

# Business Education And The AIDS Epidemic: Responding In The Workplace

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*The speedy diffusion of workplace AIDS education programs among American firms and business schools is overdue. Here's how it can be achieved.*

*"To get the bad customs of a country changed and new ones, though better, introduced, it is necessary first to remove the prejudices of the people, enlighten their ignorance, and convince them that their interests will be promoted by the proposed changes; this is not the work of a day."*

—Benjamin Franklin (1781)

*"There is nothing more difficult to plan, more*

*doubtful of success, nor more dangerous to manage than the creation of a new order of things.... Whenever his enemies have occasion to attack the innovator they do so with the passion of partisans, while the others defend him sluggishly so that the innovator and his party alike are vulnerable."*

—Niccolo Machiavelli, *The Prince* (1513)

The worldwide AIDS epidemic, which erupted in 1981, has had a profound effect on people throughout all types of work organizations. And the impact will probably be felt for decades yet to come. Originally thought to be a disease affecting only certain groups—gay men, intravenous drug users, Haitians—Acquired Immune Deficiency Syndrome is now acknowledged as a serious health threat to all people. **Figure 1** provides a quick glance at the statistics that say this is so.

AIDS is now the leading cause of death of all Americans between the ages of 25 and 44—the

age group that constitutes more than half of America's 121 million workers. Two-thirds of the nation's largest businesses have already had employees diagnosed with AIDS or who are infected with HIV, the virus that causes AIDS. Employees with AIDS or HIV infection are currently found only in about 10 percent of America's small businesses, but this percentage is predicted to increase dramatically as the disease spreads from urban to suburban and rural areas.

Half of all American workers consider AIDS their chief health concern. Lawsuits over discrimination or harassment related to AIDS in the workplace have made it one of the most widely litigated diseases in American history. The National Leadership Coalition on AIDS reports that the cost to business—in lost productivity, job accommodation, management time, health insurance, disability insurance, and hiring and retraining employees—is vast and mounting. One estimate (Backer 1992) suggests that AIDS will cost American employers \$55 billion by the late 1990s.

People who are infected with HIV generally do not exhibit AIDS symptoms for many years. Indeed, some have been infected for as long as 15 years and still remain asymptomatic. Today's medical treatments allow people with HIV to manage the infection as a chronic, long-term condition and hence to buy more time. A person who tests positive for HIV may often be able to put in many productive work years before the onset of the disease. Even employees with full-blown AIDS may continue to work when they have appropriate accommodations to perform their duties.

Given such prevalence of AIDS and HIV infection in the American work force, the great concerns workers have about AIDS, the preju-

dice, fear, and hatred sometimes directed at people with these conditions, the potential for AIDS/HIV-related workplace disruptions (such as coworkers refusing to work with a person thought to have HIV or AIDS), and the cost of HIV/AIDS to business, several meaningful questions arise. How have businesses in the United States responded to the challenges of the AIDS epidemic? What are U.S. business schools doing to train students—tomorrow's managers and business leaders—to deal effectively with AIDS in the workplace, both through academic education and community experience? Why have American businesses been so slow to act in the face of the AIDS epidemic? And what can be done to increase their response?

By addressing these questions, we can begin to find answers that provide executives, managers, and academics with insight into how others in similar positions are responding to the AIDS health crisis. This in turn should help increase the effectiveness of their own actions.

### The Response Of U.S. Business

*"Corporate America has a crucial role to play in addressing the AIDS crisis. Providing easy access to information about the disease, creating tools to help supervisors and co-workers manage AIDS-related issues, and allowing employees with AIDS to continue as productive members of the work force are important steps business can take."*

—Philip Quigley (1992), CEO and President, Pacific Bell

*"Every company must establish an education program for its workers and their families. Employers have one of the clearest and most direct channels of communication to enormous numbers of people. Experience bears out that workers' attitudes and reactions reflect those of management, so straight talk about AIDS can dispel myths that cause fear."*

—Robert D. Haas, Chairman and CEO, Levi Strauss & Company

Before the onset of the AIDS epidemic in 1981, a great many American firms had adopted worksite health programs. Business leaders had begun to learn how their companies could benefit from a concern for employee health. Having a worksite health program was often perceived as an employee benefit, which could be used as a tool to help recruit certain employees. Moreover, a company often benefited as well from lower insurance rates, healthier employees, and lower rates of sickness and absenteeism. During the 1970s,

### Figure 1 Worldwide And National Statistics On AIDS

Mere numbers can hide the real human aspects of death, suffering, and disease. But they can also reveal some mind-boggling and alarming trends, both at home and around the world. According to the Global Programme on AIDS of the World Health Organization (WHO), as of December 1995:

- 1,291,810 cases of AIDS in adults and children in 193 countries had been reported—up 26% from one year earlier.
- 16.9 million adults were infected with HIV.
- Based on this estimate, and allowing for underdiagnosis, incomplete reporting, and reporting delays, an estimated six million cases of AIDS had occurred in adults and children worldwide.

