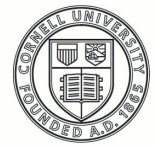

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AIDS at Work: The SEIU AIDS Project

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Abstract

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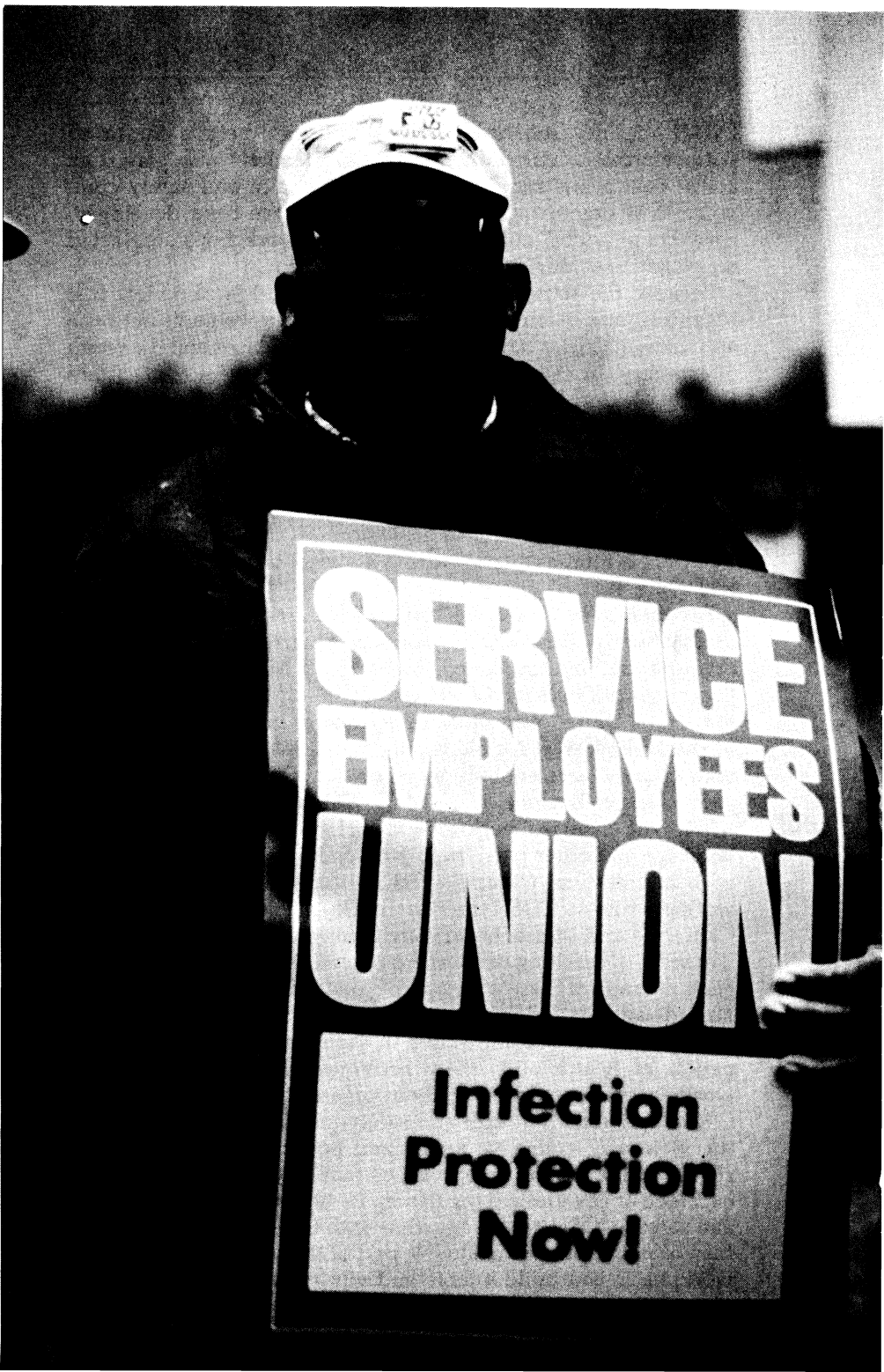
Service workers in San Francisco, Los Angeles, New York, Newark and Miami were among the first to confront this mysterious and frightening disease. As the number of AIDS patients grew, attention and anxiety followed. Reports surfaced that some healthcare and other workers were discriminating against persons with AIDS or those perceived to be at high risk for AIDS: gay men and minorities in inner-city areas.

