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UNITED STATES INTERNATIONAL TRADE COMMISSION

WASHINGTON, D.C. 20436

August 18, 1988

Dr. Donald Ian Macdonald, M.D. Office of Drug Abuse Policy Old Executive Office Building The White House Room 220 Washington, DC 20500

Dear Dr. Macdonald:

This is in reply to the President Reagan's August 5, 1988, request for a status of Federal agencies' approaches to implementing the Office of Personnel Management's (OPM's) Guidelines for AIDS Information and Education and for Personnel Management.

The U. S. International Trade Commission (USITC) has adapted OPM's guidelines and issued the enclosed internal policy document on July 27, 1988, to all of its employees. We are in full support of the President's initiatives to ensure that HIV-Infected Federal employees are treated fairly and compassionately.

Should your office need any further information regarding the USITC's program please feel free to contact Mr. Lorin L. Goodrich, Director of Administration, at 252-1131 or our Personnel Officer, Mr. Terry P. McGowan on 252-1651.

Sincerely,

Anne Brunsdale Acting Chairman

Anne Brunsvale

Enclosure

U.S. INTERNATIONAL TRADE COMMISSION Washington, D.C. 20436

DIRECTIVE

ITC: 4703

DATE: July 27, 1988

SUBJECT: Acquired Immune Deficiency Syndrome (AIDS) in the Workplace

1. <u>PURPOSE</u>: This Directive is established to provide information on and increase understanding of AIDS and to facilitate the proper handling of personnel situations where AIDS is a factor.

- 2. <u>AUTHORITY</u>: Material contained in this Directive is based on guidance from the Office of Personnel Management (OPM). OPM developed its guidance with the assistance of the Office of the AIDS Coordinator of the Public Health Service.
- 3. <u>POLICY</u>: The U.S. International Trade Commission is committed to maintaining a safe and healthy work environment responsive to the needs of all employees. Consonant with this commitment, the Commission as a matter of policy will treat employees with AIDS in the same manner as employees with other serious illnesses and will assist their fellow workers to cope responsibly and compassionately with the effects of AIDS in the workplace. Providing timely and useful information about AIDS, fostering a climate of open communications, and effectively handling AIDS-related personnel matters are primary policy objectives of the Commission.
- 4. <u>DEFINITIONS</u>: In this Directive, the term AIDS is used to refer either to the general AIDS phenomenon or to clinically diagnosed AIDS as a medical condition. HIV (Human Immune Deficiency Virus) is used when the discussion is referring to the range of medical conditions which HIV infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).
- 5. <u>AIDS EDUCATION</u>: The Commission recognizes the need for employees to be accurately informed about AIDS. Publications, factsheets, and brochures on the subject are available in the display racks in the elevator lobby on the 3rd floor. A list of other sources of AIDS related material is attached to this Directive for employee convenience and use.

DISTRIBUTION:

OFFICE OF PRIMARY INTEREST:

1

The USITC employee counseling service program which is administered by the Center for Occupational Programs for Employees (COPE) can provide information and counseling to employees who have personal concerns about AIDS, apprehensions regarding the communicability of the disease, or other related concerns. Supervisors are encouraged to utilize COPE services as a source of advice and counsel when dealing with AIDS cases and their resultant effects on the workforce. When considered appropriate, COPE will be invited to provide general instructive sessions aimed at assisting employees and managers to deal effectively with AIDS as a workplace phenomenon.

6. GENERAL AIDS INFORMATION: Guidelines issued by the Public Health Services Center for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of AIDS." According to the U.S. Public Health Service, AIDS is spread through intimate sexual contact, intravenously through the use of contaminated needles, and by blood transfusions from contaminated blood. While HIV infections can result in medical conditions which impair the employee's health and ability to perform safely and effectively, there is no medical basis for employees refusing to work with such fellow employees who are HIV-infected.

There is no evidence that AIDS is spread through any of the following:

1. Working in the same office, shop, etc.

2. By being a blood donor.

3. Sneezing, coughing or spitting.

4. Handshakes or non-sexual physical contact.

5. Toilet seats, bathtubs or showers.

- 6. Various utensils, dishes, or linens used by persons with AIDS.
- 7. Articles handled or worn by persons with AIDS (e.g., telephones).
- Being around someone with AIDS on a daily basis over a long period of time.
- 9. Riding in the same transportation.
- 10. Eating in the same places or with an AIDS patient.
- 7. PERSONNEL MANAGEMENT ISSUES AND CONSIDERATIONS: Basically, personnel management issues arising from AIDS related matters will be addressed within the framework of existing procedures, guidelines, statutes, case law, and regulations. As with any complex personnel management matter, the resolution of a specific problem must be based on a thorough assessment of that problem. Following is a brief discussion of AIDS-related issues which could arise, along with some basic guidance on how to approach and resolve such issues.

- EMPLOYEES' ABILITY TO WORK: An HIV-infected employee may develop a variety of medical conditions. These conditions can range all the way from immunological and/or neurological impairment in early stages of HIV infection to clinically diagnosed AIDS. As long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others, HIV-infected employees will be allowed to continue working. However, at some point, a concern may arise whether such an employee, given his or her medical condition, can perform the duties of the position in a safe and reliable manner. Under OPM's regulations in 5 C.F.R. Part 339, Medical Determination Related to Employability, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting availability for duty or job performance. However, when the employee does not produce sufficient documentation to allow agency management to make an informed decision about the employee's capabilities, ITC may offer a medical examination. Accurate and timely medical information will allow management to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance. It will also help determine whether the HIV-infected employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodations under the Rehabilitation Act of 1973 (29 U.S.C. Section 794).
- Privacy and Confidentiality. Because of the nature of the disease, HIV-infected employees will have understandable concerns over confidentiality and privacy in connection with medical documentation and other information relating to their condition. All employees and managers should be aware that any medical documentation submitted for the purposes of an employment decision becomes a "record" covered by the Privacy Act. The Privacy Act generally forbids disclosure of a record which the Act covers without the consent of the subject of the record. However, these records are available to management officials who have a need to know the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information. In addition, supervisors, managers, and others included in making and implementing personnel management decisions involving employees with AIDS must strictly observe applicable privacy and confidentiality requirements.
- C. <u>LEAVE ADMINISTRATION</u>: HIV-infected employees may request sick or annual leave or leave without pay to pursue medical care or to recuperate from the ill effects of their medical conditions. In these situations, whether to grant leave is to be determined in the same manner as for employees with other serious medical conditions.

- D. <u>CHANGES IN WORK ASSIGNMENT</u>: Changes such as job restructuring, detail, reassignment, or flexible scheduling for HIV-infected employees will be considered in the same manner as for other employees whose medical conditions affect the employee's ability to perform in a safe and reliable manner. In considering changes in work assignments, established policies governing qualifications requirements, internal placement, and other staffing requirements will be observed.
- E. <u>EMPLOYEE CONDUCT</u>: There may be situations where fellow employees express reluctance or threaten refusal to work with HIV-infected employees. As previously stated, there is no known risk of transmission of HIV through normal workplace contacts. In situations where such measures as information and counseling do not solve the problem and where management determines that an employee's unwarranted threat or refusal to work with an HIV-infected employee is impeding or disrupting the organization's work, appropriate corrective or disciplinary action will be considered.

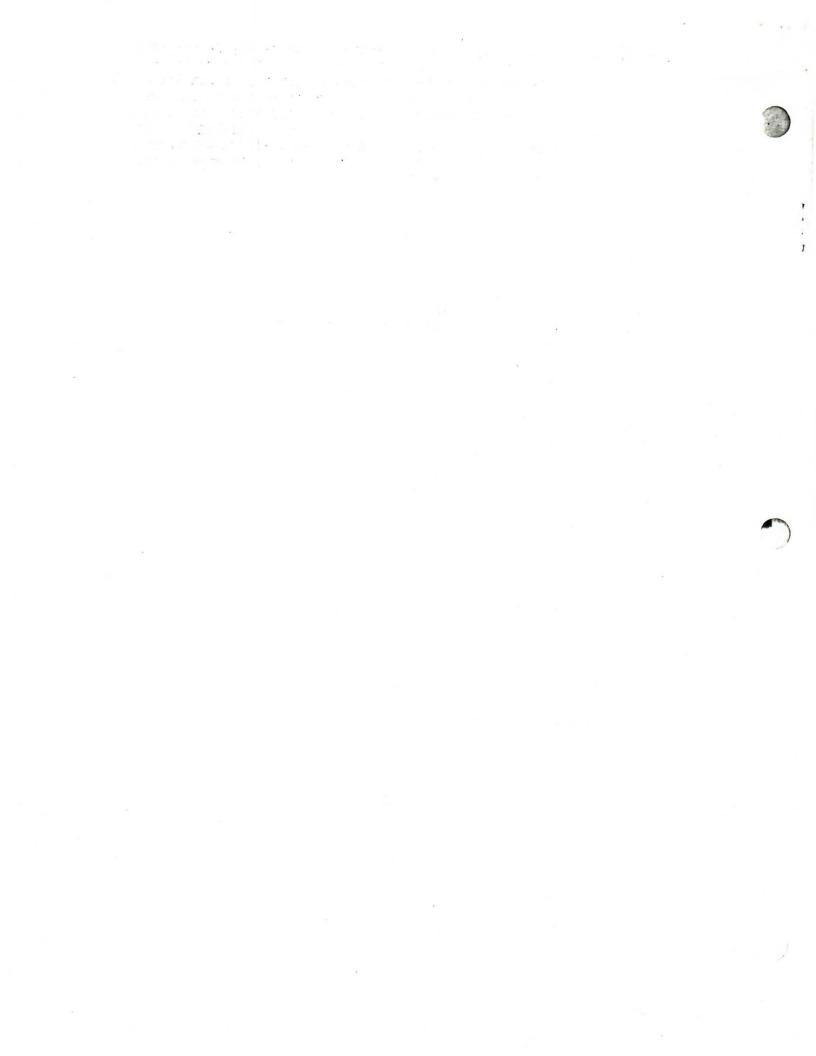
In other situations, management may be faced with an HIV-infected employee who is having performance or conduct problems. Management will attempt to deal with these problems through appropriate counseling, remedial, and, if necessary, disciplinary measures.