In the United States, the Centers for Disease Control and Prevention (CDC) estimates that:

- About 1,000,000 people—roughly one out of every 250 Americans—are now infected with HIV.
- Between June 1981 and December 1996, more than 580,000 Americans were diagnosed as having full-blown AIDS.
- During the same period, 362,004 people died from the disease.
- Nearly half of the more than 500,000 full-blown AIDS cases have been reported since 1993.
- As of the end of 1996, only 57.7% of the people who had been diagnosed with AIDS were still alive.

From the period 1981-1987 to the period 1993-1995, reports the CDC:

- The proportion of people with AIDS who contracted HIV through male homosexual contact decreased from 64% to 45%.
- The proportion who contracted it through heterosexual contact increased from 3% to 10%.
- The percentage of AIDS sufferers who are female increased from 8% to 17.5%.

certain public-spirited corporations pioneered in establishing worksite programs for preventive health. Soon hundreds of other companies were following their lead. Their programs often focused on heart disease prevention, smoking cessation, exercise programs, regular medical examinations, cancer screening, and other preventive health practices.

Then in May 1981 the first AIDS cases were reported in the United States. Originally the cases were concentrated in New York, Los Angeles, and San Francisco, so companies in these metropolitan areas were the first to have to deal with the AIDS epidemic. Many reacted with confusion, fear, and rejection, or worse. But sometimes companies' responses were active, courageous, and trend-setting.

In 1982, a group of gay Levi Strauss employees, grieving over the loss of friends from AIDS, asked management if they could set up an AIDS booth in the lobby of Levi's corporate headquarters to provide information on the disease's methods of transmission, symptoms, and treatment. Some of the employees were concerned that their presence at the booth might subject them to future harassment or even violence by coworkers. Partly because of such concerns, Robert D. Haas,

Levi's chairman and CEO, announced he would join them at the booth when it first opened to demonstrate top management's commitment to the project. Subsequently, Haas appointed an AIDS education committee to initiate a multifaceted informational campaign that would teach employees at all levels of the organization about the AIDS health crisis. A videotape featured interviews with several Levi employees who expressed their concerns about, and compassion for, coworkers with AIDS. Leaflets discussed the causes, treatment, and prevention of the disease. A manager's resource manual contained policies and procedures to deal with employees infected with AIDS or with the HIV virus. As a result of its actions, says Tedlow (1994), Levi Strauss has been credited with being "the American company which has responded most effectively and most humanely to the workplace and community impact of the AIDS epidemic."

Other large companies, including Bank of America, Digital Equipment Corporation, Pacific Telesis, Syntex Corporation, and Wells Fargo Bank, also pioneered the development of policies

and programs to deal with AIDS in the workplace. Some adapted the ten principles for the workplace, developed by the Citizens Commission on AIDS for New York City and Northern New Jersey, to form their policies on HIV/AIDS (see Figure 2). The New England Corporate Consortium on AIDS and Hollywood Supports, a nonprofit organization devoted in part to AIDS education in the entertainment industry, provided early AIDS worksite programs as well. These corporate programs, however, were scattered and idiosyncratic. In fact, most U.S. businesses have been sluggish in responding to the epidemic.

The first major studies of U.S. corporate responses to AIDS in the workplace were conducted in the mid-1980s by the American Management Association, the American Society for Personnel Administrators, and the Bureau of National Affairs. Their researchers found that only 2 to 4 percent of the firms surveyed had developed any type of formal personnel policies to deal with AIDS. More recent studies show only a modest increase in corporate actions. In a survey of 92 firms in the San Francisco Bay area, Kohl, Miller, and Pohl (1992) reported that only nine of the companies had developed a formal written AIDS policy. A few of these firms provided employees with a variety of educational materials about AIDS, including referrals to counselors for those who tested HIV-positive. Sixty-two firms reported having formal Employee Assistance Programs (EAPs), but only 14 of these EAPs provided employees with information on AIDS. More recent studies, such as Jorgensen et al. (1996), have found modestly better results.

