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AIDS In the Workplace: The Role of EAPs

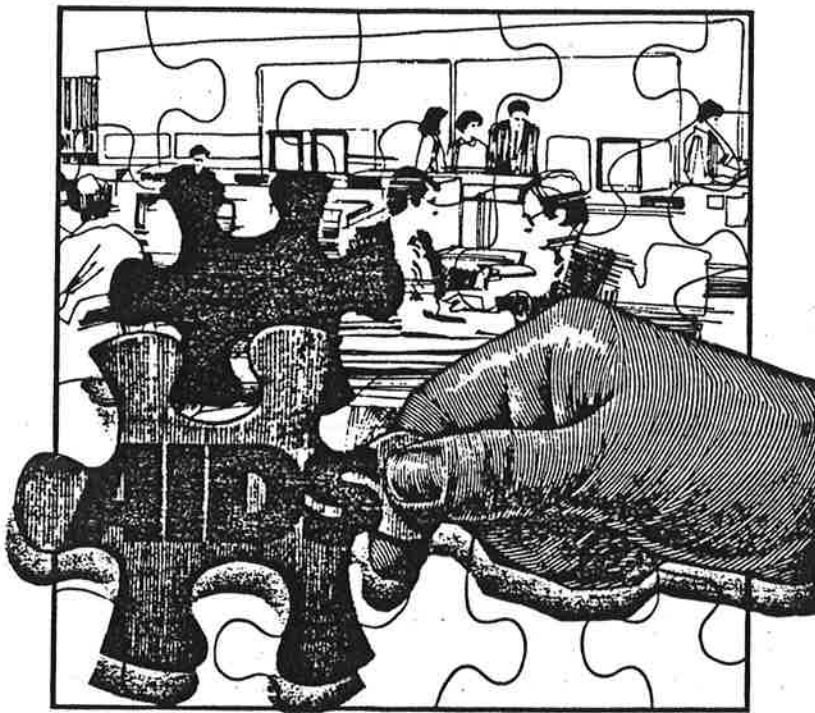
by John F. Bunker, Sc.D., Michael P. Eriksen, Sc.D.
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The AIDS epidemic has emerged as a major societal problem with medical, ethical and economic ramifications and is rapidly becoming a significant workplace concern. While most companies have yet to experience their first AIDS case, this situation is rapidly changing. Strategic Resource Corporation, a benefit consulting firm, recently surveyed Fortune 500 companies regarding AIDS in the workplace and received a 30% response rate. They reported that while 33% of companies reported having employees with AIDS, only 4% have instituted education programs and less than 20% have AIDS policies.

While everyone agrees that the AIDS epidemic poses a major problem to the business community, the workplace may also serve as an opportunity to effectively educate employees and families on the prevention of AIDS and acceptance of people with AIDS².

Precedent has been set for using the workplace to promote employee health. Corporate wellness programs have been established because of concern about rising health care costs as well as because of a general concern for employee health and well-being³. These same wellness programs can be expanded and used to carry the message of AIDS education and risk reduction.

But how does AIDS actually impact the work environment? From an epidemiologic standpoint, AIDS transmission



is really not a workplace issue, except for some high risk occupations such as surgeons, dentists and emergency medical technicians⁴. The spectre of AIDS arises in the workplace due to misconceptions, fear and unfounded prejudices. Unfortunately, although the transmission of AIDS may not be an issue in the workplace, AIDS still can become a major threat to the normal conduct of business.

Corporations operate on the basis of minimizing disruption and assuring the smooth flow of operations. Pro-

cedures are developed to insure that work flows smoothly and efficiency is maximized. Issues that can disrupt the work environment are taken seriously by managers and steps are taken to minimize the impact of the problem or to prevent the problem entirely. AIDS is the type of issue which can disrupt the conduct of business, interfere with employee and customer relations, and result in legal actions and extensive medical care expenditures.