F. INSURANCE: HIV-infected employees can continue their coverage under the Federal Employees Health Benefits (FEHB) Program and/or Federal Employees' Group Life Insurance (FEGLI) Program in the same manner as other employees. The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or pre-existing conditions. Similarly, the health benefits payable under the FEGLI Program are not cancelable solely because of the individual's current health status. However, any employee who is in a leave-without-pay (LWOP) status for 12 continuous months faces the statutory loss of FEHB and FEGLI coverage but has the privilege of conversion to a private policy without having to undergo a physical examination. Employees who are seeking to cancel previous declinations and/or obtain <u>additional</u> levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious and life threatening illness would necessarily be denied the request for additional coverage.

G. <u>DISABILITY RETIREMENT</u>: HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of Federal service to qualify. OPM considers applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any application where the employee's illness is in an advanced stage and is life threatening.

ATTACHMENTS

- 1. AIDS Information Sources
- 2. Surgeon General's Report on Acquired Immune
 Deficiency Syndrome



AIDS INFORMATION SOURCES

A. Federal Government Resources

Source

Department of Health and Human Services

U.S. Public Health Service Hubert H. Humphrey Building 200 Independence Avenue, S.W. Washington, D.C. 20201

Description

Lead agency in the distribution of AIDS information, both general and technical in nature. The following materials have been prepared by the Public Health Service and are available to the public free of charge through the National AIDS Clearing House (address listed below).

- * Surgeon General's Report on Acquired Immune Deficiency Syndrome (English and Spanish)
- * What You Should Know About AIDS
- * Facts About AIDS
- * Coping With AIDS
 Joint Advisory Notice:
 Department of Labor/Department of
 Health and Human Services-Protection Against Occupational
 Exposure to Hepatitis B Virus
 (HBV) and Human Immunodeficiency
 Virus (HIV) (for health-care
 workers and their employers)
 Pamphlet series published in
 cooperation with the American Red
 Cross:
- * o AIDS, Sex and You
 - o If Your Test for Antibody to the AIDS Virus is Positive
- * o Facts About AIDS and Drug Abuse o Gay and Bisexual Men and AIDS
- * o AIDS and the Safety of the Nation's Blood Supply
- * o Caring for the AIDS Patient at Home

- * o Aids and Your Job-Are there Risks?
- * o AIDS and Children: Information for Teachers and School Officials
- * o AIDS and Children: Information for Parents of School-Age Children

* Copies of these publications are available in the display rack outside the 3rd floor elavators of the ITC building.

A. Federal Government Sources (Cont'd.)

Source

Concessor a legis and assistance as

Description

1. <u>Department of Health and Human</u> Services (Continued):

AIDS Update (a periodic news bulletin--see below for ordering information) Mobility and Mortality Weekly Report (available on a subscription basis from the Superintendent of Documents--see below for ordering information).

How to Order Publications

All the publications listed above except the "AIDS Update" and the Morbidity and Mortality Weekly Report can be ordered by calling the Public Health Service's National AIDS Hotline (1-800-342-AIDS) or by writing to:

National AIDS Clearinghouse P.O. Box 6003 Rockville, MD 20850

The "AIDS" Update can be ordered by calling (202)-245-6867 or by writing to the address below.

Office of Public Affairs Public Health Service Room 725-H 200 Independence Ave., SW Washington, D.C. 20201

The Morbidity and Mortality Weekly Report is prepared by the Centers for Disease Control, Atlanta, Georgia, and is available on a paid subscription basis from the Superintendent of Documents by calling (202) 783-3238 or by writing to the address below.

Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402

A. Federal Government Sources (cont'd.).

Source

1. <u>Department of Health and Human Services</u> (Continued)

Public Health Service AIDS Hotline (Toll Free) (800) 342-AIDS A recorded message that provides general information to callers concerning AIDS. Also provides a toll free number for answers to specific questions about AIDS and information about nationwide AIDS antibody testing sites.

Description

2. Department of Labor

Occupational Safety and Health Administrator Room South 2316 200 Constitution Ave., NW Washington, D.C. 20210 Establishes and enforces health and safety standards in the health care workplace. Trains health and safety inspectors in applying OSHA guidelines.

3. <u>U.S. Office of Personnel</u> <u>Management</u>

Personnel Systems and Oversight Group Office of Employee and Labor Relations Office of Personnel Management 1900 E Street, NW Room 7635 Washington, D.C. 20415 (202) 653-8551 Establishes personnel management policies for the Federal sector. Administers the Federal employee pay, retirement, and benefits programs. Provides technical assistance and support to agencies in administering their personnel programs.

B. AIDS Prevention Program Project Directors and Coordinators

The U.S. Public Health Service recommends the use of state and local health agencies for additional information. Area testing sites and information concerning state health policies and services available to individuals with AIDS can be obtained from local health offices. For convenience, below is a list of AIDS Prevention Program Project Directors and Coordinators compiled by the Center for Disease Control in Atlanta.

DISTRICT OF COLUMBIA Chief Office of AIDS Activity 1875 Connecticut Ave., NW Washington, D.C. 20009 (202) 673-7700

MARYLAND

AIDS Administration
Health and Mental Hygiene
201 West Preston Street
Baltimore, MD 21201
(301) 225-6707

PENNSYLVANIA

AIDS Education Manager
Division of Health Promotion
P.O. Box 90
Harrisburg, PA 17108
(717) 787-5900

VIRGINIA

VD Control Section 109 Governor Street, Room 722 Richmond, VA 23219 (804) 786-6267 (FTS) 936-6267

WEST VIRGINIA
Director
AIDS Program
1800 Washington Street, East
Charleston, WV 25305
(304) 348-5358

C. American Red Cross

American Red Cross National Headquarters AIDS Public Education Program 1730 D Street, N.W. Washington, D.C. 20006 (202) 639-3223 or call local chapter A great deal of educational information is available through the American Red Cross and can be obtained from local chapters or the address listed here.

Printed Materials

Aids and the Safety of the Nation's Blood Supply You Can't Get AIDS from Giving Blood. But Fear Can Run Us Dry What You Must Know Before Giving Blood AIDS, Sex and You AIDS: The Facts (English and Spanish) Facts About AIDS and Drug Abuse Gay and Bisexual Men and Aids If Your Test for the Antibody to AIDS Virus is Positive... AIDS--Beyond Fear Surgeon General's Report: AIDS AIDS & Children (Information for Teachers and School Officials) AIDS Prevention Program for Youth: What Every Parent Should Know About AIDS AIDS Prevention Program for Youth: For Students AIDS Prevention Program for Youth: For Teachers and Leaders Answers About AIDS AIDS and Your Job-Are there Risks? Caring for the AIDS Patient At Working Beyond Fear

D. Other Sources

The Surgeon General's Report on AIDS lists several non-governmental organizations that provide information about AIDS or provide support for individuals with AIDS or those who come into frequent contact with individuals with AIDS. Copies of the report are available in the display rack outside the 3rd floor elavators of the ITC building.





UNITED STATES DEPARTMENT OF COMMERCE The Assistant Secretary for Administration Washington, D.C. 20230

7422

SEP 06 1988

AUG 3 0 1988

Dr. Donald Ian MacDonald
Deputy Assistant to the President
for Drug Policy
The White House
Washington, D.C. 20050

Dear Dr. MacDonald:

The Department of Commerce supports the President's 10-point action plan regarding Human Immunodeficiency Virus Epidemic. We are now participating in the Federal Coordinating Committee on AIDS for information sharing on AIDS issues and for assistance with our information and education efforts. We are committed to hiring and retaining all employees consistent with Federal policy as required by the Rehabilitation Act, Equal Employment Opportunity Commission and the Office of Personnel Management (OPM) regulations.

We have drafted a policy based on OPM's "Guidelines for AIDS Information and Education and for Personnel Management." We will let you know as soon as our policy is approved.

Sincerely

(SIGNED) OTTO J. WOLFF

Kay Bulow

Assistant Secretary

for Administration

CC: RN

NASA

National Aeronautics and Space Administration

Washington, D.C. 20546

Reply to Attn of:

NPG

AB 29 100

Honorable Donald Ian Macdonald, M.D.
Director, Drug Abuse Policy Office, and
Deputy Assistant to the President
The White House
Washington, DC 20006

Dear Dr. Macdonald:

The National Aeronautics and Space Administration fully supports the President's 10-point action plan to implement the recommendations of the Presidential Commission on Acquired Immunodeficiency Syndrome (AIDS) and is pleased to provide the following comments for your September report.

