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UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

September 9, 1988

Office of the Director

Donald Ian Macdonald, M.D.
Director, Drug Abuse Policy Office and
Special Assistant to the President
The White House
Washington, D.C. 20500

Dear Dr. Macdonald:

As requested in your letter of August 4, 1988, I am forwarding updated information on OPM's positions and actions in response to the recommendations contained in the report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic which fall within OPM's purview. The updated information is attached, as appropriate, to summaries of the Commission's recommendations prepared by your office.

Also enclosed is a report of the August 23, 1988 survey OPM made of agency activities related to AIDS in the workplace. As the report indicates, agencies are making significant efforts to implement the President's August 2, 1988 directive that all agencies adopt AIDS policies based on OPM guidelines. Here are some highlights of their activities:

- 22 agencies with 96% of the total Federal, non-postal workforce have issued or are preparing AIDS policies; and all agencies, except one, expect to have promulgated a policy by the end of October 1988.
- 21 of the same 22 agencies have implemented training/education programs on AIDS-related issues for employees, managers and supervisors.
- All 22 agencies offer AIDS counseling and referral through their Employee Assistance Programs.
- Three agencies in particular have undertaken exemplary training and education programs -- the Treasury Department's Internal Revenue Service (IRS), the Department of Army and the Veterans Administration. All three agencies have developed comprehensive, agency-wide programs for managers, supervisors and employees which are based on a "train-the-trainer" approach and enable them to continually offer the training at their offices and installations throughout the country. The IRS, which was the first to start AIDS-related training, has trained about 12,000 supervisors and managers, and has offered training at least once to all employees.

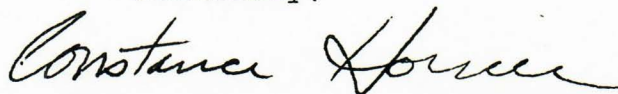
- ° There have been no recent complaints that agencies are not following the anti-discrimination provisions of the OPM guidelines. As reported to you in July 1988, the few issues related to HIV-infected employees have been handled satisfactorily on an informal basis. In a related matter, the Merit Systems Protection Board has upheld the Postal Service's dismissal of an employee with AIDS on grounds of leave abuse. The Board did not find handicapped discrimination since the employee had not told the agency, before his removal, of his medical problem. We understand the employee is further appealing the decision to the Equal Employment Opportunity Commission.

OPM is continuing to make a variety of efforts to assist Federal agencies and the private sector in developing AIDS-related policies based on OPM's guidelines. Examples of some recent efforts are:

- ° I sent copies of the President's August 2, 1988 statement and of the OPM guidelines to the Fortune 1000 Companies and invited them to contact OPM for any assistance we might provide (copy enclosed).
- ° We wrote to the Directors of Personnel offering them OPM's assistance and reminding them of OPM's clearinghouse of AIDS related materials (copy enclosed).
- ° On September 14, 1988 OPM will offer in Washington, D.C. a one day conference on AIDS in the workplace designed to bring managers and supervisors up-to-date on the disease, key personnel policy issues, and successful training/education programs. A copy of the agenda is enclosed.

Questions regarding information contained in the enclosed material may be directed to Allan D. Heuerman, Assistant Director for Employee and Labor Relations, on 632-8047.

Sincerely,



Constance Horner
Director

Enclosures (5)

for
Lorraine
fishback

COMMENTS ON HIV REPORT RECOMMENDATIONS

3-49 All employers should ensure that employees infected with HIV have access to the same sick, disability and vacation leave as employees with other medical conditions.

Proposed Federal Position

Federal Responsibility	Non-Federal Responsibility
☐ A = Completed/Ongoing	☒ F = Agree
☐ B = Planned	☐ G = Disagree
☐ C = Under Consideration	☐ H = Neutral
☐ D = Disagree	☐ I = Other
☐ E = Other	

Organizations Providing Comments

Federal : DoD, DoTr

Non-Federal: American Academy of Family Physicians, NAPH

Comments

DoTr believes that this has been already done via the OPM Bulletin on AIDS required of all agencies.

AAFP and NAPH concur with this recommendation.

This recommendation is consistent with OPM's policy on HIV infection.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 3-49 **Department/Agency** OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

<u> </u>	Planned for FY 1990	<u> </u>	Further study needed
<u> </u>	Alternative approach	<u> X </u>	Other (see below)

Please elaborate on the status below:

Although OPM did not previously provide comments on this item, it agrees with the recommendation. OPM guidelines on AIDS in the Workplace provide that HIV-infected employees will be granted leave and disability benefits in the same manner as other employees with medical conditions.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-15 In order to discourage a "business as usual" response to HIV-related requests from the DHHS, representatives of the OPM, GSA, and OMB should participate as active members of the PHS (PHS) Executive Task Force on AIDS in order to assist in rapid implementation of high priority requests from PHS.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
☐	A = Completed/Ongoing	☐	F = Agree
☐	B = Planned	☐	G = Disagree
☐	C = Under Consideration	☐	H = Neutral
☒	D = Disagree	☐	I = Other
☐	E = Other		

Organizations Providing Comments

Federal : HHS (PHS), DOD, OPM
Non-Federal: PMA

Comments

OPM would accept an invitation to serve on the PHS Executive Task Force on AIDS. DOD will be writing to request an invitation as well. PHS says that it is not the proper forum for other federal agencies as the meeting is used as one to coordinate matters internally. PHS reports that they have established a Federal Coordinating Committee on AIDS. Representatives from OPM, DOD and other federal agencies are members.

Staff position: FCC should be the proper coordinating point for federal agencies. If this forum is not working, then it should be reworked rather than have OPM, DOD, GSA, OMB representatives join a group that has a different frame of reference.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-16 The OPM and the GSA should respond within 21 days to HIV-related priority requests from the Directors of the National Institute for Allergy and Infectious Diseases, National Cancer Institute, and the CDC, or any additional director designated by the Secretary of HHS. Since the Commission's interim report, no identifiable change has occurred.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
<u>X</u>	A = Completed/Ongoing	<u> </u>	F = Agree
<u> </u>	B = Planned	<u> </u>	G = Disagree
<u> </u>	C = Under Consideration	<u> </u>	H = Neutral
<u> </u>	D = Disagree	<u> </u>	I = Other
<u> </u>	E = Other		

Organizations Providing Comments

Federal : OPM
Non-Federal: PMA

Comments

OPM already gives priority to requests to fill AIDS research or other AIDS-related positions. They say their turnaround time is faster than the 21 days the Commission recommends.

GSA did not respond.

Staff position: If HHS perceives there is a problem, they should raise the issue for discussion by the proposed OMB committee.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 4-16 Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

<u> </u> Planned for FY 1990	<u> </u> Further study needed
<u> </u> Alternative approach	<u> X </u> Other (see below)

Please elaborate on the status below:

In addition to giving ongoing, priority status to recruitment requests from NIAD, NCI and CDC, OPM recently (August 26 and 27) held a Health, Science and Technology Job Fair in Washington, D.C. where these agencies, and several others, were matched with prospective candidates.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-17 To alleviate personnel delays resulting from current procedures, the Director of the NIH should continue to work with the OPM to develop an improved package of incentives to facilitate recruiting of scientific talent.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
_____	A = Completed/Ongoing	_____	F = Agree
_____	B = Planned	_____	G = Disagree
<u>X</u> _____	C = Under Consideration	_____	H = Neutral
_____	D = Disagree	_____	I = Other
_____	E = Other		

Organizations Providing Comments

Federal : HHS (NIH), DOD, OPM
Non-Federal: PMA

Comments

NIH has a major problem with recruiting and retaining scientists. They have proposed the "Senior Biomedical Research Service" and a legislative package has been prepared for consideration (see recommendation 4-19).

