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WHAT WILL BE THE FUTURE IMPACT ON LAW ENFORCEMENT
BY POLICE OFFICERS INFECTED WITH THE AIDS VIRUS BY
1993?

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PEACE OFFICER STANDARDS AND TRAINING (POST)

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ACQUISITIONS

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PREFACE

Acquired Immune Deficiency Syndrome (AIDS) is an alarming and uncomfortable subject to many people both in public service and private enterprise. Research from this project shows that public safety (police and fire) is no exception to the statement.

In order to study the issue of AIDS in the law enforcement workplace, personal research, interviews, and surveys were conducted throughout California with officials from police/sheriffs departments, fire departments, and private organizations. Most of the information collected gives validity to the concerns, but also shows that California law enforcement agencies haven't done as much as they could to help alleviate fears and anxieties.

The ideas and recommendations presented in this research are by no means a panacea for the problem. The project is future oriented and could be used by law enforcement agencies as a tool for suggesting problems that may be on the horizon, and possible alternatives to prepare adequately and overcome them.

ACKNOWLEDGMENTS

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A loving thanks to my wife Denise, and children, Kristen and Devin, for the sacrifice they made during the course of this study.

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WHAT WILL BE THE FUTURE IMPACT ON LAW ENFORCEMENT BY POLICE OFFICERS INFECTED WITH THE AIDS VIRUS BY 1993?

EXECUTIVE SUMMARY

JOHN URBANOWSKI

Classification of this incurable disease known as Acquired Immune Deficiency Syndrome (AIDS), only began in 1981. This is not a long period of time when dealing with the devastating facts about this disease or other fatal communicable diseases.

The AIDS epidemic is an emotionally charged issue creating fear along with anxiety and false information. The law enforcement community is not immune from AIDS or AIDS hysteria.

California is noted as an epidemic leader of the AIDS virus finishing a close second place to New York. In California, San Francisco and Los Angeles are running "neck and neck" as two of the hardest hit metropolitan areas again second only to the City of New York. These factors are forecasted trends that increase the fear of AIDS infection to police officers.

Many trends were projected to the future by the year 1993 with five felt to be the most significant to the issue. They are: 1) growth of the AIDS epidemic; 2) education of employees in the workplace; 3) policy development concerning AIDS in the workplace; 4) improved health benefits; and 5) compounded employee stress claims.

Critical events were also projected that could influence trends and impact the issue. Again, the five felt most important were selected. They are: 1) a federal or state court decision affecting employees' rights; 2) mandatory reporting/disclosure laws; 3) a vaccine or cure for AIDS; 4) discovery of new strains of AIDS; and 5) mandatory quarantine, lock-up, isolation of AIDS victims.

The key trends and events identified, were used to develop policy considerations that could alter the direction of the issue creating a positive impact on law enforcement.

A synopsis of the policies considered most feasible for implementation are: 1) design and create educational standards dealing with employees that have AIDS; 2) standardized methods of reporting suspected injury or exposure to AIDS; 3) establish an Employee Assistance Program (E.A.P.) for employees that have AIDS and co-workers that don't; and 4) develop company philosophy and guidelines regarding AIDS in the workplace for all employees.

As a result of the policy considerations, three future scenarios were written depicting the undesirable future and the most desirable future given the reader an indication of what direction he/she may wish to proceed.

In order to develop a strategic plan, analysis of the overall picture of California law enforcement was done to determine the internal and external forces that would be restrictive or provide assistance in promoting the desired future regarding AIDS policy. Stakeholders were identified to evaluate resistance and/or advancement of generic courses of action for California law enforcement agencies to adopt. Comparison was done of the stakeholders to show their relationship with desired policies selected.

With the assistance of predictability and turbulence charting, a planning system addresses the difficulty or ease the manager may encounter with the implementation of a plan focused on the desired AIDS policies. Internal and external constraints are discussed which assist the reader in deciding on the level of planning to be used, and steps the chief administrator may engage to direct his department in the most efficient way in achieving its objectives.

The importance of a management structure based on the actors from critical mass analysis, aligns responsibility and commitment for the actors and managers of the organization to help ensure a fairly smooth transition management plan. This section explains who the individuals, groups, or individuals may be, their level of commitment and whether they would block change, let change happen, help change happen, or make change happen. The supporting technologies that are needed to assist managers in the facilitation of their roles and achievement with AIDS education and policy guidelines are included.

INTRODUCTION

PROJECT BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) is a new and deadly virus that plaques the world in the decade of the 80's. That public safety personnel suffer and die from this disease is generally not well known or documented. Police and fire departments are only gradually becoming aware that their members not only become afflicted with AIDS, but are dying of it in increasing numbers.

This investigator conducted a survey of approximately 30 public safety organizations in the State of California. As a result, it was determined that both police and fire personnel have died from AIDS but it has not been claimed as an "injury on duty" (I.O.D.) or as a job related illness.

The source of this information is considered reliable at the time of contact but due to the sensitivity of the issue and the confidentiality mandated by law on AIDS victims, the respondents will remain anonymous for their own protection and purpose of this report.

The question arises as to why hasn't a claim been filed. Is it because the AIDS victim is embarrassed, scared, or didn't really contract the disease as a result of, or during the course of his duties of employment? What happens when the employee submits a claim for a job related illness and states that he/she has contracted the AIDS virus as a result of contact on duty with persons considered in the "high risk" group? No specific incident

of personal contact can be pinpointed by time or date. However, the employee bases the presumption on the fact that his/her routine duties involve daily contact with homosexuals or bisexuals, known AIDS victims, intravenous drug users/abusers, prostitutes and anyone else considered in the high risk group. Based on the nature of the employee's job requirements, it is not unusual for a public safety officer to sustain small scratches/minor wounds or injuries as a result of a physical altercation with someone suspected of a violation of law.

Over the past ten years, there has been a drastic increase in the amount of early retirements due to stress and injuries sustained on the job. We are just starting to see indications that are telling us that police officers are as susceptible to the AIDS virus as are any other members of society.

It is alleged that the disease can be transmitted through sexual contact, or contracted by exposure of the recipients open wound to the blood or other body fluids of an infected person, or from the prick of a needle used or shared by an intravenous drug user. Whatever the method of transmission may be, the fact is that our police officers are also contracting the disease and are dying from it.

Currently, there has been no test case brought before a tribunal or any judicial system to judge the merit of the case as to whether it should be included as one of those "automatic" coverages or denials of benefits. There has also been no questions raised in regards to what are a police officer's rights and the department's liabilities if the police officer becomes infected with the deadly

disease. Compounding that, what are the rights of other non-infected police officers within the same workplace?

This study will center on the little that is currently known of police officers in California who are afflicted with AIDS. Then it will attempt to project the future probabilities and alternatives to properly protect the rights of both public safety organizations and their personnel.

With the research from this study, the results could be used to design policy for California law enforcement agencies on how to deal with the police officer upon infection with AIDS and co-workers that fear infection with AIDS.

DEFINITIONS

According to the Center for Disease Control -

AIDS "Acquired Immunodeficiency Syndrome" or AIDS is an illness characterized by: 1) one or more opportunistic diseases that are at least moderately indicative of underlying cellular immune deficiency, and 2) absence of all known underlying causes of cellular immunodeficiency (other HIV infection) and absence of all other causes of reduced resistance. It is best known for producing an inability of the body's immune system to ward off infections. Diagnosis is based on the presence of "opportunistic" infections or unusual cancers. It is the third stage or "full blown AIDS" which is terminal.

Opportunistic Infections - An opportunistic infection is one occurring in individuals whose immune systems are compromised, but not generally seen in individuals with normal immune systems. The disease (Pneumocystis Carinii and Kaposi's Sarcoma are two of the more common opportunistic infections) use the opportunity of lowered resistance to infect and destroy.

HIV - Human Immunodeficiency Virus - This is the actual virus that an individual contracts which leads to AIDS. It is a virus that's related to a known cancer causing virus in humans. It is harmful to cells of the immune system destroying a particular type of cell and leaving the body vulnerable to infections. May or may not progress to ARC or AIDS.

ARC - Aids Related Complex - Infected with the HIV (virus) with a presence of a combination of conditions such as swollen lymph

nodes, weight loss, night sweats, diarrhea and/or fever. Also known as the second stage before full blown AIDS.

CDC - Center for Disease Control - An organization based in Atlanta, Georgia established for the purpose of monitoring, investigation, and control of infectious diseases nationwide.

WHO - World Health Organization - A worldwide organization based in Geneva established for the purpose of monitoring infectious diseases throughout the world comprised of medical ambassadors from each recognized country.¹

Public Safety Personnel - Persons employed by a city, county or state government in a sworn capacity as police or fire personnel to provide emergency services, protection, and enforcement of the law for the citizens which they serve.

For purposes of this report and simplicity, further reference about the disease will be referred to as the AIDS virus.

OBJECTIVE ONE - STUDYING THE FUTURE

One of the most interesting sections in this type of study is that dealing with the tools of future research. To study the future, it's important to look at the past and present respectively, placing the thinker in a frame of mind to consider the future. The general issue of study in the future is: WHAT WILL BE THE FUTURE. IMPACT ON LAW ENFORCEMENT, BY POLICE OFFICERS INFECTED WITH THE AIDS VIRUS BY 1993?

Related sub-issues have been identified from the past as a result of literature review and discussion with colleges. They are:

- 1) How have public service organizations protected their employees' health in the past in dealing with communicable disease?
- 2) Did public service organizations develop policy to effectively manage precautionary measures to prevent employee contamination?
- 3) How were these service type organizations viewed with regards to claims submitted for workers compensation benefits for a communicable disease?
- 4) Was there any mandated training requirement imposed on organizations as a result of on-duty exposure/contamination?

Sub-issues were identified based on the present situation with the AIDS epidemic. They were identified through current articles in the newspapers, magazines, and interviews with career professionals in various fields of expertise. The present sub-issues are:

- 1) Should the organization allow a police officer to continue to work his/her routine duties if found to have contracted the AIDS virus regardless of the cause of exposure?
- 2) What are the financial responsibilities and liabilities of the law enforcement agency to police officers who become afflicted with the AIDS virus?
- 3) How will insurance carriers/administrators and other non-police officials react to departments that employ police officers with AIDS and what will their responsibilities be?
- 4) What type of testing or screening process can be done to determine if current employees have the AIDS virus? Can pre-employment screening be done and used as a basis for not hiring law enforcement officers?

In thinking about the future, certain issues were also considered that could conceivably occur by 1993. Future sub-issues were considered to have merit based on possible future scenarios. They are:

- 1) If a police officer contracts the AIDS virus, will it be considered a work related illness or injury?
- 2) If a vaccine is discovered, who will pay the cost of immunization and will it be mandatory?
- 3) Will special legislation be necessary to protect the police officers' rights both AIDS afflicted and non-afflicted?
- 4) Will mandatory reporting of police officers exposed or infected with the AIDS virus be required?

- 5) Will training and special equipment requirements be mandated by P.O.S.T. to prevent contamination by the AIDS virus?

METHODS: IDENTIFICATION

The following tools were used in the identification and study of the issue:

- 1) Scanning
- 2) Futures Wheel
- 3) Interviews
- 4) Nominal Group Technique (N.G.T.)
- 5) Events and Trends Forecasting Matrix, Cross Impact Analysis Matrix
- 6) Futures Scenarios

METHODS: IMPLEMENTATION

THE EMERGING ISSUE

Certain methods were used to evaluate the importance of the emerging issue, the need for action on the issue, data that is available on the issue and expert opinion or forecast from working professionals involved with the issue. These latter persons represented safety organizations, public health, private industry, including the insurance industry, city administrators, and certain individuals that in some way are closely associated with the disease by being infected or personal continual contact with someone that has contracted the disease.

SCANNING OF LITERATURE

Rarely a day goes by without something being written that is educational, alarming, controversial, personal, or new and innovative about AIDS. This is the topic of the 80's and probably of the 90's because a cure-all vaccine is not available and will probably not be available until the late 90's if at all according to researchers. Currently, there is no panacea, or light at the end of the tunnel. A gloomy picture is painted not only because of no apparent cure, but also because of all the contradictory and negative information that is being put out.

Whom do we believe? What standards or precautions do we practice to assure the least possible chance of contamination? We create our own pandemonium and paranoia with the assistance of the news media broadcasts, published books and articles written by

hundreds of experts, and last but by no means least, "rumor control". Yes, believe it or not, police officers like other human beings, do tend to spread rumors. Built in skepticism that goes with the job, tends to make police officers even more vulnerable than the average person.

In April of 1988, a Southern California radio report noted the great fear among police of obtaining AIDS, especially while on the job. The report stated that there is no evidence of police personnel becoming infected as a result of their occupation. On the contrary, police personnel suffering from AIDS seemingly were afflicted for non-job related reasons. Reading data on the situation is scarce and confusion reigns.

Unfortunately, AIDS has had stages of development like other diseases that are highly communicable not only in a medical sense, but also the social attitude taken on by people. As individuals, or institutions, as a society, we all tend to go through the following development in relation to this disease:

- 1) Absolute avoidance.
- 2) Demand for a risk-free environment.
- 3) Realization that AIDS is.
- 4) Interest in self-education.
- 5) Concern for the person with AIDS.²

What this means is that we are a reactive society especially in the law enforcement community. A significant crime event occurs and the police take action to counteract that event. Police departments typically, are reactive because of the very nature of the service.

Under the present system, police departments typically deliver service by:

- 1) reacting to individual events reported by citizens;
- 2) gathering information from victims, witnesses, and offenders;
- 3) invoking the criminal justice process; and
- 4) using aggregate crime statistics to evaluate performance.³

The AIDS epidemic is an event that should not only change our service delivery methods, but also our approach in dealing with new crises to a proactive philosophy or ideology. Unfortunately, there is little actually written about the employee or police officer and what the organization or employee is doing to combat problems in the workplace. The media has reported that there are two epidemics sweeping the U.S. - AIDS and AIDS Hysteria. Aptly put, but what we do not yet have anywhere is a cure.

What we also seem to be lacking in is a policy statement in the workplace concerning how the employee with AIDS will be treated once the handicap is disclosed to his/her employer. In a recent survey of top level business executives from major companies, its amazing to note but not necessarily surprising, that seven out of ten companies neither have nor are planning to develop any policy about AIDS in the workplace.⁴

Before AIDS can be dealt with effectively in any organization, the people in executive positions on down have to understand about the disease, what its limits are; transmission, how it affects the victims, how debilitating it may or may not be and that fear alone may be the biggest liability and obstacle confronting them.

AIDS researchers have reported that they have evidence that AIDS may have been around back in the 1960's or before. AIDS was identified in St. Louis as the likely cause of death in a teenage boy in 1969, at least 10 years earlier than suspected when in 1979 a case was designated as AIDS with a homosexual security guard in New York.⁵ Who really knows when or where it actually started or how. We do know that by September 1986, the Public Health Service had received reports of more than 24,000 people with AIDS, 54 percent of whom had died. So far, no one has survived the disease. The HIV (Human Immunodeficiency Virus) virus that causes the disease, renders individuals' natural immune defenses helpless against disease and can also infect brain cells. Individuals that contract AIDS, develop strange and unique, or different life threatening illnesses that don't necessarily affect non-carriers of the disease. Individuals detected with these unusual illnesses, support the diagnosis that these people most likely have AIDS. Most common of these illnesses seen in AIDS victims are Karposi's Sarcoma (a rare form of cancer), and Pneumocystis Carinii pneumonia.

Just because an individual is diagnosed as infected with the HIV virus, doesn't mean he/she has AIDS itself. In simple terms, AIDS is the end result of becoming infected with the HIV virus. AIDS is the unusual or unique diseases people become ill with or the third stage of the HIV virus. Clarification is obviously vital for employees/employers to be able to cope with and discuss intelligently and humanistically this newly discovered killer. ARC (AIDS Related Complex) has been classified as the second stage of the HIV virus. ARC is the symptoms of what is to come. The

infected person may be fatigued , develop a fever, have a loss of appetite and weight, diarrhea, night sweats, and swollen lymph nodes in the neck, armpits or groin.⁶

There is no grace or incubation period for ARC or AIDS once the person has contracted the HIV virus. It could be years or it could be a matter of days before he/she develops symptoms of ARC or AIDS. This is something that would necessitate close monitoring by the individual's physician. But one thing for sure, people can die from ARC or AIDS.