In conjunction with the release in March of the Office of Personnel Management (OPM) guidelines, a NASA Steering Committee on AIDS met and developed NASA's own AIDS policy statement. This was issued as a supplement to FPM Bulletin 792-42, "AIDS in the Workplace." Thus, NASA policy remains consistent with that of OPM and emphasizes the principle of fair and compassionate treatment of employees with AIDS, in accordance with the FPM Bulletin and the President's instructions. In addition, the NASA AIDS Supplement provides specific guidelines for the education and training of employees and supervisors.

These efforts have been supplemented by use of the National Red Cross orientation package "Working Beyond Fear" which has been made available to NASA field installations for planning and conducting employee training courses on AIDS prevention. In November, NASA's medical and nursing staff will receive an update on infectious-disease control procedures for AIDS at NASA's Annual Occupational Health Conference. Dr. C. Everett Koop, Surgeon General for the United States, will deliver the keynote address at that conference and is expected to review the Report of the Presidential Commission on AIDS and the President's action plan.

In these ways, NASA supports the directives of the Administration in both policy and practice in order to implement humane and effective means to combat and prevent the occurrence of AIDS.

Thank you for the opportunity to provide these comments.

Sincerely,

M. Peralta

Associate Administrator

for Management



UNITED STATES NUCLEAR REGULATORY COMMISSION WASHINGTON, D. C. 20555

SEP 1 1988

Mr. Donald Ian MacDonald
Deputy Assistant to the President for
Drug Abuse Policy
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. MacDonald:

As requested by the President in his August 5, 1988 Memorandum we are enclosing a copy of the Nuclear Regulatory Commission's policy on Human Immunodeficiency Virus (HIV). The guidelines are being printed in the form of a brochure for distribution to employees.

Sincerely,

Paul E. Bird, Director
Office of Personnel

Enclosure: As stated

NRC GUIDELINES ON ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE

I. Introduction

Increased awareness and understanding of AIDS should help allay unfounded fears and facilitate sensible approaches to AIDS-related issues which arise in the workplace. NRC fosters a policy of open communication and provides AIDS information to employees to help them maintain their own health and well-being. The information contained in this booklet and other related booklets, prepared by NRC and public health agencies, is intended to provide information and guidance to managers, supervisors, and employees concerning AIDS-related workplace issues. This material is in conformance with Office of Personnel Management guidelines developed with the assistance of the Office of AIDS Coordinator of the Public Health Service.

II. Background

Acquired Immune Deficiency Syndrome (AIDS) is a life-threatening disease, caused by the Human Immunodeficiency Virus (HIV)*, which affects the body's ability to fight infection by impairing the immune system. There is not yet a cure for AIDS, but treatments for the conditions resulting from infection with the HIV are available. AIDS may be transmitted through sexual contact with an infected partner; sharing of contaminated needles and syringes among users of illegal intravenous drugs; from infected mothers to their babies during pregnancy, at birth, or shortly after birth; and, rarely, through blood transfusions and blood products. There is no evidence that AIDS can be spread by casual or routine contact. Guidelines issued by the Public Health Service's Centers for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of AIDS."

^{*}HIV (human immunodeficiency virus) is used to refer to the range of medical conditions which HIV-infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).

III. General Guidelines

NRC 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. Therefore, employees in the workplace who have been diagnosed or who are suspected of having the AIDS virus should not be treated differently from other employees. As long as these employees are able to meet acceptable performance standards, managers should be sensitive to their conditions and ensure that they are treated consistently with other employees. NRC will make reasonable accommodation for employees with AIDS and other life-threatening illnesses consistent with the needs of the agency.

IV. AIDS Information and Program Activities

The physical implications of AIDS are very serious. What may be most difficult for the person with AIDS is suffering possible ostracism and misunderstanding from family, friends, community, and fellow workers. Further, the person with AIDS may be beginning the process of grief at the inevitability of his or her own death. While terminal illness is an issue many people are facing and resolving every day, AIDS carries with it additional psychological and social implications. Therefore, NRC emphasizes the importance of having compassion for any fellow worker caught in this progressively stressful situation.

The following guidance is intended to help managers effectively deal with HIV and AIDS in the workplace. The Office of Personnel (OP) through the Employee Assistance Program (EAP) in Headquarters and the Regional Personnel Officers in the Regions can provide those afflicted with AIDS and their fellow workers with guidance and assistance as follows:

- A. Education to Employees and Supervisors. OP will provide current information about AIDS to employees and supervisors through Public Health Service and private health service booklets describing the illness; periodically conducting information sessions about the causes of AIDS and how to deal with the disease in the workplace.
- B. Referral Service. OP will refer employees to other agencies and organizations which offer supportive services and expert assistance for life-threatening illnesses, especially AIDS. A variety of governmental and non-governmental organizations which provide expert assistance to individuals and families who are afflicted with life-threatening illness may be found in the NRC AIDS Resource Information Guide (NUREG/BR-0129 Supplement 1). The NRC AIDS Resource Information Guide is available from the EAP Staff or from Regional Personnel Officers.
- C. Benefit Consultation. OP will continue to provide consultation to interested employees in effectively managing health, leave, retirement, and other benefits. Such consultation will be provided by individuals in OP with the appropriate expertise.

D. <u>Support Consultation</u>. OP will provide consultation to work groups of affected employees, including information and support services, and help for the work group to better cope with the internal stresses caused when a fellow worker is afflicted.

V. PERSONNEL MANAGEMENT ISSUES AND CONSIDERATIONS

When AIDS becomes a matter of concern in the workplace, a variety of personnel management issues should be addressed within the framework of existing procedures, guidance, law, and regulation. Some basic guidance on how to approach and resolve such issues follows. Managers are cautioned that, as with any complex personnel management matter, the resolution of a specific problem must be based on a thorough assessment of that problem and how it is affected by relevant information and guidance about AIDS, current law, regulation bearing on the involved issue, and NRC's own policies and needs.

A. Employees' Ability to Work

An employee having the AIDS virus may be symptomatic or asymptomatic; if symptomatic, a variety of medical manifestations with varying severity may occur. At some point, a concern may arise whether such an employee, given his or her medical condition, can perform the duties of the position in a safe and reliable manner. In this regard, accurate and complete medical documentation may be needed to make sound determinations about the employee's ability to work. Under OPM's regulation in 5. C.F.R. Part 339, Medical Determination Related to Employability, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting job performance. However, when the employee does not produce sufficient documentation to allow the agency to make an informed decision about the extent of the employee's capabilities, the agency may offer an employee the opportunity to undergo a medical examination. Accurate and timely medical information will also allow the agency to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance. It will also help determine whether the HIV-infected employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. 794).

B. Privacy and Confidentiality

HIV-infected employees will have understandable concerns over confidentiality and privacy in connection with medical documentation and other information relating to their condition. Managers and employees should be aware that any medical documentation submitted to the agency for the purpose of an employment decision and made part of the file pertaining to that decision becomes a "record" covered by the Privacy Act and NRC Chapter 4161 (Employee Health Services Program).

The Privacy Act generally forbids agencies to disclose a record which it covers without the consent of the subject of the record. However, these records are available to agency officials who have a need to know the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information. In addition, supervisors, managers, and others included in making and implementing personnel management decisions involving employees with AIDS are to strictly observe applicable privacy and confidentiality requirements.

C. Leave Administration

HIV-infected employees may request sick, annual or leave without pay to pursue medical care or to recuperate from the ill effects of their medical condition. In addition, infected employees may be eligible to apply as a recipient for leave transfer in which fellow employees donate part of their leave to the infected employee (see NRC Chapter 4145). In these situations NRC should review available medical documentation and make its determination on whether to grant leave in the same manner as for other employees with medical conditions.

D. Changes in Work Assignment

NRC will consider job restructuring, detail, reassignment, flexible scheduling or other changes in position for HIV-infected employees in the same manner as would apply for other employees whose medical conditions impact on job performance. In considering such actions NRC will observe established policies governing qualification requirements, internal placement, and other staffing requirements.

E. Employee Conduct

There may be situations where fellow employees express reluctance or threaten refusal to work with HIV-infected employees. Such reluctance is often based on misinformation or lack of information about the transmission of AIDS.

There is no known risk of transmission of AIDS through normal workplace contacts, according to leading medical research.

Nevertheless, NRC recognizes that the presence of such fears, if unaddressed in an appropriate and timely manner, can be disruptive to an organization. NRC will try to deal effectively with such situations through information, counseling, and other means. However, in situations where such measures do not solve the problem and where management determines that an employee's unwarranted threat or refusal to work with an HIV-infected employee is impeding or disrupting the organization's work, further measures up to and including possible disciplinary action against the employee(s) threatening such refusal may need to be considered.

In other situations, management may be faced with an HIV-infected employee who is having serious performance or conduct problems. Management should deal with these problems through appropriate counseling, remedial, and if necessary, disciplinary measures. In pursuing appropriate action in these situations management should be sensitive to the possible contribution of anxiety over the illness to work behavior and to the requirements of existing Federal and NRC personnel policies, including any obligations NRC may have to consider accommodation of the HIV-infected employee.

F. <u>Insurance</u>

HIV-infected employees can continue their coverages under the Federal Employees Health Benefits (FEHB) Program and/or the Federal Employees' Group Life Insurance (FEGLI) Program in the same manner as other employees. Their continued participation in either or both of these programs would not be jeopardized solely because of their medical condition.

The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or on a pre-existing condition. Similarly, the death benefits payable under the FEGLI Program are not cancelable solely because of the individual's current health status. However, any employee who is in a leave-without-pay (LWOP) status for 12 continuous months faces the statutory loss of FEHB and FEGLI coverages but has the privilege of conversion to private policies without a physical examination.