A multitude of AIDS-related problems have already occurred in the workplace and similarly are destined to reoccur in the absence of a preventive and proactive approach. Employee relations can suffer when coworkers incorrectly assume fellow employees to have AIDS or are able to transmit the AIDS virus. Fear of working near gay coworkers, drinking coffee prepared by them or answering their phone is not

Corporate Functions and Responsibilities

Table One

Function	Area of Responsibility
Personnel	Problem resolution, work practices, reasonable accommodation, termination issues.
Labor Relations	Cooperation with union, employee relations.
Legal	Local, state, and federal legislation compliance, protection from wrongful discharge.
EEO/Affirmative Action	Non-discrimination, Rehab Act of 1973, handicapped status.
Hiring	Hiring policies, pre-employment screening and non-discrimination practices.
Benefits	Alternative health care benefit coverage, disability benefits, death benefits, health care cost containment.
Medical	EAP Counselors, education, return to work issues.
Communications	Establish credibility and proactive stance, use of all available channels such as newspapers, video, pamphlets, meetings.
Unions	Access to employees, advocate for employees.
Public Relations	Liaison with community and local media.
Training	Educational programs and seminars.

- developing an action plan
- establishing a corporate policy
- reviewing medical benefits coverage to assure that appropriate AIDS-related services are covered.

EAP ROLE IN AIDS STRATEGY

The role of the EAP is critical in developing and implementing a corporate AIDS strategy. EAP involvement spans the range of providing clinical services to persons with AIDS (PWA) to assisting the corporation in policy and program development. EAP professionals can contribute to the organizations proactive response to AIDS related problems in three ways. First, EAP staff has knowledge and experience working with community resources such as educational and social services and can act as a clearinghouse for this information. Second, EAP staff is experienced working with the interaction between employees and their serious personal problems. Finally, EAP counselors are likely to be sought out and can therefore prepare for the specific concerns and needs of individuals with AIDS related problems¹³.

EAP personnel contribute to the overall corporate program in several ways. They may see the earliest evidence of AIDS related problems in the workplace during the process of assessment and referral counseling. Possible signals include 1) an employees' fear of AIDS that is based on inadequate knowledge; 2) employees with AIDS, ARC or HIV infection; 3) employees with family who have AIDS or HIV infection; and 4) managers or coworkers of PWAs or HIV infected individuals.

Utilizing the knowledge gleaned from the trenches of assessment and referral counseling, EAP staff can inform and motivate the organization to develop a proactive program at

the workplace. Ideally this program should include a comprehensive corporate program as described earlier in this article. The EAP staff can encourage the development of, or if one exists, offer to serve on a task force that is responsible for addressing AIDS at the workplace. As a member of the task force, EAP staff can provide information regarding both the needs of the employees and community services available.

At the clinical/individual level, EAP staff can anticipate and prepare for a variety of AIDS-related problems brought by individuals to the EAP. The specifics of each situation will demand different skills and knowledge of current information and resources. Initially it is important to increase one's awareness and sensitivity to the dimensions of AIDS-related problems. Here several likely situations that may occur are cited followed by a list of possible clinical issues. Appropriate responses are also discussed. The purpose of this discussion is to increase awareness and does not provide an exhaustive list of the range of problems and responses.

Employees with AIDS, ARC, HIV infection

- These employees are facing a terminal illness, often at a young age with the prospect of a lonely and painful death. The range of emotional problems under these conditions include guilt, extensive denial, anxiety, depression, hopelessness, and anger.

- Most PWAs are homosexual/bisexual men or intravenous drug users. In most settings these lifestyles are already severely stigmatized therefore the individual may already be experiencing or is anxious about social and job-related discrimination. There may be legitimate fear that the additional stigma of being identified as a PWA will increase discrimination.

- AIDS involves a series of health problems that often disfigure and decrease the individual's attractiveness and sense of integrity in all areas of life.

AIDS: The Epidemic

The first cases of the disease now known as AIDS were identified in 1981¹. AIDS cases have been reported to the Centers for Disease Control (CDC) from all fifty states and the World Health Organization (WHO) reports active AIDS cases in 122 countries around the world. Current estimates are that the number of people infected with the AIDS virus in the U.S. is about 1.5 million² and worldwide as many as 10 million persons may be infected. More than half of the Americans who have developed AIDS have died.

AIDS, ARC & HIV

AIDS is caused by a virus—HIV (Human Immunodeficiency Virus)—that compromises the immune system and leaves a person vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies which may cause life-threatening illness, such as pneumonia, meningitis, and cancer. The most serious form of illness caused by HIV is AIDS, a condition which consists largely of carinii opportunistic infections which are normally controlled by the immune system. Clinical manifestations of AIDS include pneumocystis carinii pneumonia, tuberculosis, Kaposi's sarcoma, and various neurological disorders that can be disabling and ultimately fatal³.

