NATIONAL INSTITUTE FOR PERSONNEL RESEARCH (NIPR) PERS 428

AIDS in South Africa: Issues for business and employers

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Pretoria
Human Sciences Research Council
1989

APPENDICES

1.0 MEDICAL ASPECTS OF AIDS

1.1 What is AIDS

The acquired immune deficiency syndrome (AIDS) which was first described in 1981 is a blanket term for a number of opportunistic diseases which result when the natural immune system of the body is compromised. It is caused by a newly recognized virus, the human immunodeficiency virus (HIV) which invades and destroys key cells of the immune system thus predisposing the individual to certain infections and cancers (Welch, 1986). The spectrum of disease spans from asymptomatic latency, through the AIDS related complex (ARC) and progressive generalized lymphadenopathy (PGL) to the development of full-blown AIDS (Shamanesh, 1986).

Following infection a viral illness may occur in some people, characterized by fever, sore throat, headaches, myalgia, rash and enlarged glands and last on average 3 to 14 days. The detection of antibodies in the blood occurs for the first time 6 to 12 weeks later and prior to this a "false negative" result on HIV testing will therefore be obtained. At this stage the individual is an asymptomatic carrier and further clinical manifestations may never occur. Estimates of how many such carriers will become ill later vary considerably ranging up to 75%. In these cases a period of several years or longer may elapse before further clinical manifestations occur.

When such manifestations do occur they may take the form of the following:

(i) persistently enlarged glands

(ii) fever and night sweats

(iii) weight loss

(iv) chronic diarrhea

(v) oral thrush

This condition is referred to as the AIDS-related-complex (ARC) and it may eventually culminate in the opportunistic infections or cancers which constitute full-blown AIDS. The actual clinical picture of AIDS depends on the particular opportunistic infection or cancer which occurs and which inevitably culminates in death.

1.2 The transmission of AIDS

The HIV has been isolated in large concentrations from peripheral blood and seminal fluid as well as in small concentrations in a number of other secretions such as cervical secretions, breast milk, tears and saliva. The virus must enter the blood stream for a person to become infected. Since the virus is an extremely fragile one transmission does not occur easily, invariably requiring that high concentrations of the virus directly enter a recipients blood stream.

There are only three ways in which AIDS has been found to be transmitted (Sher, 1987; 1988):

(1) By having sexual relations with an infected partner. In the west this has thus far predominately been homosexual

contact while heterosexual transmission has been common in Africa. While infection tends to occur more easily in the case of practices such as anal intercourse it may occur during any form of sexual contact.

(2) An infant can contract AIDS from its mother in utero or during birth.

(3) By contact with infected blood either through lesions in the skin, or by sharing needles when injecting drugs intravenously, or by transfusions of infected blood or blood products.

Transmission through casual contact such as working together, common use of toilets, swimming pools, and touching the same objects does not occur. It would appear therefore that the risk of AIDS being transmitted through normal contact in the workplace seems to be virtually nil. Although several health workers have become infected, in every case this has occurred by their accidentally being injected with infected blood.

No other documented cases of infection in any occupational setting have been reported thus far. Nevertheless this does not necessarily mean that such an eventuality is impossible. There may well be certain circumstances in which infection might conceivably occur accidentally, with the most likely one being in first aid situations with blood from an infected person entering the blood stream of a helper via an open lesion of some kind. Thus, strict precautions in dealing with infected persons are recommended for health care workers and would also be appropriate in certain work place circumstances (see Appendix 3).

1.3 Testing for AIDS

Ideally blood should be tested for the presence of the virus. Direct testing for the virus, however, is so time consuming and expensive, that it tends to be used only in research. Therefore tests for the presence of HIV antibodies are used instead for the clinical screening of individuals.

Rapid, sensitive and specific tests are now available (Bradbeer, 1986). The absence of antibodies, however, does not totally exclude the possibility of the virus being present for several reasons. Firstly, the development of antibodies can take up to three months. Secondly, some virus carriers do not appear to develop antibodies at all. And thirdly, in the late stages of AIDS, antibody levels may decline.