Employees who are seeking to cancel previous declinations and/or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious life-threatening illness would necessarily be denied the request for additional coverage.

G. Disability Retirement

HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of Federal service to qualify. OPM will consider applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any applications where the employee's illness is in an advanced stage and is life threatening.

CC: KN

Office of the Administrator of Veterans Affairs

Washington DC 20420



7435 SEP 07 1988

SEP 6 1988

• Donald Ian Macdonald, M.D. Director, Drug Abuse Policy Office The White House Washington, DC

Dear Dr. Macdonald:

Thank you for your letter in follow-up to the responses to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV). The President's 10-point plan is to be commended. The Veterans Administration is committed to high quality clinical care, research and education to combat HIV. A personnel policy has been adopted which is consistent with OPM's guidelines. We agree that they are both fair and compassionate.

If we can be of further assistance to you or your staff in this project, do not hesitate to call on us.

Sincerely,

THOMAS K. TURNAGE Administrator

Enclosure

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

Recommendation # 8-59	Department/Agency	Veterans Administration
If the status of the reconsideration or "Other following:		
Planned for FY	1990 Furth	ner study needed
Alternative ap	proach X Other	
Please elaborate on th	e status below:	

This is the only recommendation of the Presidential Commission which fell directly within the purview of the Veterans Administration. We agree with the classification "disagree" given to it and the reasons given for the disagreement. We will continue to be concerned for veterans who are among the homeless and for those who are infected with HIV. However, our experience with the issues involved convinces us that a study of the nature proposed is not possible at this time.

THE EXECUTIVE DIRECTOR



U.S. MERIT SYSTEMS PROTECTION BOARD 1120 Vermont Avenue, N.W. Washington, D.C. 20419 September 6, 1988

Dear Dr. Macdonald:

The following information concerning the U.S. Merit Systems Protection Board's (Board) policy on AIDS is provided in response to the President's Memorandum for Heads of Departments and Agencies, dated August 5, 1988.

The Board issued Order 1485.1, "Acquired Immune Deficiency Syndrome (AIDS) in the Workplace," on May 25, 1988, which implemented Office of Personnel Management (OPM) guidance to departments and agencies on AIDS in the workplace contained in FPM Bulletin 792-42 dated March 24, 1988. This Order establishes the Board's policy on AIDS in the workplace and provides general guidelines for establishing an AIDS information and education program and for dealing with personnel management issues and considerations. We have enclosed a copy of this policy for your information.

On July 5, 1988, the Board, through its Employee Assistance Program (EAP) contract with the Institute of Human Resources, presented a one-hour workshop entitled "AIDS - Basic Issues." This workshop which focused on the medical aspects of AIDS was shown to all headquarters employees and was taped for viewing by employees in each of the Board's 11 regional offices.

On September 14, 1988, the Board will present to all headquarters employees a three-hour program sponsored by the American Red Cross entitled "AIDS in the Workplace." This program is intended to alleviate fear among coworkers that AIDS can be transmitted through normal workplace contacts. The Board's regional offices have been encouraged to provide this same training for regional office staff by contracting with the local chapter of the Red Cross.

Additionally, the Board has distributed to all employees U.S. Public Health Service and Surgeon General pamphlets on AIDS.



Dr. Donald Ian Macdonald Page 2

The Board is committed to implementing our AIDS policy. We will continue to provide information and training to all our employees on the prevention and understanding of this disease. We will be pleased to provide your office with status reports as needed.

Sincerely,

Lucretia F. Myers Executive Director

Enclosure

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

erit Systems Protection Board

ORDER TRANSMITTAL

No: 1485.1

Date: May 25, 1988

PERSONNEL MANAGEMENT - EMPLOYEE HEALTH AND COUNSELING (1485)

Material Transmitted: This transmits MSPB Order 1485.1, "Acquired Immune Deficiency Syndrome (AIDS) in the Workplace," which implements Office of Personnel Management (OPM) guidance to departments and agencies on AIDS in the workplace contained in FPM Bulletin 792-42 dated March 24, 1988.

material Superseded: None.

Filing Instructions: Circulate copies of this order among office staff and file a copy with the office collection of MSPB issuances for reference purposes. This order has been announced to all MSPB employees by an MSPB notice from the Chairman.

Lucretia F. Myers Executive Director

erit Systems Protection Board

ORDER

No: 1485.1

Date: May 25, 1988

PERSONNEL MANAGEMENT - EMPLOYEE HEALTH AND COUNSELING (1485)

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE

- 1. <u>PURPOSE</u>. This Order implements Office of Personnel Management (OPM) guidance to departments and agencies on AIDS in the workplace contained in FPM Bulletin 792-42 dated March 24, 1988.
- 2. DEFINITIONS. Acquired Immunodeficiency Syndrome (AIDS) is caused by a virus known as Human Immunodeficiency Virus (HIV) which infects white blood cells and inhibits the body's natural ability to resist disease. HIV infection results in a wide range of conditions. lowest level is asymptomatic HIV infection where there are no identifiable symptoms. The intermediate level of infection is AIDS Related Complex (ARC) characterized by the emergence of clinical symptoms. ARC symptoms include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, lack of resistance to infection, or swollen lymph nodes. It is unclear at this time whether all asymptomatic HIV-infected individuals and those diagnosed with ARC will eventually develop AIDS. At the final stage of HIV infection, AIDS, the immune system deteriorates to the point where the individual develops certain opportunistic infections or cancers. A diagnosis of AIDS is made only when specific opportunistic infections are present in an HIV-infected individual. This final stage of infection is presently incurable and inevitably fatal.

While personnel management issues will probably arise most frequently with respect to employees with a clinical diagnosis of AIDS or ARC, the Board's policy applies to all HIV-infected employees.

3. <u>POLICY</u>. Current medical information indicates that AIDS is an infectious disease that is transmitted by either intimate sexual contact or by exposure to contaminated blood through infection or infusion. There is no medical evidence that the AIDS virus is transmitted through casual contact such as that which occurs in ordinary social or occupational settings and conditions.

ORDER

No: 1485.1

Therefore, subject to information changes from recognized medical authorities and directives, the Board establishes the following policy concerning HIV-infected employees.

- a. HIV-infected employees will be allowed to work 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;
- b. HIV-infected employees who can no longer perform safely and effectively will be treated in the same manner as employees who suffer from other serious illnesses;
- c. Employees under normal conditions will not have a basis upon which to withhold their services or to refuse to work with an HIV-infected person.
- 4. <u>GUIDELINES</u>. The following guidelines implement the Board's policy. They are designed to educate Board employees about AIDS and to assist managers in the proper handling of personnel situations where AIDS is a factor.
- a. Education. The Board recognizes the need for employees to be accurately informed about AIDS. Education increases awareness and understanding of AIDS and should allay unfounded fears about the nature and transmission of the disease. Current information on AIDS will be available to all employees. Such information will include educational pamphlets, films, expert speakers, and health resource information. In addition to educating all employees about AIDS and its medical aspects, the Board will provide Board managers with training in the personnel issues that they need to know in dealing with HIV-infected employees and their coworkers. The Employee Assistance Program (EAP) counselors and the Board's health unit staff are prepared to assist employees seeking information and counseling on AIDS.
- b. The Need for Medical Information. At some point, a concern may arise whether an HIV-infected employee can perform the duties of his or her position in a safe and reliable manner. Under 5 C.F.R. Part 339, Medical Determination Related to Employability, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting availability for duty or job performance. However, when the HIV-infected employee fails to produce sufficient documentation to permit agency management to make an informed decision about the extent of the employee's capabilities, the agency may offer and, in some

ORDER

No: 1485.1

instances, compel the employee to undergo a medical examination by an agency-designated physician. Accurate and timely medical information will allow the agency to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance, including whether the employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. § 794).

- c. Confidentiality and Privacy. Any medical documentation submitted to the agency for the purpose of making employability decisions and made a part of the file pertaining to that decision becomes a "record" covered by the Privacy Act. Therefore, officials who have access to the record in order to make or implement managerial decisions involving an HIV-infected employee must maintain the confidentiality of that information. Any official who improperly discloses protected information will be subject to disciplinary action.
- d. Leave Administration. An HIV-infected employee may request sick or annual leave or leave without pay to pursue medical care or to recuperate from the effects of his or her medical condition. Available medical documentation will be reviewed and the determination to grant or deny leave should be made in the same manner as it would for other employees with serious medical conditions.
- e. Reasonable Accommodation. The Board recognizes that the medical condition of an HIV-infected employee may be sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. § 794). With respect to reasonable accommodation, the Board will treat an HIV-infected employee in the same manner as any other employee whose medical condition affects his/her ability to perform in a safe and reliable manner. The Board will observe established policies governing qualification requirements, internal placement, and other staffing requirements.
- f. Employee Conduct. Management should attempt to solve any problems with an employee who expresses reluctance or threatens refusal to work with an HIV-infected person through information, education, and counseling. However, where these measures do not suffice, and management determines that the employee's conduct is impeding or disrupting the organization's work, management may consider appropriate corrective action, including disciplinary action, against the threatening or disruptive employee. Management should follow the same approach where the

ORDER

No: 1485.1

HIV-infected employee is having performance or conduct problems. Managers should consult with the Director of Personnel at 653-7120 prior to taking any formal action.