Possibly the most critical and controversial item to be discussed between employer/employee is that of transmission of the HIV virus. Experts from numerous public health concerned organizations, i.e. Red Cross, U. S. Public Health Service, National Institute of Health, Center for Disease Control, etc., have stated that transmission of the virus is not through casual contact. According to these various experts, the main ways of transmission are through sexual contact and sharing of contaminated syringes, or needles of I.V. (intravenous) drug users and abusers. It can also be passed on by pregnant mothers to their babies during pregnancy at birth or shortly after birth through mother's breast milk, or through blood transfusions. However, the latter is least likely due to mandatory blood screening tests to protect the blood supply. This is what we are being told by the health experts. Are we being told the truth? Is there in fact a cover-up promoted by the government to avoid mass paranoia and pandemic catastrophe by the public?

Worries over casual transmission have been dismissed as the

product of ignorance, paranoia and homophobia. The public has been repeatedly told that the HIV virus agent is an extremely frail virus incapable of living outside the body for any extended period of time. However, according to extensive research by Gene Antonio, author of "The AIDS Cover Up?", he has located AIDS researchers that have isolated the HIV virus in blood, semen, urine, saliva and tears.⁷ Since in controlled conditions, saliva tested demonstrated that the virus was resistant at room temperature, and could remain infectious outside the body for ten days, would cause one to think that the virus could be transmitted through forms of social contact.⁸

Tears is another concern of researchers from the Department of Ophthalmology and Urology at the University of Finland. They have reported that body fluids from which the HIV virus have been isolated, include tears.⁹

Dr. James Slaff, Medical Investigator at the National Institute of Health has reported that "Unlike most other retroviruses, the AIDS virus can survive outside the body for hours to days."¹⁰

From my review of much of the literature available on AIDS, it appears that all the previous stated facts and data are not the result of more rumors. There has been an enormous amount of research devoted to this disease despite some claims to the contrary.

HISTORICAL PERSPECTIVE

What about the past? How have diseases that were considered to be at epidemic proportions been handled in the past from an enforcement perspective?

Let's take a look at venereal disease carriers. In 1918, funds were allocated by Congress for custody and sequestration of prostitutes in institutions as they were suspected as primary transmitters of venereal disorders. Although after being tested, many were found not to be infectious. Isolation of these prostitutes had no impact on venereal disease as it increased steadily in lieu of the detainment.

Polio is another example of reactive fear governing our society's actions. Many victims of this disease were not only physically isolated, but were emotionally isolated as well.

The Bubonic Plague, Yellow Fever, and Smallpox are examples of other diseases where the isolation of those infected was common until eradication of the disease and control was maintained.

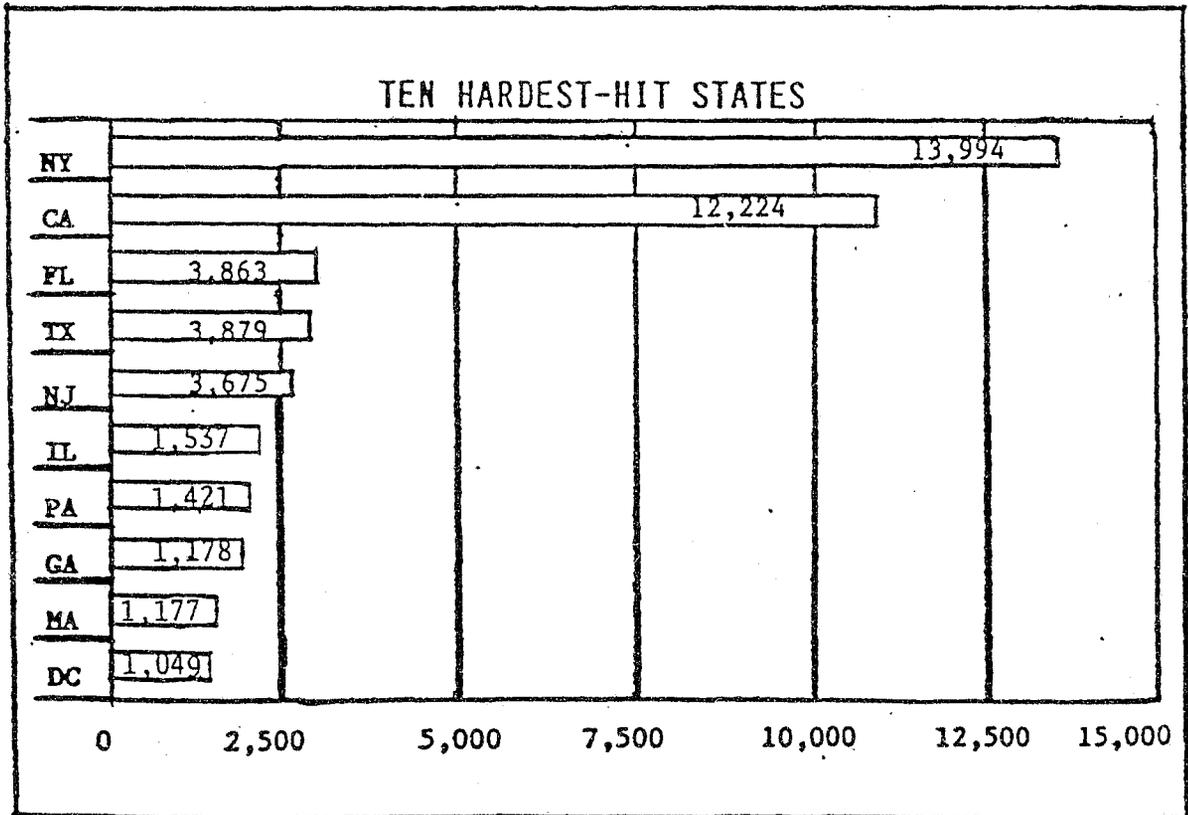
"Throughout history true humanitarianism has traditionally involved the compassionate but firm segregation of those affected with communicable diseases from those who are well. By carrying out such a policy, diseases have been contained."¹¹

STATISTICAL DATA SUMMARY

Why does it seem so unusual and why were so many professionals critical of the recent publicity given to the newly presented study by Masters and Johnsons on March 7, 1988, stating that the AIDS virus is "running rampant" among the heterosexual population? Prior to this publicity, a top official of the World Health Organization (W.H.O.) in January of 1988, at the World Summit of Ministers of

FIGURE 1

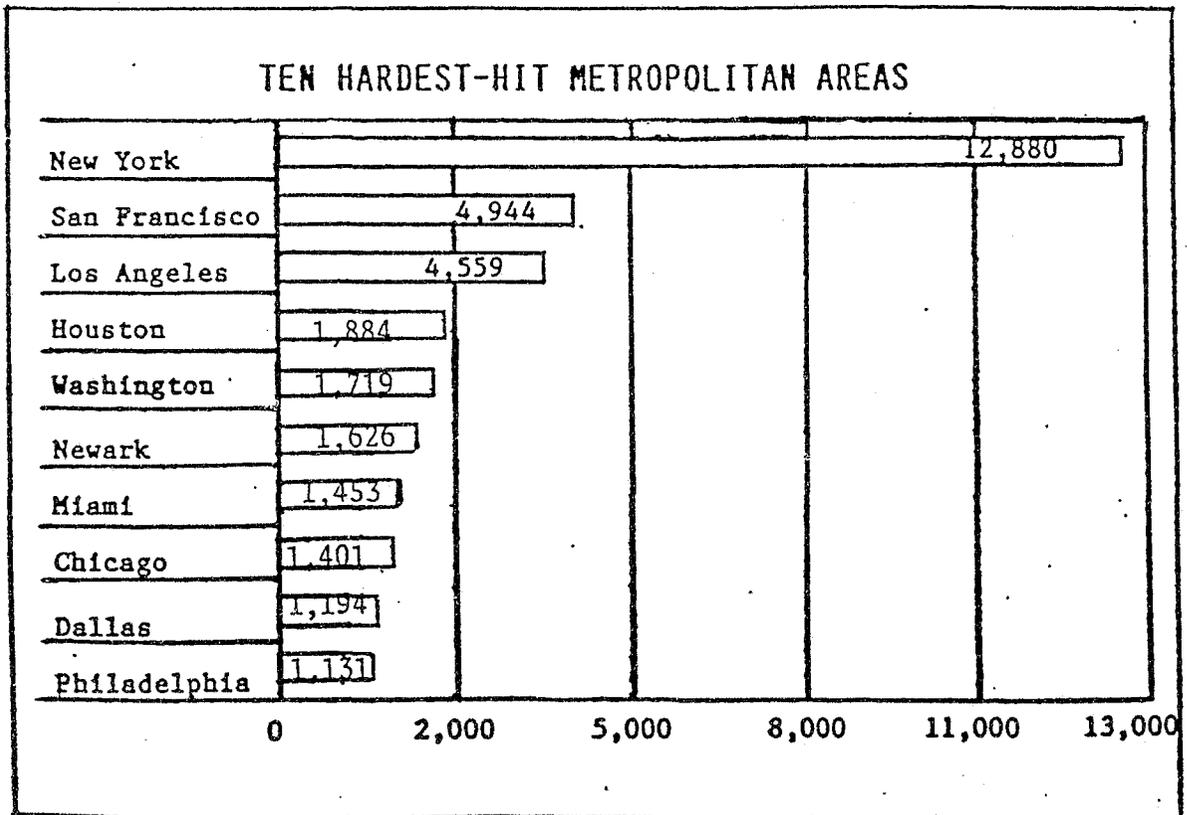
HARDEST HIT STATES AS OF 3/14/88



SOURCE: REPORT BY THE CENTER FOR DISEASE CONTROL THROUGH ITS U.S. PROGRAM ON THE HARDEST HIT STATES BY THE AIDS EPIDEMIC. MARCH 1988

FIGURE 2

HARDEST HIT METROPOLITAN AREAS AS OF 3/14/88



SOURCE: REPORT BY THE CENTER FOR DISEASE CONTROL THROUGH ITS U.S. PROGRAM ON AIDS, THE HARDEST HIT METROPOLITAN AREAS BY THE EPIDEMIC. MARCH 1988

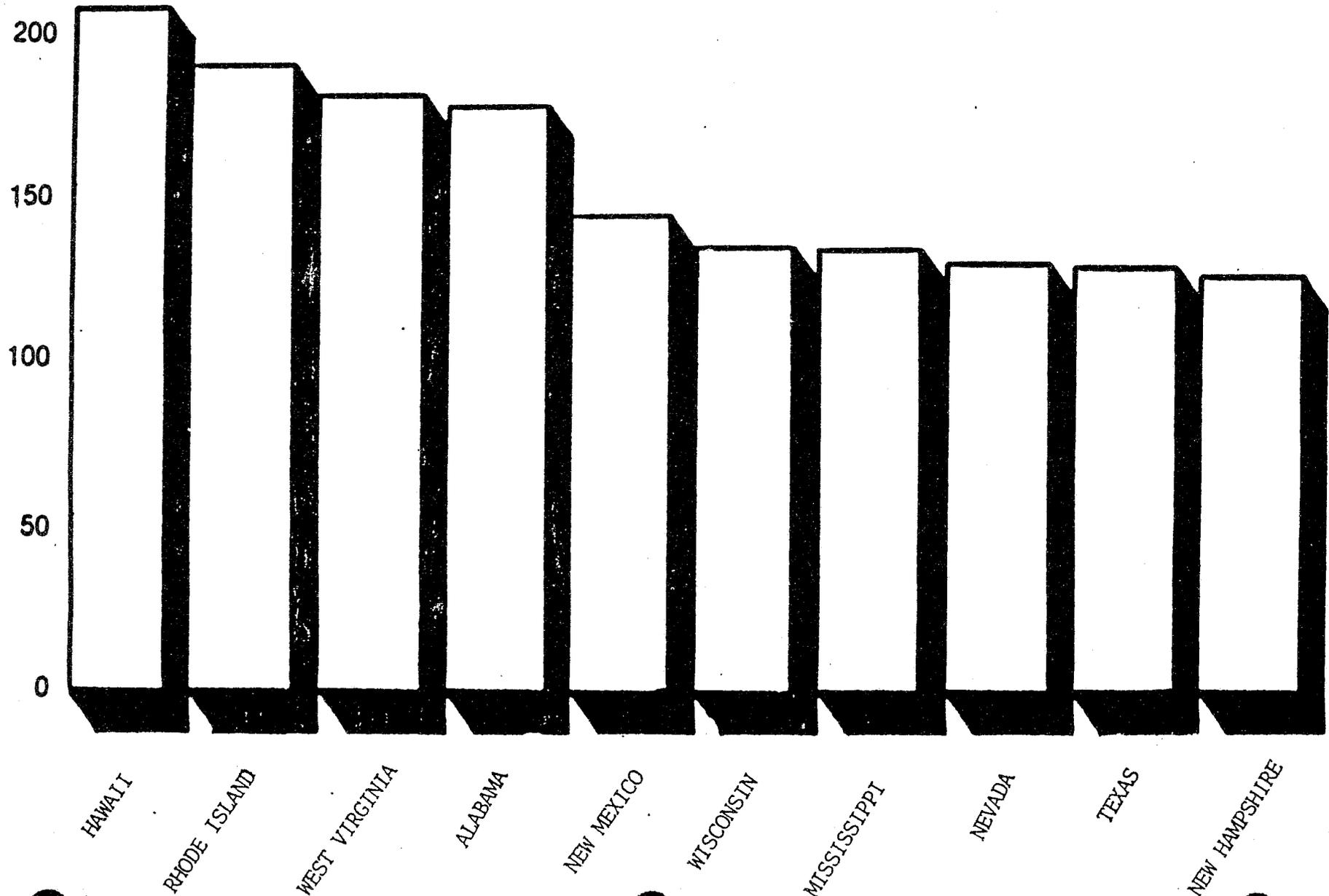
Health on AIDS conference warned against complacency in the battle against AIDS. Dr. Jonathan Mann, director of W.H.O.'s Special Program on AIDS said "We are still in the early phase of a global epidemic". According to W.H.O., the HIV virus is already estimated to have infected between 5 and 10 million people (silent carriers) world-wide. Dr. Mann predicted a cumulative total of one million AIDS cases by 1991.¹²

In March 14, 1988, the W.H.O. raised its estimate by 50% to 150,000 people who may have contracted the disease. The CDC (Center for Disease Control) based in Atlanta, Georgia, states that as of March 14, 1988, the U.S. has reported 56,212 cases of people infected with the virus with 31,420 deaths so far nationwide. The most recent California figures from March 14, 1988, are 12,224 people inflicted with the virus and 6,000 AIDS related deaths. A recent study done for Los Angeles County conducted by the Rest Marwick Main and Co. predicts that 340,000 people in the county may be infected with the virus by 1991. The \$32 million a year the county has allocated for AIDS programs may have to be tripled in order to keep up with the epidemic. In Orange County, it is expected that the number of people to contract the disease will double by 1990 from 635 to over 1,500 victims.¹⁵

Reviewing the mentioned statistics and predictability of the current situation does show valid cause for concern for our health and welfare as a nation. The CDC through its U.S. AIDS Program has reported the ten hardest hit states and ten hardest hit metropolitan areas by the AIDS epidemic. (Refer to figures 1 and 2 respectively). The figures show New York and California as the