In addition, persons who are not infected may show positive test results (false positives). False positive rates seem to be particularly high for people from African countries who have been exposed to parasitic diseases such as malaria (Lurie, 1987).

1.4 Treatment

No effective treatment for AIDS has yet been developed and the viral nature of the disease makes a cure unlikely. A vaccine is generally regarded as a more feasible proposition. However, there are several reasons why the development of a commercially available and effective vaccine against the virus

poses considerable difficulties. For example, the antibodies produced by the body are totally ineffective against the virus and the virus is capable of genetic mutations which make an effective immunization extremely difficult.

It is widely accepted therefore that a vaccine is not likely to be developed in the near future, and certainly not before the mid-1990's (Sher, 1987). It has even been suggested that a really effective vaccine may never be developed (van Niftrik, 1987).

As a result the emphasis on combating the disease has thus far been on prevention. This has involved public health campaigns aimed primarily at changing sexual behaviour, i.e. encouraging people to reduce the number of sexual partners, to use condoms ("safe sex"), and encouraging I.V. drug users not to share syringes. Finally, the testing of blood used for transfusions has now virtually eliminated the risk from this source in many countries. These measures, however, do not yet appear to have appreciably slowed the spread of the disease and although education campaigns have been effective in certain high risk groups, they have often been quite ineffective in other groups and the general population (Philips, 1988).

1.5 Epidemiology and spread

In Western countries AIDS has thus far mainly affected homosexual and bisexual men (71% in the U.S.A.), intravenous drug users (17% in the U.S.A.), recipients of blood or blood products (4%), heterosexual contacts of people with AIDS and

children born of infected mothers (Sher, 1987).

The pattern in Africa has been quite different. In Africa transmission has been largely heterosexual with a prevalence ratio, male to female, of 1:1 (Mann, 1987). It is not yet clear to what extent these different patterns may reflect different socio-economic conditions, sexual practices or may be due to different AIDS viruses.

In South Africa the pattern thus far has closely resembled the Western epidemiology. Most cases have been white and the majority homosexual and bisexual men. However, this seems to be changing now - three black cases of AIDS have recently been diagnosed and large numbers of black mine workers have been found to be HIV carriers (Sher, 1988).

Despite the difficulty of transmission, AIDS has spread rapidly since it was first identified in 1981. By 1987 more than 25 000 cases of full-blown AIDS had been reported in the USA and it has been estimated that as many as two million Americans may be infected (Anyiwo, 1987). Although the number of diagnosed cases in SA is still very low (91, by March 1988) the number of sufferers has been doubling every year. Moreover, 2,324 confirmed carriers have been identified and at least 15 000 black carriers are suspected. It seems probable that this rate of increase will continue in South Africa together with the spread of the disease to the black population (O'Farrell, 1987).

2.0 MEDICO-LEGAL CONSIDERATIONS IN SOUTH AFRICA

The legal status of the AIDS sufferer or HIV infected individual and some of the implications for business and the medical profession have recently been outlined in a paper read by Prof S Strauss at an IPM seminar on "AIDS and the Employer" on 11 November 1987. The following discussion is largely based on that paper.

2.1 The legal status of the AIDS sufferer

Prior to 30 October 1987 as a general rule no legal provision existed in South Africa for compulsory medical testing or treatment for any condition. This situation changed drastically when on that date two sets of regulations were published in the Government Gazette.

One set of regulations was published under the Health Act (Government Notice R2438 of 30.10.1987, Government Gazette no. 11014). These regulations permit a Medical Officer of Health (MOH) who on reasonable grounds suspects that an individual may be a carrier of a communicable disease (with AIDS listed as one of these) to instruct that person to submit to a medical examination and any treatment that may subsequently be prescribed, such as confinement in a hospital.