AIDS-Related Complex (ARC) is a condition in which a person tests positive for HIV and has a specific set of clinical symptoms which may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, swollen lymph nodes, and lack of resistance to infection. ARC refers to these sets of symptoms that come close to, but don't precisely meet, the official CDC definition of AIDS. CDC has recently revised the official criteria for AIDS to include dementia and wasting syndrome.

Some people remain apparently well after HIV infection and have no physically apparent symptoms of illness. In fact, the majority of HIV infected individuals show no disease symptoms and may not come down with a disease for many years, if ever. Current estimates are that 20 to 50 percent of those HIV infected will develop an illness that fits an accepted definition of AIDS within five years².

MODES OF TRANSMISSION

AIDS is an infectious disease that spreads from infected persons either by intimate sexual contact (anal or vaginal intercourse and possibly oral sex) or by the introduction of infected blood through the skin and into the bloodstream as with intravenous drug use, or as was previously caused by the transfusion of contaminated blood. It can also be spread from an infected mother to her infant during pregnancy or at the time of birth².

There is *no evidence* that the AIDS virus is transmitted in the air, by sneezing, by shaking hands, by sharing a drinking glass, by insect bites, or by living in the same household with an AIDS patient or an HIV-infected person. The AIDS virus is not spread through normal casual daily contact at work, in school, or at home³. Persons who are at increased risk of infection by the AIDS virus include: homosexual and bisexual men, intravenous drug users, male or female prostitutes and their sex partners, and sex partners of persons infected with the AIDS virus or at increased risk of infection.

There is presently no cure or vaccine for AIDS. However, AIDS is preventable. AIDS is associated with specific high risk behaviors and the U.S. Public Health Service recommends the following steps to reduce the chances of exposure to the AIDS virus: avoid sex with persons with AIDS or at high risk for AIDS; avoid contact with a sexual partner's body fluids including blood, semen, urine, feces, and vaginal secretions with the use of a condom; avoid sexual practices such as anal intercourse that may injure body tissues and make it easier for the virus to enter the bloodstream; do not use intravenous drugs; finally, do not have sex with multiple partners or with persons who have multiple partners.

There are currently tests available to determine if a person has been exposed to the AIDS virus. These screening tests for antibodies to HIV include enzyme-linked immuno sorbent assays (ELISA), immunofluorescent assays, and Western blot analysis. A positive test result *only* indicates the presence of antibodies to HIV. The tests *do not* indicate who will develop AIDS.

ECONOMIC IMPACT

Finally, the financial impact of the AIDS epidemic is staggering. According to a recent study, the personal medical care costs of AIDS in current dollars

AIDS creates a tremendous element of fear for many people. In this regard, education may be considered as necessary, but not sufficient for changing behaviors or attitudes. An EAP counselor relates an experience that illustrates this phenomenon with a nurse that had been stuck by the needle of an AIDS patient. The nurse was referred to the EAP for counseling after being reassured by her physician that her risk of developing the disease was essentially zero. The EAP counselor spent three sessions allowing her to articulate her fears for her family, and the anger and resentment she directed at the patient. It was only after significant counseling that she was able to absorb and be reassured by the information her doctor had initially given her—that all evidence indicates an extremely low risk for individuals receiving needle sticks from an AIDS patient.

CRITICAL ISSUES

Although we have proposed a comprehensive corporate strategy and have explored the role of the EAP counselor in workplace AIDS prevention and education, a number of difficult issues remain. In addition to the steps so far mentioned, a successful effort is dependent upon identifying and addressing the many and difficult critical issues which will face the corporation. We are not proposing solutions to

these problems; rather, we are bringing them to your attention so that they can be thoughtfully considered by each corporation and the appropriate decisions can be made based on the unique culture and characteristics of each company.

Leadership—Who will manage and direct the AIDS program? Top management must be committed to providing the resources and leadership for a comprehensive policy and educational program. One especially compassionate example is Robert Haas, CEO, Levi Strauss & Co. who recently helped staff a booth, personally distributed AIDS program materials, and provided leadership to other corporations in San Francisco.

Legal—What local, state and federal laws must be taken into consideration when dealing with AIDS? In state legislations, about 500 bills involving AIDS have been introduced this year, more than any other subject. Potential liability concerns of employee confidentiality and privacy, testing for antibodies to the AIDS virus, and common-law duty to provide a safe workplace.