DOD is worried that any special treatment of NIH will draw scientists from DOD medical research. They would like to be included in any new initiative.

OPM is working with NIH's Director of Personnel to simplify and expedite hiring. They cite two new incentive packages: the recently enacted Physician's Comparability Allowance Program which provides substantial salary allowances and pending legislation (S. 2530) which would provide special salary rates for hard to fill scientific and technical jobs.

Staff position: Recommendation should be included in the list of items that the proposed OMB committee should consider.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 4-17 Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

As part of the effort to simplify and expedite the recruitment of scientific and technical personnel, OPM has recently offered to delegate to NIH expanded examining and direct hire authority for several key occupations.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-19 The proposed "Senior Biomedical Research Service" should be enacted, with the necessary legislation to provide for the recruitment of scientists at salary and benefit levels competitive with private sector research institutions and medical centers.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
☐	A = Completed/Ongoing	☐	F = Agree
☐	B = Planned	☐	G = Disagree
☒	C = Under Consideration	☐	H = Neutral
☐	D = Disagree	☐	I = Other
☐	E = Other		

Organizations Providing Comments

Federal : HHS (NIH, FDA), DOD, OPM
Non-Federal: PMA

Comments

HHS and DOD support. OPM favors a more comprehensive, integrated approach.

Staff position: Recommendation should be included in the list of items that the proposed OMB committee should consider in their 60 day plan.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-24 Fast-track recruitment programs to bring more nurses and patient care support personnel into the Clinical Center should be immediately implemented. Appropriate incentive and retention packages should be designed.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
_____	A = Completed/Ongoing	_____	F = Agree
_____	B = Planned	_____	G = Disagree
<u>X</u>	C = Under Consideration	_____	H = Neutral
_____	D = Disagree	_____	I = Other
_____	E = Other		

Organizations Providing Comments

Federal : HHS (NIH), OPM
Non-Federal: PMA

Comments

NIH cites a real need to speed up the recruitment process for nurses for the clinical center and would like to propose a package of incentives for this purpose. NIH reports that a nursing shortage has delayed the opening of new beds for AIDS clinical research. They would also like to see this and recommendations 4-25 to 4-27 expanded to include allied health professionals.

OPM says the problem has been solved by granting federal agencies direct hire authority for nurses on a nationwide basis. OPM has authorized special salary rates for nursing positions which are hard to fill and where shortages exist.

PMA supports in general but defers for evaluation to appropriate federal agency.

Staff position: Recommendation should be included in the list of items that the proposed OMB committee considers.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 4-24 Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

<u> </u>	Planned for FY 1990	<u> </u>	Further study needed
<u> </u>	Alternative approach	<u> X </u>	Other (see below)

Please elaborate on the status below:

The "Comments" section on this item states that OPM has determined that the problem of recruiting nurses for NIH's Clinical Center has been solved by authorizing special salary rates for hard-to-fill nursing jobs and by providing the agency with direct hire authority. OPM did not state in its earlier submission that the recruitment problem has been solved; however, concrete steps have been taken to simplify the hiring process for nurses and make their salaries competitive with local market rates.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-25 The NIH Clinical Center should assure that the salaries of registered nurses and support personnel are competitive with local standards.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
<u> </u>	A = Completed/Ongoing	<u> </u>	F = Agree
<u> </u>	B = Planned	<u> </u>	G = Disagree
<u> X </u>	C = Under Consideration	<u> </u>	H = Neutral
<u> </u>	D = Disagree	<u> </u>	I = Other
<u> </u>	E = Other		

Organizations Providing Comments

Federal : HHS (NIH), OPM
Non-Federal: PMA

Comments

See discussion for 4-24.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-26 The NIH Clinical Center should assure that an adequate ratio of support personnel to each registered nurse should be maintained.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
☐	A = Completed/Ongoing	☐	F = Agree
☐	B = Planned	☐	G = Disagree
☒	C = Under Consideration	☐	H = Neutral
☐	D = Disagree	☐	I = Other
☐	E = Other		

Organizations Providing Comments

Federal : HHS (NIH), OPM
Non-Federal: PMA

Comments

See comments to 4-24.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 4-26 **Department/Agency** OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

OPM did not provide comments on this recommendation as the "Comment" material would appear to indicate.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-27 The NIH Clinical Center should utilize innovative nursing practice strategies to make the work environment more attractive to nurses.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
☐	A = Completed/Ongoing	☐	F = Agree
☐	B = Planned	☐	G = Disagree
☒	C = Under Consideration	☐	H = Neutral
☐	D = Disagree	☐	I = Other
☐	E = Other		

Organizations Providing Comments

Federal : HHS (NIH), OPM
Non-Federal: PMA

Comments

See comments to 4-24.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 4-27 Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

OPM did not provide comments on this recommendation as the "Comment" material would appear to indicate.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-71 All public and private employers should ensure that their workplace policies provide HIV-infected employees with the same rights and benefits offered other employees with other illnesses and disabilities. Employers are encouraged to use the OPM guidelines as a reference when planning their HIV policies and programs. (these guidelines appear in the Appendix).

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
<u>X</u>	A = Completed/Ongoing	<u> </u>	F = Agree
<u> </u>	B = Planned	<u> </u>	G = Disagree
<u> </u>	C = Under Consideration	<u> </u>	H = Neutral
<u> </u>	D = Disagree	<u> </u>	I = Other
<u> </u>	E = Other		

Organizations Providing Comments

Federal : OPM, HUD, DOD, VA, Treasury

Non-Federal: U.S. Chamber of Commerce

Comments

OPM has undertaken several initiatives designed to encourage Federal and other organizations to use the "AIDS in the Workplace" guidelines in planning and implementing their HIV policies and programs. There is no known disagreement among agencies regarding the use of OPM's guidelines as a reference in planning their HIV policies and programs.

HUD is in agreement with this recommendation and has drafted a policy statement and is sharing with the union for comment. Treasury agrees.

VA states that personnel policies relating to HIV-infected employees follow OPM Guidelines. DOD policy provides HIV-infected individuals with the same rights and benefits offered personnel with other illnesses and diseases. They also state that all public and private employers should ensure that their workplace policies provide HIV-infected employees with the same rights and benefits offered other employees with other illnesses and disabilities. Employers are encouraged to use the OPM guidelines.

Twenty-two agencies, representing 96% of the Federal workforce, have drafted or are drafting AIDS policies; 19 (80% of the workforce) have implemented training/education programs; 17 (over half) offer AIDS counseling and referral through their Employee Assistance Programs.