The second set of regulations were made under the Admission of Persons to the Republic Regulation Act (Government notice R2439 of 30.10.87, Government Gazette no. 11014) and deal spe-

cifically with non-South African citizens. These regulations empower an Immigration Officer to require any non-South African citizen on South African soil to submit to a medical examination when there is a suspicion that the person may have a listed disease (of which AIDS is one). A person found to be suffering from such a disease then becomes a "prohibited person" and may eventually be deported, if it is deemed to be in the public interest. This decision cannot be questioned by the courts.

The implications of these regulations seem reasonably self-evident. Persons who are not South African citizens seem to have little prospect of avoiding AIDS testing if so required, and have no legal recourse if found to be infected and deported. In the case of South African citizens, the phrase "reasonable grounds" seems to offer some protection against completely arbitrary testing.

2.2 Legal considerations pertaining to the work place

Several legal considerations seem to have relevance to the work place situation:

(1) There is no legal obligation whatsoever for an employer to take any action at all should he or she suspect or come to know that an employee has AIDS.

(2) Medical evidence at present indicates that AIDS cannot be transmitted in the normal working situation. According to the Labour Relations Act (as at April 1988) it would prob-

ably therefore constitute an "unfair labour practice" for an employer to insist that an employee be medically tested for AIDS, or to dismiss or change the conditions of service of an employee found to have AIDS, unless this had been specifically provided for in a contract of employment. In the absence of such a contract an employer who wanted to have an employee tested could request that the employee be tested voluntarily, or conceivably contact a MOH, who would probably require reasonable grounds for believing that the person had AIDS before considering compulsory testing. Alternatively if the employee were a non-South African, the employer could conceivably approach an Immigration Officer.

(3) In spite of the above, however, if the capacity of the individual to perform his or her job normally becomes impaired as a result of the progression of a disease such as AIDS, he or she may be pensioned off, or handled as is customary for any other serious disease or handicap.

(4) It is a common law right in South Africa for an employer to require that an applicant for employment be medically examined before he or she be appointed. <u>For such an examination to include the withdrawal of blood for an AIDS test, however, the informed consent of the individual is legally necessary.</u>

2.3 <u>Medical Ethics</u>

In general medical practitioners are ethically required to

treat all patient information as strictly confidential. This is also a legal requirement and a medical practitioner who does disclose confidential patient information could be sued.

However, Strauss suggests that subsequent to the new regulations governing AIDS patients it would seem that a medical practitioner could disclose that an individual had AIDS to an MOH if this were in the "public interest".

2.4 Medical Aid, Insurance, and Pension Schemes

In general it would seem that medical aid, insurance and pension schemes cannot treat employees with AIDS who are existing members of funds any differently from persons with any other serious life-threatening disease or disability, unless provisions to the contrary are specifically made. It seems likely that this will happen, however, particularly in the case of new members, as AIDS spreads in South Africa.

In the U.K. all insurance proposals now routinely query whether applicants have seen a doctor about AIDS and are denied insurance if follow-up reveals HIV infection. The largest medical aid group in the U.K. (BUPA) views AIDS as any other disease and provides benefits accordingly, with the proviso, however, that a five year period is imposed on new members during which no benefits will be paid for AIDS or AIDS related conditions (Sunday Times Magazine, 21 June 1987, p. 71).

3.0 AIDS AND COMPANY POLICY

3.1 Should companies have an AIDS policy?

As AIDS spreads the probability increases that employers will be confronted with AIDS sufferers and HIV infected persons in the work place. In the long term the economic impact of AIDS on business will probably be experienced primarily through lost productivity due to premature deaths, increased absence from work for medical treatment, and increased medical aid and employee insurance costs.

In the immediate situation, however, AIDS raises a number of practical and ethical problems for employers - problems which may be quite different from those posed by other life threatening diseases. Apart from the immediate problem of the employee who may have AIDS, issues which arise are those of recruitment policy as far as AIDS sufferers or infected persons are concerned, the response to employees who may become highly anxious about working with AIDS sufferers, whether AIDS education programmes should be launched, how to brief supervisory and executive personnel to handle AIDS cases, public relations stance, and so forth. As a result, the issue of whether companies should formulate formal and explicit AIDS policies to cover these and other contingencies has been an important topic of discussion (cf. Naglieri, 1987).