- g. Employee Assistance Program. Employees with personal concerns about AIDS are encouraged to contact the Board's EAP. The EAP is a valuable resource for information to help employees understand the ramifications of AIDS in the workplace. The EAP personnel will be able to assist with referrals to other community resources. HIV-infected employees may contact EAP to discuss their concerns or to seek referral to professionally trained counselors.
- h. <u>Insurance</u>. An HIV-infected employee can continue insurance coverage under the Federal Employees' Health Benefits (FEHB) and/or the Federal Employees' Group Life Insurance (FEGLI). Continued participation in either or both of these programs cannot be jeopardized solely because of his/her medical condition. Under FEGLI, death benefits are payable and are not subject to cancellation due to health status. Any employee who is on a leave-without-pay status for 12 continuous months will face statutory loss of FEHB and FEGLI coverage, but he/she does have the right to convert to a private policy without demonstrating proof of insurability.
- i. <u>Disability Retirement</u>. An HIV-infected employee may be eligible for disability retirement if his/her medical condition warrants and if he/she has the requisite years of Federal service to qualify. OPM will consider applications for disability retirement from HIV-infected employees in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any application where the employee's illness is in an advanced stage and is life threatening.
- j. <u>Blood Donations</u>. The Board joins OPM and the American Red Cross in encouraging employees to consider donating blood. Under standards established by the American Red Cross, there is no risk of contracting AIDS from giving blood. However, fears associated with AIDS have contributed to a situation where many of the Nation's blood banks are in short supply. This situation threatens the health status of the American public. The Board, therefore, urges employees to continue donating blood as they so generously have done in the past. Further information that would be helpful in making this personal decision is available through local Red Cross chapters or by contacting the Red Cross National Headquarters, AIDS Public Education Program [by writing to 1730 D Street, NW., Washington, D.C. 20006 or by calling (202) 639-3223].



CCISP

U.S. Department of Justice

Office of Legal Counsel

Office of the Assistant Attorney General Washington, D.C. 20530

SEP 8 1988

MEMORANDUM

TO:

Donald Ian Macdonald

Director, Drug Abuse Policy Office and

Special Assistant to the President

FROM:

Douglas W. Kmiec Jwk

Acting Assistant Attorney General

Office of Legal Counsel

SUBJECT:

Report of the Presidential Commission on

the Human Immunodeficiency Virus Epidemic

In response to your request of August 4, 1988, I am submitting the attached additional comments of the Department of Justice on the recommendations contained in the Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. If you have any questions, please call Paul Colborn of this Office (633-2048).

Attachment

ADDITIONAL COMMENTS OF THE DEPARTMENT OF JUSTICE ON THE REPORT OF THE PRESIDENTIAL COMMITTEE ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Recommendation 8-51 -- The comment on this recommendation in the White House summary of agency positions (White House summary) is incomplete. It should indicate that the Department of Justice (DOJ), through its component the Bureau of Justice Assistance (BJA), is utilizing Anti-Drug Abuse discretionary funds to provide training to State and local prosecutors on asset seizure and forfeiture and on financial investigations. BJA is also providing training and technical assistance to its 20 organized crime/narcotics trafficking task forces.

Recommendation 9-63 -- The White House summary should be strengthened to read as follows: "The DOJ strongly endorses mandating HIV testing of sexual offenders at the earliest possible juncture and disclosure of the results to victims of sexual assault." (The remainder of the comment in the summary is inappropriate to this recommendation and was likely picked up by mistake from our prior response to recommendation 9-54.)

Recommendation 9-68 -- The White House summary contains typographical errors. The last item in the first paragraph should be numbered (4) and should read: "new approaches to assuring close supervision if such an offender is paroled."

Recommendation 9-69 -- All federal prisoners, including sexual offenders, are tested for HIV antibodies by the Bureau of Prisons (BOP) prior to their release from prison. Under current BOP policy, most prisoners have not been tested prior to their parole hearing, and those who have been were chosen randomly, not on the basis of their offenses. Positive test results affect the degree of supervision for all HIV-positive prisoners, not only sexual offenders. All HIV-positive parolees are handled under special supervision instructions adopted by the U.S. Parole Commission; the instructions seek to meet parolees' medical and emotional needs and assure that third parties whom they may place at risk of infection are made aware of the risk, within the boundaries of State law. We assume this is what the President's Commission means by having the degree of supervision affected.

Recommendation 9-79 -- In late 1985, the National Institute of Justice (NIJ) began its first study of AIDS in prisons and jails. Since then, it has annually surveyed and reported on the incidence and institutional management of AIDS within the Federal and State prison systems, as well as in the nation's largest jails. As part of its ongoing effort to assist correctional administrators and other criminal justice professionals in meeting the challenge of AIDS, NIJ will continue its annual review of the incidence of HIV infection in correctional facilities and of

the policies and procedural responses of correctional systems throughout the U.S.

In addition, NIJ is co-sponsoring, along with the Centers for Disease Control, a study entitled the Correctional Regional Infection Sentinel Surveillance Project (CRISSP). The purpose of this study is to determine the prevalence of HIV infection among new entrants into ten geographically diverse correctional systems. Serum already obtained during routine intake medical examinations will be anonymously tested for the HIV antibody. This information will be extremely useful to correctional administrators in determining the scope of the problem within their institutions and making key budgetary and institutional management decisions.

Recommendation 9-85 -- The Bureau of Prisons endorses all recommendations in Section VI, "Correctional Facilities," with one exception. Recommendation 9-85 states that correctional systems should encourage the development of support groups within their institutions. It is BOP's opinion that establishing such support groups risks identifying those inmates with HIV infection. Although BOP therefore does not establish support groups, its psychology staff does provide extensive counseling for HIV positive inmates.

ASSISTANT SECRETARY OF DEFENSE



WASHINGTON, D.C. 20301

2 3 AUG 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 Doctor Macdonald : Mc:

I am writing in response to your August 4, 1988, letter to Secretary Carlucci relative to the recommendations of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. We have reviewed the staff summaries and found them to be accurate. As requested, we have provided additional comment where necessary on the enclosed forms.

Thank you for the opportunity to review the comments of the other agencies. Should there be additional questions, John F. Mazzuchi, Ph.D., Acting Deputy Assistant Secretary (Professional Affairs and Quality Assurance), will be pleased to answer them. He may be reached at 695-4964.

Sincerely,

Milliam Mayer, M.D.

Enclosure
As stated

Recommendation # 1-1	Department/A	gency	Department	of Defense
If the status of the recom consideration" or "Other," following:			the	
Planned for FY 199	0	Furthe	r study n	eeded
Alternative approa	ch X	Other		
Please elaborate on the st	atus below:			
Current DoD policy reflec	cts nondiscrimina	atory sta	ndards.	

Recommendati	ion # 1-8	Department/A	Agency _	epartment	of Defense
	status of the rece eration" or "Other ing:			he	
***************************************	Planned for FY 1	990	Further	study n	needed
	Alternative appr	oach	Other		
Please	elaborate on the	status below:			

Agree with staff position.

Recommendation # 1-10	Department	/Agency _	Department of Defense
If the status of the reconsideration or "Other following:			he .
Planned for FY 1	990	Further	study needed
Alternative appr	oach X	Other	
Please elaborate on the	status below:		

Accurate as stated. 4 August 1988, Deputy Secretary Memorandum reaffirms the Department's position to cooperate with local officials and report results in accordance with state regulations.

Recomme	ndation # 4-15	Department/Agency	Department of Defense
CO	the status of the reconsideration" or "Other llowing:		
	Planned for FY	1990 Fur	ther study needed
	Alternative appr	roach Oth	er

Please elaborate on the status below:

Agree with staff position.

Recommendation # 4-17	Department/Ag	jency	Department	of Det	fense
If the status of the reconsideration or "Other following:			the		
Planned for FY l		Furthe Other	r study n	needed	
Please elaborate on the					

Recommenda	tion # 4-19	Department/	Agency _	Department of	Defense —
	e status of the recom deration" or "Other," wing:			he	
	Planned for FY 199 Alternative approa		Further Other	study need	led
Pleas	e elaborate on the st				

Recommendation	4 4-29	Department/A	gency	Departmen	t of	Defense —
	atus of the recommetion" or "Other,"			the		
P.	lanned for FY 1990		Furthe	r study	need	led
A	lternative approac	ch	Other			
Please ela	aborate on the sta	atus below:			4.	

Statement is accurate.

Recommendati	on # 4-30	Department/Ag	ency	Department	of Defense
	status of the recommend ration or "Other," ng:			the	
-	Planned for FY 199	0	Furthe	r study r	needed
-	Alternative approa	ch	Other		
Please	elaborate on the st	atus below:			
	Agree with classifica	tion and substanc	e of te	xt.	

Recommendation # 4-42	Department/Agency	Department of Defense
If the status of the recommonsideration or "Other," following:		
Planned for FY 199	0 Furth	ner study needed
Alternative approa	ch Other	
Please elaborate on the st	atus below:	
Statement is accurate	e.	

Reco	nmendation # 4-43	Department/Age	ncy Department	of Defense ——
	If the status of the recommonsideration or "Other," following:			
	Planned for FY 199	0 F	urther study ne	eeded
	Alternative approa	achO	ther	
	Please elaborate on the st	catus below:		
	Statement is accurate	e.		

Recommendation # 4-44	Department	/Agency Department of Defens
	he recommendation i "Other," please mar	
Planned fo	r FY 1990	Further study needed
Alternativ	e approach	Other
Please elaborate o	on the status below:	

NA

Reco	ommendation # 4-45	Department/Age	Department of Defense
	If the status of the rec consideration" or "Other following:		
	Planned for FY l	990 F	urther study needed
	Alternative appr	oachO	ther
	Please elaborate on the	etatus below.	