The U.S. Chamber of Commerce has provided policy guidance to private employers which is in agreement with this recommendation.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 8-71 Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

OPM has recently sent copies of its AIDS in the Workplace guidelines to "Fortune 1000" companies.

In a recent survey of twenty two agencies, representing 96% of the Federal workforce, all 22 report they have issued or are drafting AIDS policies based on OPM's guidelines; 21 of the 22 agencies (95%) have implemented AIDS education/training programs; and all 22 agencies offer AIDS counseling and referral services through their Employee Assistance Programs (complete survey results attached).

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-72 All federal agencies should serve as a role model for the private sector by immediately adopting and implementing the employment policies for HIV-infected workers described in the OPM guidelines. The guideline establish a policy for employers of responding to HIV-infected individuals just as employers should with an individual with any other disease or disability (i.e., in a compassionate, humane, and fair manner).

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
<u>X</u>	A = Completed/Ongoing	<u> </u>	F = Agree
<u> </u>	B = Planned	<u> </u>	G = Disagree
<u> </u>	C = Under Consideration	<u> </u>	H = Neutral
<u> </u>	D = Disagree	<u> </u>	I = Other
<u> </u>	E = Other		

Organizations Providing Comments

Federal : VA, OPM, DOJ, HUD, DOT, DOL, DOD, Treasury

Non-Federal:

Comments

See 8-71.

VA personnel policies relating to HIV-infected employees follow OPM Guidelines. DOD policy stresses the need to respond to HIV-infected individuals in the compassionate, humane, and fair manner individuals with any other disease or disability would receive. DOJ is developing a directive that implements the OPM guidelines for the Department in a way that is fully consistent with the OPM guidelines. DOT has published a Departmental policy adopting the OPM guidelines and stressing the responsibilities of the OPDIVS within the DOT to provide training for employees. HUD has developed a general AIDS in the Workplace policy statement as well as a guide for all employees. DOL has notified all personnel offices in the Department that OPM guidelines were to be followed. DOD and Treasury support. Treasury expands to issue implementing regulations on or before August 1, 1988.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 8-72 Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

In a recent survey of twenty two agencies, representing 96% of the Federal workforce, all 22 report they have issued or are drafting AIDS policies based on OPM's guidelines; 21 of the 22 agencies (95%) have implemented AIDS education/training programs; and all 22 agencies offer AIDS counseling and referral services through their Employee Assistance Programs (complete survey results attached).

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-73 The President should consider requiring all federal agencies to comply with the OPM guidelines and report annually to him on compliance.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
☐	A = Completed/Ongoing	☐	F = Agree
☐	B = Planned	☐	G = Disagree
☒	C = Under Consideration	☐	H = Neutral
☐	D = Disagree	☐	I = Other
☐	E = Other		

Organizations Providing Comments

Federal : OPM, DOJ, White House
Non-Federal:

Comments

All federal agencies are expected to adopt the OPM guidelines or some close variant and are currently implementing necessary personnel policy changes.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 8-73 **Department/Agency** OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

This item should be designated as "completed/ongoing" in light of the requirement in the President's 10-point action plan that all Federal agencies adopt policies for dealing with HIV-infected employees based on OPM's AIDS in the Workplace guidelines. The President has also directed OPM to monitor Federal agency activity and report periodically to Dr. Ian Macdonald, Director, Drug Abuse Policy Office and Deputy Assistant to the President.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-78 Employees with any disease or disability, including HIV infection, should be treated with compassion and understanding and allowed to continue working as long as they are able to perform their job. The "otherwise qualified" standards articulated by **Arline** should be applied and reasonable accommodation should be made for the employee.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
<u>X</u>	A = Completed/Ongoing	<u> </u>	F = Agree
<u> </u>	B = Planned	<u> </u>	G = Disagree
<u> </u>	C = Under Consideration	<u> </u>	H = Neutral
<u> </u>	D = Disagree	<u> </u>	I = Other
<u> </u>	E = Other		

Organizations Providing Comments

Federal : VA, HUD, DOL, DOD, Treasury
Non-Federal:

Comments

All agencies reporting support the recommendation.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 8- 78

Department/Agency OPM

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other (see below)

Please elaborate on the status below:

Although OPM did not previously provide comments on this item, it supports the recommendation. The recommendation is consistent with our guidelines on AIDS in the Workplace which state, "... HIV-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace. If performance or safety problems arise, agencies are encouraged to address them by applying existing Federal and agency personnel practices and policies."

COMMENTS ON HIV REPORT RECOMMENDATIONS

9-34 Clear and comprehensive policies must be adopted by the federal government with regard to the confidentiality of HIV-related information held by institutions of the federal government, including the military.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
<u>X</u>	A = Completed/Ongoing	<u> </u>	F = Agree
<u> </u>	B = Planned	<u> </u>	G = Disagree
<u> </u>	C = Under Consideration	<u> </u>	H = Neutral
<u> </u>	D = Disagree	<u> </u>	I = Other
<u> </u>	E = Other		

Organizations Providing Comments

Federal : Treasury, DoD
Non-Federal:

Comments

Staff position: Most, if not all agencies have policies. Each agency should review their existing policies on confidentiality and determine whether they are adequate and the extent to which they are being enforced.

As of: August 23, 1988

FOLLOW-UP SURVEY RESULTS:

AIDS-RELATED POLICY AND EDUCATION ACTIVITIES IN FEDERAL AGENCIES

The Office of Personnel Management's Agency Compliance and Evaluation staff conducted a telephone survey in mid-July, 1988 to determine the AIDS-related activities of Federal agencies. A follow-up survey was made during August 19-23, 1988 focusing on the areas reviewed in the July survey: 1) issuance of policy or guidelines, 2) educational/training programs, and 3) specific AIDS-related problems. As with the initial survey in July, twenty-two agencies, representing 96% of Federal employees were surveyed and provided information.

SUMMARY OF FINDINGS

A summary of the findings of the August follow-up survey reveals seven agencies have issued AIDS policies while fourteen others are presently drafting policies/guidelines to be issued by the end of October, 1988. One agency has targeted its policy issuance for no later than December, 1988. With respect to the development of policies/guidelines, this is basically the same situation that existed when the first survey was conducted in July.

Twenty-one agencies have initiated formal training/education programs on AIDS-related issues for employees, supervisors and managers. The one remaining agency is currently developing an AIDS training/education program. All twenty-two agencies offer counseling and referral services for AIDS-related issues through their Employee Assistance Programs (EAPs), or medical services facilities. With respect to education/training, two additional agencies have implemented programs since the first survey was conducted in July. With respect to AIDS counseling and referrals through EAPs and medical facilities, seven additional agencies report offering these services since the first survey in July.

With respect to AIDS-related workplace problems, no new problems were reported in the August, 1988 follow-up survey.

Attached is a chart containing the results of the August, 1988 follow-up survey, by individual agency. The chart is cumulative and includes those AIDS-related workplace problems reported by agencies in the July survey.