Sensational press coverage focused on public workers wearing protective equipment. These workers reacted to what they understood as possible exposure to AIDS by putting a barrier between themselves and the public: police and transit workers wore gloves, sanitation and public works employees donned suits and masks.

Keywords

SEIU, AIDS, discrimination, education


SERVICE
EMPLOYEES
UNION
Infection
Protection
Now!

AIDS at Work

The SEIU AIDS Project

■ *John Mehring*

In the early stages of the AIDS epidemic, AIDS was primarily an urban phenomenon, appearing first among gay men, intravenous (I.V.) drug users and their sexual partners.

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Service workers interact with all population groups, including many who are deemed outcasts and "untouchable": the homeless, the mentally handicapped, and chronic substance abusers. Some

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• *John Mehring was recently appointed SEIU Western Region AIDS Education Coordinator. As a healthcare worker at Pacific Presbyterian Medical Center in San Francisco, Mehring was one of the founders of SEIU Local 250's AIDS Education Committee in 1983.*

service workers acted publicly in ways many people act privately. In the early days of the epidemic, people generally were responding to the horror of AIDS with a limited understanding of the disease.

Community-based AIDS service agencies were founded, in part, in response to misinformation and to a leadership vacuum, which was not unique to the workplace. These agencies wanted to reduce workers' fears and stop what was viewed by many as overreaction, and by some as homophobia and racism. Offering workplace educational programs on AIDS, these agencies hoped to facilitate better public service for their clients and constituents. Management also launched its own programs to reassure workers and prevent workplace disruptions or public relations problems.

These AIDS-in-the-workplace trainings emphasize that you cannot get AIDS from casual contact. You can get AIDS only from unprotected sexual intercourse or sharing hypodermic syringes. Since you are not having sex or shooting up drugs on the job, you are not at risk of contracting AIDS at work.

While this is correct information for most workplaces, it overlooks the fact that many service workers have more than casual contact with the public, including direct exposure to blood and other body fluids. Most AIDS service agencies are not familiar with workers' job duties or with the poor occupational health and safety record of employers and the government. Workers often come away from these trainings with doubts about their protection against infection, doubts which remain unaddressed in many workplaces.

Workers are naturally suspicious of management, and many have also become suspicious of the close corporate ties many AIDS service agencies have developed—ties which bring corporate funds and personnel to the agency, in return for technical expertise in "managing" the issue at the corporate workplace. In fact, most AIDS service agencies have given only lip service to developing strategies to reduce service workers' occupational exposure to AIDS.

Most unionized service workers are represented by the Service Employees International Union (SEIU) or by the American Federation of State, County, and Municipal Employees (AFSCME). These progressive unions have developed similar AIDS-related policies aimed at respecting and protecting everyone—both uninfected workers and people with AIDS. This article explores the history of this development within the SEIU and discusses the extensive and varied AIDS organizing that is presenting challenges and opportunities for workers and their unions.

SEIU Rank-and-File Took the Lead

SEIU's commitment developed out of a rank-and-file initiative in the San Francisco Bay Area.

In 1983 several members of northern California's SEIU Local 250 Hospital and Healthcare Workers' Union formed an AIDS Education Committee because of concerns about service workers' risk of exposure to AIDS and reports of discrimination against people with AIDS.

Just as gay men had taken upon themselves the task of educating their peers about safe sex through a frank brochure, *Can We Talk?,* Local 250's AIDS Committee wanted to produce a brochure understandable and relevant to healthcare workers. *AIDS and the Healthcare Worker* became a collective effort, bringing workers together from several job classifications. The brochure filled an important need; it is now in its fifth edition and hundreds of thousands of copies have been distributed world-wide, including many requests from nonunion healthcare facilities.

