (virology) and the study of the spread of the disease (epidemiology):

A. Virology: The agent that is associated with AIDS (possibly in conjunction with other factors) is the Human Immunodeficiency Virus (HIV). Each type of virus is capable of infecting only certain types of cells. Polioviruses infect cells lining the intestine; rhinoviruses (which cause the common cold) infect cells lining the nasal and respiratory tracts.

HIV is so devastating because it selectively attacks the T4 lymphocytes, which control the immune system. An infected cell remains permanently infected because the genetic material has been altered. Therefore, an infected person remains infected for life.

Once the immune system is weakened by the spread of HIV, the individual is susceptible to "opportunistic infections," that is, infections by pathogens that are commonly present but do not present a threat to a person with a normally functioning immune system. The pathogen that causes Pneumocystis carinii pneumonia is a prime example.

Like other viruses, HIV breaks apart outside a very specific kind of fluid environment. Outside the human body, the HIV virus is fragile and can be easily destroyed by common household bleach and similar agents.

B. Epidemiology: In a recent article in the *New England Journal of Medicine* reviewing the transmission studies of the HIV virus (Vol. 317, No. 18, October 29, 1987, pp. 1125-35), Drs. Gerald Friedland and Robert Klein of Montefiore Medical Center in the Bronx concluded:

Despite the inexorable spread of HIV infection and disease worldwide, the three routes of transmission initially described [infusion or inoculation of blood, sexual contact, and perinatal events] still remain the only ones demonstrated to be important.

Inoculation of blood has been implicated in several ways: transfusion of blood and blood products; needle sharing among intravenous drug users; needle stick, open wound, and mucous-membrane exposure in health care workers, and injection with unsterilized needles. Sexual

transmission has been shown to occur from men to men, from men to women and, less frequently in North America, from women to men. Perinatal transmission--from infected mother to newborn--has occurred either in the womb or, rarely, after birth through breast milk.

The routes of transmission that have been investigated and not shown to be involved in transmission are close personal contact, either in households where all sorts of items are shared, or among health care workers without exposure to blood. Insect transmission has also been investigated and claims that mosquitoes spread the virus have not been substantiated.

While employers should sensitively address the fears of workers, their policies should be based on the weight of scientific evidence. The Centers for Disease Control recommendations (November 15, 1985) offer sensible guidelines for various employee groups. They stress that there is no known risk of transmission of HIV in work settings such as offices, schools, factories, and construction sites, and that HIV cannot be transmitted in food and beverages. (The special concerns about health care settings and other areas where there is a potential of blood transmission are considered in principle 10.)

The increase in tuberculosis among HIV-infected people is worrisome to public health officials. Unlike HIV infection, tuberculosis can be spread through ordinary contact. However, tuberculosis has been seen almost exclusively among unemployed IV drug users, who are particularly susceptible for other reasons. Furthermore, people with tuberculosis can be treated and asymptomatic carriers given prophylactic treatment to prevent infectiousness. People with HIV infection who are under appropriate medical care will be monitored and treated for tuberculosis and other contagious infections.

4. The highest levels of management and union leadership should unequivocally endorse nondiscriminatory policies and education about AIDS.

Because of the fear and stigma surrounding AIDS, it is imperative that those in positions of leadership--the CEO of the organization and the head of the union or other employee organization--respond to workers' needs and concerns. That level of response is critical because it establishes the seriousness with which the company and the union are addressing AIDS. It also makes it more likely that policies and programs will be implemented consistently.

Both employers and union or other employee representatives should be involved in decision making about AIDS policies and education. Unions have duties to represent all their members fairly. Employers whose employees are represented by a union have duties toward them under the Fair Employment Labor Relations Act. Beyond these legal considerations, however, both management and labor have much to gain from collaboration and shared responsibility in this area.

As an example of personal involvement of top management officials in the San Francisco area, Robert Haas, CEO of Levi Strauss, distributed AIDS educational materials to employees in front of a plant. Bert Browers, the CEO of Syntex, included a personal memo in a newsletter about AIDS to employees.

Beyond the statements and actions of top-level executives, companies can establish task forces within their workforce to address specific concerns. These task forces should involve personnel from all relevant departments, should have sufficient budget to carry out their assignments, and should be responsible to the CEO. Medical and benefit departments can play key roles. This action will also make management statements more credible.

Prior experience in dealing with issues such as racial and ethnic discrimination and sexual harassment has shown that disruption and crises can be minimized if top management and union leadership provide clear policy directives and appropriate internal policy implementation. That is equally true in responding to AIDS.

5. Employers and unions should communicate their support of these policies to workers in simple, clear, and unambiguous terms.