Attachment

SURVEY OF AGENCY AIDS-RELATED ACTIVITIES
August 23, 1988

AGENCY	AIDS POLICY GUIDELINES		TRAINING/EDUCATION		NO REPORTED PROBLEMS	PROBLEMS REPORTED HANDLED INFORMALLY	PROBLEMS RESULTING IN FORMAL DISPUTES/ PERSONNEL ACTIONS	
	YES	NO	YES	NO				
AGRICULTURE		X*	X		X			
AIR FORCE	X 11/87		X			X1		
ARMY	X 5/88		X		X			
COMMERCE		X*	X		X			
DOD	X 1/88		X			X2		
EDUCATION		X*	X		X			
ENERGY	X 4/88		X		X			
EPA	X 2/88		X		X			
GSA		X*	X			X		
HHS	X		X				X3	
HUD		X*	X			X		
INTERIOR		X*	X			X		
DEPT. OF JUSTICE		X*		X**			X4	
DEPT. OF LABOR		X*	X		X			

u/e



AGENCY	AIDS POLICY GUIDELINES		TRAINING/EDUCATION		NO REPORTED PROBLEMS	PROBLEMS REPORTED HANDLED INFORMALLY	FORMAL DISPUTES/ PERSONNEL ACTIONS
	YES	NO	YES	NO			
NASA		X*	X		X		
NAVY		X*+	X		X		
OPM		X*	X			X	
SBA		X*	X			X	
DEPT OF TRANSPORTATION	X 6/88		X		X		
TREASURY		X*	X			X5	
V.A.		X*	X				X6
STATE DEPT.		X	X		X		

* Policies being drafted for issuance no later than October 88.

*+ Navy policy is targeted for issuance no later than December 1988.

** DOJ Training program is being developed.

1. Two self-acknowledged HIV-infected employees reassigned from food service to warehouse handling.
2. Union negotiability dispute resolved at local level.
3. Official reprimand of Claims Representative for refusing to meet with claimants who had AIDS (2/85).
4. Removal of an HIV-infected employee during probationary period. REMOVAL RESCINDED.
5. Union became involved/employees concerned.
6. Probationary employee separated for refusal to work with HIV-infected employees.

u/e

OPM Letter to Fortune 1000
Companies



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

OFFICE OF THE DIRECTOR

August 17, 1988

Mr. James T. Lynn
President
AETNA Life & Casualty
151 Farmington Avenue
Hartford, CT 06115

Dear Mr. Lynn:

Last week, President Reagan outlined his "10-point action plan" to combat the AIDS epidemic. As part of this plan, the President has called "on all sectors of society to respond equitably and compassionately to those with HIV infection and to their families." I believe that we, as employers, can play an important role in minimizing the trauma of this disease, both for infected employees and their co-workers.

As the President's chief advisor on federal personnel issues and the head of the 2.2 million-strong civil service, I realized some time ago that we needed a government-wide AIDS policy. I also recognized that with the controversy surrounding the subject, we would need to consult broadly with our private sector counterparts, public health experts, federal executives and managers, employee unions, and others.

After devoting a great deal of time and thought to what an effective policy would entail, we at OPM developed the enclosed "AIDS in the Federal Workplace Guidelines." Because the federal workforce very much reflects the circumstances of the American workforce as a whole--both occupationally and geographically--this policy could be easily adapted to almost any workplace. For this reason, the President has asked that I share a copy of these guidelines with you.

I hope this material will help as you deal with the difficult problem of balancing the needs of your organization with the need for compassion toward HIV-infected employees. If I can provide any assistance to you in this area, please let me know.

Sincerely,

Constance Horner
Director

Enclosures

INTERAGENCY ADVISORY GROUP

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, DC 20415

Secretariat

1900 E St., NW
(202) 632-6266

AUG 26 1988

MEMORANDUM TO DIRECTORS OF PERSONNEL

FROM:

Allan D. Heuerman
Allan D. Heuerman, Assistant Director
Employee and Labor Relations

SUBJECT:

Responding to the President's Directives on AIDS

On August 5, 1988 President Reagan issued a memorandum to Heads of Departments and Agencies announcing his 10-point action plan in response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. As part of the action plan, Federal agencies are being asked to adopt policies for dealing with HIV-infected individuals based on the Office of Personnel Management's (OPM) guidelines on AIDS in the Workplace (issued March 24, 1988 in Federal Personnel Manual Bulletin 792-42).

The President also directed OPM to assist agencies in developing and modifying their AIDS policies. OPM was further asked to submit periodic reports to Dr. Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, on actions being taken by Federal agencies to implement policies based on OPM's AIDS in the Workplace guidelines.

In responding to the President's request, OPM will conduct periodic surveys of the largest 22 Federal agencies to determine the extent to which they have developed policies and what is being done to educate and train employees on AIDS-related matters. Other agencies are also urged to inform OPM of their efforts. As requested in FPM Bulletin 792-42, all agencies are asked to send OPM copies of their policy statements and education and training materials on AIDS. These materials will be included in OPM's "clearinghouse" and made available to agencies seeking assistance in developing AIDS policies and programs. We expect to publish an inventory of clearinghouse materials in the near future.

OPM is available to provide information and assistance in responding to the President's initiatives. Questions and requests can be directed to the Office of Employee and Labor Relations, Personnel Systems and Oversight Group, on (202) 632-5558.

12:00 *Luncheon and Speaker*

Implementing an Effective AIDS Education Program in the Workplace

JOHN F. BUNKER, Sc.D., M.H.S.
Circle, Inc.

1:45 *HIV Workplace Issues*

-Moderator

ALLAN D. HEUERMAN
Assistant Director for
Employee and Labor Relations
U.S. Office of Personnel Management

-Fitness for Duty

DR. JOHN F. MAZZUCHI
Acting Deputy Assistant Secretary of Defense for
Professional Affairs and Quality Assurance
Department of Defense

-Federal Antidiscrimination Law

JAMES M. STROCK
General Counsel
U.S. Office of Personnel Management

-Agency Programs

JOE MEADE
Employee Assistance Program Administrator
Internal Revenue Service

SUSAN H. MATHER, M.D., M.P.H.
Director, AIDS Program Office
Veterans Administration

4:00 *Adjourn*



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

JUL 22 1988

MEMORANDUM TO THE DOMESTIC POLICY COUNCIL

SUBJECT: Quarterly Report Status of HIV Surveillance Activities

Attached is the Quarterly Report to the Domestic Policy Council on the Prevalence and Rate of Spread of HIV in the United States prepared by the Centers for Disease Control.

As with earlier versions of the Quarterly Report, this report has been designed to give a concise overview while providing additional data for those wishing to scrutinize details. Your suggestions for improvement of this report have been most appreciated.

Robert E. Windom, M.D.
Assistant Secretary for Health

QUARTERLY REPORT
TO THE DOMESTIC POLICY COUNCIL
ON THE PREVALENCE AND RATE OF SPREAD
OF HIV IN THE UNITED STATES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL

July 26, 1988

QUARTERLY REPORT
TO THE DOMESTIC POLICY COUNCIL
ON THE PREVALENCE AND RATE OF SPREAD
OF HIV IN THE UNITED STATES

TABLE OF CONTENTS

- I. Narrative Highlights
- II. Summary Table

A Supplement is attached to the quarterly report which provides greater details on the estimate of HIV infection, trends in HIV prevalence, status of implementation of surveys, and AIDS projections and case definition. The Supplement also contains tables and figures on these subjects.

