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# NATIONAL LEADERSHIP COALITION ON AIDS

**MEMORANDUM**

Ceci –
fyi.

Return – put in my file for these speeches –

TO: Kristine Gebbie

THRU: Lance Alworth, Jr.

FROM: B.J. Stiles BJS

DATE: August 31, 1993

RE: Corporate leadership in AIDS

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Here is a copy of AT&T's magazine, Focus, and a draft for a Clinton letter to the CEO, Robert E. Allen. Should some kind of communication occur between the White House and AT&T, please keep me informed.

Also, I'm pleased to share with you the text of a July speech by a Chubb executive. I think the speech is a model example of what corporate people are saying and doing in AIDS. You may wish to consider citing this as an example in your presentations in Chicago and Nashville, and adding Chubb to the list of corporations setting leadership examples.

Many thanks.

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CHUBB GROUP OF INSURANCE COMPANIES

15 Mountain View Road, P. O. Box 1615, Warren, New Jersey 07061-1615

JAN TOMLINSON

AIDS IN THE WORKPLACE

NEW JERSEY SUMMIT ON AIDS

DOUGLAS COLLEGE CAMPUS OF RUTGERS 7/28/93

Good morning. I am pleased to be here this morning and to have the opportunity to share with you Chubb's approach to AIDS education and how we manage workplace issues. While it is a Chubb story, I believe you will be able to develop some thoughts and ideas of your own about AIDS awareness in the private sector

For those of you who may not recognize our name, Chubb is a diversified, financial services company primarily involved in underwriting property/liability insurance worldwide. We were founded in New York in 1882 as an ocean cargo insurer. Today, we have 78 offices in 24 countries and employ close to 10,000 people worldwide. About 3,000 are located in New Jersey, and we are headquartered in Warren, New Jersey.

You might wonder why a company like Chubb would take a pro-active role in AIDS Education. Chubb's interest in actively managing AIDS awareness in our workplace was a combination of practical concerns and traditional values. Over time, we've found that "doing what's best for the company" usually means doing "what's best for employees"... it's a cultural expectation that has guided our approach to this and many other issues that directly affect our people and their ability to perform.

In 1986, Chubb's Senior Management became increasingly aware of the issue of AIDS and the potentially devastating impact that it might have on employees' health and the health of their families. It was also a time when little was known about the disease.

Chubb firmly believed that corporations needed to play a role in communicating the facts about AIDS to **ALL** employees. Based in large part on this vision, in early 1987, we introduced an AIDS awareness program which all employees were required to attend. It included a video, a case study, and a question and answer session. We also provided all employees with a brochure describing how to prevent the spread of the disease.

Our main objectives were to:

1. prepare employees to deal with AIDS in the workplace in a manner consistent with company guidelines;

2. to decrease personal anxiety levels about AIDS so that individual responses could be based on fact rather than fear;

3. to promote individual responsibility for one's own health and personal safety;

4. and to provide information including outside sources of information and assistance.

As a result, affected employees felt comfortable about sharing their personal stories in the days that followed the AIDS training. It was at that point that we knew that this training had "legitimized" AIDS as being something that was okay to talk about in the workplace.

Simply stated, facts replaced fears.

1987 marked another milestone in our AIDS awareness. This was the year Chubb also became a member of the National Leadership Coalition on AIDS, an organization in Washington, DC, which is dedicated to working with private sector leaders to create a more thoughtful climate in which to address the AIDS epidemic. Since 1987, Chubb has been active in the Coalition by participating in their seminars and, most recently, providing case studies for an upcoming publication which will illustrate employer efforts to help employees with HIV or AIDS to keep working.

Many of you who represent small business may be wondering how you can afford the type of AIDS training I have been discussing. My response to you is, can you afford **NOT** to? Based on national cost estimates, we believe the cost of AIDS to Chubb to be approximately $150,000 per case from diagnosis to death. This figure addresses only the real costs, such as hospital, in-home health care, drugs, disability costs, and death benefits. The intangible costs such as employee suffering, absenteeism, and lost productivity are immeasurable.