FIGURE 3

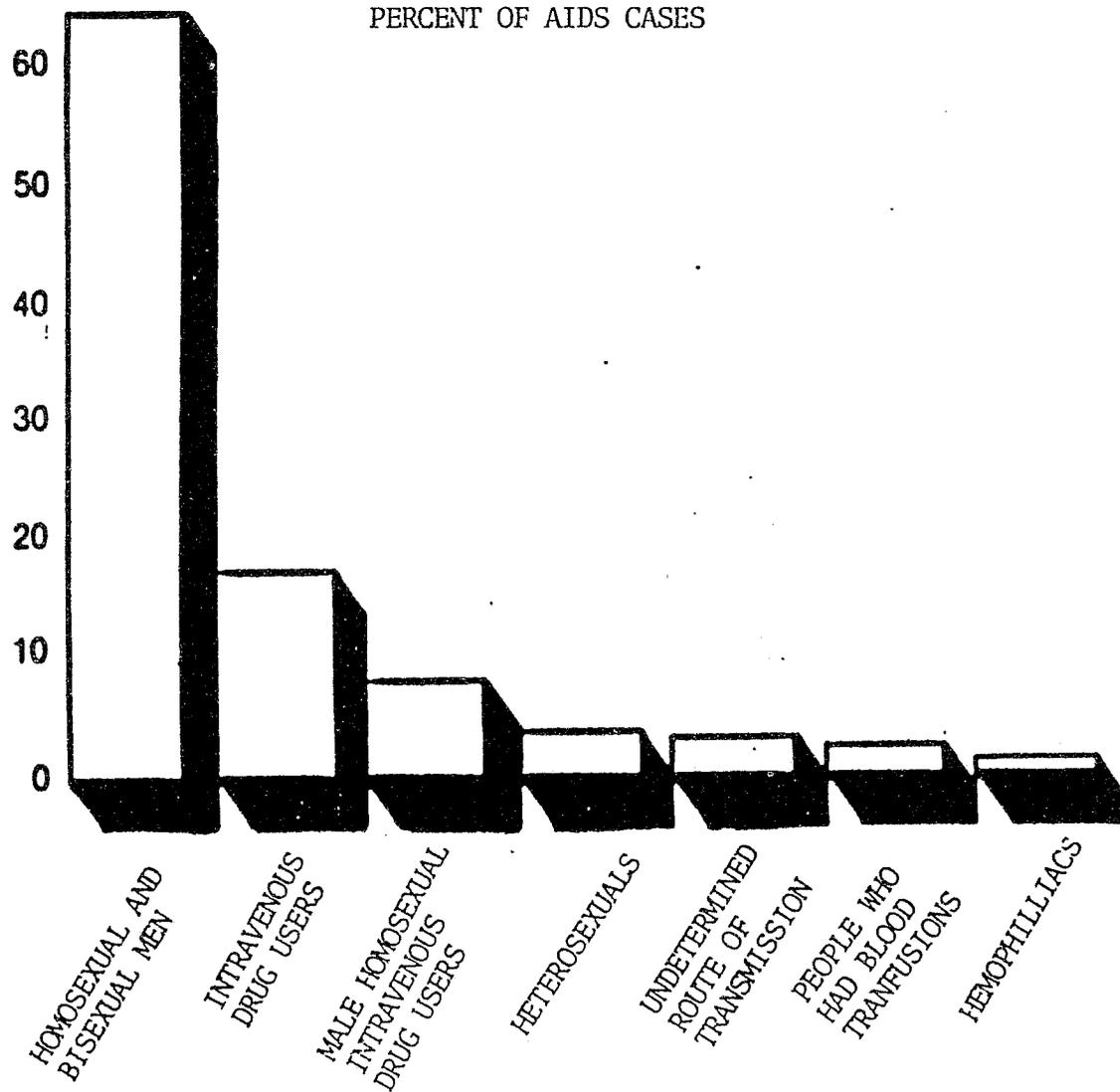
STATES WITH THE GREATEST INCREASE IN AIDS CASES (1988)



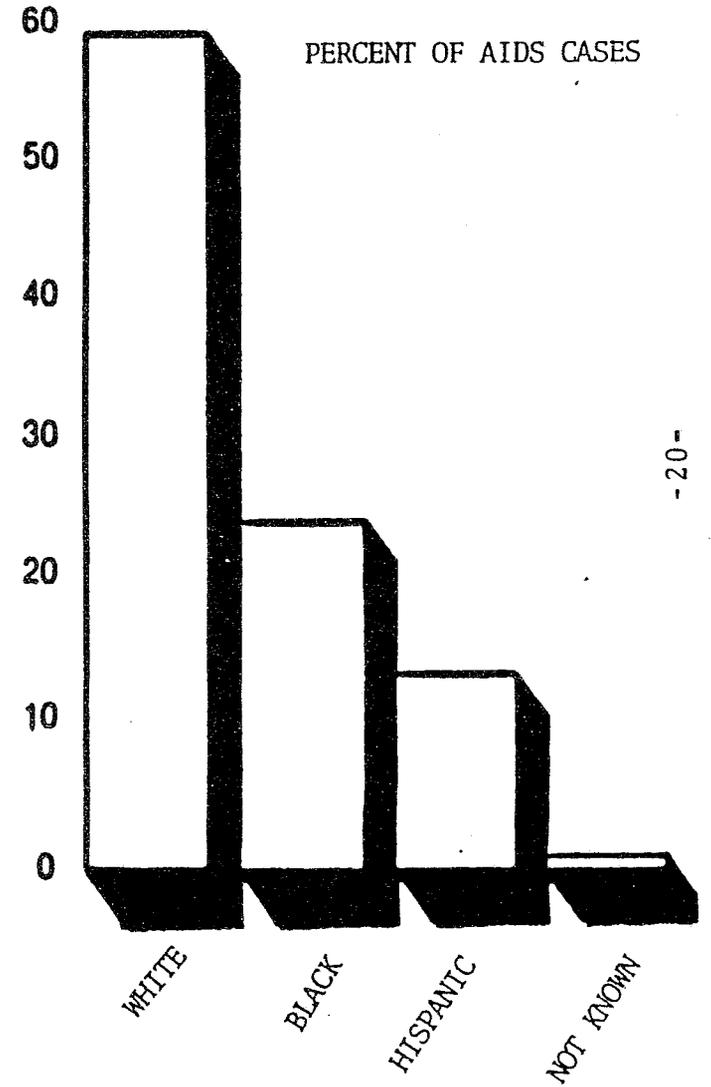
-19-

FIGURE 4

TYPES OF PEOPLE WHO HAVE AIDS (1988)



DISTRIBUTION OF AIDS CASES BY RACE AND ETHNIC ORIGIN (1988)



SOURCE: COMPUTED FROM "AIDS WEEKLY SURVEILLANCE REPORT" AIDS PROGRAM, CENTER FOR DISEASE CONTROL. 3/88

epidemic leaders both as states and with the major metropolitan areas reporting the highest in these two states. If this is any indication of what the current situation is confronting us with, what does the future behold? This is a crisis for all employers and employees that work for the public safety not to mention the public itself. Equally alarming are the states with the greatest increase in AIDS cases (Figure 3). A compilation of the types of people who have AIDS should also be understood by the reader (Figure 4).

PERSONAL INTERVIEWS

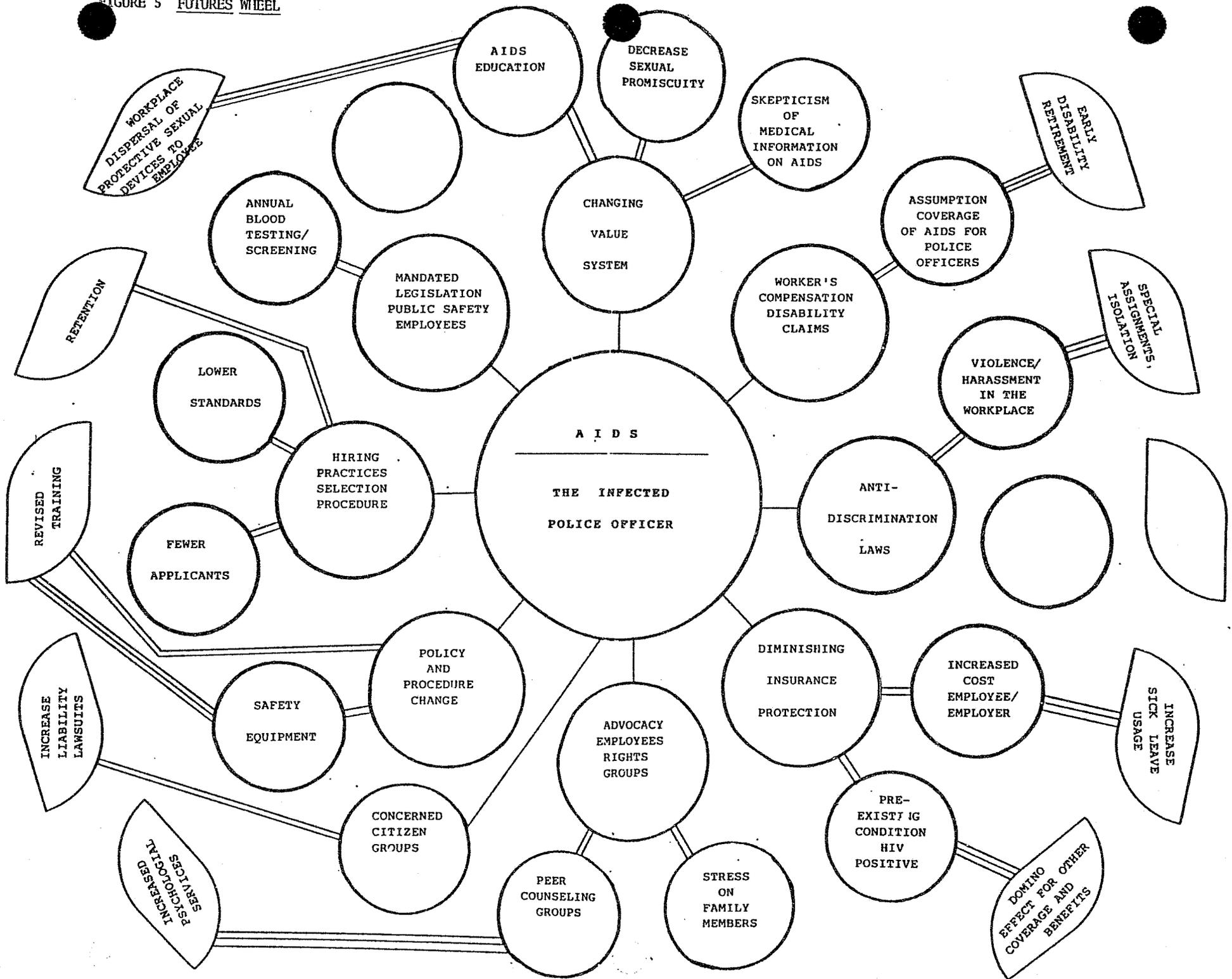
Sixteen personal interviews were conducted with individuals considered to have a valid interest in the issue of AIDS. These interviews included AIDS victims, members of law enforcement, fire safety, attorneys, judges, medical doctors, insurance representatives, private industry employees, and city administrators.

The information gained through these interviews was used as resource material throughout this project and also as a basis for networking with others studying the problem.

SURVEYS

Two telephone surveys were conducted with police and fire departments throughout the state of California to gain an indication and insight as to public safety's position and involvement with the employee and the AIDS epidemic. One survey included 408 police and sheriffs departments that were questioned reference AIDS policy in

FIGURE 5 FUTURES WHEEL



the workplace. The purpose was not to criticize or find deficiencies within any agency, but to find out how public safety measures up to or parallels with private industry and to determine if the concerns and needs are the same. The results of the surveys will be referred to in the study.

OVERVIEW OF THE EMERGING ISSUE

In order to put the issue "Police Officers Infected with Aids Virus" into proper perspective, a "Futures Wheel" was constructed by this investigator to help identify incidents and changes that could structure the future direction of police agencies and their employment practices. Major sub-areas related to the issue and tangents from the sub-areas are identified and give the reader a visual scope of the potential problems that may surface. Nevertheless, the overall outcome of the issue will be delegated by events that specifically address the issue of AIDS and how they are interpreted by those in executive and management positions. The Futures Wheel in figure 5 offers a tool for projection of possible scenarios if certain changes occur.

THE NOMINAL GROUP TECHNIQUE PROCESS (NGT)

Analysis was done by a specific select group of professionals combined of both civilian personnel outside of law enforcement and

members of public safety organizations that in some way would be impacted by the issue area or have a valid concern about the issue. These professionals backgrounds varied including individuals from private industry and the public sector. Individual representatives from public and private employment were requested to attend in order to contribute their input showing the direction their organizations are headed in monitoring and protecting employees rights regarding the AIDS epidemic. Members of the group were also asked to be objective in their assessment and view things from the standpoint of their employment explaining parallels or differences seen between private and public.

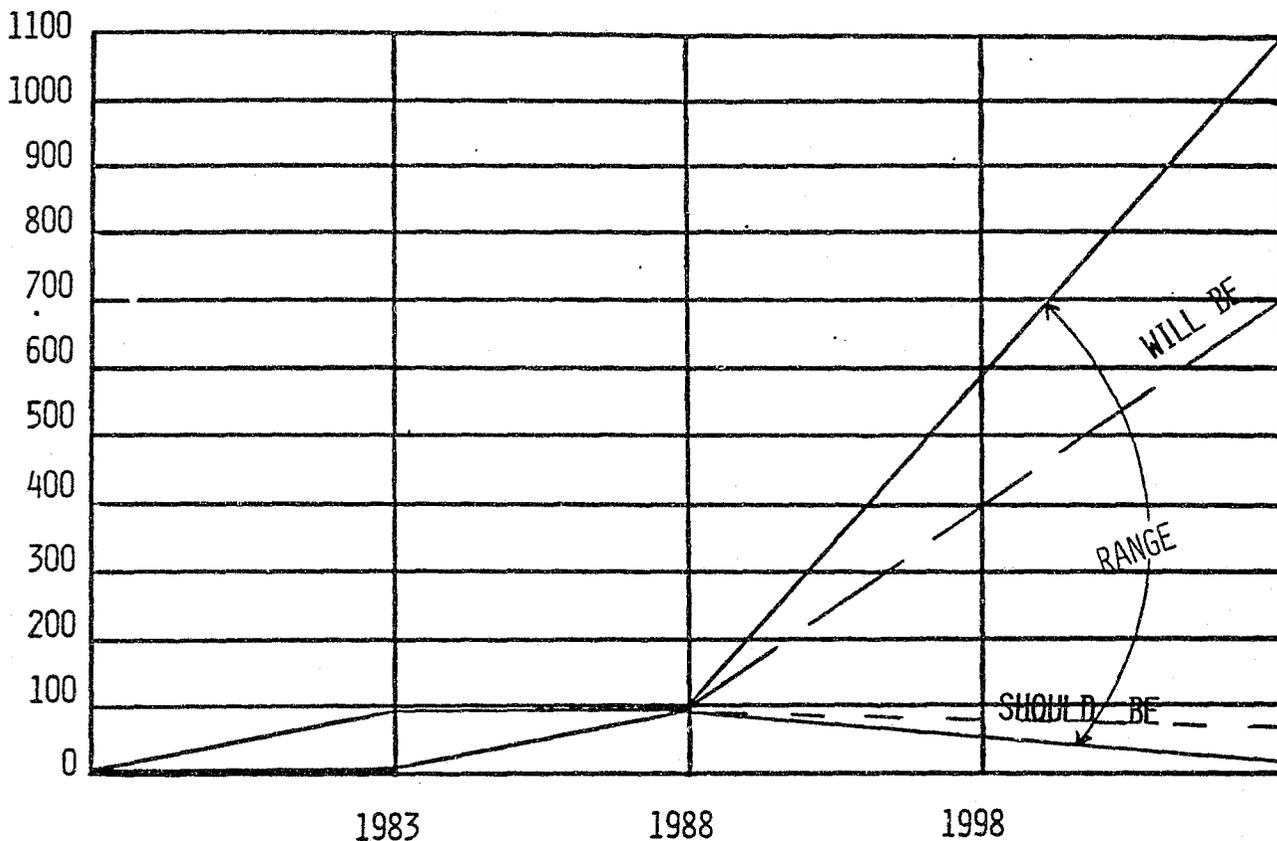
The group of twelve individuals were asked to specifically address the future by looking for trends and events that could evolve and impact employees that contracted the AIDS virus. Approximately two weeks prior to the meeting, each participant was given an explanation of trends and events along with an article concerning the issue, to tease their minds in the hopes of soliciting input during this brainstorming session. (Refer to Appendix E.) The results demonstrated that there is much concern over the AIDS issue, and that hysteria and homophobia are realistically apparent in the workplace and society.