Agree with the classification and reason for disagreement.

Recommendat	ion # 4-48	Department/A	gency _	Department	of Defense
	status of the recomeration" or "Other,"			he	
	Planned for FY 199		Further	study n	eeded
	Alternative approa	ich	Other		
Please	elaborate on the st	atus below:			

Correct as stated.

Recommendation # 4-50	Department/Agency	y Department of Defense
If the status of the recom consideration or "Other," following:		
Planned for FY 199		ther study needed er
Please elaborate on the st	atus below:	

Correct as stated.

Recommendation #	4-83	Department/A	gency	Department	of Defense
	us of the recommon" or "Other,"			the	
Pla	nned for FY 199	0	Furthe	er study n	eeded
Alt	ernative approa	ch	Other		
Please elab	orate on the st				
	Agree with the cl	assification and	d the rea	ason for	

disagreement.

Recommendation # 4-118	_ Department/Ag	Pency Department	t of Defense
If the status of the r consideration" or "Oth following:			
Planned for FY	1990	Further study	needed
Alternative ap	proach	Other	
Please elaborate on th	ne status below:		

Correct as stated.

Recon	nmendation # 5-18	Department/	Agency	Department	of Defense
	If the status of the reco consideration or "Other, following:			the	
	Planned for FY 19	990	_ Furthe	er study i	needed
	Alternative appro	oach X	Other		
	Please elaborate on the :	status below:			

Current Department of Defense reporting is consistent with local regulations. DoD will send a representative to meetings of the Association for State and Territorial Health Officers and will urge that a standardized state/local public health response to include case contract tracing be adopted.

Recommendatio	on # 11-43	Department/A	gency _)epartment	of Defense
	status of the recome ation" or "Other,"			he	
	Planned for FY 199 Alternative approa		Further Other	study i	needed
Please (elaborate on the st	atus below:			
	Statement is correct. First article publish bidity Mortality Weekly	ned in August 5,	1988 issu	e of	

Recommendation	11-44	Department/A	gency	Department	of Defe	nse
	tus of the recomi			the		
Pl	anned for FY 199	0	Furthe	er study n	eeded	
Al	ternative approa		Other			
Please ela	borate on the st	atus below:				
A	gree with classifica	tion and substar	nce of te	ext.		





UNITED STATES DEPARTMENT OF EDUCATION

THE SECRETARY

AUG 3 1 1988

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

Dear Dr. Macdonald:

Thank you for the opportunity to review Federal agencies' and White House staff responses to education-related recommendations of the Presidential Commission on the Human Immunodeficiency In general, the document accurately summarizes our responses to the recommendations. We have comments on the following recommendations:

- o Recommendation 4-40 calls for a "shifting of priorities" to promote education in biology and other sciences in the elementary and secondary grades. While this recommendation is consistent with the Administration's position to strengthen the elementary and secondary school curriculum in core academic subject areas, this should not be accomplished at the expense of weakening other core areas such as reading and writing.
- o Recommendation 7-7 endorses a study of the purchase of paid advertising by CDC to inform the public about AIDS. ED disagrees with the staff position on this proposal. CDC has already funded several mass media campaigns which allows States and localities to purchase advertising. The results of these current efforts should be evaluated before a new study is launched.
- Recommendation 7-15 contains a comment by the Department of Defense that DOD developed two AIDS videos. In fact, these videos were commercially produced and have been used by DoD in their AIDS education programs. We recommend that the comments be corrected.
- o Recommendations 7-19, 7-21, 7-23, and 7-35 propose increasing Federal funds in FY 1990 for a variety of activities; however, there is very little information on the effectiveness of current Federal and State activities in these areas. The Federal government should determine the effectiveness of current efforts before requesting more funds.

Page 2 - Dr. Donald Ian Macdonald

- o Recommendation 7-34 directs ED, CDC, States, and localities to provide funding for AIDS education activities. However, it should be made clear that CDC, not ED, has the responsibility and program authority for these activities and programs at the Federal level.
- o Recommendation 7-38 calls for a task force, jointly chaired by the Secretary of Education and the Secretary of HHS, to recommend future Federal initiatives to encourage the development of school-based health education programs. We do not believe that such a task force is necessary. Instead we propose that the Department consult frequently with HHS as we implement the new Program for the Improvement of Comprehensive School Health Education as authorized in P.L. 100-297 (the Hawkins-Stafford bill).

The coordination and implementation of planned and future HHS and ED activities in supporting school-based health education programs does not require a task force. These activities can be conducted through the normal channels of communication that have already been established between the two agencies, as a result of our joint work on a variety of Federal AIDS education activities.

Sincerely,

William J. Bennett



Federal Emergency Management Agency

Washington, D.C. 20472

AUG 3 0 1988

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

Dear Dr. Macdonald:

This is in response to the President's letter, requesting that you be advised of the Federal Emergency Management Agency's progress on implementing a policy on AIDS in the workplace.

We are in the process of developing an Agency policy in support of the Administration's AIDS awareness initiatives. Agency Personnelists, along with staff members of the U.S. Information Agency, are also reviewing available material on AIDS in an effort to design a training module for use in educating the workforce. It is our intent to begin educational seminars in the Fall.

If you desire further information on this matter, feel free to contact Barry Socks, Chief, Performance Management and Employee Services Division, at 646-4083.

Sincerely,

John R. Curran, Sr.

Director, Office of Personnel and Equal Opportunity

cc: Director Becton



DEPARTMENT OF THE TREASURY WASHINGTON

7405 SEP 01 1988

August 30, 1988

Dear Dr. Macdonald:

This is in reply to your August 9, 1988 letter to the Secretary of the Treasury concerning the Department's progress in adopting policies on matters related to the Human Immunodeficiency Virus (HIV) Epidemic.

The Department has drafted an AIDS policy issuance based on Office of Personnel Management guidelines. The Treasury AIDS policy will formalize Departmentwide educational and humanitarian efforts. The draft document currently is being reviewed prior to issuance in final form.

The Department's ability to respond to the HIV crisis is being enhanced by Treasury's participation in the meetings of the Federal Coordinating Committee on AIDS, chaired by Dr. Windom, Assistant Secretary for Health, Department of Health and Human Services. These meetings are providing opportunities to share information with other agencies concerning AIDS issues, and to benefit from their experiences.

I trust this status report will be of assistance to you. Please contact me if you need additional information.

Sincerely,

Jill E. Kent

Assistant Secretary

of the Treasury (Management)

Donald Ian Macdonald, M.D.
Director, Drug Abuse Policy Office,
and Deputy Assistant to the President
Old Executive Office Building
Washington, D.C. 20500

NATIONAL SCIENCE FOUNDATION WASHINGTON, D.C. 20550

August 23, 1988

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:

This is in response to President Reagan's Memorandum to Agency Heads, dated August 5, 1988, which requested an update on the status of our response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic.

As I stated in my letter to you of July 5, 1988, the Foundation issued its Policy on AIDS in the Workplace in early May of this year. We are working now to establish employee education programs which we project will be functional in the fall of 1988.

Sincerely,

Jeff Fenstermacher Assistant Director For Administration

ASSISTANT SECRETARY OF DEFENSE



WASHINGTON, D.C. 20301

2 3 AUG 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 Doctor Macdonald . Me:

I am writing in response to your August 4, 1988, letter to Secretary Carlucci relative to the recommendations of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. We have reviewed the staff summaries and found them to be accurate. As requested, we have provided additional comment where necessary on the enclosed forms.

Thank you for the opportunity to review the comments of the other agencies. Should there be additional questions, John F. Mazzuchi, Ph.D., Acting Deputy Assistant Secretary (Professional Affairs and Quality Assurance), will be pleased to answer them. He may be reached at 695-4964.

Sincerely,

William Mayer, M.D.

Enclosure
As stated

Recommendation #	Department/Agency	Department of Defense
If the status of the recommonsideration or "Other," following:		
Planned for FY 199	0 Furth	er study needed
Alternative approa	ch X Other	
Please elaborate on the st	atus below:	
Current DoD policy reflec	ets nondiscriminatory st	andards.

Reco	mmendation # 1-8	Department/A	gency	Department	of De	efense
	If the status of the reconsideration or "Other following:			the		
	Planned for FY	1990	Furthe	r study	neede	đ
	Alternative app	proach	Other	,		

Please elaborate on the status below:

Agree with staff position.

Recommendation # 1-10	Department/Age	ncy Departm	nent of Defense
If the status of the recommonsideration or "Other," following:			
Planned for FY 199	0 F	urther study	needed
Alternative approa	ch X C	ther	
Please elaborate on the st	atus below:		

Accurate as stated. 4 August 1988, Deputy Secretary Memorandum reaffirms the Department's position to cooperate with local officials and report results in accordance with state regulations.

Recommendation # 4-15	Department/Agency Department of Defe	ense
If the status of the recorconsideration" or "Other, following:		
Planned for FY 19	90 Further study needed	
Alternative appro	ach Other	
Please elaborate on the s		

Agree with staff position.

Recommendation # 4-17	Department/A	gency Depa	rtment of	Defense —
If the status of the r consideration or "Oth following:				
Planned for FY	1990 <u>x</u>	Further st	udy need	ded
Alternative ap	proach	Other		
Please elaborate on th	e status below:			
Agree with s	taff position.			