It has been argued that the formulation of a clear and explicit policy covering such contingencies may be crucial in

avoiding seriously disruptive problems in organizations. Cases have been reported in the U.S.A. in which the handling of AIDS cases by unprepared supervisory personnel have resulted in litigation, adverse publicity, concern among customers, intense fear of contagion, and co-workers striking or refusing to work with an infected person, resulting in serious work disruption and strain, (e.g., Feuer, 1987; Meer, 1986).

Relatively few companies in the U.S.A. (substantially less than 10%) have, however, developed formal written policies to deal with AIDS. Several reasons are typically given for this (Myers, & Myers, 1987). Firstly, it is felt that AIDS can simply be treated as any other disease or condition. Secondly, an explicit policy statement might be difficult or embarrassing to have to change if future developments reveal components to have been unwise. Thirdly, it has been suggested that too many medical and legal uncertainties still exist to formulate a clear policy. And finally, it is not impossible that an explicit publicized policy might focus attention inappropriately on the issue and send unintended signals to customers and staff.

Nevertheless, these considerations do not seem to preclude the development of broad and flexible policy guidelines, not concerning AIDS specifically but for all similar costly and life threatening conditions, which could cover the uniquely problematic issues raised by AIDS and enable companies to anticipate and avoid difficulties. Such policy guidelines could then be monitored and altered in the light of changing legal, medical and social conditions and given a higher or

lower profile commensurate with these circumstances. Rather than having or not having a policy therefore, the issue would more appropriately seem to be one of how detailed and comprehensive the policy guidelines need be at any particular time and to what extent it should be publicized (Aberth, 1986).

Interestingly those U.S. companies which have developed explicit, written, and highly publicized policies pertaining to AIDS have largely been on the west coast (particularly San Francisco) where the incidence of AIDS has been highest and where it has been the focus of a great deal of public concern. These policies generally seem to have a not insignificant public relations component and such a high profile may not be as appropriate in environments where AIDS is not yet regarded as such a serious social problem.

There are a number of issues which it would seem advisable that employers consider in the development of guidelines for dealing with AIDS related problems in the workplace. In dealing with these issues two considerations are often emphasized - the formation of company task forces and the communication of company guidelines to personnel.

(1) Formation of task forces

It has been suggested (e.g., Rowe, Russell-Einhorn, & Baker, 1986) that large companies should consider the establishment of task forces which, with top management, would be responsible for formulating guidelines which would cover not merely AIDS but other serious, costly, disabling, and life

threatening diseases. In addition, such a task force or their delegates could be responsible for handling decisions concerning individual cases of employees with AIDS, on a case by case basis, and monitor the guidelines according to circumstances. Such teams should gather together representatives from legal, medical, human resource and employee assistance departments. Representatives from offices dealing with benefits, safety, complaint handling and security could also be included, and trade union or worker representatives should be involved.

(2) Channels of communication

It is generally recommended that appropriately accessible and confidential channels of communication be established for employees who might have AIDS or other diseases, and supervisory personnel who might come across such cases. Personnel departments, employee assistance programmes, company medical personnel or any appropriate person may be used in this role and all staff should be aware of direct and confidential routes of contact with them.

It is therefore crucial that employees should be adequately informed of such channels of communication. If a formal written AIDS policy were adopted this would be included in the communication of that policy. Even if no formal and public policy were adopted, however, it is usually recommended that the company's basic guidelines should be clearly communicated to its employees.

Such a communication should note basic information about AIDS,

that it is not transmissible under normal working contact, and will therefore be treated as any other serious illness. It could also, for example, "indicate that appropriate company medical officials will analyze and respond to each incidence on a case-to-case basis". It could include "assurances of non-discriminatory employment practices as well as provisions for the safest possible work environment. It should address how reasonable work accommodations will be made and /or how normal job transfers will be handled for employees with the AIDS-related conditions. Furthermore, it should emphasize that medical information will be kept confidential and that health and other benefits will be uniformly applied. Finally, any special precautionary measures derived form the CDC's [Centre for Disease Control] recommendations to provide a safe work-place must be enumerated in the policy" (Stockham, 1987).