Policies and programs developed at the highest levels must be communicated to all employees in language they can understand and formats that are meaningful. Foriegn language material should be used where appropriate. Different management and supervisory levels will require different educational efforts. For example, supervisors and managers need to be informed about their obligations and options when an employee becomes ill. They may need explanations and interpretations of company policies concerning medical benefits and so on. They need advice on dealing with fearful workers and crisis management.

All employees should be given full information about the company policy--whether it is a specific AIDS policy or a policy that applies to all catastrophic disease, including AIDS. There should be no room for doubt about the company's commitment to the health and welfare of its employees, and to the principle of nondiscrimination. AIDS may provide an occasion to review the language and comprehensiveness of employee information about company benefits in general. The documents that explain the policy may be overly complex and legalistic.

6. Employers should provide employees with sensitive, accurate, and up-to-date education about risk reduction in their personal lives.

Employers' concern with health promotion, and with reducing health care costs, has been manifest in recent years. Corporate wellness programs, including information and education about smoking, hypertension, exercise, nutrition, cancer, and other health concerns, have become well established. AIDS is a new disease requiring special attention. Such education should be incorporated into existing health promotion programs, but it can also be provided on an ad hoc basis.

Most people learn about AIDS from the media--an important but often incomplete and confusing source. The workplace is well-suited for AIDS education; it offers the potential of more comprehensive, targeted, and ongoing education for groups and individuals. Most important, it offers the potential of interaction with knowledgeable health educators who can sort out myths and misinformation and reassure employees about groundless fears while providing them with responsible information to reduce their risk in their private lives.

Education for employees also can become education for their families and friends. A particularly beneficial result would be the opportunity for employees to gain information that can be discussed with their children.

The content of AIDS education will vary. However, ideally it should include a description of the disease and the spectrum of manifestations from HIV infection to AIDS, ways in which the disease is and is not transmitted, behaviors that put one at risk, methods of prevention, and information about voluntary HIV antibody counseling and testing. Because the workplace has traditionally been a source of the voluntary

community blood supply, employees should also be informed that there is a continuing need for donations and no risk of HIV transmission for the donor. However, to maintain the privacy of employees who may be at special risk for the disease, blood drives should be conducted in a voluntary, noncoercive manner.

Each AIDS education program format should be tailored to the particular audience. Of the companies (still a minority) that have already provided some AIDS education, some companies have used only written information; others have also shown videotapes or have brought in outside speakers. Some have made this education voluntary; a few have made it mandatory. Each company must develop the blend of materials and formats that it considers most appropriate. Every effort should be made to encourage all employees to attend educational sessions.

Whatever the particulars of the education program, it should offer opportunities for more follow-up, private discussion with qualified counselors (perhaps in the company's medical department, perhaps outside the company). The persons who present the education should be credible and have the trust of the employees. Referrals to other agencies for more information and ongoing assistance may be appropriate.

7. Employers have a duty to protect the confidentiality of employees' medical information.

Information about an employee's medical history is confidential; it must not be shared with third parties, including coworkers, except when there is a justifiable need to know, and after the employee consents. (This principle is supported legally by, among other statutes, N.Y. Public Health Law 2803-c(f), which creates a right of privacy in hospital records. N.J. Stat. Ann. 2A:84A-22.2 and N.Y. Civil Practice Law and Rules 4504 recognize the physician-patient privilege.)

This general rule has special pertinence to AIDS because of the potentially dire consequences to the individual of a breach of confidentiality. Employees should have control over the personal information collected about them in the course of filing claims for medical benefits, applying for medical leave, or in the course of discussing their health status with supervisors.

There are well-established exceptions to the general rule that confidentiality must be maintained. These generally occur when an employee signs a consent form giving permission for an insurance company to investigate claims for reimbursement. Those who have access to this information as a part of fulfilling their jobs--whether it is as physician or supervisor or claims clerk--have an obligation to protect this information from further disclosure. Employers who fail to uphold this standard are potentially liable for claims of invasion of privacy, defamation, and intentional or negligent infliction of emotional distress.

Some employees may wish to disclose their condition voluntarily to their coworkers. This may open avenues of support and assistance. However, they should be under no obligation to do so.

Questions about disclosure of an employee's medical condition to a third party such as a spouse may arise. While there is general agreement that an infected person ought to inform anyone who might be at risk because of sexual or needle-sharing behavior and that counselors should stress this obligation, there is considerable debate about what is the most effective strategy for dealing with the relatively few instances in which individuals, after intensive counseling, refuse to do so. So far, the duty to maintain confidentiality appears to be more strongly supported in the law, and more effective as a public health measure, than any duty to warn third parties. However, physicians may in some instances have the discretion to warn.