Recommendation # 4-19	Department/A	gency	Department	of Defense
If the status of the reco consideration" or "Other, following:			the	
Planned for FY 19	90 <u>x</u>	Furthe	r study n	eeded
Alternative appro	each	Other		
Please elaborate on the s				

Reco	mmendation # 4-29	Department/Agenc	Department of Defense
	If the status of the record consideration" or "Other, following:		
	Planned for FY 19	90 Fur	ther study needed
	Alternative appro	ach Oth	ner
	Please elaborate on the s	tatus below:	

Statement is accurate.

Recommen	dation # 4-30 Department/Agency Department of Defe	nse
con	the status of the recommendation is "Under asideration" or "Other," please mark one of the lowing:	
	Planned for FY 1990 Further study needed	
	Alternative approach Other	
Ple	ease elaborate on the status below:	
	Agree with classification and substance of text.	

Recommendation # 4-42	Department/A	gency	Department	of	Defense _
If the status of the record consideration or "Other, following:			the		
Planned for FY 19	90	Furthe	er study n	eed	ed
Alternative appro-	ac <mark>h</mark>	Other			
Please elaborate on the s	tatus below:				
Statement is accura	te.				

Recommendati	on # 4-43	Department/Agency	Department of Defense
	status of the recomeration" or "Other,"		
	Planned for FY 199	0 Furt	her study needed
	Alternative approa	ch Othe	r
Please	elaborate on the st	atus below:	
	Statement is accurate		

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Alte	rnative approac	ch	Other		
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	Planned for FY 199	0 F	urther study needed	
	Alternative approa	ichO	ther	

Please elaborate on the status below:

Correct as stated.

Reco	mmendation # 5-18	Depart	tment/Ag	ency	Department	of Defense
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	Planned for FY 19	990		Furthe	er study	needed
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Current Department of Defense reporting is consistent with local regulations. DoD will send a representative to meetings of the Association for State and Territorial Health Officers and will urge that a standardized state/local public health response to include case contract tracing be adopted.

Reco	mmendation # 11-43	Department/A	gency	Department	of	Defense —
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NATIONAL SCIENCE FOUNDATION WASHINGTON, D.C. 20550

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AUG 29 1988

August 23, 1988

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:

This is in response to President Reagan's Memorandum to Agency Heads, dated August 5, 1988, which requested an update on the status of our response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic.

As I stated in my letter to you of July 5, 1988, the Foundation issued its Policy on AIDS in the Workplace in early May of this year. We are working now to establish employee education programs which we project will be functional in the fall of 1988.

Sincerely,

Jeff Fenstermacher Assistant Director for Administration

extra copies_



UNITED STATES INTERNATIONAL TRADE COMMISSION

WASHINGTON, D.C. 20436

August 18, 1988

Dr. Donald Ian Macdonald, M.D. Office of Drug Abuse Policy Old Executive Office Building The White House Room 220 Washington, DC 20500

Dear Dr. Macdonald:

This is in reply to the President Reagan's August 5, 1988, request for a status of Federal agencies' approaches to implementing the Office of Personnel Management's (OPM's) Guidelines for AIDS Information and Education and for Personnel Management.

The U. S. International Trade Commission (USITC) has adapted OPM's guidelines and issued the enclosed internal policy document on July 27, 1988, to all of its employees. We are in full support of the President's initiatives to ensure that HIV-Infected Federal employees are treated fairly and compassionately.

Should your office need any further information regarding the USITC's program please feel free to contact Mr. Lorin L. Goodrich, Director of Administration, at 252-1131 or our Personnel Officer, Mr. Terry P. McGowan on 252-1651.

Sincerely,

Anne Brunsdale Acting Chairman

Anne Brunsvale

Enclosure

U.S. INTERNATIONAL TRADE COMMISSION Washington, D.C. 20436

DIRECTIVE

ITC: 4703

DATE: July 27, 1988

SUBJECT: Acquired Immune Deficiency Syndrome (AIDS) in the Workplace

1. <u>PURPOSE</u>: This Directive is established to provide information on and increase understanding of AIDS and to facilitate the proper handling of personnel situations where AIDS is a factor.

- 2. <u>AUTHORITY</u>: Material contained in this Directive is based on guidance from the Office of Personnel Management (OPM). OPM developed its guidance with the assistance of the Office of the AIDS Coordinator of the Public Health Service.
- 3. <u>POLICY</u>: The U.S. International Trade Commission is committed to maintaining a safe and healthy work environment responsive to the needs of all employees. Consonant with this commitment, the Commission as a matter of policy will treat employees with AIDS in the same manner as employees with other serious illnesses and will assist their fellow workers to cope responsibly and compassionately with the effects of AIDS in the workplace. Providing timely and useful information about AIDS, fostering a climate of open communications, and effectively handling AIDS-related personnel matters are primary policy objectives of the Commission.
- 4. <u>DEFINITIONS</u>: In this Directive, the term AIDS is used to refer either to the general AIDS phenomenon or to clinically diagnosed AIDS as a medical condition. HIV (Human Immune Deficiency Virus) is used when the discussion is referring to the range of medical conditions which HIV infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).
- 5. <u>AIDS EDUCATION</u>: The Commission recognizes the need for employees to be accurately informed about AIDS. Publications, factsheets, and brochures on the subject are available in the display racks in the elevator lobby on the 3rd floor. A list of other sources of AIDS related material is attached to this Directive for employee convenience and use.

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OFFICE OF PRIMARY INTEREST: PN

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The USITC employee counseling service program which is administered by the Center for Occupational Programs for Employees (COPE) can provide information and counseling to employees who have personal concerns about AIDS, apprehensions regarding the communicability of the disease, or other related concerns. Supervisors are encouraged to utilize COPE services as a source of advice and counsel when dealing with AIDS cases and their resultant effects on the workforce. When considered appropriate, COPE will be invited to provide general instructive sessions aimed at assisting employees and managers to deal effectively with AIDS as a workplace phenomenon.

6. GENERAL AIDS INFORMATION: Guidelines issued by the Public Health Services Center for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of AIDS." According to the U.S. Public Health Service, AIDS is spread through intimate sexual contact, intravenously through the use of contaminated needles, and by blood transfusions from contaminated blood. While HIV infections can result in medical conditions which impair the employee's health and ability to perform safely and effectively, there is no medical basis for employees refusing to work with such fellow employees who are HIV-infected.

There is no evidence that AIDS is spread through any of the following:

1. Working in the same office, shop, etc.

By being a blood donor.

3. Sneezing, coughing or spitting.

4. Handshakes or non-sexual physical contact.

5. Toilet seats, bathtubs or showers.

- 6. Various utensils, dishes, or linens used by persons with AIDS.
- 7. Articles handled or worn by persons with AIDS (e.g., telephones).
- 8. Being around someone with AIDS on a daily basis over a long period of time.
- 9. Riding in the same transportation.
- 10. Eating in the same places or with an AIDS patient.
- 7. <u>PERSONNEL MANAGEMENT ISSUES AND CONSIDERATIONS</u>: Basically, personnel management issues arising from AIDS related matters will be addressed within the framework of existing procedures, guidelines, statutes, case law, and regulations. As with any complex personnel management matter, the resolution of a specific problem must be based on a thorough assessment of that problem. Following is a brief discussion of AIDS-related issues which could arise, along with some basic guidance on how to approach and resolve such issues.

- A. <u>EMPLOYEES' ABILITY TO WORK:</u> An HIV-infected employee may develop a variety of medical conditions. These conditions can range all the way from immunological and/or neurological impairment in early stages of HIV infection to clinically diagnosed AIDS. As long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others, HIV-infected employees will be allowed to continue working. However, at some point, a concern may arise whether such an employee, given his or her medical condition, can perform the duties of the position in a safe and reliable manner. Under OPM's regulations in 5 C.F.R. Part 339, Medical Determination Related to Employability, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting availability for duty or job performance. However, when the employee does not produce sufficient documentation to allow agency management to make an informed decision about the employee's capabilities, ITC may offer a medical examination. Accurate and timely medical information will allow management to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance. It will also help determine whether the HIV-infected employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodations under the Rehabilitation Act of 1973 (29 U.S.C. Section 794).
- B. Privacy and Confidentiality. Because of the nature of the disease, HIV-infected employees will have understandable concerns over confidentiality and privacy in connection with medical documentation and other information relating to their condition. All employees and managers should be aware that any medical documentation submitted for the purposes of an employment decision becomes a "record" covered by the Privacy Act. The Privacy Act generally forbids disclosure of a record which the Act covers without the consent of the subject of the record. However, these records are available to management officials who have a need to know the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information. In addition, supervisors, managers, and others included in making and implementing personnel management decisions involving employees with AIDS must strictly observe applicable privacy and confidentiality requirements.
- C. <u>LEAVE ADMINISTRATION</u>: HIV-infected employees may request sick or annual leave or leave without pay to pursue medical care or to recuperate from the ill effects of their medical conditions. In these situations, whether to grant leave is to be determined in the same manner as for employees with other serious medical conditions.