3.2 Issues for employers

(1) Response to the employee with AIDS

As already noted, since AIDS cannot be transmitted by normal workplace contact, AIDS sufferers would seem to be protected against dismissal or detrimental changes in their conditions of employment by the Labour Relations Act. In the U.S.A. where an essentially similar situation seems to result from different laws, employees with AIDS have on occasions been put off work on full pay. Generally, however, it is recommended that these employees should be allowed to work as long as they can function effectively and do not develop infectious opportunistic diseases which would threaten co-workers. In fact,

it has been pointed out that AIDS sufferers may be productive for many years. As such these employees could be treated as would any person with a serious life-threatening disease with exactly the same medical aid, pension and insurance benefits.

One proviso which is frequently made is the necessity to maintain full confidentiality of information concerning AIDS sufferers' medical conditions in order to avoid the risk of litigation.

The provision of counselling services, advice and support or referral to outside agencies which can provide such services is often suggested. A list of such resources in South Africa is provided in Appendix 1.

In certain circumstances employers may prefer not to have AIDS sufferers involved in certain functions such as food preparation and customer services. Since transfers in such cases could not be enforced without the risk of legal action it would seem that they would have to be negotiated with the employee. In order to obtain this right in future cases an appropriate qualification would have to be inserted in contracts of employment.

(2) Co-workers' response to the individual with AIDS

A complication of AIDS as opposed to other serious diseases is the possibility that co-workers may react with a great deal of anxiety and refuse to work with the sufferer. Strategies for coping with such situations need to be clarified. In general

it would seem that education, particularly by credible authorities, will allay such anxieties. Nevertheless strikes and resignations have occurred in the U.S.A. The effective communication of basic medical information concerning AIDS and clear company guidelines concerning the handling of AIDS sufferers prior to cases being detected in a company seem to be important in helping to avoid such situations.

(3) AIDS testing of employees

AIDS testing for existing employees could only be done on a voluntary basis, unless provision had been made in a contract of employment. Thus, if a situation arose where an employer felt that a compelling reason existed to have an employee who was not prepared to be voluntarily tested undergo an AIDS test, the employer's only recourse would be to approach an MOH and show reasonable grounds why the employee might have AIDS. In the case of a non-South African citizen an Immigration Officer would have to be approached. Such action, however, would need to be very carefully considered because of its ethical, public relations, and employee relations implications.

Situations where the mass screening of employees for HIV may be indicated seem remote at present in South Africa, except on the mines where this is being done. As the virus spreads, however, other employers may find themselves in a similar situation. In such situations it is usually recommended that testing be voluntary with informed consent and that employees be guaranteed no adverse consequences and total confidentiality of results. It would also seem advisable that the cooperation

of trade unions be obtained. The experience of the Chamber of Mines should prove valuable in such cases.

(4) AIDS testing and recruitment

Testing applicants for employment for AIDS is generally not recommended in the U.S.A. (Rowe et al., 1986) for several reasons. First, discrimination in not hiring HIV positive individuals seems to be prohibited by legislation preventing discrimination against handicapped persons, so the information could not be used in the hiring decision. Second, if a positive finding were to be divulged in one way or another litigation for invasion of privacy and defamation becomes possible, and problems with co-workers may also result. Third, if the information is known to be available co-workers who suspect someone to have AIDS might be encouraged to demand disclosure of test results. Finally, it is suggested that since persons with HIV positive tests might be false positives and even if infected never develop full blown AIDS, discriminating against them would be morally indefensible and a breach of equal employment policies. Condemning such persons to unemployment could be viewed as inconsistent with employers' social responsibility obligations.