8. To prevent work disruption and rejection by coworkers of an employee with AIDS or HIV infection, employers and unions should undertake education for all employees before such an incident occurs and as needed thereafter.

The experiences, both positive and negative, of dealing with AIDS in the workplace so far have reinforced the concept that education for all employees before any case of AIDS occurs is the most prudent approach. The companies that have experienced the most serious disruption of work and the most distressing consequences for the affected employee are those that have refused to accept the reality that, sooner or later, someone in their workforce will be diagnosed with AIDS.

However, education beforehand can only provide the background for specific actions if a crisis arises. If a company has already developed an AIDS task force, someone might be designated to coordinate the response--speaking to concerned coworkers, reassuring the affected individual, providing whatever outside support appears necessary.

Education cannot always prevent work disruption, but it can alleviate and shorten the ill effects. The absence of education, on the other hand, is almost certain to create a more lasting and damaging impact.

9. Employers should not require HIV screening as part of pre-employment or general workplace physical examinations.

This principle concerns routine across-the-board use of antibody or other blood tests or questions about such tests to determine whether a person has been infected with HIV. Because there is no evidence of risk of AIDS transmission through ordinary workplace contact (principle 3), knowledge of an employee's serostatus has no relation to workplace safety. For this reason the U.S. Public Health Service does not recommend routine workplace screening (see CDC Guidelines of November 1985). There may be a few, highly specialized exceptions: for example, workers in virology laboratories, who work with the HIV virus in the research setting, might be screened. The reason, however, is not to protect other workers, but to establish a baseline negative test result in the case of any laboratory accident that might result in the worker's becoming infected.

The federal government already screens several populations: military recruits and active-duty personnel, Foreign Service, Peace Corps and Job Corps applicants, prisoners in federal facilities, and applicants for permanent residence in the U.S. Whatever their merits or flaws, the justifications for these screening programs do not relate to the ordinary workplace. The Institute of Medicine concluded in its 1986 report, *Confronting AIDS:* "The military's rationale for testing is unique; considerable caution should be exercised in arguments about extending any such program to the private sector."

In some states and cities employers are prohibited by law from requiring HIV antibody tests for job applicants or employees. Even if an employer may legally test, if the results are used to make a decision concerning the employee's hiring or promotion, the employer may be liable for discrimination claims.

Testing to eliminate people with HIV infection to reduce future health benefits cost is also suspect. Statutes and regulations concerning protection of handicapped people also prohibit making employment decisions on this basis. For example, an employee with a history of cancer or asthma cannot be discriminated against on the grounds that the disease may recur and require costly treatment. The economic impact of AIDS on health care benefits is real and must be addressed; however, the use of the HIV antibody test to eliminate individuals who are otherwise qualified to perform the job is unacceptable.

Another argument against routine workplace screening for pre-employment or continued employment concerns the accuracy of the current tests and the high cost of identifying a few truly positive individuals. The ELISA, or HIV antibody test, which was designed to screen donated blood, has been effective in reducing the transmission of HIV through blood transfusion. In the clinical setting, when performed for appropriate indications and with informed consent, it can also be a valuable measure for determining infection and managing patient care and supporting behavior change. It can also be useful in epidemiological studies to determine the extent of infection in particular populations. However, "the problem of false positives can take on startling dimensions when applied to low-risk populations...such as hospitalized patients and the general public" (Dr. Lawrence Miike of the Office of Technology Assessment, testimony to Congress, October 19, 1987). People can also be falsely labeled seronegative, since in some individuals antibodies have not developed for up to 14 months after infection.

As noted in Principle 6, information about voluntary testing with counseling should be provided to employees.

10. In those special occupational settings where there may be a potential risk of exposure to HIV (for example, in health care, where workers may be exposed to blood or blood products), employers should provide specific, ongoing education and training, as well as the necessary equipment, to reinforce appropriate infectiontion control procedures and ensure that they are implemented.

The previous principles apply to the workplace generally; the final principle applies to those special occupational settings where, because of the potential for transmission through exposure to contaminated blood, employers have special obligations. Although the trigger for

these concerns is AIDS, the target should be all blood-borne infectious agents, especially hepatitis B virus. According to Dr. James O. Mason, head of the CDC:

> Hepatitis B is spread in ways similar to AIDS; however, when the two are compared, the hepatitis B virus is hardier than the AIDS virus; there is more of it than of the AIDS virus in the bloodstream; and hepatitis B is far easier than AIDS to catch....The risk of infection to a health care worker following a needle stick from a carrier of the hepatitis B virus, for example, is between 6 and 30 percent, far in excess of the documented risk of infection to a health care worker following a needle stick involving a patient infected with the AIDS virus--a risk that is much less than 1 percent.