Introduction

This is the third quarterly report to the Domestic Policy Council on the prevalence and rate of spread of HIV in the U.S. It is the result of a directive from President Reagan to the Centers for Disease Control. Previous reports were made on November 30, 1987, and March 23, 1988.

I. Narrative Highlights

A. Trends in AIDS

- o By July 11, 1988, a total of 67,273 cases of AIDS had been reported in the United States, including over 11,000 cases since the last report on March 23, 1988.
- o In 1986, PHS projected that about 270,000 cumulative AIDS cases would be diagnosed by the end of 1991, including 15,800 cases diagnosed in 1986 and 23,000 in 1987. The actual number of cases now expected in these years, adjusting for reporting delays, is 17,100 and 25,200 cases, respectively.
- o Using a method similar to that used in 1986, PHS now projects a cumulative total of 365,000 cases diagnosed by the end of 1992, with 263,000 cumulative deaths.
- o In 1992 alone, 80,000 cases will be diagnosed with 66,000 deaths. A total of 172,000 AIDS patients will require medical care in 1992, at a cost expected to range from \$5-\$13 billion.
- o In September 1987, the AIDS case definition was revised to include a broader spectrum of HIV-associated disease and to allow for presumptive diagnoses of certain conditions. Comparing the 12-month period before September 1987 to the period since then, this change has led to an increase in the proportion of AIDS cases among blacks from 24% to 36% and an increase in cases among Hispanics from 13% to 16%. Additionally, cases in persons thought to have been infected through heterosexual contact increased from 2.6% of cases to 3.6%.

B. Trends in Prevalence and Incidence of HIV Infection

- o In April 1988, CDC convened a meeting of experts in mathematical modeling techniques to help in estimating the number of Americans now infected with HIV. Based on two approaches, these experts agreed that 1.0 million to 1.5 million is a reasonable estimate of the number of persons now infected.
- o The new estimate for the number of infected Americans is similar to an estimate made in 1986. This does not mean there have been no new infections. Rather, the 1986 estimate, which was based on preliminary data, was probably too high. It seems likely that the number of infected Americans in 1986 was probably less than 1 million.
- o Data regarding the rate of HIV infection (seroprevalence) are now available from six urban and suburban hospitals, predominantly in the midwest. In the first 18,809 tests, overall seroprevalence was 3.1 per 1,000. This rate is 3 to 4 times that found in military recruit applicants in the same cities. Infection in hospitalized patients was concentrated in young to early middle-aged adults, men, and blacks and Hispanics.

- o Seroprevalence in inmates from 15 State correctional systems and the Federal Bureau of Prisons ranges from 0% to 15.4%. Seropositive inmates most often have a history of IV-drug abuse.
- o Seroprevalence in Job Corps applicants has been 4.1 per 1,000 among the first 65,960 persons tested. Infection rates are highest in men, black and Hispanic persons, and applicants from urban areas.
- o Infection rates in sentinel populations that have been followed over time have not shown significant increases. These populations include first-time blood donors (33-month followup) applicants for military service (30-month followup) and admissions to sentinel hospitals (15-month followup). These findings argue against an explosive spread of HIV into the general population.

C. Status of HIV Surveys

- o Implementation of the Comprehensive Family of HIV Surveys

To conduct sentinel surveillance for HIV in 30 metropolitan areas, \$6.1 million was awarded to 22 State health departments, the District of Columbia, and the Commonwealth of Puerto Rico, on January 29, 1988. Additional funds totalling nearly \$16 million were awarded May 1, 1988. More than 420 different surveys will be conducted in the 30 SMSAs in sexually transmitted diseases clinics, drug abuse treatment centers, tuberculosis clinics, women's health clinics, newborn infant screening programs, and sentinel hospitals.

- o National Household Seroprevalence Survey (NHSS)

A contract for the NHSS was awarded as scheduled to the Research Triangle Institute. The NHSS is to be conducted in two phases. Phase I will be a pilot phase to determine the feasibility of conducting a household interview survey to obtain demographic information, HIV risk factors, and a blood test for HIV. It will include three pretests; the first is scheduled to begin in August 1988 in Washington, D.C. and includes 800 respondents. Pretests two and three are scheduled to take place between September 1988 and June 1989 in New York City and Los Angeles and each includes 1500 respondents. If Phase I shows that the NHSS is feasible and funds are available, Phase II, a probability household sample of the entire U.S., will be conducted from June 1989 through May 1990 and include 50,000 respondents.

- o College Serosurveys

A program to determine HIV seroprevalence in college students has begun. By the end of 1988, a total of 20 colleges will participate and approximately 20,000 serum samples will have been tested.

o National Health Interview Survey-AIDS Attitudes and Knowledge Survey

An AIDS questionnaire was developed for the National Health Interview Survey to provide estimates of public knowledge and attitudes about AIDS and changes in knowledge and attitudes over time. The first phase of the survey was completed between August 1987 and January 1988 and shows continuous improvement in knowledge of how HIV is transmitted. A second phase was begun in early May 1988 and contains additional questions to assist in the evaluation of the "Understanding AIDS" mailing.

II. SUMMARY TABLE
 QUARTERLY REPORT
 TO THE DOMESTIC POLICY COUNCIL
 ON THE PREVALENCE AND RATE OF SPREAD OF HIV IN THE UNITED STATES AS OF
 June 30, 1988
 (Asterisks indicate updates in data since last report)

Population Segment	No. of Persons Tested (No. of Surveys)	Median Percent Seropositive (Range)	Number Infected Nationwide	Annual Incidence (Spread of New Infections)	Comments
1. Entire U.S.A.	—		1.2 million (est) [1.0-1.5 million] prev. = 4.2-6.2/1000 (0.42%-0.62%)	Not yet known	PHS Conference, Charlottesville, VA, June 1988
2. Sex*					2. Data from first-time blood donors (lower end of the range), civilian applicants to the military, active duty military personnel, and sentinel hospital patients 15 years and older (upper end of range).
a. Female	1,343,848	0.015-0.18	Not yet determinable	Not yet determinable	
b. Male	3,899,341	0.07-0.64	Not yet determinable	Not yet known	
3. Race/Ethnicity (sex-adjusted)*					3. Data for whites, blacks and Hispanics from civilian applicants to the military, active duty military personnel, and sentinel hospital patients. Native American and Asian data from civilian applicants to military only.
a. White	2,393,122	0.07-0.22	Not yet determinable	Not yet determinable	
b. Black	628,868	0.29-0.60	Not yet determinable	Not yet determinable	
c. Hispanic	143,767	0.20-0.42	Not determinable	Not yet determinable	
d. Native American	9,892	0.12	Not yet determinable	Not yet determinable	
e. Asian	21,584	0.06	Not yet determinable	Not yet determinable	