Our involvement with the Coalition has proved to us that by working with other employers we can collectively respond to the crisis swiftly, intelligently, and effectively. The quality of the materials available through the Coalition and through other organizations such as the Bureaus of Health and the American Red Cross make it easy for **ANY** organization to provide quality, factual AIDS education to their employees at a nominal cost.

Our early commitment to AIDS education has proven to be forward thinking as the spread of the disease has escalated. In 1980, perhaps 100,000 people worldwide were HIV-infected; today, it's 12 million. By the year 2000, the conservative estimate is 40 million.

In Southeast Asia and Latin America, the spread of the epidemic is most evident. Because our operations extend to these areas, we have a **COMMITMENT** to accept the social and cultural issues of the countries in which we do business and where our employees live and travel. The diversity and sophistication of our worldwide employee population demands human resources policies that are fair, compassionate, and reflect current social and cultural concerns. Clearly AIDS is an issue we **CANNOT**, and **WILL NOT**, ignore.

In addition, the Americans with Disabilities Act has recently brought to the forefront the inclusion of AIDS as a disability that the private sector **MUST** manage. Our goal is to handle the disability process for employees who contract AIDS in a thoughtful, sensitive manner;

**EXACTLY AS WE WOULD FOR ANY OTHER INDIVIDUAL WHO CONTRACTS A LIFE-THREATENING DISEASE.**

We also recognize that our employees may be dealing with siblings, children, grandchildren or other family or friends with AIDS. Our response to AIDS in the workplace means creating an environment where our managers can be sensitive to the social stigma which still surrounds AIDS and provide a supportive atmosphere where employees can seek advice and discuss their concerns without fear.

I would like to share with you two cases that illustrate our philosophy. In 1991, a department manager began to notice progressive fatigue in one of his employees and counseled him to see his doctor and take rest periods at appropriate times throughout the work day. Shortly thereafter, the employee was diagnosed with AIDS Related Complex following hospitalization for pneumonia and fatigue.

While out on disability, the employee contacted our Health Department to discuss options for revealing his diagnosis to his manager. It was strongly suspected by his managers and co-workers that he had AIDS. The employee gave written permission to have his diagnosis disclosed but was frightened about the reaction of his co-workers, fearing rejection. He decided that only his manager should be made aware of his diagnosis and that our nurse would meet with him on his behalf.

His manager accepted the information and worked out accommodations upon his return to work. There have been at least two episodes of disability since his return to work. His co-workers, again assuming the diagnosis, have remained in touch with him, have invited him to lunch, sent cards, and kept him aware of office happenings.

It is now evident that this employee will not return to work. His co-workers have maintained their relationships with him, and the employee still feels connected to his work group. He has chosen not to discuss the issue any further with either his management or his co-workers. There does not seem to be a need for any further discussion. Chubb's employee assistance program has been offered to the employee and his family and all normal disability processes have occurred.

Here's another example: a male employee approached both his department and human resources managers advising them of his condition. He was far enough along in the disease process that he knew a work accommodation was necessary and that soon disability would be needed. He supervised a work unit which required physical energy that he no longer had. He felt he wanted to share information about his illness with his unit workers but was not sure how they would react.

In conjunction with his department and human resources managers, they decided it appropriate to have our nurse present the AIDS workshop as a refresher course to all branch employees. The employee sat in an adjoining room and listened to his co-workers' reactions, found them to be supportive, and later that day he disclosed his diagnosis to his unit workers. They offered

encouragement and understanding, and kept the information he shared with them private. The employee continued to work full-time, then went to a short week schedule, and eventually went out on complete disability. He has since died.

To my mind, these cases exemplify the way that business should respond to AIDS in the workplace. We should create an environment that allows our employees to continue to contribute as long as they are able.

Overall, we should maintain an environment that supports open, honest communication about the disease and our response to an employee who contracts it. From our perspective, this is not only the right thing to do, it also makes business sense. Because if employees are anxious and concerned, those fears come to the workplace with them and ultimately impact their ability to contribute.