The risk, however small in comparison with other occupational risks, must be addressed. Employers must provide the necessary training and retraining to guard against HIV and other blood- borne infections. This training must be specific and ongoing, emphasizing the need for appropriate, consistent levels of protection. It should give due weight to the risks, but not overemphasize them. Furthermore, the materials employees in these situations need to protect themselves--for example, protective gloves or masks, glasses, containers for disposed needles, mouthpieces that protect those who perform cardiopulmonary resuscitation--must be readily and consistently available. The Centers for Disease Control has issued recommendations for prevention of HIV transmission in health-care settings (August 21, 1987); these are the most authoritative guide. The Occupational Saftey and Health Administration (OSHA) has also set standards for health-care employees. (October 30, 1987)

Throughout this process, employers should require employees to adopt the most stringent infection control measures and not to use shortcuts. Because of the impossibility of knowing (even with testing) whether a person's blood is truly infected, the only safe course is to treat all blood as potentially infectious.

Although this principle applies most clearly to the health care setting, it may also occasionally be applicable in other settings, such as police work or fire fighting, where there may be instances when personnel must treat a profusely bleeding person. These employees also need education and protective devices; however, they should be trained to respond appropriately and not to overreact. That is, a court officer need not wear protective gloves while escorting a prisoner with AIDS. A police emergency unit, on the other hand, should be equipped with devices that allow officers to administer CPR without mouth-to-mouth resuscitation.

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SELECTED BIBLIOGRAPHY

General Information

AIDS: Epidemiological and Clinical Studies. Boston: Massachusetts Medical Society, 1987. (A collection of reprints from the *New England Journal of Medicine*)

Brandt, Allan M. "AIDS: From Social History to Social Policy." *Law, Medicine & Health Care,* Vol. 14, No. 5-6 (December 1986), pp. 231-42.

Cole, M.D., Helene M. and Lundberg, George D., eds. *AIDS from the Beginning,* Chicago: American Medical Association, 1986. (A collection of reprints from the *Journal of the American Medical Association*)

Friedland, Gerald H., and Klein, Robert S., "Transmission of the Human Immunodeficiency Virus." *New England Journal of Medicine,* Vol. 317, No. 18 (October 29, 1987), pp. 1125-35.

Gostin, Larry. "Viewpoint: The Nucleus of a Public Health Strategy to Combat AIDS." *Law, Medicine & Health Care,* Vol. 14, No. 5-6 (December 1986), pp. 226-230.

Institute of Medicine, National Academy of Sciences. *Confronting AIDS: Directions for Public Health, Health Care and Research.* Washington, DC: National Academy Press, 1986.

Sande, Merle A. "Transmission of AIDS: The Case against Casual Contagion." *New England Journal of Medicine ,* (February 6, 1986), pp. 380-82.

U.S. Public Health Service, Department of Health and Human Services. *Surgeon General's Report on Acquired Immune Deficiency Syndrome.* 1987. Available free; write to Surgeon General's Report on AIDS, P.O. Box 23691, Washington, DC 20026-3961.

Workplace Issues

Aberth, J. "AIDS: The Human Element." *Personnel Journal,* August 1986, pp. 119-23.

"The AIDS Epidemic and Business." *Business Week,* March 23, 1987, pp. 122-32.

AIDS in the Workplace. Proceedings from a seminar sponsored by the Department of Human Resources, Graduate School of Management and Urban Professions, New School for Social Research, New York City. July 1986.

Allstate Insurance Company. *Corporate America Responds to AIDS. Report of the Allstate Forum on Public Issues,* January 1988. (For information write to Allstate Insurance Company, Allstate Plaza, Northbrook, IL 60062.)

AIDS: An Executive Briefing. Responding to AIDS in the Workplace. Prepared by the American Foundation for AIDS Research, in cooperation with Personnel Journal. New York: American Foundation for AIDS Research, 1988. (For information write to AmFAR, Education Department, 40 West 57th Street, Suite 406, New York, NY 10019-4001.)

American Management Association. *AIDS, The New Workplace Issues.* New York: American Management Association, 1985.

American Academy of Hospital Attorneys of the American Hospital Association, AIDS Task Group. *AIDS and the Law: Responding to the Special Concerns of Hospitals.* November 1987. Available from the American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611. (This publication contains an extensive legal bibliography compiled by Professor Arthur Leonard of New York Law School.)

Bayer, Ronald, and Oppenheimer, Gerald. "AIDS in the Work Place: The Ethical Ramifications." *Business and Health,* January/February 1986, pp. 30-34.

