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Gays in the Military - Benefits: HIV & Employment Studies

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Marvin Krislov

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WHITMAN-WALKER CLINIC INC

MEMORANDUM

To: Jim Graham

From: Dan Bruner
Phil Fornaci

Date: February 1, 1996

Re: Studies on HIV+ Status and Employment

HIV +
Employment
Studies

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As per your request for information about empirical studies analyzing the impact of HIV on employment opportunities, we have contacted several organizations with very little success. Outlined below is a summary of these efforts, and our conclusions.

Lambda Legal Defense and Education Fund (Catherine Hanssens, AIDS Project Director): Lambda itself has no studies. She noted that studies by the ACLU and others are not based on current data -- most is pre-ADA. The best current data is intake data kept by direct legal service providers. [See below.]

National Leadership Coalition on AIDS (Jeff Monford): They have no empirical evidence, only anecdotal. "We spend our resources addressing the problem we know is there and not doing studies to see if there's a problem."

Pennsylvania AIDS Law Project (Nan Fayler): The only studies she knows of are several years old. There was an ACLU report from 1991 or 1992 about which the EEOC undoubtedly already knows.

GMHC Legal Services (Randye Retkin, Director): They have undertaken no studies; they provide services for people who contact them.

NAPWA (Troy P.): Sent copy of 1992 PWA survey, "HIV in America" (attached).

Americans with Disabilities Act Legislative History: There are many references to AIDS-related discrimination in the legislative history, of which the EEOC is aware. Again, this information is severely outdated.

Whitman-Walker Clinic Legal Services Department: After receiving little or no useful information from every avenue described above, we compiled information based on our own intake statistics, which are somewhat interesting.

- Based upon our income statistics, it appears that fewer than 40 percent of our clients are employed fulltime.
- Nonetheless, in 1995, nearly ten percent of our clients (107) have complaints of employment discrimination.
- The number of employment discrimination complaints has been steady, despite the passage of the ADA in 1992. In 1994, we handled 81 employment discrimination cases. In 1993, we handled 85 such cases. In 1992, we handled 69 such cases.

Although far from conclusive, information from our statistics indicates that incidents of employment discrimination are, at best, remaining steady. Additionally, we received one complaint of employment discrimination for every four employed clients.

We hope that some of this information is of use. We would be glad to speak with the EEOC about this or other matters.

**HIV IN AMERICA:
A PROFILE OF THE CHALLENGES FACING
AMERICANS LIVING WITH HIV**

**A REPORT BY:
THE NATIONAL ASSOCIATION OF PEOPLE WITH AIDS
SEPTEMBER 1992**

PART I: EXECUTIVE SUMMARY

This section provides an overview of the magnitude of the HIV and AIDS dilemma, as well as a review of the needs and problems faced by individuals living with HIV infection or AIDS as reported in the *HIV in America* survey. In order to provide a frame of reference for understanding survey responses, a brief profile of the survey respondents is included.

THE CRISIS OF HIV AND AIDS IN AMERICA

Since 1981, over 230,000 cases of Acquired Immunodeficiency Syndrome (AIDS) have been reported to the U.S. Centers for Disease Control (CDC). CDC estimates that over a million people in the United States are infected with Human Immunodeficiency Virus (HIV), the virus that causes AIDS. CDC projects that the number of individuals who will be infected with HIV will increase substantially in the next few years as the epidemic spreads further into the heterosexual community. The effect on the American people is already substantial: for example, in the 10-plus years since the onset of the AIDS epidemic, AIDS is the sixth leading cause of death in the United States among women between the ages of 25 and 44. (CDC, 1992b)

BEGINNING TO ASSESS THE IMPACT

What is the actual impact of living with HIV infection or AIDS? To determine this, the National Association of People with AIDS (NAPWA) implemented a national study among individuals currently living with HIV and AIDS to identify key needs and problems faced by these individuals. From April through June, 1992, NAPWA distributed surveys to more than 1,200 distribution points throughout the United States received more than 1,800 responses. Forty-five states, Puerto Rico and the District of Columbia are represented in the sample, although most states have less than 5% of the total respondents each.

We do not know how representative the survey respondents are of people with HIV infection: the survey does not attempt to be a random sample of the unknown universe of people with HIV infection and AIDS in the United States. We do know (based on epidemiological studies) that the proportions of certain groups in the actual population of people with HIV infection and AIDS in the U.S. are underestimated in the survey results (for example, African Americans, Latinos, and injecting drug users). However, substantial numbers of the survey respondents are in these categories: 124 Latinos, 217 African Americans, and 138 injecting drug users.