TRENDS

The group members, after spending approximately twenty minutes writing and reviewing their own thoughts, were individually asked for trends as I conducted a "Round Robin" type questioning. Upon conclusion about 45 minutes later, the members had suggested 46

FIGURE 6

TREND - GROWTH OF THE AIDS EPIDEMIC DESPITE EFFORTS TO STOP IT OR SLOW IT DOWN.

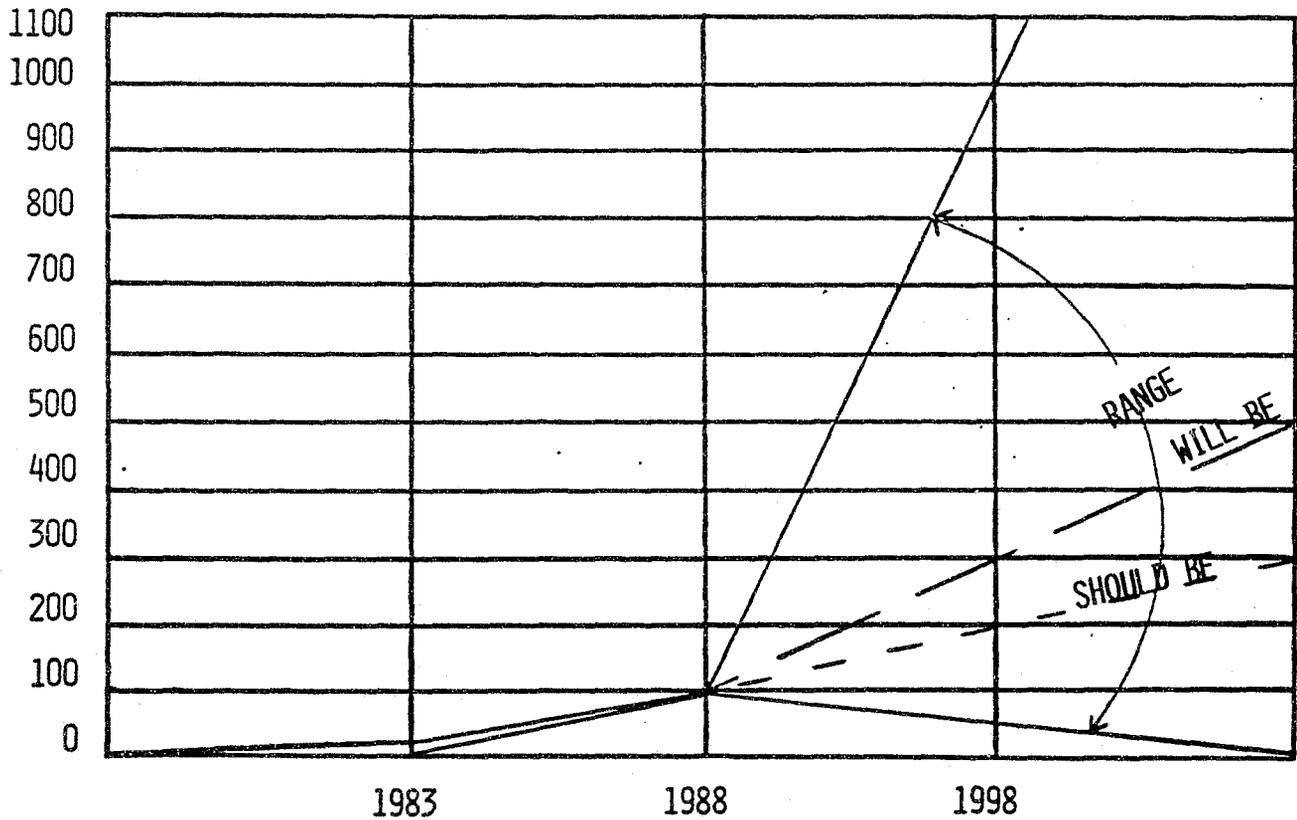


TREND #1

ACCORDING TO THE RESULTS, THE GROUP FELT THAT THE OUTLOOK FOR A CURE FOR THE AIDS VIRUS IS GRIM FOR THE NEAR FUTURE. THE STATISTICS FOR PERSONS CONTRACTING AND DYING FROM AIDS IS CONTINUING TO RISE ALONG WITH THE CHANCES OF BECOMING INFECTED. THE LONGER WE GO WITHOUT A CURE OR CONTAINMENT OF THE DISEASE, THE LARGER THE PANIC AND FEAR BECOME WITHIN SOCIETY. IT SEEMED APPARENT IN SOME INDIVIDUALS MINDS ABOUT UNCERTAINTY AND DOUBT AS TO WHETHER THE TRUTH IS BEING TOLD OF WAYS THE DISEASE IS BEING TRANSMITTED.

FIGURE 7

TREND - EDUCATION OF EMPLOYEES IN THE
WORKPLACE ABOUT THE AIDS VIRUS.

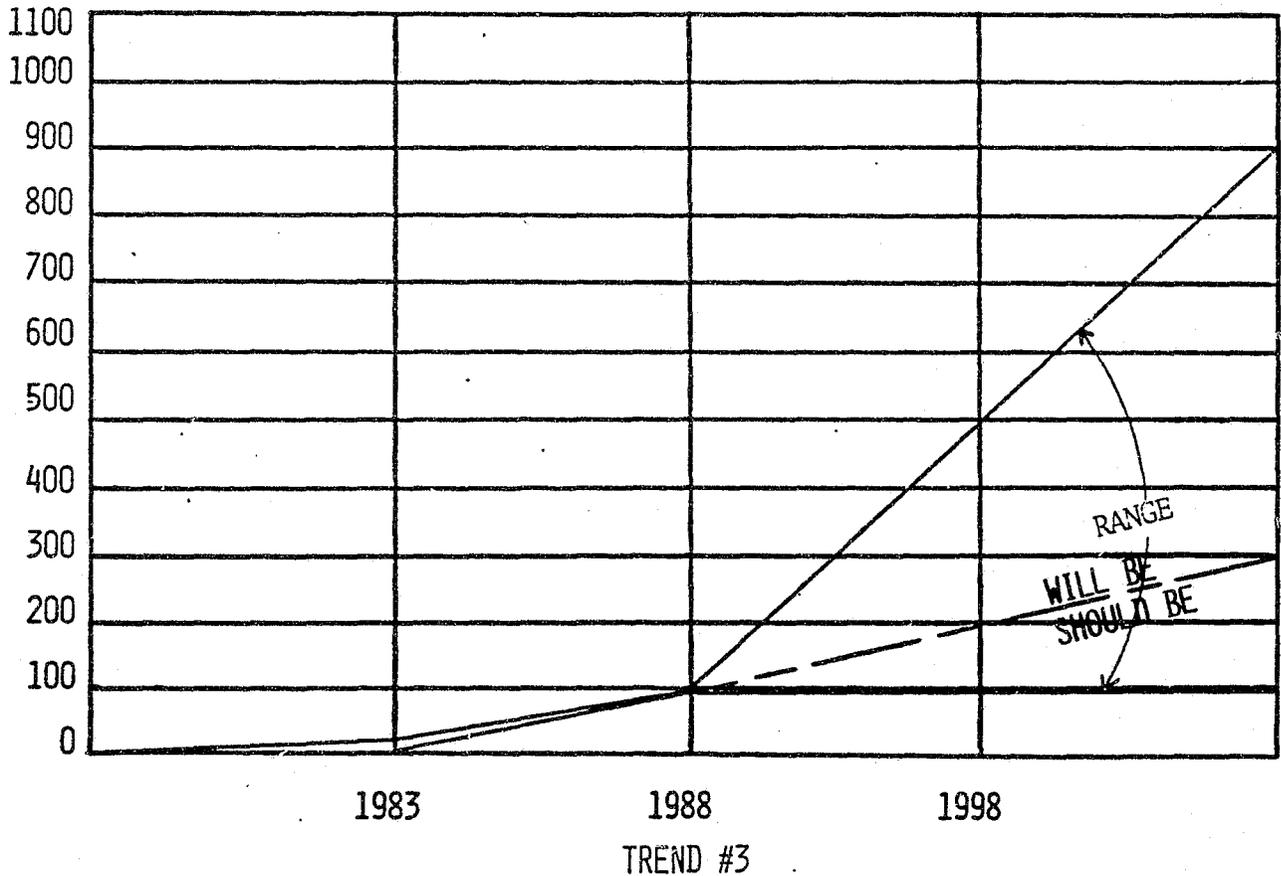


TREND #2

THE GENERAL FEELING ABOUT EDUCATION BY THE GROUP MEMBERS, WAS THAT THERE IS A VITAL NEED AT PRESENT IN ANY AND ALL WORKPLACES AND IS OUR ONLY FEASIBLE METHOD FOR COMBATting THIS DISEASE AND AVOIDING THE RISKS OF CONTAGION. AGAIN, STATISTICS SHOW THAT THE NUMBER OF VICTIMS THE AIDS VIRUS HAS CLAIMED IS RISING ALONG WITH THE DEATH TOLL. EDUCATION IS VIEWED AS THE ONLY LIGHT AT THE END OF THE TUNNEL RIGHT NOW AND WITH THE CURRENT SITUATION, NEEDS TO BE GIVEN TOP PRIORITY WITH EMPHASIS ON PREVENTION.

FIGURE 8

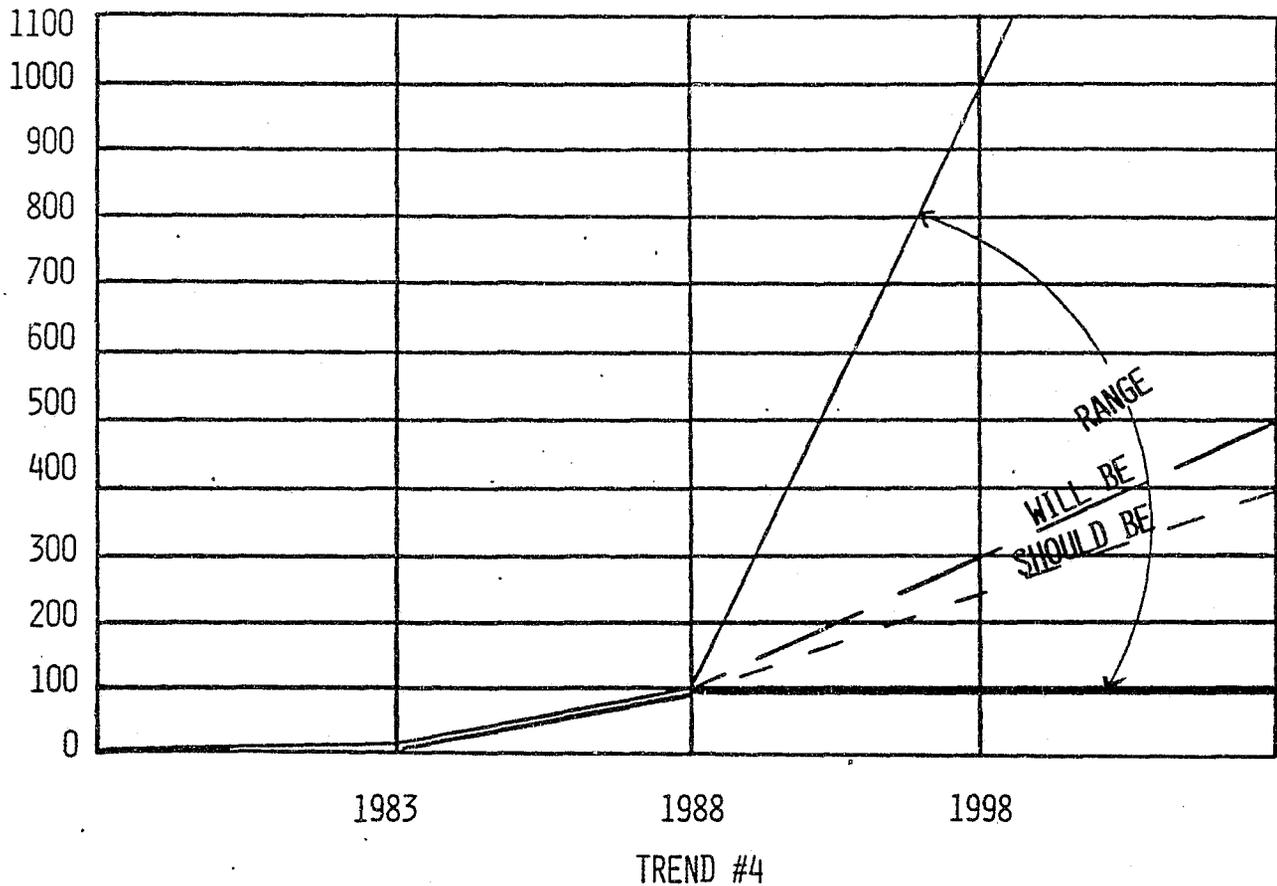
TREND - POLICY DEVELOPMENT CONCERNING AIDS
AND THE EMPLOYEE IN THE WORKPLACE.



MANY ORGANIZATIONS STILL HAVEN'T GIVEN THOUGHT TO DEVELOPING A POLICY FOR TRAINING AND/OR TREATMENT OR PROCEDURE FOR THE EMPLOYEE THAT HAS BECOME AFFLICTED WITH THE AIDS VIRUS. THE FEELING FROM THE GROUP WAS THAT MANY EMPLOYERS, PRIVATE AND PUBLIC, ARE TREATING THE POTENTIAL PROBLEM OF AIDS IN THE WORKPLACE WITH MERE COMPLACENCY. IT ONLY BECOMES IMPORTANT OR AN ISSUE IF AN EMPLOYEE CONTRACTS THE DISEASE. THERE WILL EVENTUALLY BE POLICY MADE IN THE NEXT TEN YEARS AND THERE SHOULD BE POLICY MADE, BUT WILL BE MORE AS THE RESULT OF MANDATION OR COURT RULINGS.

FIGURE 9

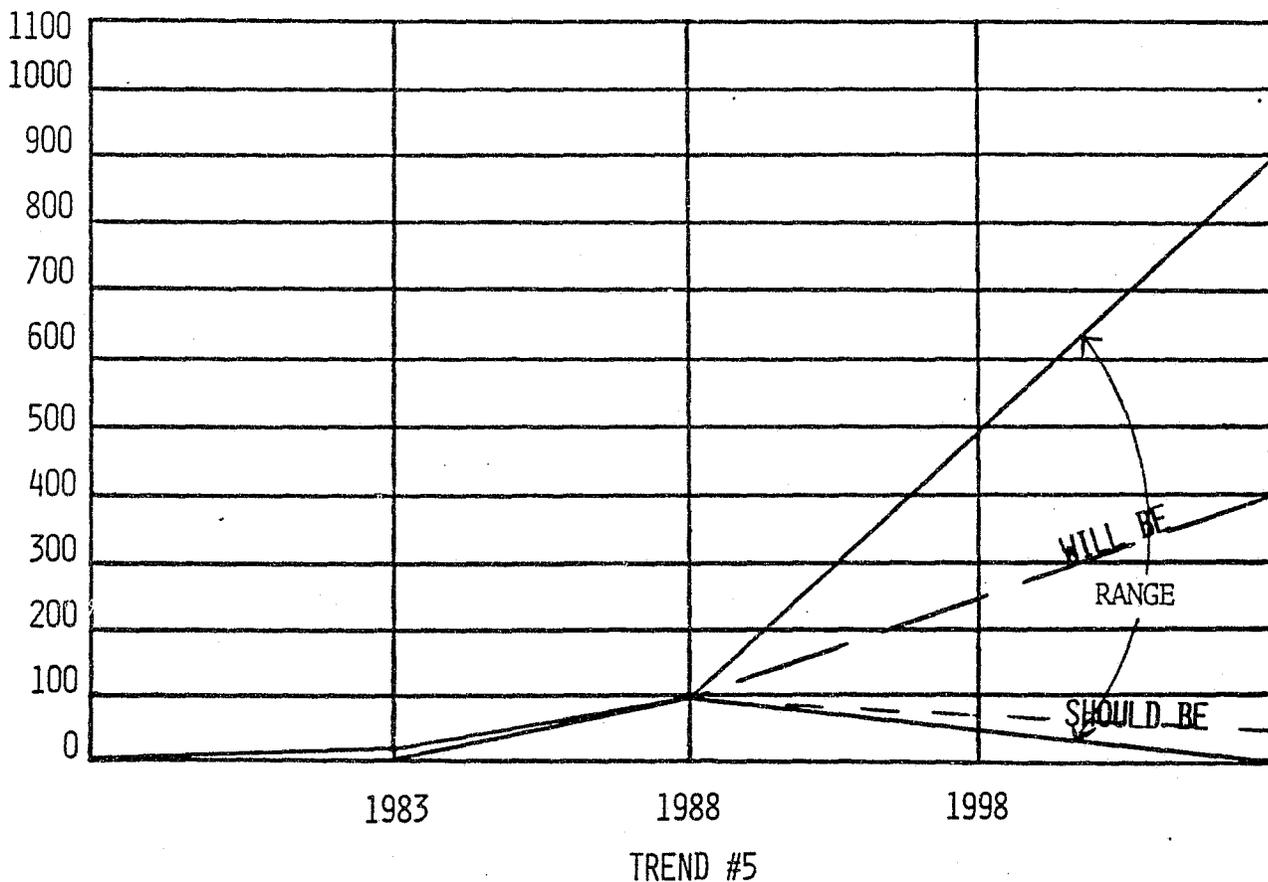
TREND - IMPROVED HEALTH BENEFITS FOR VICTIMS OR POTENTIAL VICTIMS.