Summary Table (Pg. 2)
June 30, 1988

Population Segment	No. of Persons Tested (No. of Surveys)	Median Percent Seropositive (Range)	Number Infected Nationwide	Annual Incidence (Spread of New Infections)	Comments
4. Age (Years)*			Not yet determinable	Not yet determinable	4. Data from civilian applicants to the military, active duty military personnel, and sentinel hospital patients. For age groups 0-4 and 5-12 years, data from sentinel hospitals only.
a. 0-4	2,250	0.13			
b. 5-12	1,650	0.06			
c. 13-19	1,850	0.0			c. Only sentinel hospital data are available for this full age range.
c. (1) 17-19	1,164,722	0.01-0.04			c. (1) For the military applicants 17-19 years of age, the prevalence is 0.04%; for active duty military personnel of this age the rate is 0.01%; no data available for 12-16 years from these groups.
d. 20-29	1,525,251	0.15-0.59			
e. 30-39	492,160	0.17-0.67			
f. 40-49	17,187	0.17-0.56			f. For the 94,343 active duty military personnel 40 years and older the rate is 0.09%.
g. 50+	7,142	0.03-0.12			

Summary Table (Pg. 3)
June 30, 1988

Population Segment	No. of Persons Tested (No. of Surveys)	Median Percent Seropositive (Range)	Number Infected Nationwide	Annual Incidence (Spread of New Infections)	Comments
5. Groups at Recognized Risk					a.-e. Estimates published in November 30, 1987 Report
a. Homosexual/* Bisexual Men	18,750 (50)	36 (5-70)	625,000 to 1 million (est.)	<1-3%	a. Rate of spread in homosexual men declined in 1986-1987 in 5 groups studied.
b. IV Drug Abusers*	18,000 (90)	7 (0-65)	235,000	Not yet determinable	
c. Persons with Hemophilia A*	(18)	70 (26-92)	9,000 (est.)	Close to zero through blood products	c. Heat treatment of clotting factors and blood donor screening have essentially eliminated HIV spread to persons with hemophilia.
Hemophilia B*	(12)	35 (15-52)	1,000 (est.)		
d. Heterosexual Partners	(1,150) (21)	22 (0-60)	75,000-157,000 (est.)	Not yet determinable	d. Nationwide estimate includes known partners of those at risk as well as infected heterosexuals without recognized risk.
e. Female Prostitutes	3,700 (15)	3.5 (0-45)	Not yet determinable	Not yet determinable	e. Major risk factor was IV drug abuse.

Summary Table (p. 4)
June 30, 1988

Population Segment	No. of Persons Tested (No. of Surveys)	Median Percent Seropositive (Range)	Number Infected Nationwide	Annual Incidence (Spread of New Infections)	Comments
6. Special Settings					
a. Prisoners*	52,000 (21)	0.4 (0-15)	Not yet determinable	Not yet determinable	a. Consecutive or random surveys only; 2.9% of 29,000 Federal inmates tested HIV positive; rates higher in State and city institutions where HIV infection in IV drug users is more common.
b. College Students	—	—	Not yet determinable	Not yet determinable	b. CDC-sponsored surveys to begin May 1988 in 20 colleges nationwide.
c. Job Corps Entrants*	65,960	0.41**	270	Not yet determinable	c. Data from Department of Labor from 10/87-4/88; youth 16-21 years of age.
7. Other Selected Segments of the Population					
a. Blood donors*					
(1) First-time donors	1,950,000	0.04**	2,800 in 3 yrs.		a. Data from 41 American Red Cross Regions.
(2) Repeat donors	10,900,000	0.015	1,624 in 3 yrs.	.003%	a. (2) Annual incidence is based on donors tested more than once.
b. Civilian Applicants to the Military*	1,525,000	0.16**	2,148	.05%	b. Applicants are predominantly male and between 18 and 21 years of age; rate is adjusted by age and sex to population 17-59 years of age. Analysis is by birth cohort among applicants.
c. Active Duty Military*	1,752,200	0.13**	2,232	.007%	c. Data from all armed services combined, based on actual observation in persons tested on more than one occasion.

Summary Table (p. 5)
June 30, 1988

Population Segment	No. of Persons Tested (No. of Surveys)	Median Percent Seropositive (Range)	Number Infected Nationwide	Annual Incidence (Spread of New Infections)	Comments
d. Patients at Sentinel Hospitals*	18,800 (6)	0.31** (0.11-0.88)	Not applicable	Not yet determinable	d. Rate is age- and sex-adjusted; these results are from 6 hospitals pre-dominantly from midwest urban areas, 42 hospitals nationwide are targeted for testing up to 12,000 patients per month by the end of this year.
e. Newborn Screening to Measure Infection Rate in Mother*	90,000 (3)	0.21 (0.05-1.45)	Not yet determinable	Not yet determinable	e. Blinded sampling from newborns from New Mexico (0.05%), Massachusetts (0.21%), and New York (0.84%), with higher rates in New York City.
f. Patients at Women's Clinics	12,750 (19)	0.5 (0-2.6)	Not applicable	Not yet determinable	
g. Heterosexuals at "Low Risk"			30,000 (est)	Not yet determinable	g. Exclusively heterosexual persons without history of IV drug abuse or known sexual contact with persons at high risk.
(1) Blood Donors/ Military Recruit Applicants*	3,475,000	(0.007-0.024)	280 each year	Not yet determinable	g.(1) Estimated as prevalence rate in first-time donors or in military recruit applicants less than 85% attributable to recognized risks.
(2) At STD Clinics*	6,425 (18)	0.3 (0 to 2.6)	Not yet estimable	Not yet determinable	g.(2) Patients who do not acknowledge specific risk by interview or by self-administered questionnaire.
					Rates for sex, race, and age are for samples from special settings or selected segments above. Estimates of national rates cannot yet be made. Data from first-time blood donors and civilian applicants to the military under-represent persons at highest risk for HIV, and the rates in those groups probably <u>understate</u> the true prevalence of HIV infection nationally.

* Asterisks represent updates in data since last report.
** Observed prevalence in single available survey.

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

6638

September 15, 1988

MEMORANDUM FOR DR. DONALD IAN MACDONALD

FROM: PAUL SCHOTT STEVENS 

SUBJECT: Update on Responses to the Recommendations of the
Report of the Presidential Commission on the HIV
Epidemic -- September 1988

The Department of State's completed update report form on the
above subject is attached (Tab A).

Attachment
Tab A

Update Report Form

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 11-47 Department/Agency _____

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☒ Further study needed
☐ Alternative approach	☐ Other

Please elaborate on the status below:

HIV testing of refugees was implemented December 1, 1987, on the basis of preventing the introduction and spread of AIDS in the United States. The program is only six months old and statistics are not yet available to properly evaluate the program.



BOARD OF GOVERNORS
OF THE
FEDERAL RESERVE SYSTEM
WASHINGTON, D. C. 20551

DIVISION OF HUMAN
RESOURCES MANAGEMENT

September 19, 1988

Donald Ian Macdonald
Deputy Assistant to the President
for Drug Abuse Policy
17th & Pennsylvania Avenue, N.W.
Washington, D.C. 20500

The initiatives issued by the Office of Personnel Management on Acquired Immune Deficiency Syndrome (AIDS) are based on the Center for Disease Control's (CDC) recommendations, and they have guided the Board's policy on AIDS in the workplace. We have taken the initiative to present programs to facilitate sensible approaches that respect the rights of employees and employer to AIDS-related issues.