The decision of SEIU to fund and distribute the brochure and the adoption of a comprehensive AIDS resolution at the 1984 SEIU Convention launched SEIU's program of AIDS education and health-and-safety organizing.

Local 250's AIDS Education Committee developed other activities too. Committee members conduct union-sponsored AIDS education workshops for staff, stewards and members. In 1988, the Committee, working with the University of California at Berkeley Labor Occupational Health Program, trained several dozen stewards in a "train the trainer" program to educate co-workers about AIDS transmission and infection control.

The Committee is also concerned about contract protection for members' occupational health and safety, pushing for the union to get language establishing health and safety committees and making health and safety violations grievable.

For members who have AIDS, the Committee advocates contract language banning discrimination based on sexual orientation, lifestyle, or handicap status; extending health insurance and bereavement leave to members with domestic, or unmarried, partners; and establishing "sick leave banks" for members who have exhausted their sick leave and who face serious or life-threatening illnesses.

On the political front, the Committee has put the union on record favoring AIDS anti-discrimination legislation; increased government funding for AIDS research and education; and national health care. In January 1990, the Committee organized

a dozen healthcare workers to testify at public hearings for a strong OSHA Blood-borne Infectious Disease Standard. The standard will require employers to provide training on infection control incorporating the Center for Disease Control's "universal precautions" —treating all patients' and clients' blood as if it were infectious for AIDS and hepatitis B.

Last year the SEIU International established an AIDS Project in its Health and Safety Department. Financed through a four-year grant from the Robert Wood Johnson Foundation, the Project includes a project director and two staff in Washington, D.C., and three regional coordinators in Boston, Chicago and San Francisco.

The Project is focusing on three broad areas: AIDS education and training, enforcing OSHA's infectious disease standard, and preventing needlestick injuries.

AIDS Education & Training

SEIU AIDS education trainings grapple with several difficult issues that any union must face when determining the scope and objective of an AIDS education program.

There is a risk of occupational exposure to AIDS and hepatitis B wherever direct contact with blood occurs. This would most likely happen in healthcare settings involving needlestick or other sharps injuries, when a patient's blood enters the body or bloodstream of the worker.

Because a confirmed diagnosis of AIDS or hepatitis B is either difficult or impossible to get in a timely fashion, and is not always accurate, workers cannot know who is and who is not infected. This is why the cornerstone of good infection control policy and practice today is "universal precautions": treating all blood—every person's blood—as infectious, and taking appropriate precautions to reduce or eliminate exposure.

Many workers, however, demand the "right-to-know" a diagnosis of infection. This demand for a diagnosis actually undercuts the application of universal precautions, which only protect workers when applied across the board. If workers insist on mandatory testing of patients and clients to determine their diagnoses, not only is infection control compromised but workers run the real risk of clearing the way for the mandatory testing of healthcare workers. Forced testing or the threat of testing produces an adversarial relationship between patients and workers, and violates the patient's right to privacy, which may lead to employment and insurance discrimination. Forced testing could also drive the epidemic underground by discouraging people

from seeking counseling and treatment.

While unions are focused primarily on workplace issues and protection, protecting union members from exposure to AIDS requires a broader discussion than how to eliminate exposures to blood on the job. Good risk-reduction education necessarily includes information of an intimate nature: a frank discussion of how AIDS may be transmitted during unprotected sexual intercourse and through sharing needles when injecting I.V. drugs.

AIDS has a disproportionate impact on racial minorities, especially minority women. African-Americans are approximately 12% of the United States population, but over 24% of diagnosed AIDS cases are black. Fully half of all women with AIDS are black. Hispanic-Americans are approximately 6% of the population, but represent over 12% of diagnosed AIDS cases. These figures will increase as the infection continues to spread unchecked through poor minority neighborhoods with high I.V. drug use.