ALTHOUGH THE RANGE WAS SUBSTANTIAL, THE IMPRESSION GIVEN BY THE GROUP WAS THAT BENEFITS WILL HAVE TO BE INCREASED TO COVER THE INCREASING COSTS OF CARE FOR AIDS VICTIMS. A FEAR WAS NOT SO MUCH THAT THE COSTS WERE SKYROCKETING, BUT THAT THE NUMBER OF PERSONS CONTRACTING THE AIDS VIRUS WAS DRASTICALLY RISING. NO MATTER THE DIRECTION OF THE EPIDEMIC, PROPER CARE AND THERAPY ARE CRUCIAL TO ASSURE THE BEST CARE POSSIBLE FOR THE VICTIM.

FIGURE 10

TREND - COMPOUNDED EMPLOYEE STRESS CLAIMS.



DUE TO THE MEDIA HYPE AND BASIC HUMAN NATURE, THIS TREND WAS A VALID CONCERN BY THE MEMBERS THAT WE ARE GOING TO SEE MORE CLAIMS AND CONCERN BY EMPLOYEE GROUPS BECAUSE OF STRESS RELATED TO WORKING IN AN ENVIRONMENT WHERE THE POTENTIAL FOR CONTRACTING AIDS VIRUS EXISTS. GIVEN THE CURRENT SITUATION WITH THE AIDS VIRUS, CLAIMS OF PSYCHOLOGICAL AND EMOTIONAL STRESS ARE JUST ON THE HORIZON WHETHER OR NOT THE EMPLOYER WISHES TO ACKNOWLEDGE IT. IF A CLAIM IS MADE, IT SHOULD BE TREATED AS ANY OTHER CLAIM BECAUSE IT IS A REAL POSSIBILITY WHEN WEIGHING ALL THE FACTORS.

trends pertinent to the issue. After clarification of certain trends, the members were asked to fill out a trend rating form to determine what they thought were the five most critical in relation to the issue. The members identified the following:

1. Growth of the AIDS epidemic despite effort to stop it or slow it down.
2. Education of employees in the workplace about the AIDS virus.
3. Policy development concerning AIDS and the employee in the workplace.
4. Improved health benefits for victims or potential victims.
5. Compounded employee stress claims.

Each member was then asked to graph his/her opinion of the expected value of each of the top five trends basing there forecast on the criteria that "today" equals 100. With this in mind, the individual members each estimated what the trend was 5 years ago and where it will be in 10 years if things remain status quo with the issue (Nominal Forecast). The members were also asked to view each trend as what it "should be" in 10 years if a significant positive event happens with the issue (Nominal Forecast). The totals from the group for each trend was figured and charted along with the median level of the projected impact. Figures number 6 through 10 show the results of the groups effort followed by an analysis of the findings.

FIGURE 11

EVENT EVALUATION FORM

EVENT STATEMENT	PROBABILITY		NET IMPACT ON THE ISSUE AREA (-10 to +10)	NET IMPACT ON LAW ENFORCE- MENT (-10 to +10)
	By 1993 (0-100)	By 1998 (0-100)		
A FEDERAL OR STATE SUPREME COURT DECISION THAT WILL BE A LANDMARK CASE AFFECTING THE RIGHTS OF AN AIDS VICTIM'S EMPLOYMENT.	90	100	+5	-1
MANDATORY REPORTING/DISCLOSURE LAWS OF PERSONS AFFLICTED WITH THE AIDS VIRUS.	50	70	+3	+5
A VACCINE OR CURE FOR THE AIDS VIRUS.	50	75	+10	+10
DISCOVERY OF NEW STRAINS OF THE AIDS VIRUS.	90	100	-3	0
A MANDATORY QUARANTINE, LOCK-UP, ISOLATION OF AIDS VICTIMS.	20	40	+5	+8

CRITICAL EVENTS

Again by the use of the Nominal Group Technique, the group was asked to develop a list of events that may impact the issue. Out of the 29 events, the group picked the 5 they felt were the most critical to the issue:

1. A Federal or State Supreme Court decision that will be a landmark case affecting the rights of an AIDS victims' employment.
2. Mandatory reporting/disclosure laws of persons afflicted with the AIDS virus.
3. A vaccine or cure for the AIDS virus.
4. Discovery of new strains of the AIDS virus.
5. A Mandatory quarantine, lock-up, isolation of AIDS victims.

The group was then asked to determine what they felt was the probability of occurrence of each of the selected five events by 1993 and 1998 on a scale of 1 to 100. After completion of the probability task, the group forecasted the impact the event would have on the issue. This part was rated on a scale of +10 (positive impact) to -10 (negative impact).

Figure number 11 shows the median probabilities that the event will occur and the median numbers for the net impact on the issue of AIDS and the infected employee as well as the net impact on law enforcement in general. The results are as follows:

1. Court decision - The group felt that the probability of occurrence by 1993 was approximately 90% and 100% by 1998. This was due to the fact that there has already been one major decision affecting employers. Although there is no

set of rules or specific answer which applies to every state, we are seeing more courts ruling in favor of the employees that AIDS contagion is a handicap. To fire or change a person's position in employment because of AIDS virus infliction would more than likely be ruled in violation of federal and state anti-discrimination laws. Most recent in California was the ruling by the federal Circuit Court of Appeals for Vincent Chalk, the Orange County school teacher with AIDS who was transferred from his teaching position to an isolated clerical position. The court overruled a lower court decision and stated Chalk was to be reinstated to his previous duties as a teacher.

2. Mandatory reporting/disclosure - Since the spread of the AIDS virus and the amount of deaths attributed AIDS is on the increase, it was felt by the members that a 50% probability by 1993 was not unreasonable. If the current situation still had not seemed to peak by 1993 then it was feasible to predict the probability of disclosure by 1998 to increase to 70%. This feeling was probably due more to despair in the fact that a cure or vaccine would not have been attainable by these two years.
3. AIDS Vaccine - With all the research that is currently being done, the group did see some "light at the end of the tunnel" and felt that there was a 50% chance a vaccine or immunization could be attainable by 1993. However, if not available by then, the probability would increase to 75% by 1998 again due to the variables of increased statistics

FIGURE 12

CROSS-IMPACT EVALUATION FORM

SUPPOSE THAT THIS EVENT WITH THIS PROBABILITY ACTUALLY OCCURRED HOW WOULD THE PROBABILITY OF THE EVENTS SHOWN BELOW BE AFFECTED ?

ACTUAL EVENTS	PROB. 1993	EVENTS					TRENDS				
		E1	E2	E3	E4	E5	GROWTH OF EPIDEMIC	EDUCATION IN WORKPLACE	AIDS POLICY DEVELOPED	IMPROVED HEALTH BENEFITS	EMPLOYEE STRESS COMPOUNDED
COURT RULINGS INCREASING PROTECTION	20%	X	DECREASE 60%	NO EFFECT	NO EFFECT	DECREASE 10%	INCREASE 5%	INCREASE 70%	INCREASE 80%	INCREASE 60%	INCREASE 50%
MANDATORY REPORTING DISCLOSURE LAWS	100%	DECREASE 15%	X	NO EFFECT	NO EFFECT	INCREASE 90%	INCREASE 25%	INCREASE 75%	INCREASE 80%	INCREASE 60%	INCREASE 75%
VACCINE (CURE) FOR AIDS	50%	DECREASE 10%	DECREASE 50%	X	DECREASE 90%	DECREASE 20%	DECREASE 60%	INCREASE 90%	INCREASE 90%	INCREASE 80%	DECREASE 80%
DISCOVERY OF NEW STRAINS	100%	INCREASE 45%	NO EFFECT	DECREASE 25%	X	INCREASE 80%	INCREASE 75%	INCREASE 100%	INCREASE 90%	INCREASE 20%	INCREASE 100%
MANDATORY QUARANTINE (LOCK-UP)	50%	INCREASE 65%	NO EFFECT	INCREASE 75%	NO EFFECT	X	DECREASE 55%	NO EFFECT	INCREASE 80%	INCREASE 10%	DECREASE 61%

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- EVENT 1 - A FEDERAL OR STATE SUPREME COURT DECISION THAT WILL BE A LANDMARK CASE AFFECTING THE RIGHTS OF AN AIDS VICTIM'S EMPLOYMENT.
- EVENT 2 - MANDATORY REPORTING/DISCLOSURE LAWS OF PERSONS AFFLICTED WITH THE AIDS VIRUS.
- EVENT 3 - A VACCINE OR CURE FOR THE AIDS VIRUS.
- EVENT 4 - DISCOVERY OF NEW STRAINS OF THE AIDS VIRUS.
- EVENT 5 - A MANDATORY QUARANTINE, LOCK-UP, ISOLATION OF AIDS VICTIMS.

- TREND 1 - GROWTH OF EPIDEMIC
- TREND 2 - EDUCATION IN THE WORKPLACE
- TREND 3 - AIDS POLICY DEVELOPMENT
- TREND 4 - IMPROVED HEALTH BENEFITS
- TREND 5 - EMPLOYEE STRESS COMPOUNDED

(death or infection of virus) and cost impact for both case of victims and loss of productivity by the employee.

4. New Strains - These has already been one divergent strain isolated (HIV II) from HIV I. This has caused some alarm among the group as we have seen this happen with other diseases in the past. Since one new strain has been discovered already, it was felt very strongly that other strains or variants would surely be present by 1993 with a 90% probability and increase to 100% by 1998.
5. Mandatory quarantine - In lieu of recent court decisions, the group felt that there was only a 20% chance of some type of quarantine or isolation by 1993. However, there was strong concern that with different strains being found, other methods of transmission through casual contact or accidental/premeditated exposure and again rising statistics, the probability would increase to 40% or higher by 1998.

CROSS IMPACT ANALYSIS

Again the group was asked to estimate the relationships between the forecasted trends and events on a Cross Impact Analysis Form to gauge the impact each event would have on the other events and the impact on trends should the events occur. If the events occur, they will no doubt have some impact on other events, and influence the level of a predicted trend. Figure # 12 demonstrates the various impacts. Below is a list of the events and their impacts on other events and trends:

Event 1 - Court decision - If a landmark decision occurs affecting the rights of AIDS victims.

Mandatory reporting/disclosure laws	Decrease of 60%
Vaccine/cure for AIDS	No effect
Discovery of new strains	No effect
Mandatory quarantine	Decrease of 10%

Event 2 - Mandatory reporting/disclosure laws.

Court decision	Decrease of 15%
Vaccine/cure for AIDS	No effect
Discovery of new strains	No effect
Mandatory quarantine	Increase of 90%

Event 3 - Vaccine/cure for AIDS virus.

Court decisions	Decrease of 10%
Mandatory reporting/disclosure laws	Decrease of 50%
Discovery of new strains	Decrease of 90%
Mandatory quarantine	Decrease of 20%

Event 4 - Discovery of new strains.

Court decisions	Increase of 45%
Mandatory reporting/disclosure laws	No effect
Vaccine/cure for AIDS virus	Decrease of 25%
Mandatory quarantine	Increase of 80%

IMPACT OF EVENTS ON TRENDS

Event 1 - Court Decision

Growth of epidemic	Increase of 5%
Education in workplace	Increase of 70%
AIDS policy development	Increase of 80%
Improved health benefits	Increase of 60%
Employee stress compounded	Increase of 50%

Event 2 - Mandatory reporting/disclosure laws

Growth of epidemic	Increase of 25%
Education in workplace	Increase of 75%
AIDS policy development	Increase of 80%
Improved health benefits	Increase of 60%
Employee stress compounded	Increase of 75%

Event 3 - Vaccine/cure for AIDS virus

Growth of epidemic	Decrease of 60%
Education in workplace	Decrease of 90%
AIDS policy development	Increase of 90%
Employee stress compounded	Decrease of 80%

Event 4 Discovery of new strains

Growth of epidemic	Increase of 75%
Education in workplace	Increase of 100%
AIDS policy development	Increase of 90%

Improved health benefits	Increase of 20%
Employee stress compounded 100%	Increase of

Event 5 - Mandatory quarantine

Growth of epidemic	Decrease of 55%
Education in workplace	No effect
AIDS policy development	Increase of 80%
Improved health benefits	Increase of 10%
Employee stress compounded	Decrease of 60%

FUTURES SCENARIOS

Three future scenarios were constructed based on information developed by the nominal group process according to trends, events, and cross impact analysis. The objective of these scenarios is not to predict the future, but to give an indication of the direction or a possible vision into the future. The depiction is that of California law enforcement agencies in the year 1993 and 1998. These scenarios are intended only as tool to activate the readers future thinking.

SCENARIO #1 - "NEVER DO TODAY WHAT YOU CAN PUT OFF UNTIL TOMORROW."

It was late in the evening as Lt. Critical of the Metropolitan Police Department was working watch commander, finishing reviewing some arrest reports. Swing shift is always busy but Lt. Critical likes it because he is always in the center of activity and he makes the big decision since he is the highest ranking officer in charge at this time of night.

As usual, the radio traffic is buzzing and the units are being dispatched from call to call without even time for a dinner break. Out of a scheduled compliment of patrol officers of 30 for a normal swing shift, Lt. Critical's shift works short to the tune of only 22 officers due to work related illnesses. These eight officers along with another 10 officers from various other shifts and details throughout the department, have made stress claims for workers compensation due to working in an environment where the AIDS virus may be prevalent. All the officers that are out have claimed daily routine contact with individuals in the high risk category for contracting the AIDS virus and are claiming they can no longer work in the setting.

The phone rings for the watch commander as Lt. Critical answers it. It's Dr. A. Psycho Prostatoot, a well-known medical doctor and psychiatrist used by many attorneys that handle police officer stress retirements. In police management circles, he is known as a reputable "whore" for attorneys in attending to the stress disability retirements for officers afflicted with "P.P.A.S." (Pseudo Psycho AIDS Syndrome) which is a stress related disorder that renders the individual mentally incapable of working in an environment where the AIDS virus may be present due to hysteria, paranoia, and fear of contagion.

Dr. A. Psycho Prostatoot advises Lt. Critical that he will be removing Officer I. M. Fraid from his graveyard shift duty since Officer Fraid is suffering from this psychosis. Lt. Critical begrudgingly accepts the claim but doesn't hesitate to call Dr. Psycho every name in the book before hanging up on him.

Lt. Critical is livid as he pencils in the sick leave on the schedule at the same time dialing Chief I. Procrastinate, Lt. Critical exhibits uncontrollable frustration as he shows no reverence for the chief's position telling the chief he was "recalcitrant for not taking the AIDS issue seriously." Lt. Critical recalls taking the issue of AIDS and policy development and education before management ten years ago and still nothing has been done at Metro P.D. Lt. Critical again repeats that alarming statistic he quoted to Chief Procrastinate ten years ago that according to the C.D.C., the numbers of AIDS cases in the U.S. has virtually doubled every year since 1981. There's a pause and the chief replies "Well.....nobody from the department has actually caught the disease yet. Just relax Lt. Critical, there's no need for policy or education. Let nature take its course."