The fact that few small businesses in the United States have a formal AIDS policy or education program may be because fewer than 10 percent of them have ever had an employee with the disease. They may not see a need to develop formal policies or programs, but may choose to treat AIDS cases on an ad hoc basis. The same seems to hold true for many large businesses, despite the higher percentage of them having had an infected employee.

Such a low-key adoption of policies, procedures, and educational programs on AIDS seems incongruous with the earlier adoption of worksite health programs in American businesses. This is especially puzzling in light of the finding that comprehensive AIDS educational programs can be perceived as a valuable employee benefit. Moreover, Breuer (1995) and the National Leadership Coalition on AIDS report that employers are viewed by their employees as the most credible source of AIDS information, and that working adults overwhelmingly support such programs. Companies without an AIDS policy and with little or no employee education on AIDS have been shown to be at greater risk of workplace disruption

**Figure 2**  
**Formulating Policies On HIV/AIDS:**  
**Ten Principles For The Workplace**

- 1. People with AIDS or HIV infection are entitled to the same rights and opportunities as people with other serious or life-threatening illnesses.
- 2. Employment policies must, at a minimum, comply with federal, state, and local laws and regulations.
- 3. Employment policies should be based on the scientific and epidemiological evidence that people with AIDS or HIV infection do not pose a risk of transmitting the virus to coworkers through ordinary workplace contact.
- 4. The highest levels of management and union leadership should unequivocally endorse nondiscriminatory employment policies and educational programs about AIDS.
- 5. Employers and unions should communicate their support of these policies to workers in simple, clear, and unambiguous terms.
- 6. Employers should provide employees with sensitive, accurate, and up-to-date education about risk reduction in their personal lives.
- 7. Employers have a duty to protect the confidentiality of employees' medical information.
- 8. To prevent work disruption and rejection by coworkers of an employee with AIDS or HIV infection, employers and unions should undertake education for all employees before such an incident occurs and as needed thereafter.
- 9. Employers should not require HIV screening as part of pre-employment or general workplace physical examinations.
- 10. In those special occupational settings where there may be a potential risk of exposure to HIV (for example, in health care, where workers may be exposed to blood or blood products), employers should provide specific, ongoing education and training, as well as necessary equipment, to reinforce appropriate infection control procedures and ensure that they are implemented.

Source: Citizens Commission on AIDS for New York City and Northern New Jersey

tions when it is revealed that an employee is infected with HIV. They are also more likely to be reactionary in their responses, as is documented in cases of discrimination against employees with AIDS (similar to the one brought to the attention of the general public in the Oscar-winning film *Philadelphia*).

### Business Schools' Response

*Survey Question 5: "Information about AIDS/HIV disease is not included in any courses offered by our business school because..."*

*Sample of Three Respondents' Answers:*

- "It is not a concern of employers, faculty, or students."

- "We do not believe it is a topic we should be teaching."

- "We generally do not include health issues that are not job related."

—Kohl, Miller, & Pohl (1996)

One phenomenon that has received little attention in the public media is how America's business schools—faculty and students alike—have responded to the AIDS epidemic. Miller and Backer (1995) interviewed a small sample of business school deans and faculty, leaders of community-based AIDS service organizations, student leaders in business schools, and elected officials and administrators of the principal national human resources professional societies. Questions asked in their study were:

1. How are American business schools training tomorrow's business leaders to respond to the AIDS epidemic, both through academic education and community experience?

2. How are business schools, their faculties, and students involved in assisting AIDS service organizations in their local communities?

The most striking finding was summarized by the dean of a leading business school located in a large southeastern U.S. city, who declared, "How anyone would know the answers to your questions at this time is beyond my wildest imagination. I don't know of any survey or any other process that has looked at how AIDS is covered by business schools."

As this statement suggests, business schools in the United States are doing little to train tomorrow's managers to respond to the AIDS epidemic. Their faculties and students generally are not involved in assisting AIDS service organizations to improve their operations—assistance that could be offered by providing either paid or pro bono consultation in such areas as leadership development, strategic planning, or creating human resource and management information systems.