We have learned a great deal about individuals in these categories from their responses to the survey: for example, consistently higher percentages of these groups report having problems in most survey areas than do the white gay men who comprise the majority of the respondents. Yet, this does not diminish the basic fact that high proportions of all groups of respondents report having problems in many survey areas.

A PROFILE OF THE RESPONDENTS

Respondents to the survey are 88% men and 12% women. Nearly four fifths are white (78.2%), 12% African American, 6.9% Latino, and 2.1% Native American. (In addition, 8 Asians and 3 Pacific Islanders responded to the survey.) The mean age of respondents is 36 years old, and 93.3% are between the ages of 20 and 50, but the ages range from 2 to 70 years old. Nearly half have been diagnosed with AIDS or ARC (AIDS Related Complex) and the rest are asymptomatic HIV positive.

HIV IN AMERICA

TABLE 6 *Educational level achieved:*

	Percent	(n)
Not graduated from high school	9.4%	(168)
High school or technical school	24.8%	(447)
One to three years college	29.4%	(528)
Four years or more of college	36.4%	(653)
Total	100%	(1,796)

A strikingly high proportion of respondents are living below the poverty level. Nearly one third (27.7%) of respondents receive less than \$500 a month, and 28.1% receive between \$500 and \$1,000 a month. When these two groups are combined, nearly 60% of the respondents live on less than \$1,000 a month.

Respondents were asked their employment status, and the results are in the following table.

TABLE 7 *Employment status:*

	Percent	(n)
Fully employed	30.9%	(551)
Employed part-time	10.5%	(188)
Unemployed	58.5%	(1,043)
Total	99.9%	(1,782)

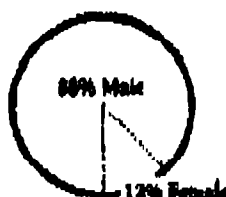
For those respondents who are not employed, their income is usually received from disability or retirement benefits or some sort of entitlement. The table below lists the percentage of the sample receiving various forms of unearned income.

TABLE 8 *Respondents who receive benefits or entitlements:*

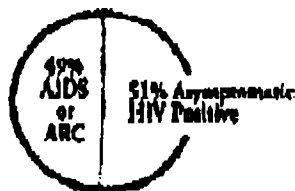
	Percent	(n)
General Assistance (or General Relief)	11%	(201)
Long term disability	23%	(420)
Supplemental Security Income	19%	(347)
Aid to Families with Dependent Children	2.7%	(48)
Pension	3.5%	(63)
Social Security Disability Income	8.6%	(154)
Other or pending	7.8%	(140)

Nearly half the sample (45.7%) is covered by private insurance, but many say they are at risk of losing this insurance. Nearly ten percent (8.9%) are covered by Medicare, 1.4% by Medicare and private insurance, 17% by Medicaid, and the rest by a variety of sources such as private pay and free medical care.

MALE/FEMALE RESPONDENTS



RESPONDENTS SPECTRUM OF HIV DISEASE



HIV IN AMERICA

While our sample under-represents certain groups of minorities and certain categories of HIV transmission, there are substantial numbers of some groups in the sample whose proportions with problems point out the greater difficulties among these groups in the areas of financial stability, access to health insurance and adequate health care and medicines, and indicates that there is a surprising amount of violence and discrimination against them. We can conclude with some degree of certainty that the picture will simply look worse when we take steps to survey these particular groups of people.

RANKING OF NEEDS

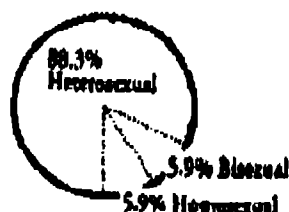
Respondents were asked if they needed assistance in 13 general categories. The number and percentage of respondents who said they needed help in each category are listed in Table 4 in order of frequency.

They were asked to choose the three most important needs and to rank them in order of importance. Of the 932 people who ranked their needs, 381 people ranked financial help as their primary need, and 133 people ranked health insurance as their primary need.

Financial help was also the most common second priority (148 people). Access to medicines was the second priority for 129 people; access to health insurance was the secondary priority for 107 people. A total of 112 people chose access to medicines as their third priority, followed by legal assistance (92 people) and access to health insurance (81 people).