Bunker, John F.; Eriksen, Michael P.; and Kinsey, Jennifer. "AIDS in the Workplace: The Role of EAPs." *The Almacan,* September 1987, pp. 18-25.

Business Response to AIDS: A National Survey of U.S. Companies. Sponsored by Fortune Magazine and Allstate Insurance. New York: Time Inc., 1988.

Facilitating AIDS Education in the Work Environment. A project of the Orange County Business Leadership Task Force on AIDS and Alcohol & Drug Abuse. Newport Beach, CA: Pacific Mutual Life Insurance Company, 1987. (Write for free copy to Pacific Financial Companies, Products Information Office-4, Post Office Box 9000, Newport Beach, CA., 92658-9952. Additional copies available at $5 each.)

Halcrow, Allan. "AIDS: The Corporate Response." *Personnel Journal,* August 1986, pp. 123-27.

Isler, I. "AIDS in the Workplace." *Medical Aspects of Human Sexuality,* May 1986, pp. 60-64.

Lambda Legal Defense and Education Fund, Inc. *AIDS Legal Guide: A Professional Resource on AIDS-Related Issues and Discrimination.* Available from Lambda Legal Defense and Education Fund, Inc., 666 Broadway, New York, NY 10012.

Leonard, Arthur S. "AIDS in the Workplace," in *AIDS and the Law: A Guide for the Public.* Edited by Harlon L. Dalton, Scott Burris, and the Yale AIDS Law Project. New Haven: Yale University Press, 1987, pp. 109-25.

-------. "AIDS and Employment Law Revisited." 14 Hofstra Law R. 11 (1985).

-------. "Employment Discrimination Against Persons with AIDS." 10 U. Dayton L. Rev. 681 (1985).

New York Business Group on Health, Inc. *AIDS and the Employer: Guidelines on the Management of AIDS in the Workplace.* Available from The New York Business Group on Health, Inc., 622 Third Avenue, New York, NY 10017.

New Jersey, State of, Department of Law and Public Safety, Division of Civil Rights. *Law Against Discrimination.* Brochure reprinting Title 10:5-1 et seq. New Jersey Statutes Annotated and Statute Prohibition Discrimination in Employment on Public Contracts, Title 10:2-1 et seq. New Jersey Statutes Annotated. Trenton, NJ: October 1982.

Pozo-Olano, Juan de Dios. "AIDS Education in the Workplace: Corporate Role Includes Counseling." *Occupational Health & Safety,* December 1987, pp. 30-34.

Pucket, Sam B. "When a Worker Gets AIDS." *Psychology Today,* January 1988, pp. 26-27.

Ritter, David B., and Turner, Ronald. "AIDS: Employer Concerns and Options." *Labor Law Journal,* Vol. 38, No. 2 (February 1987), pp. 67-83.

Rothstein, Mark A. "Screening Workers for AIDS," in *AIDS and the Law: A Guide for the Public.* Edited by Harlon L.Dalton, Scott Burris, and the Yale AIDS Law Project. New Haven: Yale University Press, 1987, pp. 126-41.

Rowe, M.; Russell-Einborn, M.; and Baker, M. "The Fear of AIDS." *Harvard Business Review,* July-August 1986, pp. 28-36.

San Francisco AIDS Foundation, AIDS in the Workplace Package, (For information write to San Francisco AIDS Foundation, 333 Valencia Street, San Francisco, CA 94103)

Schachter, Victor, and von Seeburg, Susan. *AIDS: A Manager' Guide.* New York: Executive Enterprises, Inc., 1986. (Available from Executive Enterprises, 22 West 21st Street, New York NY 10010.)

Singer, Ira. "AIDS in the Workplace." *Nations Business,* August 1987, pp. 36-39.

Stein, Robert E. "Strategies for Dealing with AIDS Disputes in the Workplace." *The Arbitration Journal,* Vol. 42, No. 3 (September 1987), pp. 21-29

U.S. Public Health Service, Centers for Disease Control, "Recommendations for Prevention of HIV Transmission in Health- Care Settings," *Morbidity and Mortality Weekly Report,* Vol. 36, No. 2S, (August 21, 1987), pp. 3S-17S.

U.S. Public Health Service, Centers for Disease Control. "AIDS in the Workplace," 1985. Available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850. Originally published as "Summary: Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus in the Workplace," *Morbidity and Mortality Weekly Report,* Vol. 34, No. 45 (November 15, 1985), pp. 682-95.