A recent survey by Miller, Kohl, and Pohl (1992) of 109 business schools in the western United States supports the results of the Miller and Backer study. Of the 42 schools that responded, roughly three out of four indicated that information about AIDS in the workplace was not covered in their business curriculum. Seventy percent of this group indicated they had no plans to include such information in the curriculum. And 70 percent of the respondents who reported that material about AIDS was included in their undergraduate curriculum said that courses in human resource management were the most likely to contain such material. Kohl, Miller, & Pohl (1996) found similar results in a more widespread survey of American Assembly of Collegiate Schools of Business (AACSB) member schools located throughout the United States.

The results of these three studies suggest that only a minimal effort is being made to train future business leaders to deal effectively with one of the most far-reaching issues organizations will face for many decades. There is also little evidence that business school students and faculty members have become systematically involved in the actual design and conduct of workplace AIDS programs, or in providing consultation on management and human resource issues to community organizations that provide AIDS education and services. This is extremely peculiar at a time when most American universities are struggling to expand and redefine their community relationships.

### Why The Slow Response To The AIDS Epidemic?

*"One of the greatest pains to human nature is the pain of a new idea. It...makes you think that after all, your favorite notions may be wrong, your firmest beliefs ill-founded...Naturally, therefore, common men hate a new idea, and are disposed more or less to ill-treat the original man who brings it."*

—Walter Bagehot,  
*Physics And Politics* (1873)

*"Men are generally incredulous, never really trusting new things unless they have tested them by experience."*

—Machiavelli

One might wonder why any business would resist adopting policies, programs, and procedures to respond to the AIDS epidemic. Actually, there are several explanations for their slowness to act. Eshleman (1994) cites a few:

- Many executives believe their companies will not be affected by AIDS.

- An AIDS education program may reflect a negative company image. For example, executives believe consumers may assume the company has employed people with AIDS because of its providing AIDS education programs. They do not want their business associated in any way with the "stigma" of the disease.

- Business executives are hesitant to implement programs that could increase employee fears, upset the workplace, or decrease productivity. The companies are fearful of triggering panic, severe decline in morale, loss of quality employees, and a reduction in quality of service or market product.

- Most people avoid discussing drugs and sexual behavior. Values, culture, and beliefs have an impact on managers and employees, and AIDS issues are taboo subjects for many people.

- Businesses assume the media or government will educate the people.

- Executives assume AIDS education is expensive.

The widespread prejudice throughout the United States that AIDS is primarily a gay disease

has also kept some organizations from acting. And with only limited local and federal legislation, such as the Rehabilitation Act of 1973, companies had little encouragement to do anything about the crisis. The passage of the Americans with Disabilities Act (ADA) in

1990 has been instrumental in increasing corporate action. The ADA, which became fully effective in July 1994, makes it illegal for employers with 15 or more employees to discriminate against people with (or perceived as having) AIDS or HIV infection. Specifically:

...the ADA prohibits employers from refusing to hire, from firing, and from refusing to promote an employee because of that employee's HIV disease. The prospect of future deterioration of health may not be used as an excuse to discriminate; nor may the possibility that health care or insurance costs might rise....The employer is also required to make reasonable accommodations to help employees with disabilities stay on their jobs.

A final explanation of why businesses have been so slow to respond to the AIDS epidemic may be found in E.M. Rogers's diffusion of inno-

ventions theory, which addresses the process by which an innovation is communicated through certain channels over time among the members of a social system. Diffusion is a special type of communication concerned with spreading messages that are perceived as new ideas by an individual or other unit of adoption.

The characteristics of an innovation, as perceived by the members of a social system, determine its rate of adoption. One attribute of innovations is relative advantage, which, according to Rogers (1983), indicates the strength and immediacy of the reward or punishment resulting from adopting an innovation. Preventive innovations in particular have an especially low rate of adoption. As Rogers explains,

A preventive innovation is a new idea that an individual adopts in order to avoid the possibility of some unwanted future event. Such ideas as buying insurance, using auto seat belts...[and] getting inoculations against disease...are examples. The relative advantage of preventive innovations is difficult for change agents to demonstrate to their clients, because it occurs at some future, unknown time.