HIV Testing—Should HIV testing be considered for pre-employment physicals and as a condition of employment? Who will test employees? What will be done with the test results? How will confidentiality and privacy be maintained? What about the concern of false positive test results? What legal and liability issues need to be addressed before, during and after testing employees? Is testing a cost-effective allocation of resources? Is testing voluntary or mandatory?

Benefits—Are current health, disability and life insurance plans adequate to deal with AIDS cases? What kinds of alter-

native health care will or could benefit plans cover (home health care and hospice)? The medical case management approach provides coverage that includes palliative or supportive services designed to maximize an individual's functional level and independence.

AIDS Policy—Should there be an informal or formal corporate AIDS policy? Unambiguous guidelines for human resource personnel and line managers enhance the probability that AIDS-related events are handled equitably throughout a company. A manager needs to know what to do when an employee informs a supervisor of an AIDS, ARC, or HIV positive diagnosis.

Public Relations—How will the corporation deal with the media, coworkers, stockholders and the public when the initial AIDS-related case occurs? What is the company's position on disability, sick leave, and return to work for the employee with AIDS? A positive and proactive approach to this public relations situation requires careful consideration to avoid a very negative corporate image. Many corporations are actively involved in community AIDS education and service projects which enhance company visibility on this important health issue.

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AIDS in the Workplace Resources

- Isler, C., *AIDS in the Workplace, Medical Aspects of Human Sexuality*, pp 60-64, May 1986.
- Singer I., *AIDS in the Workplace, Nations Business* pp 36-39, August 1987.
- AIDS in the Workplace Package*, San Francisco AIDS Foundation, 333 Valencia St., San Francisco, CA 94103, (415) 864-4376.
- Managing AIDS in the Workplace*, (AIDS Executive Briefing and Training Package) Workplace Health Communications Corporation, 4 Madison Place, Albany, NY 12202, (800) 334-4911 in N.Y., (800) 942-1002.
- AIDS in the Workplace*, The Bureau of National Affairs, Inc. BNA Customer Service, 9435 Key West Avenue, Rockville, MD 20852, (800) 352-1400 in Maryland, (800) 372-1033.
- AIDS Legal Guide: A Professional Resource on AIDS-*

The following is a list of resources providing further information about the AIDS/ARC/HIV epidemic and its effect on the workplace.

- Related Legal Issues and Discriminations*, Lambda Legal Defense and Education Fund Inc., 1322 West 43rd Street, N.Y., N.Y. 10036, (212) 944-9488.
- AIDS and the Employer: Guidelines on the Management of AIDS in the Workplace*, The NY Business Group on Health Inc., 622 3rd Ave., 34th Floor, N.Y., N.Y. 10017, (212) 808-0550.
- AIDS: Employer Rights and Responsibilities*, Commerce Clearing House Inc., 4025 W. Patterson Ave., Chicago, IL 60646.
- Halcrow A., *AIDS: The Corporate Response, Personnel Journal*, pp 123-127, August 1986.
- Aberth J., *AIDS: The Human Element, Personnel Journal*, pp 119-123, August 1986.
- Rowe M., Russell-Einborn M. and Baker, M., *The Fear of AIDS, Harvard Business Review*, pp 28-36, July-August 1986.

Education—What AIDS educational materials will be utilized and who will provide the education? AIDS educational programs require careful planning to address sensitive issues including the nature of the disease, the distinction between AIDS and HIV infection, the methods of transmission, the discussion of safe sex practices, and the lack of risks in the workplace. Businesses should design and implement programs based upon an educational needs assessment of their employees knowledge and attitudes regarding AIDS. Finally, does the company have the resources and personnel to plan and conduct an effective AIDS education program?

Consultants—Should outside consultants be utilized to help design, plan, and implement AIDS policy and educational programs? Businesses must assess internal needs and resources, then determine what information and resources they need to develop a comprehensive program. We recommend contacting businesses that have instituted AIDS policy and education programs, reviewing the resources cited in this article, and soliciting the advice of public health officials in local, state and federal agencies. Private sector consultants may provide expertise to assist corporations in developing AIDS programs, however, they should be carefully screened on several criteria: documented experience with previous corporate clients, academic training in public health education, and specific AIDS-related program activities.

Employee Relations—How do managers respond to a group of workers who refuse to work with a person with AIDS, ARC, or HIV infection? What happens when customers complain that they are concerned about a rumor that an employee in your firm has AIDS? How and when does a manager confront an employee who makes inappropriate, callous remarks about a fellow employee with AIDS?

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