We do not believe our role includes conducting AIDS testing, given the fact that the disease is not transmitted via the workplace. Testing would not change our course of action, anyway. We do recognize that in some parts of the world local regulations require testing. We emphasize with our employees that it is not a Chubb requirement.

We intend to maintain our commitment to fighting AIDS by following this course of action. First, we plan to integrate our education as part of our on-going wellness program by keeping current quality educational materials available for employees and providing on-going educational seminars as new developments unfold.

For example, in 1992 we updated our original video to include both recent statistics as well as a stronger message from an AIDS victim. The second video demonstrates our intent to share what some would consider extremely explicit information with respect to how AIDS is transmitted. And, earlier this year, we distributed to all employees copies of educational materials developed by the Coalition, which address concerns about secondary conditions which can arise as a result of AIDS, such as tuberculosis. We believe our employees are entitled to a safe workplace. By sharing accurate, timely information about the AIDS virus we will contribute to their ongoing knowledge of this epidemic.

Second, we will maintain our philosophy of making appropriate workplace accommodations based on each individual situation and his or her job. We have worked hard these past few years to help our managers feel comfortable discussing AIDS with their employees. It is gratifying to me to see the change in the questions I now receive. A few weeks ago, I received a phone call from one of our branch managers. This particular branch had experienced employees with AIDS before and the branch manager suspected that one of his employees had AIDS even though the employee had not confided his illness with anyone. However, it was obvious that he was ill and he was dangerously close to being terminated for abusing our attendance policy. Despite all the training we have done, he was still unwilling to acknowledge whatever his illness was.

The branch manager did not want to see this employee lose his job or his benefits, but he did not know how to go about getting the employee to admit that he was ill and could, therefore, qualify for disability attendance procedures. They decided to have a colleague close to the employee express concern over the employee's health. The employee revealed he did indeed have AIDS and was afraid of losing his job, his salary, and his benefits. The colleague counseled the employee to go to human resources.

The employee subsequently did visit his human resources manager who allayed his fears about his work situation and an appropriate workplace accommodation was made.

Thirdly, we want to maintain an environment that supports open, honest communication about the disease and our response to an employee who contracts it. Those who express concern need to be heard and counselled on the facts of the disease. We are committed to a management group and human resources staff educated about the illness, capable of counselling employees, and readily able to understand the necessity for and the ability to manage workplace accommodations.

Businesses can no longer say that AIDS is a legal issue -- let the lawyers handle it; or that it is a political issue -- let the politicians handle it; or even that it is a public health issue -- let the medical community handle it. The private sector **MUST** remain involved because AIDS is **TOO** large and **TOO** devastating an issue to handle individually.

In closing, I would like to remind those of you in the audience from the private sector that what occurs in society occurs in your employee group. **AIDS IS NO DIFFERENT.** It is up to all of us to collectively combat the disease. We all have something at stake.

Thank you.

AIDS.1TK/el

NATIONAL
LEADERSHIP
COALITION
ON AIDS

**MEMORANDUM**



TO: Carol Rasco

FROM: B.J. Stiles thru Kristine Gebbe

DATE: August 23, 1993

RE: Presidential Town Meeting on HIV/AIDS

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## Summary

The National Leadership Coalition on AIDS will convene the 1993 Business and Labor Conference on AIDS in Washington, D.C. on November 9-10. The event will attract over 200 corporate executives and managers, union leaders, and other private sector representatives who will consider the growing impact of AIDS on the workplace. Among the confirmed speakers are MacAllister Booth, Chairman and CEO of the Polaroid Corporation.

The Leadership Coalition invites President Clinton to address this audience, and the nation, as part of the national health care reform debate. The proposed event would occur late morning, Wednesday, November 10, 1993.

Setting: The conference will take place at the Grand Hyatt Hotel in downtown Washington, D.C. The core audience will be managers and executives who are in the vanguard of shaping positive and cost-effective workplace responses to AIDS.