The year is 1998.

SCENARIO #2 - "WITH REGRETS."

Its been five years since the passage of legislation taking drastic measure to combat the spread of the deadly AIDS virus. The June primary election of 1988 was a record year with 105 bills put on the ballot in an effort to control all aspects of AIDS.

Since mandatory testing is now required of all personnel involved in public safety positions, it has made it difficult for administrators to maintain consistent good morale in the workplace. Compounding the problem is the fact that mandated reporting/disclosure laws and quarantine of individuals that have tested positive for the HIV virus, have necessitated law enforcements assistance in apprehending suspected carriers.

Lt. Smith, who works for Major City Police Department, is in charge of a county-wide special task force which was formed in 1991. The task force was created as a result of the Center for Disease Control's predictions coming true that by 1991, the U.S. would see a cumulative total of 270,000 AIDS cases and the death of 170,000 people due to the virus and its complications. The number of children with AIDS have also increased twofold. More than 80% of the U.S. AIDS caseload is now located outside of New York and California, which used to be the epicenter of the disease. Even worse, the indirect costs to the nation in loss productivity from the premature deaths caused by AIDS has reached over \$55 billion. At the same time, public fears are rampant and concern is high. AIDS is now the disease the public fears most, surpassing even cancer and heart disease, the nation's leading cause of death.

Lt. Smith was considered the right man for the job because he confronts the problem head on and has led other controversial task forces in the past. Even though he doesn't live in the county, or city he works for, his dedication to eradicating the problem and "cleaning up" the county, ridding it of "disease carriers and the like", is unsurpassed. However, he has been criticized for his lack of compassion by the media. But his response to the criticism has been, "Its a dirty job but someone has to do it. Its like the bubonic plague; the vermin that spreads it has to be contained, isolated or destroyed." Even though his wife and 10-year-old son that he loves very much haven't been feeling well because of some kind of flue, he's managed to be at work daily. His dedication to the job is exemplary.

Lt. Smith has always said that he wouldn't do something that "I didn't subscribe to myself." Its time for the police departments semi-annual AIDS testing. Lt. Smith along with his task force, complied with the department general orders and took the test at the county health facility. The task force also works hand and hand with county health officials as they supply Lt. Smith with a weekly update of known carriers of the AIDS virus. Surrounding counties also have similar relationships with their county health facilities.

As part of a routine day, the task force would respond to known AIDS carrier's place of employment and homes. Because of the AIDS epidemic, the law was changed which allows the police to enter and search a business or residence without a warrant for a suspected carrier.

Well, its finally Friday and another long week comes to an end. The task force wound up with a record 500 arrests of AIDS carriers. As Lt. Smith finishes his paper work, he ponders on what a rough week its been and how tired he is. He can't wait to get home to have a "cold one" and visit with his wife and son. There's other paper work on his desk, but it can wait.

As Lt. Smith pulled into his driveway at home, something just didn't seem right. The front door to his house was wide open and looked as though it had been forced. He felt that feeling in his gut that his privacy had been invaded. His wife and son were nowhere in sight and the inside of the house appeared as if there had been a scuffle. Upon contact with the local police, he informed them of the situation that his house had been broken into and that his wife and son were missing. The desk sergeant from the local

police department reassured Lt. Smith that his house had not been burglarized. However, his wife and son were taken into custody by the local authorities for testing positive to the AIDS virus. Frustrated, upset and feeling that their test results were a mistake, He went back to work to seek help. As he wearily sat down at his desk, he wondered how they could have caught the virus. He then noticed an envelope on his desk from the county health office of AIDS testing. He opened the letter and read the contents. It said, "Lt. Smith, with regrets, its required to inform you that your test for the AIDS antibody was positive. Please turn yourself in to the local authorities."

SCENARIO #3 - "BE PREPARED."

Philanthropy Police Department has always been a leader in the law enforcement community. The administration is progressive, innovative, and proactive in its approach to not only providing services for the community, but also the department is a recognized forerunner in effective employee/employer relationships.

The year is 1993 and Philanthropy Police Department is one of the few public safety organizations that has taken the initiative to research, design, and implement policy and education standards with reference to the AIDS epidemic. A report had been done back in 1988 sponsored by the California Commission of Peace Officers Standards of Training (P.O.S.T.) through the P.O.S.T. Command College program by Lt. Urbanowski from Garden Grove Police Department.

The report simply recommended that since there wasn't a cure for AIDS in the immediate future, organizations need to take a stand and

create policy as guidelines and educational standards for dealing with AIDS in the workplace. In his study, Lt. Urbanowski conducted a survey of all the police and sheriff's departments in California to determine if they currently had a policy governing AIDS and the employee in the workplace. Needless to say, out of all the law enforcement agencies, only 7% had policy or were in the process of designing a policy. This really wasn't surprising because a survey had also been done by private industry on corporate America and found that only 5% indicated the existence of an AIDS policy statement. The report also indicated that the only reason some organizations developed policy was as a result of being sued by an employee that had contracted AIDS and was subsequently discriminated against by the employer.

Philanthropy Police Department had enough foresight to think ahead and anticipate that their employees were just as susceptible to the deadly AIDS virus as are private sector employees. The AIDS virus was first made known to the general public in 1981. Philanthropy Police Department took the "bull by the horns" and in 1985, established a feasible policy for all employees in the work place.

This policy was to be used as guidelines for managers and supervisors if they were ever confronted with an employee who contracted the AIDS virus as a job related illness or outside of employment. The guidelines included the police departments philosophy, commitment, benefits, hiring, educational standards, support programs for employees affected, and the purpose of having a policy in the workplace. The organization felt good about its

accomplishments concerning policy on AIDS and as a result of the efficiency displayed, Philanthropy Police Department received national attention in 1991, as a police officer from the department had contracted the disease due to an "on duty" injury. The officer's case was handled in a humanistic and ethical manner with understanding and compassion from the entire department. When the case went before the Workmans' Compensation Hearing Board, there was no question as to how the officer contracted the AIDS virus. The policy guidelines established in 1985 were specific as to procedure and documentation of the injury the officer sustained.

The unfortunate note is that its now 1993 and the majority of law enforcement agencies including Garden Grove still haven't developed a policy statement about AIDS.

POLICY CONSIDERATIONS

In preparation for the future, certain policy considerations selected by members of the Nominal Group, need to be viewed based on data from the trend and event analysis, interviews, surveys, and the future scenarios. The third scenario "Be Prepared", was selected by the author as the most desirable future based on the latter. The issue of AIDS in the workplace or post-contraction of the AIDS virus by a police officer not only necessitates looking at policy on a local level, but also from a state and federal standpoint. Policy considerations should reflect events of substantial impact no matter what level they originate from or anticipated events that may occur as a result of continuing trends. The following were suggested by the group:

- 1) Development and implement educational programs for all employees in the workplace using experts from the medical, legal, insurance, private industry, and public health fields. Education should be done at least semi-annually. Update and review any new or recent developments as they arise scheduling additional training as necessary.
- 2) Establish a crisis management team to deal with employees that contracted the AIDS virus, employees contemplating any type of work action as a result of working conditions due to AIDS, and to monitor any minor or major changes in the AIDS epidemic which might affect the workplace.
- 3) Design a mandatory testing procedure for current personnel (police officers) and applicants for employment as police officers. Facilitate testing on an annual basis with adherence to confidentiality of positive results.
- 4) Using legal resources, consultation with workmans'' compensation experts, and insurance industry professionals, set guidelines that will determine whether the AIDS virus was contracted thorough a work related incident. Create standardized methods of reporting for any injury or exposure where suspicion of the AIDS virus contamination may be apparent. Mandate this method of reporting throughout the state.
- 5) Designate certain positions as compatible for those employees that have contracted the AIDS virus and are able to work in a light duty position but are not quite ready to return to regular duties. Design the positions as to not

violate any of the court decisions or laws relating to the handicapped or specifically AIDS victims. Under the California Department of Fair Employment and Housing Act, the employer is obligated to explore "reasonable accommodations" that could allow the police officer to stay on the job. However, the employer is under no legal constraint to find, or create a special assignment for the employee.

- 6) From an E.A.P. (Employee Assistance Program) for counseling purposes for those employees that have contracted the AIDS virus, have been exposed to the AIDS virus, for co-workers in fear of working within an environment where the AIDS virus may be present, and for employees' family members in need of help for coping with the disease.
- 7) Develop training on prevention and handling of calls for service related to communicable diseases in the police academies mandated by P.O.S.T.
- 8) Propose legislation for protection of public safety personnel mandating testing of suspected AIDS carriers that violate the law, are apprehended by law enforcement, are treated by fire personnel and created an altercation with police officers or fire personnel during apprehension and treatment for injury respectively.
- 9) In consideration of sick leave use vs. retirement, establish the amount of sick leave time the department will allow an employee to use prior to consideration of retirement and the possibility of mandatory retirement for

AIDS inflicted employees if reasonable accommodations have been exhausted.

10. Develop policy guidelines and company philosophy about AIDS in the workplace made available to employees before a known AIDS case or problem arises to minimize crisis and reduce employee fear, mistrust and uncertainty. Make sure top management on down accepts and abides by the guidelines before submission to line personnel.
- 11) Review the findings of companies who insure or underwrite municipal, county, and state governments, and consider adoption of policies and procedures that have proven successful in mitigating a department's liability exposure for both employees and the public.
- 12) Develop a policy for hiring any person that may be a carrier only of the AIDS virus, within legal constraints.
- 13) Design guidelines or policy regarding special transfer requests for non-afflicted workers not desiring to work around AIDS inflicted employees and appropriate discipline if deemed necessary within the confines of U.S.H.A. standards and the law.
- 14) Consider special funding or budgeting for AIDS education, special-field use equipment for contamination prevention, training needs, or anything else deemed appropriate by management to stop the spread of the AIDS virus.

After devising speculative policies, the group was asked to reduce the number of policies by rating each one individually based on its feasibility and desirability using a policy delphi rating

TABLE 1 A

RATING SHEET FOR POLICY DELPHI

Alternative 1: EDUCATIONAL PROGRAMS

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 70
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 2: CRISIS MANAGEMENT

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 48
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 3: MANDATORY TESTING

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 42
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 4: STANDARDIZED METHODS OF REPORTING

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 68
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 5: DESIGNATED POSITIONS AIDS EMPLOYEES

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 47
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 6: EMPLOYEE ASSISTANCE PROGRAM

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 67
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 7: PREVENTION TRAINING

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 52
Desirability	VD (3)	D (2)	U (1)	VU (0)	

TABLE 1 B

RATING SHEET FOR POLICY DELPHI

Alternative 8: LEGISLATION FOR PROTECTION PUBLIC SAFETY EMPLOYEES

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 50
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 9: SICK LEAVE VS. RETIREMENT

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 34
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 10: POLICY GUIDELINES COMPANY PHILOSOPHY

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 72
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 11: PRIVATE INDUSTRY POLICY AND PROCEDURE

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 50
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 12: HIRING POLICY

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 53
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 13: TRANSFER REQUESTS AND DISCIPLINE

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 37
Desirability	VD (3)	D (2)	U (1)	VU (0)	

Alternative 14: BUDGETING AND FUNDING

Feasibility	DF (3)	PF (2)	PI (1)	DI (0)	SCORE= 60
Desirability	VD (3)	D (2)	U (1)	VU (0)	

sheet. The group members were asked to base their decision on policies they felt were of immediate importance or the most critical to the issue by picking the top 4 and the most polarized (a lot of high and low scores). Based on this, a member's score for each policy is computed. The scores are then totaled from all the member's sheets for a grand total score. (Refer to Table 1 A & b for a view of those scores.)

Policies #10, #1, #4, and #6 were decided upon by the group as being the most critical (in that order) to the issue and the ones that should be implemented as soon as possible. The most polarized was #2.

One of the problems clearly seen in both the group meetings and people interviewed, was the lack of policy guidelines and company philosophy in both private and public organizations. So it was no surprise to see the group rate #10 as a top priority. The nexus or common denominator seems to be top management's inability to address the complacency with the issue of AIDS until an employee contracts the disease. It is difficult to surmise for other agencies, but many departments in the past five to seven years have advanced so far so fast technologically, that it has allowed the human element to slip behind and take second place to everything else.

All the policies selected as the most desirable and most feasible are interrelated and address the welfare of the employee, with that humanistic frame of mind. It is recommended that the top four policies be considered by all law enforcement agencies currently without.

OBJECTIVE TWO - STRATEGIC MANAGEMENT PROCESS

Strategic planning is a method that can be used by an organization management team to evaluate all the tangents and variables that the issue of a police officer that has contracted AIDS may bring to thought or develop. The composition of the strategic plan includes analysis of the environment we are currently in, by taking a look at who the "stakeholders" are in this environment. It tells what the mission of law enforcement is now and in the future, a recommendation of direction to pursue to avoid future pitfalls based on Scenario #3, while facilitating implementation of strategy, and use of planning systems necessary to fulfill the chosen course of action. It is critical that administrators know the most dominant stakeholders and why they may take a certain approach to recommended policy.

In developing a strategic management process, it is necessary to include strategic planning, strategic decision making, and the policy considerations selected in objective one. All of these components will interact during this process as strategic management is not a straight line process. The result is a strategic plan filling the void between the present state of the AIDS controversy and illustrated scenarios in objective one.

METHODS IDENTIFICATION

The following methods or tools were used in this process:

- 1) Strategic Assumption and Surfacing Technique (S.A.S.T.)
- 2) Design of Planning Systems
- 3) Capability Analysis

4) Semi-Structured Interviews

METHODS: IMPLEMENTATION

ENVIRONMENT

We need to take a look at the overall picture that not only faces law enforcement, but all employers and employees. We could be facing a social "holocaust" in the workplace, especially in the law enforcement community because of our complacency attitude and naivety in taking any preventative action. If a police officer was to contract AIDS and continue in the workplace without the workplace having taken any measures to counteract the negative reaction management could potentially be confronted with, a nidus of conflict and confrontation could erupt. The difference between law enforcement and other careers is the level of the "macho" image that seems to prevail in the organization especially at the line ranks. "The issues surrounding this disease are deeply rooted in American traditional discomfort with the subject of sex especially homosexuality." ¹⁴

Since so many people recognize the AIDS virus as still a "gay" or homosexual disease, the problem becomes compounded because "cops are not traditionally gay or homosexuals". A fellow officer afflicted with AIDS would surely be the topic of discussion with rumor control and possibly even ostracized by peers due to the social stigma attached to the disease. This stigma must be addressed by all managers.

In the course of this project research, the investigator interviewed sixteen professionals with knowledge of the AIDS problem as it affects employers and their employees. There were many significant findings as a result of these interviews, the following summation discusses the results.

One individual interviewed that has AIDS, confirmed the thought of ostracization and faulty rumors in the workplace among peers. After returning to work from a first bout with pneumocystis carinii (the pneumonia most common to people with AIDS), a friend mentioned that a co-worker commented about the individual and how well the person looked upon returning to work. The co-worker was so happy to see the individual didn't have AIDS. This is only an example of minor reaction that occurred in the workplace, but nevertheless, the potential exists for more severe reaction. Managers must anticipate "rumors" and take the necessary steps to stop them at the ignition point.

It's not intended for the reader to get the feeling that police officers aren't compassionate or humanistic, but considering the above, let's face it, police officers are only human. Without proper training, education, and support by management, employees will be geared towards the "dark ages".

What about the concern by everyone of the transmission of the AIDS virus, and the legalities in question, when an employee contracts the AIDS virus or job related illness while on duty? An officer at my department that was bitten by a suspect approximately one year ago, who claimed he had AIDS. After biting the officer, the suspect laughingly commented, "I've got AIDS, and now you're

going to get it." Since this incident, the officer has been going through the quarterly AIDS testing to determine if he is HIV positive. The mental trauma to this officer is very visible. This same officer was requested to give a 5 minute presentation at briefing by his supervisor concerning officer safety about AIDS. (I was unaware this presentation was scheduled). In listening to his talk, it was surprising but not shocking about the alarmist attitude he was demonstrating and the paranoia that was present. It's not that the information was false, but it hasn't been proven as true concerning other modes of transmission.