In contrast to the U.S.A., discrimination against HIV infected persons is not illegal in South Africa. Testing for AIDS could therefore form part of a pre-employment medical assessment for job applicants or simply be done on its own where such examinations are not customary. However, the informed consent of the individual is legally necessary for the AIDS test specifi-

cally, and job applicants could refuse the test. Nevertheless, a company decision not to employ persons who test HIV positive or who refuse to have AIDS tests done is quite feasible legally. However, most of the considerations against doing so which were mentioned above do apply in South Africa and would have to be evaluated before such a decision were taken.

It is possible that company medical aid, employee insurance or pension schemes may want AIDS testing as a condition of membership, or where testing is not done, refuse to cover AIDS related conditions. Consultation with these benefit schemes would therefore be essential in deciding policy.

(5) The recruitment of high risk groups

The issue of the recruitment of high risk groups has also been raised (van Niftrik, 1987). Since this necessarily involves discrimination against members of these groups such a policy clearly contradicts equal opportunity policies. It has been suggested that this could be circumvented by focussing on high risk practices, such as sexual promiscuity and drug use, instead of high risk groups. Whether this could be done in a non-discriminatory way, however, seems rather dubious.

(6) Training and education

Employers in the U.S.A. were initially reluctant to start AIDS education programmes for their employees for fear that this might unduly sensitize employees and customers to the problem. However, as the disease has spread, educational programmes

have become more common and favourable responses from employees have invariably been reported (DiBlase, 1987).

Several reasons are usually given for starting AIDS education programmes for employees. Firstly, appropriate education can allay anxieties about working with AIDS sufferers and avoid disruption. Secondly, it is argued that education of their employees by companies may play an important role in combating the spread of AIDS in general, and is therefore an important social responsibility of employers. Finally, by facilitating prevention, education may help to reduce the incidence of AIDS in an organization.

A basic educational programme should at the very least communicate information about what AIDS is, how it can and cannot be transmitted, measures to prevent infection (e.g., safe sex), and the kind of precautions which should be routinely taken to avoid infection in situations where there may be contact with body fluids. The rights of AIDS sufferers, the importance of confidentiality in handling information about AIDS sufferers, and company policy concerning the problem could also be included.

A variety of educational resources and materials have been and are being developed and are available from public or private agencies in South Africa. Some of these are listed in Appendix 1. These include brochures, pamphlets, posters, tapes, booklets, videos and so forth. Educational and training courses may also become available. Such materials could be useful for companies in putting together programmes suited to their par-

ticular needs.

Different groups in organizations will tend to have different education needs. Thus, different educational approaches and packages are usually recommended for executives, white collar, and blue collar employees. Special groups such as first aid personnel, medical or health personnel, and persons who may travel to high risk countries (e.g., Central African countries) might require somewhat different emphases).

The nature and importance of employee educational programmes will tend to depend on a number of factors. These would include the immediate threat of AIDS, the size of the organizations, and the particular policy guidelines it may adopt concerning AIDS (Halcrow, 1986).

(7) Public Relations

An important issue confronting employers in the context of social concern over AIDS may be that of public relations. This would seem to involve, firstly, a decision over whether policy concerning AIDS should be made public or not. In the U.S.A. this decision would seem to have been substantially influenced by the the incidence of AIDS cases and the degree to which AIDS had become an issue of serious public concern and sympathy, with many of the organizations going public being on the west coast and in San Francisco. In such circumstances it becomes particularly important that companies not merely

respond to the issue in an appropriate, compassionate, and socially responsible manner, but also be seen to respond in such a way.

(8) Employee assistance

Employers need to consider the degree and manner in which they are prepared and able to provide resources to assist employees with AIDS. In general it has been suggested that where resources within the company are not available, employers should be in a position to provide employees with appropriate referrals for testing, advice, counselling, medical assistance, and support groups. Financial assistance and advice with planning finances could also be considered. It has also been suggested that in certain cases it might be advisable to set up a company "hot-line" for advice and referrals (van Niftrik, 1987).

3.3 Policy provisions

A survey of U.S. companies policies and guidelines on AIDS indicated a number of provisions which are usually covered by these policies (Myers & Myers, 1987). The most important of these appear to be:

(1) A statement of the purpose of the policy (e.g., to inform employees about AIDS and the companies response to it).
(2) A statement that AIDS will be treated as any other serious, costly, and life threatening disease.
(2) Specifying which departments, functions, and personnel are responsible for implementing the policy.