Seminars for employees, managers, and the Human Resources Management staff have been presented providing current information on the status of research and the treatment of the disease, and to communicate appropriate guidance in addressing AIDS-related concerns that might arise in the workplace. Our Employees Assistance Program is available for counseling purposes which can provide current information on AIDS and referral resources in the community. The Health Unit has consulted with our Legal Division and the staff follow the recommendations of the CDC to prevent transmission of the Human Immunodeficiency Virus (HIV) in a health care facility.

We will continue to keep current of information about AIDS to be able to provide educational programs for our employees and to carry out our personnel management responsibilities.

Sincerely,

A handwritten signature in dark ink, appearing to read "Anthony V. DiGioia".

Anthony V. DiGioia
Assistant Director

THE WHITE HOUSE
WASHINGTON

88-4503

August 5, 1988

MEMORANDUM FOR HEADS OF DEPARTMENTS AND AGENCIES

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic.

The plan expresses my concern about fair and compassionate treatment of HIV-infected individuals and directs every Federal agency to adopt a policy based on the Office of Personnel Management's (OPM's) "Guidelines for AIDS Information and Education and for Personnel Management." I also have asked American businesses, unions, and schools to examine and consider adopting education and personnel management policies based on the OPM and the Centers for Disease Control (CDC) guidelines.

Many agencies have already adopted policies based on the OPM guidelines. If your agency has not already done so, you should proceed to do so. The Office of Personnel Management is available to answer questions or provide any needed assistance. The Justice Department and the Department of Health and Human Services offer additional sources of information and assistance.

To further encourage businesses, unions, and schools as well as housing projects, correctional facilities, and others to adopt policies based on OPM and CDC guidelines and provide the education that is vital to effective implementation, I also ask each of you to communicate through your programs the value of this approach.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

Ronald Reagan

CC:SD
2610
SEP 22 1988
Central Intelligence Agency



Washington, D.C. 20505

September 19, 1988

Dr. Donald Ian Macdonald
Deputy Assistant to the President
for Drug Abuse Policy
The White House
Washington, D.C. 20500

Dear Dr. Macdonald:

Please be advised that the Central Intelligence Agency has a fair and compassionate treatment policy for HIV-infected employees and an information, education and personnel management policy which is in full compliance with the Office of Personnel Management's (OPM) and the Center for Disease Control's (CDC) Guidelines for AIDS.

The Central Intelligence Agency requests an exemption from further reporting requirements relative to our policy and program on AIDS information, education and personnel management, due to the covert status of many of our employees and the sensitive nature of their occupations.

Sincerely,

A handwritten signature in black ink, reading "R. M. Huffstutler".

R. M. Huffstutler
Deputy Director
for
Administration



7586
SEP 16 1988

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
THE SECRETARY
WASHINGTON, D.C. 20410

September 9, 1988

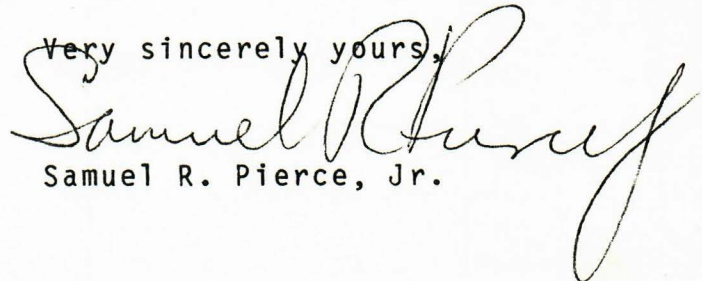
Donald Ian Macdonald, M.D.
Director, Drug Abuse Policy Office
and Deputy Assistant to the President
The White House
Washington, D. C. 20500

Dear Dr. Macdonald:

We have reviewed the AIDS Commission recommendations you sent us on August 4 and have indicated any changes or corrections on the forms you provided.

Please let me know if you have questions or want additional information.

Very sincerely yours,

A handwritten signature in cursive script, reading "Samuel R. Pierce, Jr.", written over the typed name.

Samuel R. Pierce, Jr.

Enclosure

UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988

Recommendation # 8-52 Department/Agency HUD

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

☐ Planned for FY 1990	☐ Further study needed
☐ Alternative approach	☒ Other

Please elaborate on the status below:

This recommendation should be classified as completed/on-going, as indicated in our original submission.

**UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988**

Recommendation # 10-9 Department/Agency HUD

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

<u> </u>	Planned for FY 1990	<u> </u>	Further study needed
<u> </u>	Alternative approach	<u> X </u>	Other

Please elaborate on the status below:

This recommendation is being implemented. In Fiscal Year 1987-88, \$149 million dollars in new funds for supportive housing was provided, and in FY 1989, another \$80 million has been appropriated.

UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
SEPTEMBER 1988

Recommendation # 8-53 Department/Agency HUD

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

<u>X</u>	Planned for FY 1990	<u> </u>	Further study needed
<u> </u>	Alternative approach	<u> </u>	Other

Please elaborate on the status below:

Increased funding for the HUD McKinney Act programs of Emergency Shelter Grants, Transitional Housing and SRO Moderate Rehabilitation has been included in the HUD FY 1990 Budget submitted to OMB on September 1, 1988.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-58 The use of HUD funds to help finance construction and improvement of nursing homes and related facilities should be encouraged to make additional long-term care and hospice care beds available.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
☐	A = Completed/Ongoing	☐	F = Agree
☐	B = Planned	☐	G = Disagree
☒	C = Under Consideration	☐	H = Neutral
☐	D = Disagree	☐	I = Other
☐	E = Other		

Organizations Providing Comments

Federal : HUD
Non-Federal:

Comments

Refer to HUD comments in recommendation 8-57.

Staff position: Assuming that "HUD funds" could mean HUD insuring projects that others ~~are not~~, then, more so than 8-57, this may be an issue that needs further consideration.

Finance
Finance



**U.S. Department of
Transportation**

Office of the Secretary
of Transportation

CC: CF

400 Seventh St., S.W.
Washington, D.C. 20590

September 15, 1988

Ms. Susan Daoulas
Room 220
Old Executive Bldg.
Washington, DC 20500

Dear Ms. Daoulas:

Attached is a copy of the Department of Transportation's reply to Dr. Macdonald's request for the Department's comments on the recommendations contained in the Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic.

In addition to the actions that are reflected in the attachment, we have recently provided this information to the Public Health Service which has been given primary responsibility for working with state and local governments to enhance training for medical emergency technicians regarding HIV-Infection. If I can be of further assistance, please feel free to call me on 366-9438.

Sincerely,

Richard S. Fein

Attachment



**U.S. Department of
Transportation**

Office of the Secretary
of Transportation

400 Seventh St., S.W.
Washington, D.C. 20590

JUL 12 1988

Dr. Donald Ian Macdonald
Director, Drug Abuse Policy Office and
Special Assistant to the President
The White House
Washington, DC 20500

Dear Dr. Macdonald:

As you requested in your letter to Secretary Burnley, we are providing the Department's positions on various recommendations contained in the Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic.

Please note that only one recommendation, number 3-53, was related to a particular Department of Transportation function. Specifically, the recommendation dealt with supplementing the National Standard Curriculum which is under the purview of the National Highway Traffic Safety Administration's Office of Enforcement and Emergency Services, Emergency Medical Services Division. We have, in addition, provided our views on several other recommendations of general applicability that are contained in Chapter 8, Section V, the Workplace and HIV Infection.