RESOURCE GUIDE

This resource guide lists selected organizations, printed materials, and other aids. It includes both national organizations and hotlines and local resources for New York City and Northern New Jersey. Other sources of information include State and local Health Departments. For more information on speakers, printed materials, audio visual materials and information services request one of the resource guides listed in Section A.

A. Resource Guides

American Foundation for AIDS Research
1515 Broadway, 36th floor
New York, NY 10036
Title: AIDS INFORMATION RESOURCES DIRECTORY
send $10 check or credit card number to:
AmFAR AIRD
Box 2108
Passiac, NJ 07055
(800) 992-2873

New York City Department of Health
Literature Department
125 Worth Street, Box 1
New York, N.Y. 10013
Attn: Kerry Pelzman
(212) 566-7490
Title: AIDS: A RESOURCE GUIDE FOR NEW YORK CITY
AIDS: EDUCATION AND RESOURCES TRAINING CATALOGUE

B. Speakers/Training

American Red Cross
Health Education Office
150 Amsterdam Avenue
New York, NY 10023
Stephen Humes, Program Coordinator
(212) 870-8899

American Foundation for AIDS Research
1515 Broadway, 36th floor
New York, NY 10036
(212) 333-3118

Gay Men's Health Crisis, Inc.
Box 274
132 West 24th Street
New York, NY 10011
(212) 807-7517, Jim Holmes

Lambda Legal Defense and Education Fund
Speakers Bureau
666 Broadway
New York, N.Y. 10012
(212) 995-8585

Minority Task Force On AIDS
92 St. Nicholas Avenue, #1B
New York, N.Y. 10026
(212) 749-2816

New York City Department of Health
AIDS Program Services
125 Worth Street, Box 46
New York, N.Y. 10013
(212) 285-4625

C. Printed Materials

ADAPT--Association for Drug Abuse Prevention and Treatment
885 Bergen Street
Brooklyn, N.Y. 11201
(718) 834-9585

American Foundation for AIDS Research
1515 Broadway, 36th floor
New York, NY 10036
(212) 333-3118
Title: **AIDS EDUCATION: A BUSINESS UPDATE**
a how to manual for organizing your own AIDS in the workplace program

American Red Cross
AIDS Education Office
1730 E Street, N.W.
Washington, D.C. 20006
(202) 639-3534

Gay Men's Health Crisis, Inc.
Box 274
132 West 24th Street
New York, NY 10011
(212) 807-7517

National Institutes of Health
(for NIH brochures and publications)
Building 31, Room 2b03
Bethesda, MD 20892
(301) 496-4143

New York City Department of Health
AIDS Program Services
125 Worth Street, Box A-1, Room 222
New York, N.Y. 10013
(212) 566-7103

New York State Department of Health--AIDS Institute
80 Centre Street, Room 416
New York, NY 10013
(212) 587-5674

New York State Division of Substance Abuse Services
Bureau of Training and Resource Development
11 Beach Street
New York, N.Y. 10013
(212) 966-8700

U.S. Public Health Service
Public Affairs Office
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 245-6867
Title: **UNDERSTANDING AIDS**
This is the brochure that was sent to homes across the country.

D. Hotlines

NATIONAL

National AIDS Hotline
U.S. Public Health Service
(800) 342-AIDS
(800) 342-2437

National Gay and Lesbian Crisisline
service of The Fund for Human Dignity
(212) 529-1604

National Gay Task Force
AIDS Information Hotline
(800) 221-7044
(212) 807-6016 (NY State)

NEW YORK STATE AND CITY

New York City Department of Health
AIDS Information Hotline
Monday through Saturday, 9 a.m. to 9 p.m.
(718) 485-8111

New York State Department of Health--
AIDS Institute Hotline
Monday through Friday, 8 a.m. to 8 p.m.
Saturday and Sunday, 10 a.m. to 6 p.m.
AIDS information: Ask for English tape #66, Spanish tape #61.
(800) 541-AIDS
HIV information: Ask for English tape #60, Spanish tape #62.
(800) 462-1884

Gay Men's Health Crisis
(212) 807-6655

Hispanic AIDS Forum
(212) 463-8264

I.V. Substance Abuse AIDS Information
Beth Israel Medical Center
Monday through Friday, 9 A.M. to 5 P.M. Messages can be left.
(212) 420-4141

Pediatric AIDS Hotline
Albert Einstein College of Medicine/Montefiore Center
(212) 430-3333

NEW JERSEY

NJ Department of Health AIDS Hotlines
(800) 523-0593 (within New Jersey)

The Hyacinth Foundation
211 Livingston Avenue
New Brunswick, N.J.
(201) 246-0925
(800) 433-0524 (within New Jersey)