(3) A brief description and explanation of the HIV, ARC, and AIDS.

(4) An explanation of how the virus can and cannot be transmitted.

(5) An indication of what groups are at risk and what practices involve risk.

(6) A statement of company policy on AIDS testing of employees.

(7) Policy on screening new employees for the virus.

(8) If appropriate, a statement of commitment to equal opportunity and non-discrimination in respect of AIDS sufferers or infected persons.

(9) Policy concerning the continued employment of AIDS sufferers (e.g., 'continued employment conditional on the ability of such employees to perform their job tasks effectively ').

(10) A specification that the employer retains the right to request any employees to be medically examined by an employer-designated doctor to determine if the employees are able to perform their duties without being a hazard to themselves or others.

(11) A statement indicating willingness to modify jobs or reassign sufferers if this can reasonably be done in order to keep such persons employed as long as possible.

(12) A description of routine infection control precautions which should be observed in any relevant situation whether AIDS infected persons are involved or not (see Appendix 3).

(13) The importance of maintaining strict confidentiality over any information concerning AIDS sufferers or infected

persons which employees might acquire.

(14) A statement of how employee insurance and medical schemes will treat AIDS related claims.

(15) Persons within the company who should be contacted by employees for advice, information, assistance, and referral concerning AIDS related matters.

(16) A proviso that the policy and guidelines concerning AIDS will be changed as necessary to reflect new knowledge about the disease or developments.

Finally as an illustration, a sample policy, that developed by the Bank of America in San Francisco, is reprinted in Appendix 1.

4.0 CONCLUSIONS

AIDS presents employers with a number of complex and potentially explosive practical and moral issues. These issues have been identified and discussed against the background of contemporary social, medical, and legal parameters in South Africa. In order to address these issues most effectively, it seems necessary for organizations to formulate clear policies and guidelines in terms of these parameters which would express and be consistent with organizational objectives and values. Morover, since the medical, legal and social parameters are not static, flexibility, ongoing monitoring of developments, and a readiness to respond appropriately would appear to be of paramount importance. While the spread of AIDS may confront employers with costs and risks, it also presents im-

portant opportunities to demonstrate a capacity to respond and be seen to respond to challenge in an appropriate, effective, and socially responsible manner.

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APPENDIX 1: A SAMPLE POLICY

An example of an AIDS policy that has proved effective is that of the Bank of America based in San Francisco. The full statement of this policy is reprinted below:

Assisting employees with life-threatening illnesses.

BankAmerica recognizes that employees with life-threatening illnesses including but not limited to cancer, heart disease, and AIDS, may wish to continue to engage in as many of their normal pursuits as their condition allows including work.

As long as these employees are able to meet acceptable performance standards and medical evidence indicates that their conditions are not a threat to themselves or others, managers should be sensitive to their condition and ensure that they are treated consistently with other employees.

At the same time BankAmerica seeks to provide a safe work environment for all employees and customers. Therefore precautions should be taken to ensure that an employee's condition does not present a health and/or safety threat to other employees and customers.

Consistent with this concern for employees with life-threatening illnesses, BankAmerica offers the following range of resources available through Personnel Relations:

* Management and employee education and information on terminal illness and specific life-threatening illnesses.
* Referral to agencies and organizations which offer supportive services for life-threatening illnesses.
* Benefit consultation to assist employees in effectively managing health, leave, and other benefits.

Guidelines

When dealing with situations involving employees with life-threatening illnesses, managers should:

1) Remember that an employee's health condition is personal and confidential, and reasonable precautions should be taken to protect information regarding employees' health conditions.
2) Contact Personnel Relations if you believe that you or other employees need information about terminal illness, or a specific life-threatening illness, or if you need further guidance in managing a situation which involves an employee with a life-threatening illness.
3) Contact Personnel Relations if you have any concern about the possible contagious nature of an employee's illness.
4) Contact Personnel Relations to determine if a statement should be obtained from the employee's attending physician that continued presence at work will pose no threat to the employee, co-workers or customers. BankAmerica reserves the right to require an examination by a medical doctor appointed by the Company.
5) If warranted, make reasonable accommodation for employees with life-threatening illnesses consistent with the busi-

ness needs of the division/unit.