SEXUAL ORIENTATION OF RESPONDENTS (BY GENDER)

Females



Males

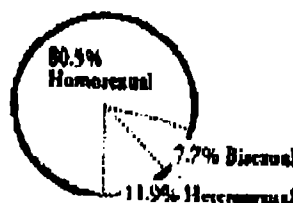


TABLE 13 Priorities of needs:

	First Priority	Second Priority	Third Priority	Total
Financial	381	148	74	603
Health insurance	133	107	81	321
Access to medicines	82	129	112	323
Health care	75	86	68	229
Mental health	69	67	67	203
Personal care, etc.	44	51	59	154
Legal assistance	35	59	92	186
Housing	31	55	35	121
Employment	26	44	49	119
Transportation	21	53	50	124
Child care	9	9	11	29
Substance abuse	7	10	9	26
Education	5	23	29	57

When men are differentiated according to sexual orientation, bisexual men face the greatest risk for violence, as seen in the next table.

TABLE 21 *Men who experience violence:*

	Heterosexual (n=171)	Homosexual (n=1,214)	Bisexual (n=114)
In the home	13.5%	10%	23.7%
In the community	24.7%	20.5%	26.1%
Elsewhere	13.7%	11.5%	15.5%

African American and white men were differentiated according to sexual orientation to examine the proportions of violence experienced in each group. Although the numbers of African American men are small (n=137), the figures indicate that they experience a relatively high degree of violence towards them as a result of being HIV+, particularly in the community.

TABLE 22 *African American men who experience violence:*

	Heterosexual (n=43)	Homosexual (n=77)	Bisexual (n=17)
In the home	18.7%	11.7%	35.3%
In the community	37.3%	24.7%	26.7%

TABLE 23 *White men who experience violence:*

	Heterosexual (n=101)	Homosexual (n=1,031)	Bisexual (n=87)
In the home	10.9%	9.4%	20.7%
In the community	18.2%	20.0%	24.5%

Violence in the home was experienced by 17% of female respondents and 11.8% of male respondents.

BEING HIV+ HAS CAUSED DISCRIMINATION TOWARDS ME

The respondents were asked if they had experienced discrimination in various life situations. The most frequent location of discrimination reported is in receiving health care. The second most frequent location is in the workplace. The table below lists the situations in which the respondents have experienced discrimination.

TABLE 24 *Being HIV+ has caused discrimination towards me:*

	Current Problem
when receiving health care	36.5%
In my job	26.1%
In my neighborhood	19.2%
In getting housing	17.2%
In keeping my housing	16.9%
In going to school	9%
In keeping my children	5.5%

Violence in the community was experienced by 21.1% of female respondents and 21.8% of male respondents.

HIV IN AMERICA

When differentiated according to race/ethnicity, the percentage of white respondents is usually lower than the overall percentage listed above, while the percentage of Latino and African American respondents experiencing discrimination is usually higher than the overall percentage.

TABLE 25 *Discrimination according to race/ethnicity:*

	Latino (n=113)	Af. Am. (n=190)	White (n=1,336)
when receiving health care	36.3%	42.7%	35.3%
in my job	23.7%	21.5%	26.5%
in my neighborhood	16.6%	30%	15.5%
in getting housing	22.6%	35%	17.7%
in keeping housing	19.1%	27%	14.1%
in going to school	9.1%	20.8%	7.2%
in keeping children	10.8%	15%	5.6%

"Burial/
cremation
costs are
outrageous!
I can't afford
to die!"

TABLE 26 *Discrimination according to gender:*

	Men (n=1,509)	Women (n=197)
when receiving health care	35.5%	43.9%
in my job	27.1%	17.5%
in my neighborhood	18.9%	21.9%
in getting housing	15.8%	27.5%
in keeping housing	15.1%	25.3%
in going to school	8.2%	14.9%
in keeping children	4.1%	15.9%

The following table demonstrates that heterosexuals and, to a greater extent, bisexuals tend to experience more discrimination than homosexual men and women. This holds true when men are differentiated according to sexual orientation and women are eliminated from the equation.

TABLE 27 *Discrimination according to sexual orientation (men and women):*

	Heterosexual (n=333)	Homosexual (n=1,227)	Bisexual (n=125)
when receiving health care	43.4%	33.6%	44.8%
in my job	22.2%	26.5%	33.1%
in my neighborhood	24.6%	16.5%	28.2%
in getting housing	25.4%	13.2%	27.4%
in keeping housing	21.5%	13.4%	23.6%
in going to school	14.4%	6.7%	14.8%

THE WHITE HOUSE
WASHINGTON

OFFICE OF THE STAFF SECRETARY

Fax Transmittal Sheet

TO: Marvin Karlov

Fax Number: 456-1647

Phone Number: 64903

FROM: Todd Stern

SUBJECT: HIV

DATE: February 6, 1996

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