



Lessons From a Forgotten Pandemic

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The worst epidemic of modern times is that of HIV/AIDS with over 39 million deaths worldwide since 1981 (Harrington & Frohlich, 2020). It is one of the reasons that Dr Anthony Fauci, who has advised six Presidents on HIV/AIDS, and Dr. Deborah Birx, an internationally recognized HIV/AIDS expert, were named by the White House to positions of leadership in the US fight against COVID-19. (White House, 2020) For nearly 40 years, while these doctors were working on the epidemiology of HIV/AIDS, others were working to understand how to deal with the virus in the workplace. It is that accumulated knowledge that will help business leaders respond more readily and more equitably to COVID-19 in the workplace. AIDS taught us that we can deal better with a crisis of this magnitude by: 1) embracing the facts, 2) analyzing what your company and its stakeholders need, 3) determining what assistance is already available, 4) putting an action plan in place that includes coalition building and education, and 5) looking to the future. To help managers deal with the COVID-19 crisis, this essay offers a brief history of the HIV virus, the workplace response by the Centers for Disease Control and Prevention (CDC), and some of the workplace research that took place by the author and others in the early 1990s.

A Brief History of AIDS in the US

Like COVID-19, HIV is a type of virus of unknown origin that has global health and economic ramifications. Unlike COVID-19, it took over 4 years to identify the virus and while a vaccine for this new virus looks promising, there is none for HIV after 37 years. The AIDS epidemic in the US began in 1981 and by 1985 the government declared AIDS its top health priority. It predicted the vaccine would be available within 6 months. As the number of infections and deaths grew exponentially, the first public remarks by a President regarding AIDS was not made until May of 1987. By then there were 59,587 cases and 27,909 deaths from the virus.

In 1990, Congress created an independent body, the National Commission on AIDS to advise the President and Congress on the development of a policy concerning the HIV epidemic. Their first preliminary report was delivered to President Bush and Congress in December. The following year Congress passed the American Disabilities Act and covered HIV+ persons among the disabled. They also passed the Comprehensive AIDS Resources Emergency Act (CARE) (Mock, 1992). That year there were 161,073 persons living with HIV



and 100,813 deaths. The annual numbers of deaths in the US continued to escalate until it reached its peak of 50,877 in around 1995. (Osmond, 2003).

Today, approximately 1.1 million people in the U.S. are living with HIV; the annual death rate is 16,350 and there are over 37,000 newly diagnosed. Like COVID-19, many of them are not aware they are infected (about 14% with HIV). Historically, the world has seen 75 million people infected with HIV and roughly 38 million people still living with HIV. (UNAIDS, 2020) The length of this epidemic as well as its complexity in how it affects the workplace and the families of employees has led to the creation of many corporate policies, guidelines, and resources that may be altered for new epidemics and other crises.

Business Response to the HIV/AIDS Pandemic

As the numbers escalated, it became clear that the greatest tool for combatting the virus was education about what it is and how it can be prevented. The “stay at home” mantra of COVID-19 was “use a condom” for HIV. Of particular concern was that up to 75% of the infected were those between age 25-44, often considered the most productive members of

Figure 1. RESPONDING TO AIDS:

TEN PRINCIPLES FOR THE WORKPLACE

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.
2. Employment policies must, at a minimum, comply with federal, state, and local laws and regulations.
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 co-workers through ordinary workplace contact.
4. The highest levels of management and union leadership should unequivocally endorse non-discriminatory 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 co-workers 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.

(The Citizens Commission on AIDS for New York-New Jersey)



the workforce (Mock, 1992). Thus in 1985, the CDC began its information campaign by issuing Guidelines for AIDS in the Workplace (primarily for occupations at risk).

Around this time, businesses started to form coalitions to address the AIDS crisis and develop guidelines. One of several regional consortiums was The Citizens Commission on AIDS for New York-New Jersey that developed the “Ten Principles for the Workplace” as shown in Figure 1. By 1990, these principles were endorsed by over 600 companies and organizations and were supported by the National Leadership Coalition on AIDS (Mock, 1992). In general, these principles would be a good place to begin assessing your corporate and stakeholder needs.

Perhaps, the most significant AIDS organization was formed in 1986 when representatives from over 40 organizations met to examine the role of the private sector in combating AIDS. The meeting was co-chaired by the chancellor University of Maryland and the chairman of Transamerica Life. It led to the establishment of the National Leadership Coalition on AIDS. Its mission was to address “HIV/AIDS as a business, labor, and workplace issue, and assess the growing impact of AIDS on employers and employees, business and labor.” (National Leadership Coalition on AIDS, 1994).

By 1990, the CDC estimated that only 10% of America’s large corporations had a policy to deal with AIDS and the infection rate was approximately one in every 250 people. It was clear that many more corporations, especially multinationals and those with foreign supply chains, would be forced to deal with AIDS in the next ten years (Mock, 1995; CDC, 1991; Shoomaker, 1988; Fortune & Allstate, 1988; Farnham, 1990). The CDC began partnering with and funding many of these new service organizations as well as the American Red Cross, AFL-CIO, trade associations, and church groups (Mock, 1998). In 1992, the CDC formed a free public-private partnership, Business Responds to AIDS (BRTA) to support small, medium and large-size businesses (<https://www.cdc.gov/hiv/workplace/index.html>).

They also produced the Manager’s Kit and the Labor Leaders Kit for distribution. BRTA is now online and has various sections that can be used as models for COVID-19 (<https://www.cdc.gov/hiv/workplace/index.html>). One of the lessons learned at this time was that major crises need cooperation among corporations, governments, and non-government organizations to be truly effective.

In 1992, an analysis of prior corporate AIDS surveys and articles about corporate activities and policies were conducted by the author in preparation for a later survey of over 300 major U.S. corporations. (Mock, 1992). The main lessons learned from this analysis are:

- That there were a variety of effective approaches--endorsing the ten principles shown earlier, treating AIDS as the company does other life-threatening illnesses, providing education on the virus for every employee, providing counseling teams



for workers and their families as appropriate, and providing donations, leadership, and volunteers. Of all of these, education was most critical.

- The role of the CEO cannot be underestimated.
- The process of developing programs/policies works best when it is a group effort involving a representative from each functional area, differing geographic locations (if appropriate), and possibly outside professionals or consultants.

What to do now

As managers, we want to take care of our employees while remaining economically viable. With a crisis, balancing these two objectives is sometimes difficult. Because of the AIDS pandemic, there is a long, documented history of systematic and effective responses and a plethora of resources that may ease your concerns. Here, briefly, are the lessons learned:

Embrace the Facts Surrounding the Crisis. Find sources you trust; perhaps, global and local government health departments, a company that has a history of exemplary performance with crises, your trade association, respected universities, and union leaders.

Analyze What Your Company and Its Stakeholders Need. Beyond your typical strategic planning, you may want to consider a 4-page checklist of items produced by the CDC, “Pandemic Preparedness Planning for US Businesses.” (<https://www.cdc.gov/flu/pandemic-resources/pdf/businesses-overseas-checklist.pdf>)

Determine What Assistance Is Already Available. Besides your normal contacts, consider government sources, your trade association, and firms in your supply chain.

Put an Action Plan in Place. Emphasize education, collaboration, and compassion.

Look to the future. As time passes, make sure that you include regular checks with your stakeholders and make adjustments as appropriate. If COVID-19 follows the pattern of HIV/AIDS, you will need to do more as managers in accommodating lingering physical and mental problems with your workers and their families.

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