If we can be of further assistance, please contact Richard Fein, Labor and Employee Relations Division, on 366-9440, who will be serving as our contact with your staff.

Sincerely,

Diana L. Zeidel
Director of Personnel

Enclosures

AIDS REPORT RECOMMENDATIONS

Recommendation # 8-72

FROM (agency/contact): Department of Transportation/Richard Fein

TYPE OF RESPONSIBILITY:

☒ Federal (name agencies;
proposed lead first)

☐ State

☐ Local

☐ Other _____

STATUS OF FEDERAL ACTION:

☒ Already done

☐ In progress

☐ Implementation planned

Date: 6/29/88

Date: _____

Date: _____

☐ Other (please specify e.g., disagree/under active
consideration/further study required/etc.)

Discussion: We have published a Departmental policy adopting the OPM
guidelines and stressing the responsibilities of the Operating Administrations
within the Department to provide training for employees.

If not currently done or planned, how long would it take to
accomplish? (e.g. 30 days, 90 days) _____

HOW TO BE ACCOMPLISHED:

☒ Administrative action

☐ Policy change

☐ Regulatory action

☐ Legislation required

☐ Other _____

Discussion: _____

AIDS REPORT RECOMMENDATIONS

Recommendation # 3-53

FROM (agency/contact): Department of Transportation/ National Highway Traffic
Safety Administration/ Richard Fein

TYPE OF RESPONSIBILITY:

☒ Federal (name agencies;
proposed lead first) ☐ State
Department of Transportation/
National Highway Traffic Safety Administration

☐ Local ☐ Other _____

STATUS OF FEDERAL ACTION:

☐ Already done ☒ In progress ☐ Implementation planned
Date: _____ Date: _____ Date: _____

☐ Other (please specify e.g., disagree/under active
consideration/further study required/etc.)

Discussion: Indirectly addressed with the release of the NSC Refresher Training
Programs within the next sixty days.

If not currently done or planned, how long would it take to
accomplish? (e.g. 30 days, 90 days) _____

HOW TO BE ACCOMPLISHED:

☒ Administrative action ☐ Policy change

☐ Regulatory action ☐ Legislation required

☐ Other _____

Discussion: The first responder, EMT-A and EMT-D Refresher Training Programs
for the National Standard Curricula now include infection control techniques.
These training programs will be promulgated within 2 months.

FINANCIAL IMPLICATIONS:

☐ Already included in present
FY89 budget request.

☒ Reprogramming required.

☐ New budget required.

☐ FTE changes.

Discussion (including enumeration of FY88 or earlier expenditures, and also any differences between your estimate and the Commission's.): In order to revise the 3 National Standard Curricula

(NSC) mentioned in the Report, substantial funds will be required. The refresher
programs will cover currently licensed providers.

OVERALL RATIONALE/DISCUSSION:

Pros Beginning FY '89 all NHTSA training programs will be placed on a scheduled
review timetable. Revisions to the NSC's will be identified, then placed on a
priority list. Should expansion of all 3 NSC's be required in FY'90, additional
funding will be required. Deficiency identification is programmed, revision
is not.

Cons _____

Note: Please fill out all information even on recommendations with which your agency disagrees.

FINANCIAL IMPLICATIONS:

☐ Already included in present
FY89 budget request.

☐ Reprogramming required.

☐ New budget required.

☐ FTE changes.

Discussion (including enumeration of FY88 or earlier
expenditures, and also any differences between your estimate and
the Commission's.): _____

Additional training should not require substantial outlays of funds.

OVERALL RATIONALE/DISCUSSION:

Pros The OPM guidelines provide management with a complete set of rules to
follow with respect to employee rights, and also highlight the need to give
training with respect to HIV infection as soon as possible, even before managers
and employees have to deal with a case of HIV infection in the workplace.

Cons _____

Note: Please fill out all information even on recommendations
with which your agency disagrees.

AIDS REPORT RECOMMENDATIONS

Recommendation # 8-79

FROM (agency/contact): Department of Transportation/Richard Fein

TYPE OF RESPONSIBILITY:

☒ Federal (name agencies;
proposed lead first) _____

☐ State _____

☐ Local _____

☐ Other _____

STATUS OF FEDERAL ACTION:

☒ Already done ☐ In progress ☐ Implementation planned

Date: 8/12/87

Date: _____

Date: _____

☐ Other (please specify e.g., disagree/under active
consideration/further study required/etc.)

Discussion: The Federal Aviation Administration, in view of its public
safety mission, has set forth a policy providing medical evaluation of employees
and applicants to detect functional impairment. Testing is not a part of routine
medical evaluation.

If not currently done or planned, how long would it take to
accomplish? (e.g. 30 days, 90 days) _____

HOW TO BE ACCOMPLISHED:

☒ Administrative action

☐ Policy change

☐ Regulatory action

☐ Legislation required

☐ Other _____

Discussion: _____

FINANCIAL IMPLICATIONS:

☒

Already included in present
FY89 budget request.

☐

Reprogramming required.

☐

New budget required.

☐

FTE changes.

Discussion (including enumeration of FY88 or earlier
expenditures, and also any differences between your estimate and
the Commission's.): _____

No separate budget allocation is required for this aspect of medical
evaluations.

OVERALL RATIONALE/DISCUSSION:

Pros _____
The potential for functional impairment warrants continued concern, and
policy in this area will reflect latest medical findings as to the relationship
between HIV infection and neurological impairment.

Cons _____

Note: Please fill out all information even on recommendations
with which your agency disagrees.

AIDS REPORT RECOMMENDATIONS

Recommendation # 8-81

FROM (agency/contact): Department of Transportation/Richard Fein

TYPE OF RESPONSIBILITY:

☒ Federal (name agencies;
proposed lead first)
Department of Transportation

☐ State ..

☐ Local

☐ Other _____

STATUS OF FEDERAL ACTION:

☐ Already done ☒ In progress ☐ Implementation planned
Date: _____ Date: On-going Date: _____

☐ Other (please specify e.g., disagree/under active
consideration/further study required/etc.)

Discussion: Providing information about HIV infection will be a continuing
process carried out through training and by making available publications and
counseling services dealing with the disease.

If not currently done or planned, how long would it take to
accomplish? (e.g. 30 days, 90 days) _____

HOW TO BE ACCOMPLISHED:

☒ Administrative action

☐ Policy change

☐ Regulatory action

☐ Legislation required

☐ Other _____

Discussion: _____

FINANCIAL IMPLICATIONS:

☐ Already included in present
FY89 budget request.

☐ Reprogramming required.

☐ New budget required.

☐ FTE changes.

Discussion (including enumeration of FY88 or earlier
expenditures, and also any differences between your estimate and
the Commission's.): _____

_____ No separate budget allocation required for the training element of the

Department's program.

OVERALL RATIONALE/DISCUSSION:

Pros _____ The Department views education as one of the key elements in its program
to help stop the spread of HIV infection and to ensure that the rights of all
employees are protected.

Cons _____

Note: Please fill out all information even on recommendations
with which your agency disagrees.