New Jersey Gay Men's Health Crisis
(201) 656-3076
(201) 944-0346

New Jersey Gay and Lesbian Coalition
(609) 761-4034
South Jersey AIDS Helpline
Sponsored by the New Jersey Lesbian and Gay Coalition
(201) 596-0767

The South Jersey AIDS Alliance
(800) 512-1076 (within New Jersey)
(609) 348-2437 (outside of New Jersey)

E. AIDS Organizations

American Foundation for AIDS Research
1515 Broadway, 36th floor
New York, NY 10036
(212) 333-3118

American Red Cross
AIDS Education Office
1730 E Street, N.W.
Washington, D.C. 20006
(202) 639-3534

Lambda Legal Defense and Education Fund
666 Broadway
New York, N.Y. 10012
(212) 995-8585

National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(800) 342-7514

National AIDS Network
1012 14th N.W., Suite 601
Washington, D.C. 20005
(202) 347-0390

National Leadership Coalition on AIDS
1150 17th Street N.W.
Suite 202
Washington, D.C. 20036
(202) 429-0930

NEW YORK ORGANIZATIONS

ADAPT--Association for Drug Abuse Prevention and Treatment
885 Bergen Street
Brooklyn, N.Y. 11201
(718) 834-9585

AIDS Resource Center, Inc.
24 West 30th Street
New York, N.Y. 10001
(212) 481-1270

Beth Israel Medical Center
Karpas Health Information Center
First Avenue at 16th Street
New York, N.Y. 10003
(212) 420-4247

Gay Men's Health Crisis, Inc.
Box 274
132 West 24th Street
New York, N.Y. 10011
(212) 807-7517 (Education and Speakers)

Haitian Coalition on AIDS
50 Court Street, Room 605
Brooklyn, N.Y. 11201
(718) 855-0972

Hispanic AIDS Forum
140 West 22nd St.
New York, N.Y. 10011
(212) 463-8264

Lower Eastside Service Center
46 East Broadway
New York, N.Y. 10002
(212) 431-4610

Minority Task Force On AIDS
92 St. Nicholas Avenue, #1B
New York, N.Y. 10026
(212) 749-2816

New York City Commission On Human Rights
AIDS Discrimination Unit
52 Duane Street
New York, N.Y. 10007
(212) 566-5050

New York City Department of Health
AIDS Program Services
125 Worth Street, Box A-1, Room 222
New York, N.Y. 10013
(212) 566-7103

New York State Department of Health--AIDS Institute
80 Centre Street, Room 416
New York, N.Y. 10013
(212) 587-5674 or
Corning Tower Building
Empire State Plaza, Third Floor
P.O. Box 2000
Albany, N.Y. 12237
(518) 473-7238

New York State Division of Human Rights
Office of AIDS Discrimination Issues
55 West 125th Street
New York, N.Y. 10027
(212) 870-8624

New York State Division of Substance Abuse Services
Bureau of Training and Resource Development
11 Beach Street
New York, N.Y. 10013
(212) 966-8700

People with AIDS Coalition
263A West 19th Street Room 125
New York, N.Y. 10011
(212) 627-1810

The Bronx AIDS Community Service Project
Sponsored by the Human Services Unit of SBDO, Inc.
529 Courtland Avenue
Bronx, N.Y. 10013
(212) 665-4906

WARN / Women And AIDS Resource Network
c/o Washington Square Church
135 West 4th Street
New York, NY 10012
(212) 475-6713

NEW JERSEY ORGANIZATIONS

American Civil Liberties Union, Newark
38 Walnut Street
Newark, New Jersey
(201) 642-2084

The Hyacinth Foundation
211 Livingston Avenue
New Brunswick, N.J.
(201) 246-0925
(800) 433-0524 (within New Jersey)

New Jersey Department of Health
CN 360
Trenton, New Jersey 08625
(609) 292-2121

New Jersey Department of Human Services
AIDS Community Care Program
Trenton, N.J.
(800) 523-0593 (within New Jersey)

New Jersey Department of the Public Advocate
Division of Advocacy for the Developmentally Disabled
CN 850
Trenton, New Jersey 08625
(609) 292-9742
(800) 922-7233

New Jersey Division on Civil Rights
1100 Raymond Boulevard Room 400
Newark, NJ 07102
(201) 648-2700

F. Business Groups on Health

The New York Business Group on Health, Inc.
622 Third Avenue, 34th floor
New York, N.Y. 10017
(212) 808-0550

San Francisco AIDS Foundation
333 Valencia Street
POB 6182
San Francisco, CA 94101-6182
(415) 861-3397

Workplace Health Communications Corporation
in cooperation with the
Institute for Disease Prevention in the Workplace
4 Madison Place
Albany, N.Y. 12202
(518) 434-2381

COMMISSIONERS

Co-Chairs:

John E. Jacob is the President and Chief Executive Officer of the National Urban League with which he has been associated since 1965. He is the recipient of many awards, including the Outstanding Community Service Award from Howard University's School of Social Work.