Diffusion theory may explain in part why getting a worksite AIDS program accepted is so difficult. Such a program may be thought of as a preventive innovation. Moreover, before the ADA became fully effective in July 1994, firms had little incentive to adopt AIDS programs in order to avoid possible legal penalties. Even when these programs were adopted, the degree to which their positive results were visible to other businesses was minimal. Consequently, says Rogers, this low observability slowed adoption.

A basic notion of diffusion of innovations theory is that a new idea is adopted very slowly during the early stages of its diffusion process. Then, if the innovation is perceived as relatively advantageous by its early adopters, its rate of adoption takes off as the early adopters share their favorable experiences with the innovation with potential adopters. The S-shaped diffusion curve results.

The diffusion of innovations is a social process. People talk to others about the new idea as they gradually shape the meaning of the innovation. In the case of the diffusion of AIDS programs, one can imagine a corporate officer of Company A talking to an officer of Company B about his firm's worksite program, as they relax on a first-class airline flight. When the latter executive returns to company headquarters, she might then call a staff meeting to explore launching an AIDS worksite program.

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## HOW TO INCREASE BUSINESS'S RESPONSE

*"It's time for all of us to own up to our responsibility...and to make AIDS a priority for our companies."*

—Robert D. Haas

*"It is critical that we educate all Americans about how to prevent HIV infection and AIDS. Business and labor leaders can help in this effort by developing worksite policies and education programs and supporting HIV prevention organizations in their communities. The Business Responds to AIDS program is committed to providing them with the tools and resources needed to develop programs that will help stop the spread of HIV. Through this partnership, we can help save lives."*

—James W. Curran (1992), Associate Director for HIV/AIDS, U.S. Centers for Disease Control and Prevention

**A**s AIDS and HIV infection continue to spread throughout the U.S. population, virtually every organization will have to deal with this challenge at some time. It is important to determine, therefore, what can be done to boost business's actions in the face of the epidemic.

One promising approach is to encourage firms to participate in the Business Responds to AIDS program (BRTA), established in December 1992 by the U.S. Centers for Disease Control and Prevention (CDC). The BRTA program is a partnership between the public and private sectors to prevent the spread of HIV through workplace education and community service. Specifically, it helps U.S. businesses devise and implement AIDS policies and develop education programs for employees, their families, and the community. BRTA's goals also include preventing discrimination against people infected with AIDS or HIV and encouraging community service and volunteerism. To achieve these goals, BRTA provides materials to help any size or type of business develop a comprehensive HIV/AIDS program.

The CDC is generally perceived by company officials—and by much of the American public—as a credible source of expertise and information about the AIDS epidemic. To date, however, the BRTA program has had a rather limited impact on inciting business to act. This is not surprising, given the program was only launched in late 1992. If we apply diffusion theory, BRTA is an innovation that has not yet reached critical mass, which will occur when the S-shaped rate of adoption begins to increase rapidly in a self-sustaining process. For at least the next several years, and perhaps for the next decade, the CDC

must actively continue to promote the diffusion of the program. Then, at some future time, the rate of adoption of BRTA may proceed without much further attention from the CDC.

BRTA is only one input in the diffusion of AIDS workplace programs by U.S. companies. Several firms had initiated their own agendas, often several years before BRTA was established. Some, such as American Airlines, already had a small-scale, partial program under way. It was this experience, in fact, that influenced American to embrace BRTA. Working to understand these earlier workplace programs better will enable the CDC to speed the diffusion of the BRTA program. Potential adopters that perceive their programs as similar are more likely to embrace it.

One key factor in adopting a workplace AIDS program is the role of an active champion within the company. Such a champion helps boost the idea of the program higher on the organization's agenda. In light of this, the CDC could identify potential champions for its BRTA program and target them for special training courses and other communication activities. In doing so, individual corporate champions would thus be more likely to persuade their companies to adopt BRTA.

The national issue of AIDS required four years—from May 1981 to October 1985—to gain a priority on the U.S. media agenda. This four-year lag, say Dearing and Rogers (1996), was caused by such factors as the inactivity of the White House and the inattention of the *New York Times* regarding the matter, in light of their usual dominant role in media agenda-setting for other issues in the United States. AIDS finally began to receive major attention from the American media when two human tragedies occurred: the death of Rock Hudson, and the barring of Ryan White from his Kokomo, Indiana school.