To discuss this subject can bring on a heated discussion or even lead to a political fight, because there is a high level of denial, mistrust and anger about the AIDS epidemic in communities already under economic and political siege. Furthermore, minority communities are not unified regarding approaches to reduce transmission. Many minority leaders and organizations are unalterably opposed to providing drug users with clean needles or even teaching addicts how to clean their needles with bleach to prevent transmission of AIDS.

Like SEIU, many unions have heavy minority memberships and the same tensions in the wider community will be reflected in a union AIDS education effort.

Enforcing OSHA's Blood-Borne Infectious Disease Standard

OSHA's proposed standard is currently enforceable in healthcare settings, and the final standard—which has been promised for early 1991—will apply to all worksites where workers have contact with blood. While OSHA will respond to a complaint of violations by conducting a worksite inspection, SEIU encourages a strategy of enforcement based on strong worksite organization.

Organizing for effective infection protection begins by surveying members to find out what infection control practices are currently in use and comparing these with the facility's written infection control policies. Conducting walkthroughs with stewards and activists and interviewing workers on site is a good way to do this. If there are substantial differences between policy and actual

practice or if the policies themselves are substandard, the union can bring that to management's attention through grievances, bargaining, filing an OSHA complaint or direct action, depending on the situation.

The union should determine the employer's compliance with OSHA's directive to offer free hepatitis B vaccine and with other aspects of the existing OSHA standard. It should also determine all prior or current OSHA citations and their status.

Merely gathering this information is a major organizing and education activity; but based on this research among the membership, the union should assess the need for education and protective equipment in various departments and then work to build a union-led education and safety program.

Preventing Needlesticks

At least two SEIU members have contracted the AIDS virus after having been injured by needles containing AIDS-infected blood. The first was "Jane Doe," a San Francisco General Hospital healthcare worker, in 1987. The second is "Jean Roe," a healthcare worker at another hospital in San Francisco.

Nursing staff, housekeepers, and other healthcare workers are at high risk of needlestick injury. There are hundreds of thousands of these injuries each year, many of which are unreported, undocumented, and not evaluated and treated. If the blood of the source patient is infected with AIDS, studies indicate there is a 1 in 200 chance of infection. The infection rate for hepatitis B is much higher, 1 in 80. Many healthcare workers are stuck several times over the course of their working careers. And as the number of AIDS patients increases and treatments in clinical as well as nonclinical settings keep these patients alive longer, the number of needlestick injuries with AIDS-infected blood will also increase.

Preventing needlestick injuries is one of the SEIU AIDS Project's priorities. To accomplish this in a hospital requires a well thought-out strategy. In addition to surveying the extent of the problem by reviewing OSHA Log 200 forms and in-house documents and by interviewing members, our local unions raise members' awareness of the risk of a needlestick injury by showing a video about "Jane Doe." After viewing the video, members are encouraged to discuss their experiences and emotions after a needlestick injury; they're also encouraged to report all injuries and informed about appropriate follow-up procedures.

Our locals are also active in demanding that union members be on hospital safety committees, needlestick task forces, and

product evaluation committees. Once on these official bodies, the union advocates using new, safer products which are needle-free or which place a protective barrier between the needle and the worker. Local 250, for example, has developed a campaign for better designed and safer needles and syringes, I.V. catheters and tubing connectors, blood-drawing equipment and sharps containers.

Conclusion

AIDS education and training, enforcing OSHA's blood-borne infectious disease standard, and preventing needlestick injuries are important concerns for all, particularly service, workers. Industry and government are dragging their feet. AIDS service agencies are occupied with other issues. It falls to workers and their unions to organize for their protection both on and off the job.

The AIDS epidemic is changing so much of our world that labor unions have to be involved in AIDS-related issues if only to react, and keep-up. But it also ensures that for labor unions willing to respond with thought, commitment and energy to the challenges this epidemic poses, organized workers can be a critical force in improving workers' health and safety, reducing transmission of the virus both on and off the job, building coalitions with community-based organizations, and achieving radical reform of our healthcare system. ■

CONTACTS

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