John E. Zuccotti is a partner in the law firm of Brown & Wood, New York City. Mr. Zuccotti has served as Chairperson of the Mayor's Advisory Committee on Police Management and Personnel Policy. He also served as First Deputy Mayor of the City of New York from 1975 to 1977.

Members:

Amalia V. Betanzos is President of Wildcat Service Corporation, a non-profit employment program. She served in a variety of positions in Mayor John Lindsay's Administration. She is a member of the New York, City Board of Education.

Robert Curvin is Director of the Urban Poverty Program of the Ford Foundation. He is the former Dean of the Graduate School of Management and Urban Professions at The New School for Social Research.

Sandra Feldman is President of the United Federation of Teachers. She is also Vice-President of the American Federation of Teachers, a member of the board of directors of the New York State United Teachers, and a Vice President of the New York State AFL-CIO.

Carole A. Graves is President of the Newark Teachers Union, Local 481, AFT AFL-CIO. Ms. Graves was a Commissioner on the New Jersey Public Employment Relations Commission.

Bernard Jacobs is President of The Schubert Organization, Inc. He is also Vice-President of The League of American Theatres and Producers, Inc.

J. Richard Munro is Chairman and Chief Executive Officer of Time Inc. He is the Chairperson of the New York Urban Coalition and is a member of various boards including the Governor's Business Advisory Board of New York State.

Bernard Rabinowitz is the former President of Atlantic Industries, Nutley, New Jersey, and is Director of the Somerset Holding Company. He has served as Chairperson of the New Jersey Blue Ribbon Task Force on Local Health Planning.

David E. Rogers, M.D. is the Walsh McDermott University Professor of Medicine at New York Hospital-Cornell Medical Center. He chairs Governor Mario Cuomo's Advisory Council on AIDS. Dr. Rogers was formerly President of the Robert Wood Johnson Foundation.

Bayard Rustin, an advocate for civil rights, the labor movement, and humanitarian causes, was the Chairperson of the A. Phillip Randolph Education Fund at the time of his death in September 1987.

Frederick A.O. Schwarz, Jr. is a partner in the law firm of Cravath, Swaine and Moore, and Chairman of the Boards of the Fund for the City of New York and the Vera Institute of Justice. He was Corporation Counsel for the City of New York from 1982-1986.

T. Joseph Semrod is the Chairman and Chief Executive Officer of United Jersey Banks, Princeton, New Jersey. He is a member of the Board of Trustees and the Executive Committee of the National Urban League. He also serves on the advisory board of Outward Bound U.S.A.

Gloria Steinem is a writer and editor. She was founder of *Ms. Magazine* in 1972. Ms. Steinem has helped to found and continues to serve as board-member or advisor to the Ms. Foundation for Women, the National Women's Political Caucus, and the Coalition of Labor Union Women.

Thomas B. Stoddard is the Executive Director of Lambda Legal Defense and Education Fund, Inc. Mr. Stoddard was the Legislative Director for the New York Civil Liberties Union and a lawyer in private practice.

Victor R. Yanitelli, S.J. is the Episcopal Vicar for East Manhattan. He served as the Pastor at St. Ignatius Loyola Church and was President and then Chancellor of St. Peter's College in Jersey City, New Jersey.

STAFF:

Carol Levine
Executive Director

Gary Stein
Policy Director

Nelson Fernandez
Program Assistant

Michael Rosen
Administrative Coordinator

FOUNDATIONS SUPPORTING THE CITIZENS COMMISSION ON AIDS

(as of August 15, 1988)

Rockefeller Brothers Foundation
The Robert Wood Johnson Foundation
United Hospital Fund
The Aaron Diamond Foundation
Josiah Macy, Jr. Foundation
Mrs. Abby R. Mauze Charitable Trust
The Prudential Foundation
New York Community Trust
Charles H. Revson Foundation
Fund for the City of New York
The Florence & John Schumann Foundation
Health Services Improvement Fund, Inc.
Victoria Foundation
The Fund for New Jersey
Hoffmann-La Roche Inc.
Design Industries Foundation for AIDS
The Hyde and Watson Foundation
New York Life Insurance Company
Howard J. Rubenstein Associates
Pro Bono Public Relations

The Citizens Commission on AIDS is administered by the Fund for the City of New York

Jane Hughes
Associate Director