Similarly, the issue of AIDS may rise through the organizational agenda-setting process in some companies because of a tragic event. Two events involving American Airlines received media attention. The first involved flight crew members requesting a change of pillows and blankets after a group of gay and lesbian passengers had deplaned from a flight to Washington, DC. The other concerned a passenger with AIDS who was not allowed to board his AA flight after he attempted to hook up an intravenous medical device. The infection of AA flight attendant Dawn Beckels also helped shake up the

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American Airlines has a reputation for being one of the most innovative U.S. airlines, having pioneered such innovations as a frequent flyer program and the SABRE computer-based reservation system. Perhaps other early adopters of the BRTA program are among the most innovative companies in their industries. If so, the CDC could target its efforts to diffuse the BRTA program at other such companies.

Diaz and Backer (1995a) suggest four general strategies to speed the diffusion of AIDS workplace programs:

1. *Communication.* Information about the nature of the programs and their relevance to potential adopters must be disseminated effectively, with user-friendly communication formats.

2. *Evaluation.* Programs must be measured and weighed to ensure that they are effective, work better than available alternatives, and do not have significant side effects. This information must also be communicated effectively to potential adopters.

3. *Resources.* Sufficient human and financial resources must be available to implement the innovation effectively in new settings. Personnel resources are often the crucial factor in determining whether or not an innovative AIDS education program will fail or succeed. If it is to succeed, it needs to be supported by available staff time to set it up and run it. Often companies will make a commitment to begin an AIDS edu-

cation program, but then fail to provide the time or the staff to participate in it.

4. *Human Dynamics of Change.* Potential adopters of an AIDS program must be able to handle the human dynamics of change associated with innovation adoption. This includes rewarding change activities, involving those who will have to live with change in designing how the innovation will be implemented, and helping in overcoming fears, resistance, and anxieties.

Diffusion of policies and education programs in response to the AIDS epidemic is more likely to be successful if change agents identify and mobilize opinion leaders. By enlisting their help, says Rogers, change agents provide the aegis of local sponsorship and sanction for new ideas. An attempt should be made, especially in larger employment settings, to recruit people who are "natural leaders" within their work forces to help design and implement AIDS/HIV education pro-

grams. The CEO and board members should be involved in the program, thereby enhancing its credibility. Industry leaders should also be included to endorse overall industry programs.

In all these activities, of course, the unique aspects of AIDS—that this is a medical and public health problem, that it continues to be highly stigmatized, that some of the proposed interventions for education and prevention may be quite controversial, and that there are increasing legal implications of this public health problem—must be taken into account. Interventions that are not sensitive to these complex considerations are apt to fail, or at least to fall far short of their potential for success.

Business should be encouraged to adopt changes on a limited trial basis. An important tenet of diffusion theory is that new ideas that can be tried on the installment plan will generally be adopted more quickly than those that are not. An innovation that is "trialable" represents less uncertainty to organizations considering it for adoption.

### Increasing Business Schools' Response

The CDC and its BRTA program, in collaboration with such bodies as the Academy of Management and the American Assembly of Collegiate Schools of Business, might sponsor a national conference on AIDS in the workplace. This conference could bring together leading workplace AIDS experts and researchers, corporate and labor leaders, and the leaders of U.S. business schools to assess the current situation and develop preliminary strategies for responding better to the AIDS epidemic. Follow-up regional meetings could be planned to refine and implement the strategies. The BRTA could provide individual schools with the technical support services they need to introduce AIDS education into their curricula and to facilitate community service. The CDC could also (1) establish an academic advisory committee to its BRTA program, (2) make internships available to students who can be assigned to work in the BRTA program, (3) provide grants for faculty to conduct research on issues related to AIDS in the workplace, and (4) encourage its corporate sponsors to network with business schools in sharing information and establishing partnerships.

**G**rowing numbers of American workers are going to be affected by AIDS as the epidemic progresses into the twenty-first century. Because there is neither a vaccine nor a cure for this disease, it is incumbent upon American businesses and business schools to prepare their managers, employees, and students to deal with its effects on the workplace. Understanding how to provide prevention-oriented

*"Potential adopters of an AIDS program must be able to handle the human dynamics of change associated with innovation adoption."*

education, organize the workplace accommodations required under the ADA, and deal with the human and financial implications of longtime AIDS survivors who continue to work are some of the key management challenges for the new millennium.

At the outset of the AIDS epidemic, employers not wishing to deal with this problem could do so with some impunity. Today, avoidance is not possible. The number of people affected is too great. □

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