This brings up three points: 1) the chance of contagion of the disease by other than sexual contact, intravenous drug use, or blood transfusion, 2) the insurance liabilities of the organization, and 3) the legal strings that may get tangled in the course of trying to protect the organization and employee at the same time.

The doctors interviewed are specialists in the area of AIDS. In discussing other possibilities of transmission through contact with a person's contaminated saliva, an example was given whereby 72 saliva samples were tested from people known to be infected with the AIDS virus. Out of the 72, one sample tested positive to HIV antibodies. The question was asked if an officer was spat upon in the face, did this mean that a possibility exists that the officer could conceivably contract the AIDS virus. The response was that it was possible, but nobody has contracted the AIDS virus this way as of yet. The virus is so fragile outside the body, that it wasn't likely although the possibility does exist. It is a question of "probability vs. possibility" in that the likelihood of contracting

the AIDS virus in this fashion, carries about the same probability factor as the "light in the ceiling falling and striking you on the head. It just hasn't happened".

On a percentage basis, the doctors said the concentration level of the virus in saliva is only about 10% or less. For tears it is even less. Blood, vaginal fluid, and semen are the highest concentration levels with blood being about 90% and the others slightly less.

Discussion on AIDS transmission by these doctors was presented in a more realistic manner using the "probability vs possibility" scenario, as an example. They weren't saying don't take precautions. They merely said that the probability factor is the controlling factor governing the transmission of the disease through other than high-risk contact. The possibility is there but the probability is slim. Maybe it should be taught this way to all employees instead of saying "You, just can't catch it by other means". The doctors further emphasize the importance of "Policy and Education."

What are the insurance risks and liabilities to the organization after a police officer has contracted the AIDS virus? This question not only refers to the officer, but also to potential risks and liabilities to the public, if the officer that has AIDS, continues to work in the field and has contact with the public. In the area of civil litigation alone, municipalities have been forced to find alternative ways to provide necessary liability insurance coverage. Many cities are encountering the increased premiums for liability insurance becoming self insured, joining insurance pools, or even

going bare, dropping all coverage.¹⁵

Contact with insurance administrators revealed claims being submitted for "stress" in the work environment where AIDS is potentially present after an individual has been exposed. In particular, a police officer that had been exposed to the AIDS virus by being splashed with contaminated blood, stated he was unable to work in an area where the AIDS virus is prevalent. The claim was accepted as valid and the officer prevailed. This type of claim is becoming more apparent in public safety and private industry such as the health field.

Most law enforcement executives realize that liability can be minimized by the adoption of sound operating policies, proper training, and good management practices.¹⁶

It is not likely that law enforcement officials will dispute this statement, but is anything being done to facilitate this movement? It doesn't appear so according to the survey this investigator conducted of the 408 police and sheriffs departments in California. The departments were asked if they had a written policy or guidelines on AIDS in the workplace if an employee contracts the disease. Out of over 400 agencies contacted, only 7% had policy or were in the process of writing one. Public officials have known about AIDS since at least 1981. However, police departments are not alone. Private industry is about at the same level according to similar surveys done in the business world. What was disturbing about my survey was the response to the question about if a police officer was diagnosed with AIDS, would he/she be allowed to continue to work his/her regular assigned duties as a patrol officer. The majority

of responses were based on a lack of policy or guidelines and said they didn't know how it would be handled or it would be referred to other city administrators or the city attorney. There seems to be a general confusion about what to do.

Insurance experts felt that it needs to be a cooperative effort among all industry for participation in combatting the disease. There needs to be a push for policy by insurance companies to promote the necessity of having an informed workplace. Executives will be held accountable for not only their actions, but those of subordinates within the organization.

It was also felt that a major contributor to these type of legal problems would be due to the failure of organizations to react quick enough to the crisis. They take on an attitude of ignore it (AIDS in the workplace), and it will go away. Reporting of AIDS is not as precise as it should be. No one knows what to do. As far as the workers compensation industry is concerned, "AIDS in the workplace is cavalier - how can AIDS be work related?" This is the kind of attitude that seems to prevail in many organizations, but also from the workers compensation industry. If this is the case, then we probably can expect reluctance, resistance, and minimal assistance from workers compensation practitioners in dealing with this type of claim.

Concern with this issue is to avoid unnecessary legal battles over the well being of our personnel and provide a quality employment environment for everyone.

In interviews conducted with attorneys and judges, they were asked to analyze the scenario of an officer becoming infected with

the AIDS virus as a result of an on-duty contact. The officer had no specific incident or contact documented, but claims that the work environment is such that he/she has daily routine contact/confrontation with persons in the high risk groups, i.e. intravenous drug users, prostitutes, homosexuals.

Some felt this scenario was analogous with an officer contracting hepatitis. If the officer had a "reasonable contact" (i.e. needle prick, blood splash, etc.) and it was documented at the time of occurrence, there would be no question as to the compensation. On the other hand, if it was a claim based solely on working in an environment without any specific contact or injury, it would be difficult to show a work relation and compensation would be debatable. The possibility of the AIDS virus becoming a presumption injury or illness with the other presumptions of hernia, heart disease, and pneumonia for police officers would be slim unless the change was as a result of mass paranoia.

The courts have a tendency to award in favor of the employee if the circumstances of the illness or injury are questionable. By questionable is meant that neither the employee nor employer can prove or disapprove the claim other than the fact the employee has the illness. If more cases involving public safety become apparent, then something may happen with regards to AIDS becoming a presumption.

Another comparison thought to be closely related to AIDS was the Epstein-Barr virus which is similar to the AIDS virus in that it has no cure either. Since the Epstein-Barr virus can be transmitted through causal contact, it is even more difficult to pinpoint a

specific incident of transmission. In these type of cases where a specific contact cannot be isolated or explained, it then depends on the testimony given by medical experts. In essence, the testimony would be based on the "medical probability" of the individual contracting the disease due to the surrounding environment. In other words, if the officer works around potential carriers of a disease, then there is a high probability that the officer could have contracted it from one of these potential carriers. The Workmans' Compensation Act has stated that the law governing claims for injuries or illness on the job, will be "liberally construed" as to protect the employee when there is doubt or question as to the real cause of the injury. With the "liberal construction" of the law, the court is obligated to rule in favor of the employee.

Since we are not 100% sure of other possibilities of transmission of the AIDS virus, given the previous stated scenario, it was felt the court would be obligated to rule in favor of the officer based on "medical probability". The risk in the workplace must be shown along with increased incidence of exposure. This would not be difficult to prove if the rates of persons contracting the AIDS virus continues as currently predicted.

Now let's say the officer that has been diagnosed as having AIDS, goes to the boss and explains his situation, but also states he wants to continue in a regular capacity carrying out full responsibilities as a police officer. It was amazing to note that in a survey conducted of police and sheriff departments, the majority of respondents state either they didn't know what to do with the officer, would isolate him/her, or place on limited/light duty (refer to Table #3).

TABLE 3

SURVEY OF AIDS POLICY IN THE LAW ENFORCEMENT WORKPLACE

- 1) Do you currently have a written policy on "AIDS in the workplace" governing sworn and non-sworn employees if an employee contracts AIDS?
- 2) Do you currently have any employees (police officers) that have contracted AIDS?
- 3) If a police officer told you he/she had been diagnosed with AIDS but had a clearance from his/her doctor to continue to work regular assigned duties, would you let the officer continue to work in his/her current assignment if he/she desired?

Responses:

Question #1	Yes - 7%	No - 93%	
Question #2	Yes - 100%	No - 0%	
Question #3	Yes - 25%	No - 6%	Unknown - 69%

It's apparent that many law enforcement agencies are not aware of the most recent laws governing employment of victims with AIDS. The most significant development was the U. S. Supreme Court ruling in 1987 in the School Board of Nassau County vs. Airline. The court ruled that infectious disease could constitute a handicap under section 504 of the Rehabilitation Act of 1973. Therefore, a handicapped individual cannot be discriminated against in the workplace. This same case was later applied by the Federal Circuit Court of Appeals in California in Chalk vs. Orange County Department of Education stating that discrimination in the workplace on the basis of AIDS violates the Federal Rehabilitation Act of 1973. It seems very clear which direction the courts will or will not allow employers to go concerning employees with AIDS.

CAPABILITY/RESOURCES

Since the issue of the "impact on law enforcement by police officers infected with the AIDS virus affects the entire organization and all law enforcement, input from members of twelve Orange County law enforcement agencies in Southern California to determine the overall feeling about California Law Enforcement organizations' strengths and weaknesses in dealing with the issue was solicited. Twelve individuals were used for this evaluation and were asked to complete a "Capability Analysis" rating form, one for the present and one for the future adaptability. Each representative was a management rank ranging from lieutenants to deputy chief.

Review of the capability analysis rating revealed various

TABLE 2 A
CAPABILITY ANALYSIS: RATING I

CURRENT

Instructions

Evaluate for each item, as appropriate, on the basis of the following criteria:

- I Superior. Better than anyone else. Beyond present need.
- II Better than average. Suitable performance. No problems.
- III Average. Acceptable. Equal to competition. Not good, not bad.
- IV Problems here. Not as good as it should be. Deteriorating. Must be improved.
- V Real cause for concern. Situation bad. Crisis. Must take action to improve.

Category	I	II	III	IV	V
manpower			3	7	2
technology	1	8	2	1	
equipment	2	7	3		
facility		2	9		
money		5	4	3	
calls for service		2	7	3	
supplies		2	8	2	
management skills		8	2	2	
P.O. skills	2	4	6		
supervisory skills		2	8	2	
training	2	7	3		
attitudes		4	6	2	
image	1	3	7	1	
Council support		2	8	2	
C.M. support	1	6	4	1	
growth potential		2	9	1	
specialties	1	7	3	1	
ngmt. flexibility	2	8	2		
sworn/non-sworn ratio		2	9	1	
pay scale	2	8	2		
benefits	1	7	3		
turnover		6	4	2	
community support		1	6	4	
complaints rec'd			2	8	2
enforcement index		2	8	2	
traffic index	1	3	7	1	
sick leave rates	1	1	7	2	1
morale		1	8	2	1

TABLE-2 B

CAPABILITY ANALYSIS: RATING 2

FUTURE

Instructions

Evaluate Each Item For Your AGENCY as to what type of activity it encourages:

- I Custodial - Rejects Change
- II Production - Adapts to Minor Changes
- III Marketing - Seeks Familiar Change
- IV Strategic - Seeks Related Change
- V Flexible - Seeks Novel Change

Category

TOP MANAGERS:

	I	II	III	IV	V
Mentality Personality	_____	<u>2</u>	<u>7</u>	<u>3</u>	_____
Skills/Talents	_____	<u>1</u>	<u>8</u>	<u>4</u>	_____
Knowledge/Education	_____	<u>3</u>	<u>6</u>	<u>3</u>	_____

ORGANIZATION CLIMATE:

Culture/Norms	_____	<u>2</u>	<u>5</u>	<u>5</u>	_____
Rewards/Incentives	_____	<u>2</u>	<u>7</u>	<u>3</u>	_____
Power Structure	_____	<u>1</u>	<u>7</u>	<u>2</u>	<u>2</u>

ORGANIZATION COMPETENCE:

Structure	_____	_____	<u>8</u>	<u>2</u>	<u>2</u>
Resources	_____	_____	<u>9</u>	<u>2</u>	<u>1</u>
Middle Management	_____	<u>1</u>	<u>7</u>	<u>2</u>	<u>1</u>
Line Personnel	_____	<u>1</u>	<u>5</u>	<u>4</u>	<u>2</u>

strengths, weaknesses, and acceptable levels of law enforcement organizations. They are as follows:

<u>STRENGTH</u>	<u>ACCEPTABLE</u>	<u>WEAK</u>
Technology	Facility	Manpower
Equipment	Calls for service	Complaints
received		
Management skills	Supplies	
Training	Supervisory skills	
Specialties	Image	
Management flexibility	Council support	
Pay scale	Growth potential	
	Sworn, non-sworn	
	Enforcement index	
	Traffic index	
	Sick leave rates	
	Morale	
	Turnover	
	Money	

A total of seven or more people in one category was deemed strong support for that category of the particular capability lifted. Four to six was considered middle of the road position with one to three considered little support for the category.

According to the 12 people surveyed, the overall feeling appears to be that law enforcement is operating at least, at a competent functional level or higher in some of the more important capabilities. However, there may be a strong correlation between the "issue" (impact on law enforcement by police officers infected

with the AIDS virus) and strengths, and also between the "issue" and weaknesses listed.

Since 1980, many departments have made substantial advances in the areas listed under strengths especially with regards to technology, equipment, training and management skills. However, there has been so much emphasis placed on these areas, that we may have let the basics such as personnel, take a second place to everything else.

We are not alone as private industry is just as guilty. The feeling is that we have not taken the AIDS epidemic as seriously as should be. The attitude is not to do anything until the organization is hit with an actual case of an employee contracting the disease.

Review of the "future adaptability rating" shows that agencies appear to be more comfortable with "familiar change". We are basically a reactive organization, but that seems to be pretty commonplace for many law enforcement agencies. When a crime is reported, the police respond - reactive. 70 to 80% of our officers' time is spent taking crime reports and fulfilling other functions not related to proactive crime fighting. However, it appears that the feeling about top management is somewhat more diverse exhibiting more tendencies toward "related" and "novel" change. Looking at the current and future adaptability ratings may give an indication as to why law enforcement agencies have been so slow to take any proactive approach in dealing with the AIDS crisis. (For the total results of the ratings, refer to the attached rating tallied sheets Table 2A & 2B).

STAKEHOLDERS IDENTIFICATION

Research for this analysis was done by soliciting input from the same group of 12 law enforcement professionals used for the capability analysis. It was felt this would provide a well-rounded evaluation of who the stakeholders might be.

This section of the project will identify those organizations, groups, and individuals who have an interest, concern, are opposed to, or affected in any way by the issue.

The group was given certain definitions to assure an understanding of this process.

- 1) Stakeholder - A group or organization of people that would be impacted or affected by the issue at hand.
- 2) Snail Darters - A stakeholder that is hidden or latent that may have a serious impact on the issue area, but is not easily recognizable.
- 3) Issue - The impact on law enforcement by police officers infected with the AIDS virus.

In discussing with the group, they identified several stakeholders by listing groups/organizations that would have a definite interest in the issue and any change which may occur or be implemented as a result of the issue.

After review of the 56 stakeholders identified, the group picked 13 they felt were the most critical to the issue and would have the most influence. They are:

- 1) Commission on Accreditation for Law Enforcement Agencies
- 2) Police Officers Associations/Unions
- 3) P.O.S.T. (Peace Officers Standards of Training)

- 4) Department Training Divisions and Academies
- 5) Police Management Groups including California Chiefs
- 6) Taxpayer Organizations
- 7) Workmans' Compensation Board
- 8) O.S.H.A. (Occupational Safety and Health Administration)
- 9) Risk Managers for city, county, state.
- 10) School Districts
- 11) Human Resource Professionals
- 12) Affirmative Action Officer
- 13) News Media Groups

For each stakeholder mentioned, there was a valid reason(s) for its suggestion. When each was explained by the individual, the creditability increase. Some were definite "snail darters". The ones considered the most latent or dormant until activated by a critical event was "school districts" and "affirmative action officer". The group feeling was that the school districts individual schools were heavily involved in educational programs with police officers or "youth services officers" in the classrooms or on campuses. The Drug Abuse Resistance Education Program and "Teen in Law" classes are two examples. If word circulated that police officers had AIDS, it could have a tumbling affect where the officers would not be desired on campus by the teachers, parents and the students due to the inadequacies of the school officials. Affirmative action officer was considered a snail darter due to the potential conflict that could arise if a minority group member contracted the AIDS virus and was hindered somehow by the agency's inability to respond in a humane fashion.