Format: The presentation could be a standard speech, followed by Q&A. The sponsoring organization is also prepared to work with the Administration to help design a Town Meeting format, with participants beyond just those registering for this conference.

Focus: This conference provides the President with an opportunity to address the impact of HIV/AIDS on the business sector, and to engage those who are most

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knowledgeable about managing AIDS-in-the-workplace on a day-to-day basis. The sponsoring organization is comprised of top representatives of both business and labor, and is accustomed to promoting collaborative, practical, and comprehensive responses to AIDS.

Background: The National Leadership Coalition on AIDS was formed in May 1987 by private sector leaders. It is a membership organization, serving the needs of business and labor. It is nonpartisan, and has served as an important bridge between and among many of the special interest groups responding to AIDS. Over 55 of the Coalition's members are Fortune 500 companies.

The Leadership Coalition hosted a national conference in March 1989 addressed by President Bush, Bob Haas, Dick Munro, and others. The Coalition worked closely with the Presidential Commission on AIDS, and the National AIDS Commission, and helped the latter produce the recently-released report and recommendations, "HIV/AIDS: A Challenge for the Workplace."

Organizational leadership: The current Chair of the Coalition's Board of Directors is Lee C. Smith, former president of Levi Strauss International. He is an articulate and respected corporate executive now devoting almost fulltime to addressing the global challenges of the HIV pandemic. The founding President of the Coalition is B.J. Stiles, prominent voluntary sector leader who founded and directed the Robert F. Kennedy Fellows Program, and is the former editor of motive magazine, published in Nashville, Tennessee.

The Coalition is the principal private sector partner working with the Centers for Disease Control to promote Business Responds to AIDS, a recently-launched effort to help employers, labor leaders, and working Americans deal with AIDS-in-the-workplace.

The Coalition is headquartered in Washington, D.C.

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# EMPLOYEE ATTITUDES ABOUT AIDS

A National Survey

## WHAT WORKING AMERICANS THINK

The National Leadership Coalition on AIDS

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# AIDS:

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NATIONAL
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ON AIDS

**FACSIMILE TRANSMISSION FORM**

TO: Kristina Gebbie; AIDS Policy Coordinator

FAX: 690-7054

FROM: Patrick May
Director of Communications

DATE: 9 July 1993

TIME: 11:30 AM

**NUMBER OF PAGES INCLUDING THIS SHEET:**

3

For assistance, call

(202) 429-0930
(202) 872-1977 FAX

# NATIONAL LEADERSHIP COALITION ON AIDS



July 9, 1993

Kristine M. Gebbie
AIDS Policy Coordinator
Hubert H. Humphrey Bldg.
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Ms. Gebbie:

I am writing to invite your communications officer to a lunch meeting of the communications officers of national AIDS organizations that will take place Tuesday, July 13, from 12:30 p.m. to 2:30 p.m. at 1140 M Street, Suite 901. The purposes of this meeting are to get better acquainted with one another, our organizations, missions, and ongoing projects; and to explore the possibility of increased collaboration, connectedness, and support.

When I contacted your office, I was informed that Rayford Kytle would be handling press and media until the communications position was filled; I have extended an invitation to Mr. Kytle to attend the meeting.

My apologies for the short notice of this invitation, but I wanted to include you and your office in this ongoing effort to build productive relationships among the communications officers of national AIDS organizations, and to invite a representative from your office to attend this meeting.

I welcome you to attend as well. The meeting will be a low-profile, informal lunch of eight communications directors of national AIDS organizations. In addition to myself, the following people will be attending:
Tom Brandt, National Commission on AIDS
Neil Brown, National Association of People With AIDS
Kelly Harris, National Community AIDS Partnership
Bruce Taylor, National Minority AIDS Council
Jacqueline Wilkerson, AIDS National Interfaith Network
Lynora Williams, AIDS Action Council

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I wish you well in your new position, and I look forward to building a productive working relationship with you and your staff. If you have any questions, please don't hesitate to call me.

Best Regards,

Patrick May

Patrick May
Director of Communications

cc: B.J. Stiles