6) Make a reasonable attempt to transfer employees with life-threatening illnesses who request a transfer and are expe-riencing undue emotional stress.

7) Be sensitive and responsive to co-workers' concerns, and emphasize employee education available through Personnel Relations.

8) Not give special consideration beyond normal transfer re-quests for employees who feel threatened by a co-worker's life-threatening illness.

9) Be sensitive to the fact that continued employment for an employee with a life-threatening illness may sometimes be therapeutically important in the remission or recovery pro-cess, or may help to prolong that employee's life.

10) Encourage employees to seek assistance from established community support groups for medical treatment and counselling services. Information on these can be re-quested through Personnel Relations or Corporate Health.

(Source: Personnel Journal, August 1986, pp. 126-127).

APPENDIX 2: SOUTH AFRICAN RESOURCE GUIDE

AIDS testing

In order to be tested individuals can:

- be referred to a doctor or private pathologist
- approach the out-patient department of any provincial hospital (e.g., HIV Clinic, Johannesburg Hospital 011 - 488 4911)
- approach S.A. Institute of Medical Research (SAIMR) centres throughout the country

Counselling and advice

* SAIMR in Johannesburg has a weekly clinic with psychotherapy sessions (011 - 725 0511)
* SAIMR hotline (011 - 725 3009)
* Gay Advice Bureau provides counselling and a buddy system and has branches in Johannesburg (011 - 643 2311), Cape Town, Durban, Pretoria and East London

Information and education

* SAIMR AIDS Training and Information Centre (011 - 725 0511)
* National Centre for Occupational Health (011 - 724 1844)
* Institute for Personnel Management (011 - 339 6411) is in the process of developing guidelines for employers on the formulation of AIDS policies

* Industrial Health Research Group, Department of Sociology, University of Cape Town (021 - 6500 3508)
* Department of National Health and Population Development provides experts to lecture on AIDS and an Aidsline enquiry service (Southern Transvaal 011 - 836 2232; Pretoria 012 - 325 5100; Northern Transvaal 01521 - 6541; Western Cape 021 - 97 8151; Eastern Cape 041 - 22541; Northern Cape 0531 - 29524; Natal 031 - 305 6071; OFS 051 - 472194)

Legal Advice

* Centre for Applied Legal Studies, University of the Witwatersrand (011 - 716 5678)
* Labour Law Unit, University of Cape Town (021 - 650 9111)

APPENDIX 3: PRECAUTIONS AGAINST INFECTIONS

The following precautionary measures have been outlined by the U.S. Federal Centers for Disease Control as having general applicability to all workplace situations regardless of HIV infection status (Stockham,1987).

* Sharp items (such as needles, scalpel blades, or other sharp instruments) should be considered potentially infective and should be handled with extraordinary care to prevent accidental injuries. Other potentially infective waste should be contained and transported in clearly identified impervious plastic bags. If the outside of the bag is contaminated with blood or other body fluids, a second outer bag should be used.
* Blood and other body fluids may be carefully poured down a drain connected to a sanitary sewer.
* Laundry and dishwashing cycles commonly used in hospitals are adequate to decontaminate linens, dishes, glassware, and utensils.
* Equipment and environmental surfaces exposed to spills of blood or other body fluids should be cleaned with soap and water or a detergent. A disinfectant solution or a freshly prepared solution of household bleach (diluted 1:10 in water) should be used to wipe the area after cleaning.
* Individuals cleaning up spills of blood or other body fluids should wear disposable gloves.

* Hands should be washed thoroughly and immediately with soap and water if they accidentally become contaminated with blood or other body fluids.

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ISBN 0 7969 0681 5