- D. <u>CHANGES IN WORK ASSIGNMENT</u>: Changes such as job restructuring, detail, reassignment, or flexible scheduling for HIV-infected employees will be considered in the same manner as for other employees whose medical conditions affect the employee's ability to perform in a safe and reliable manner. In considering changes in work assignments, established policies governing qualifications requirements, internal placement, and other staffing requirements will be observed.
- E. <u>EMPLOYEE CONDUCT</u>: There may be situations where fellow employees express reluctance or threaten refusal to work with HIV-infected employees. As previously stated, there is no known risk of transmission of HIV through normal workplace contacts. In situations where such measures as information and counseling do not solve the problem and where management determines that an employee's unwarranted threat or refusal to work with an HIV-infected employee is impeding or disrupting the organization's work, appropriate corrective or disciplinary action will be considered.

In other situations, management may be faced with an HIV-infected employee who is having performance or conduct problems. Management will attempt to deal with these problems through appropriate counseling, remedial, and, if necessary, disciplinary measures.

F. INSURANCE: HIV-infected employees can continue their coverage under the Federal Employees Health Benefits (FEHB) Program and/or Federal Employees' Group Life Insurance (FEGLI) Program in the same manner as other employees. The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or pre-existing conditions. Similarly, the health benefits payable under the FEGLI Program are not cancelable solely because of the individual's current health status. However, any employee who is in a leave-without-pay (LWOP) status for 12 continuous months faces the statutory loss of FEHB and FEGLI coverage but has the privilege of conversion to a private policy without having to undergo a physical examination. Employees who are seeking to cancel previous declinations and/or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious and life threatening illness would necessarily be denied the request for additional coverage.

G. <u>DISABILITY RETIREMENT</u>: HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of Federal service to qualify. OPM considers applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any application where the employee's illness is in an advanced stage and is life threatening.

ATTACHMENTS

- 1. AIDS Information Sources
- 2. Surgeon General's Report on Acquired Immune Deficiency Syndrome

AIDS INFORMATION SOURCES

A. Federal Government Resources

Source

Department of Health and Human Services

U.S. Public Health Service Hubert H. Humphrey Building 200 Independence Avenue, S.W. Washington, D.C. 20201

<u>Description</u>

Lead agency in the distribution of AIDS information, both general and technical in nature. The following materials have been prepared by the Public Health Service and are available to the public free of charge through the National AIDS Clearing House (address listed below).

- * Surgeon General's Report on Acquired Immune Deficiency Syndrome (English and Spanish)
- * What You Should Know About AIDS
- * Facts About AIDS
- * Coping With AIDS
 Joint Advisory Notice:
 Department of Labor/Department of
 Health and Human Services-Protection Against Occupational
 Exposure to Hepatitis B Virus
 (HBV) and Human Immunodeficiency
 Virus (HIV) (for health-care
 workers and their employers)
 Pamphlet series published in
 cooperation with the American Red
 Cross:
- * o AIDS, Sex and You
 - o If Your Test for Antibody to the AIDS Virus is Positive
- * o Facts About AIDS and Drug Abuse
 - o Gay and Bisexual Men and AIDS
- * o AIDS and the Safety of the Nation's Blood Supply
- * o Caring for the AIDS Patient at Home

- * o Aids and Your Job-Are there Risks?
- * o AIDS and Children: Information for Teachers and School Officials
- * o AIDS and Children: Information for Parents of School-Age Children

* Copies of these publications are available in the display rack outside the 3rd floor elavators of the ITC building.

A. Federal Government Sources (Cont'd.)

Source

Description

1. <u>Department of Health and Human Services (Continued):</u>

AIDS Update (a periodic news bulletin--see below for ordering information) Mobility and Mortality Weekly Report (available on a subscription basis from the Superintendent of Documents--see below for ordering information).

How to Order Publications

All the publications listed above except the "AIDS Update" and the Morbidity and Mortality Weekly Report can be ordered by calling the Public Health Service's National AIDS Hotline (1-800-342-AIDS) or by writing to:

National AIDS Clearinghouse P.O. Box 6003 Rockville, MD 20850

The "AIDS" Update can be ordered by calling (202)-245-6867 or by writing to the address below.

Office of Public Affairs Public Health Service Room 725-H 200 Independence Ave., SW Washington, D.C. 20201

The Morbidity and Mortality Weekly Report is prepared by the Centers for Disease Control, Atlanta, Georgia, and is available on a paid subscription basis from the Superintendent of Documents by calling (202) 783-3238 or by writing to the address below.

Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402

A. Federal Government Sources (cont'd.)

Source

Description

1. <u>Department of Health and Human</u> Services (Continued)

Public Health Service AIDS Hotline (Toll Free) (800) 342-AIDS A recorded message that provides general information to callers concerning AIDS. Also provides a toll free number for answers to specific questions about AIDS and information about nationwide AIDS antibody testing sites.

2. Department of Labor

Occupational Safety and Health Administrator Room South 2316 200 Constitution Ave., NW Washington, D.C. 20210 Establishes and enforces health and safety standards in the health care workplace. Trains health and safety inspectors in applying OSHA guidelines.

3. <u>U.S. Office of Personnel</u> Management

Personnel Systems and Oversight Group Office of Employee and Labor Relations Office of Personnel Management 1900 E Street, NW Room 7635 Washington, D.C. 20415 (202) 653-8551 Establishes personnel management policies for the Federal sector. Administers the Federal employee pay, retirement, and benefits programs. Provides technical assistance and support to agencies in administering their personnel programs.

B. AIDS Prevention Program Project Directors and Coordinators

The U.S. Public Health Service recommends the use of state and local health agencies for additional information. Area testing sites and information concerning state health policies and services available to individuals with AIDS can be obtained from local health offices. For convenience, below is a list of AIDS Prevention Program Project Directors and Coordinators compiled by the Center for Disease Control in Atlanta.

DISTRICT OF COLUMBIA Chief Office of AIDS Activity 1875 Connecticut Ave., NW Washington, D.C. 20009 (202) 673-7700

MARYLAND

AIDS Administration
Health and Mental Hygiene
201 West Preston Street
Baltimore, MD 21201
(301) 225-6707

PENNSYLVANIA

AIDS Education Manager
Division of Health Promotion
P.O. Box 90
Harrisburg, PA 17108
(717) 787-5900

VIRGINIA

VD Control Section 109 Governor Street, Room 722 Richmond, VA 23219 (804) 786-6267 (FTS) 936-6267

WEST VIRGINIA
Director
AIDS Program
1800 Washington Street, East
Charleston, WV 25305
(304) 348-5358

C. American Red Cross

American Red Cross
National Headquarters
AIDS Public Education Program
1730 D Street, N.W.
Washington, D.C. 20006
(202) 639-3223
or call local chapter

A great deal of educational information is available through the American Red Cross and can be obtained from local chapters or the address listed here.

Printed Materials

Aids and the Safety of the Nation's Blood Supply You Can't Get AIDS from Giving Blood, But Fear Can Run Us Dry What You Must Know Before Giving Blood AIDS, Sex and You AIDS: The Facts (English and Spanish) Facts About AIDS and Drug Abuse Gay and Bisexual Men and Aids If Your Test for the Antibody to AIDS Virus is Positive... AIDS--Beyond Fear Surgeon General's Report: AIDS AIDS & Children (Information for Teachers and School Officials) AIDS Prevention Program for Youth: What Every Parent Should Know About AIDS AIDS Prevention Program for Youth: For Students AIDS Prevention Program for Youth: For Teachers and Leaders Answers About AIDS AIDS and Your Job-Are there Risks? Caring for the AIDS Patient At Home Working Beyond Fear

D. Other Sources

The Surgeon General's Report on AIDS lists several non-governmental organizations that provide information about AIDS or provide support for individuals with AIDS or those who come into frequent contact with individuals with AIDS. Copies of the report are available in the display rack outside the 3rd floor elavators of the ITC building.

Washington, D.C. 20547



August 19, 1988

Dear Dr. Macdonald:

In the absence of Director Wick, who is out of the city, I am responding to President Reagan's August 5 memorandum and to your August 9 letter. USIA's progress in the implementation of the guidelines on AIDS in the workplace, issued by the Office of Personnel Management, is described below.

As a first step, and in cooperation with the Department of State, USIA distributed an AIDS update to all domestic and overseas employees, describing the disease, its various stages, prevention, discussion of casual contact, means of infection, and other timely topics.

Secondly, the staff of our Employee Assistance Program (EAP) Office has had the opportunity to counsel employees with AIDS and coworkers of employees with AIDS. In addition, the EAP Office has organized a support group for people with life-threatening illnesses.

One of our most important goals has been to educate members of the staff who are charged with the responsibility of training supervisory and non-supervisory personnel on this subject. Several of our employees in the Office of Personnel have regularly attended the Federal Coordinating Committee on AIDS Information, Education, and Risk Reduction. These meetings have given us access to other Federal agencies and their efforts at dealing with AIDS, to the Red Cross and the training program they offer, and to the most up-to-date information on the disease.

We have also reviewed a number of videotapes and selected one for use in conjunction with our training.

Our future plans are as follows:

- 1. Attend OPM's seminar on September 14 on AIDS in the workplace.
- 2. Complete formulation of a policy on AIDS in the USIA workplace by October 15 for distribution to every USIA employee.
- 3. Begin coordination of training and implementation of policy by November 1.
- 4. Continue the education of employees, with an emphasis on available counseling services.

The Honorable
Donald Ian Macdonald, M.D.
Deputy Assistant to the President
for Drug Abuse Policy
The White House

USIA's management fully supports the President's goals and will do everything possible to prevent discrimination against AIDS victims. Let me assure you that HIV-infected individuals will be treated with compassion.

USIA will provide you another report in November. If I can be of further assistance, please contact me.

Sincerely,

Marvin L. Stone Acting Director