ASSUMPTIONS OF STAKEHOLDERS

Assessing each of the stakeholders positions is most important in making assumptions about each one, and is something that is necessary when planning a course of action. The assumptions listed are based on the opinions of the study group and what is felt could be anticipated from these different stakeholders concerning the issue if certain events occur good or bad, or policies were implemented.

1) Commission on Accreditation -

- a. A nationwide organization found to develop a set of law enforcement standards and establish an accreditation process by which agencies at the state and local levels can demonstrate voluntarily that they meet professional criteria. If the epidemic increases as predicted, requirements for mandatory policy guidelines would be expected during the accreditation process by the Commission.
- b. Departments completing the accreditation process would be given full recognition by the Commission for having fulfilled nationwide standards.
- c. The Commission would not want to turn coordination and administration of program to state control and as P.O.S.T. or other states peace officer standards of training organizations.
- d. The Commission would have a mandatory section on training of communicable diseases prevention and development of policy standards and guidelines in dealing with AIDS in the workplace.

- 2) Police Officers Associations/Unions
 - a. Would generate increased concerns among the rank and file about lack of protection from contamination of the AIDS virus and lack of procedure/policy if infected.
 - b. Concern that the policies developed will be more as a technicality or gesture and jeopardize the individual officer if policy is interpreted to conservatively.
 - c. A desire to have input into the development of new policy regarding AIDS.
 - d. Would solicit input from the private sectors reference benefit and protection.
- 3) P.O.S.T. (Peace Officers Standards of Training) -
 - a. Would want to regulate/control any mandated training or policy function required by legislation regarding AIDS.
 - b. Would oppose input by Commission on Accreditation on any attempts to dictate guidelines for policy on AIDS or training because of possible infringement on P.O.S.T. turf.
 - c. If mandated, would be instrumental in designing policy guidelines on dealing with AIDS in the workplace.
 - d. Involvement would be extensive in further academy or professional training on AIDS.
- 4) Department Training Divisions and Academies -
 - a. Specific training needs on AIDS would be addressed by personnel from the training division including monitoring the actual training facility.

- b. Would be in charge of any programs for training on AIDS including monitoring for costs.
 - c. Require support from city attorney, risk manager, and insurance administrator regarding liabilities due to improper training or lack of, concerning AIDS victims.
- 5) Police Management Groups including California Chiefs of Police-
- a. Would make procedural recommendations regarding AIDS in the workplace citing actual case experience within their own departments.
 - b. Act in an advisory capacity to the Commission on Accreditation and P.O.S.T.
 - c. Establishing guidelines with their own respective departments regarding exposure, testing, and handling calls for service that are AIDS related.
 - d. Developing rapport and relationships with workmans' compensation attorneys and association reps.
- 6) Taxpayer Organization -
- a. Concern about additional costs for care, training, and equipment for AIDS.
 - b. Support of prevention training for employees provided costs aren't outlandish.
 - c. Blame law enforcement for continued spread of disease by not controlling and enforcing laws related to prostitution, illegal use of drugs, and homosexual promiscuity in public.

- 7) Workmans' Compensation Board -
- a. First case of AIDS related disability would create precedence for law enforcement agencies for future alleged work related AIDS disability claims.
 - b. Decisions on AIDS related disabilities would determine the future enactment of a presumption for public safety officers that contraction of the AIDS virus was work related.
 - c. Policy in favor of the employee would be quite controversial if it was based on "medical probability" only.
 - d. Due to the "liberal construction" of the California Labor Code section 3202 based on claim by employee that contraction of AIDS virus was as a result of employment although no "specific contact" could be proven, the rulings by the board will be resolved in favor of the employee.
- 8) O.S.H.A. (Occupational Safety and Health Administration)-
- a. Employee may seek protection under federal O.S.H.A. regulations due to working in an environment with another that may have AIDS.
 - b. Because of the guidelines by the C.D.C. concerning transmission of AIDS, employees that seek protection by O.S.H.A. may not receive the desired protection or sanctuary requested due to interpretation of a safe workplace.

- 9) Risk Managers or Insurance Carriers -
- a. Concern for rising costs of care for AIDS patients.
 - b. Would argue against provisions for extended benefits for public safety employees with AIDS virus.
 - c. Would actively lobby for screening of pre-employment candidates before insuring or providing benefits.
- 10) School Districts
- a. School safety programs may diminish involving use of public safety personnel for classroom instruction and presentation.
 - b. Loss of support by schools from pressure by concerned parents of students.
 - c. Decrease in rapport between school officials and police, and students and police.
- 11) Human Resource Professionals -
- a. Advocacy of more employee assistance programs, or AIDS programs with on-site counselors available in the workplace.
 - b. Increased cost to provide psychological services to AIDS infected employees, and co-workers without AIDS.
 - c. Would support laws and court rulings for keeping the employee in his/her work position despite opposition from employers.
12. Affirmative Action Officer -
- a. Would request employers to make "reasonable accommodation" to help the employee that is handicapped by AIDS, that has returned to work after a

FIGURE 14

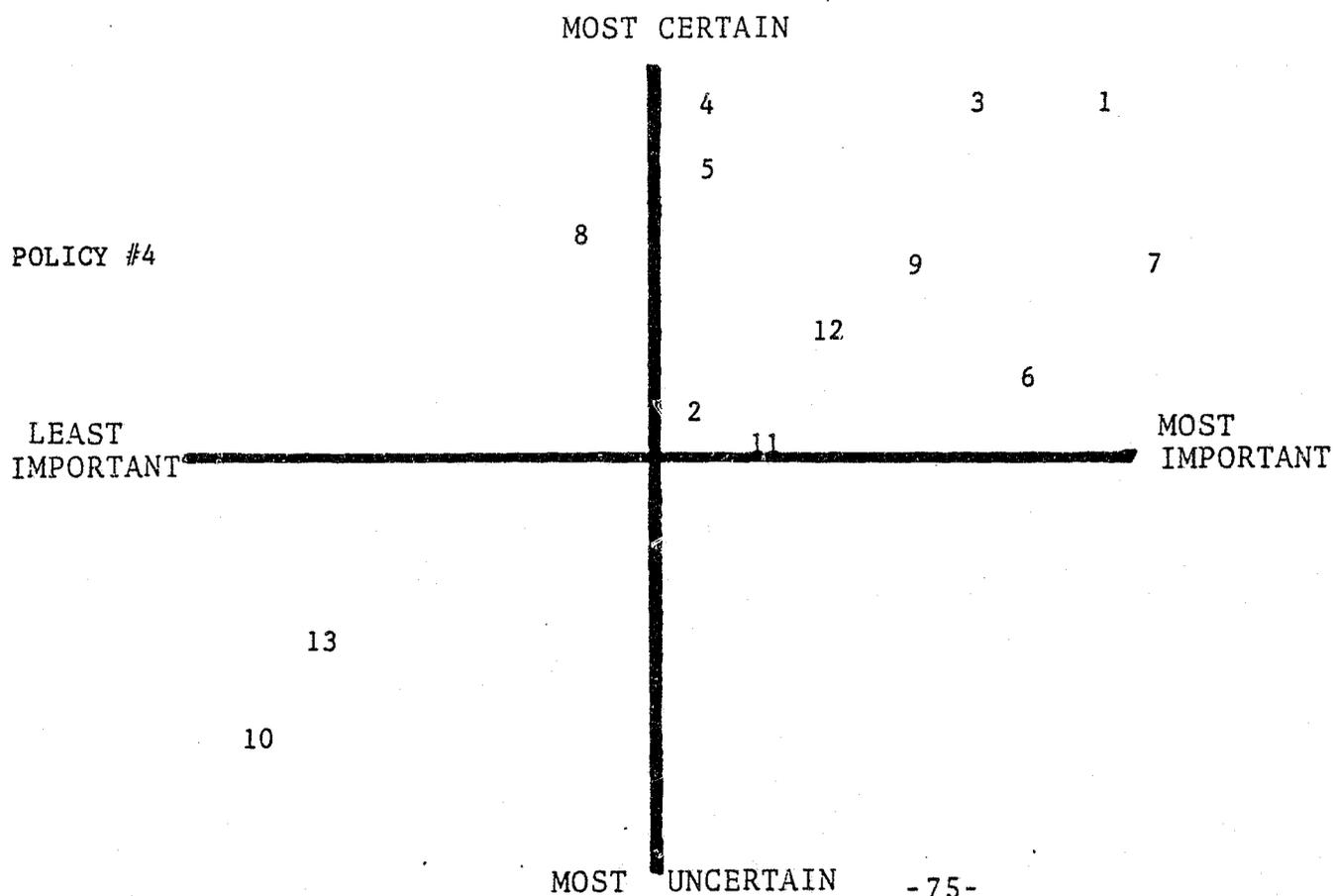
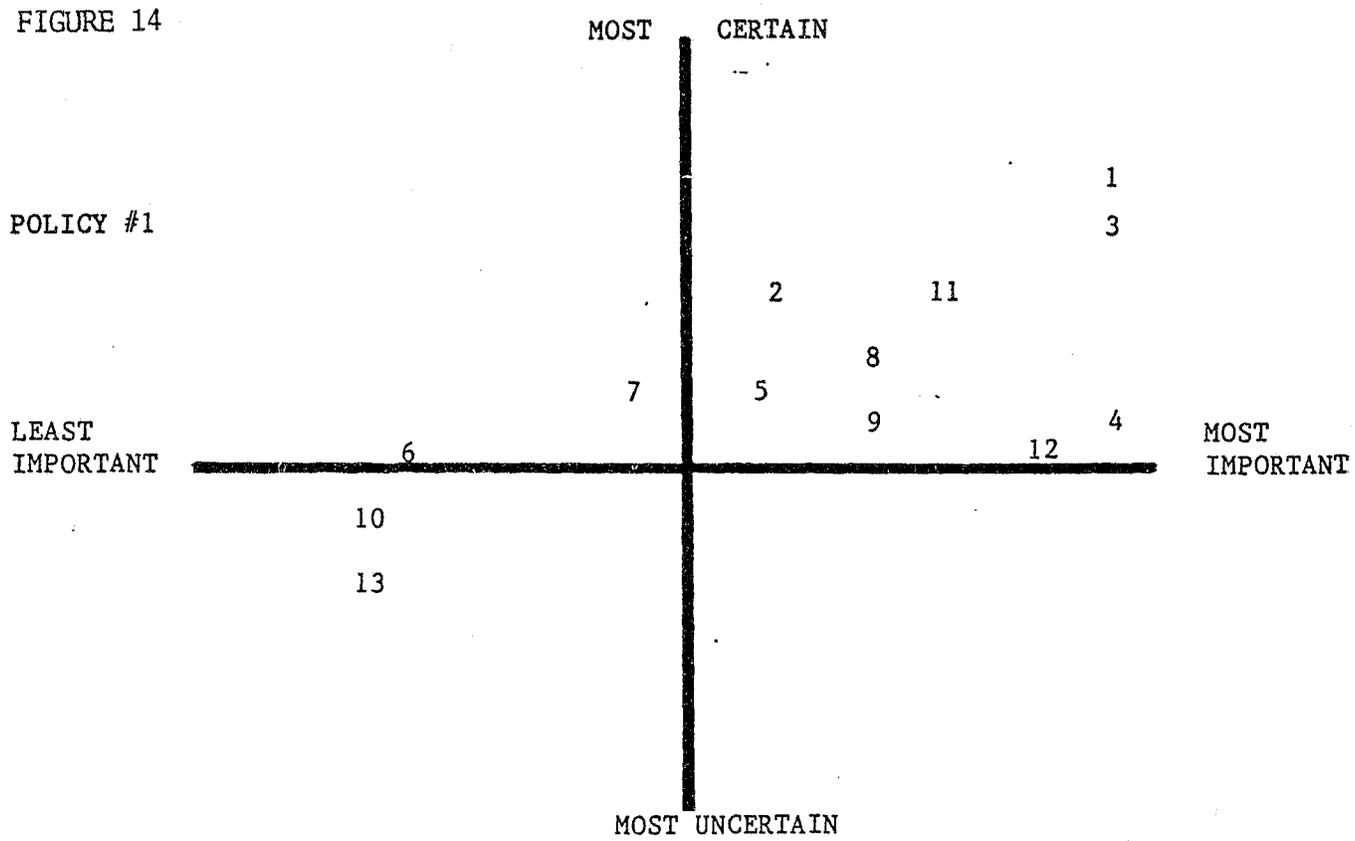
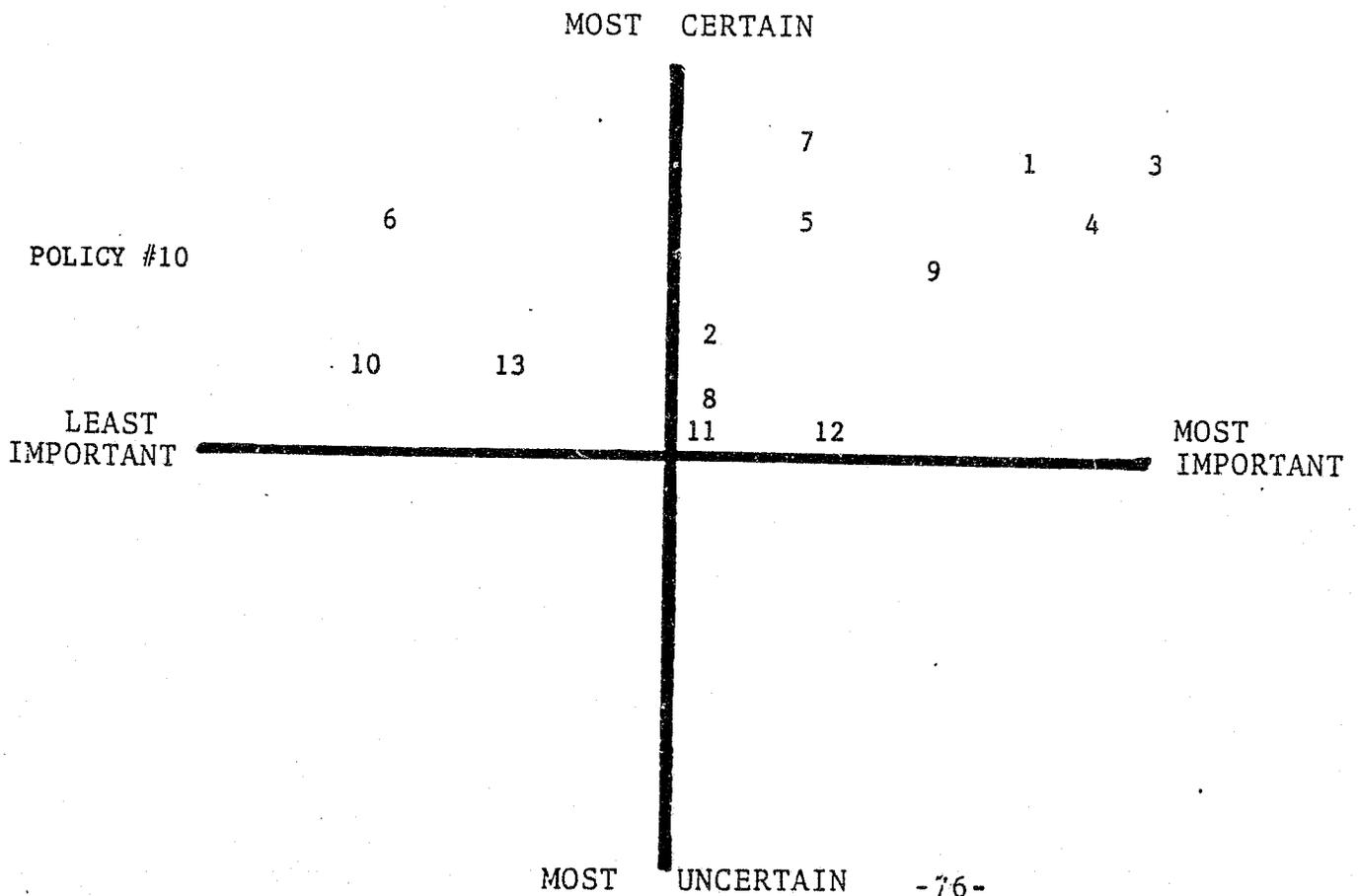
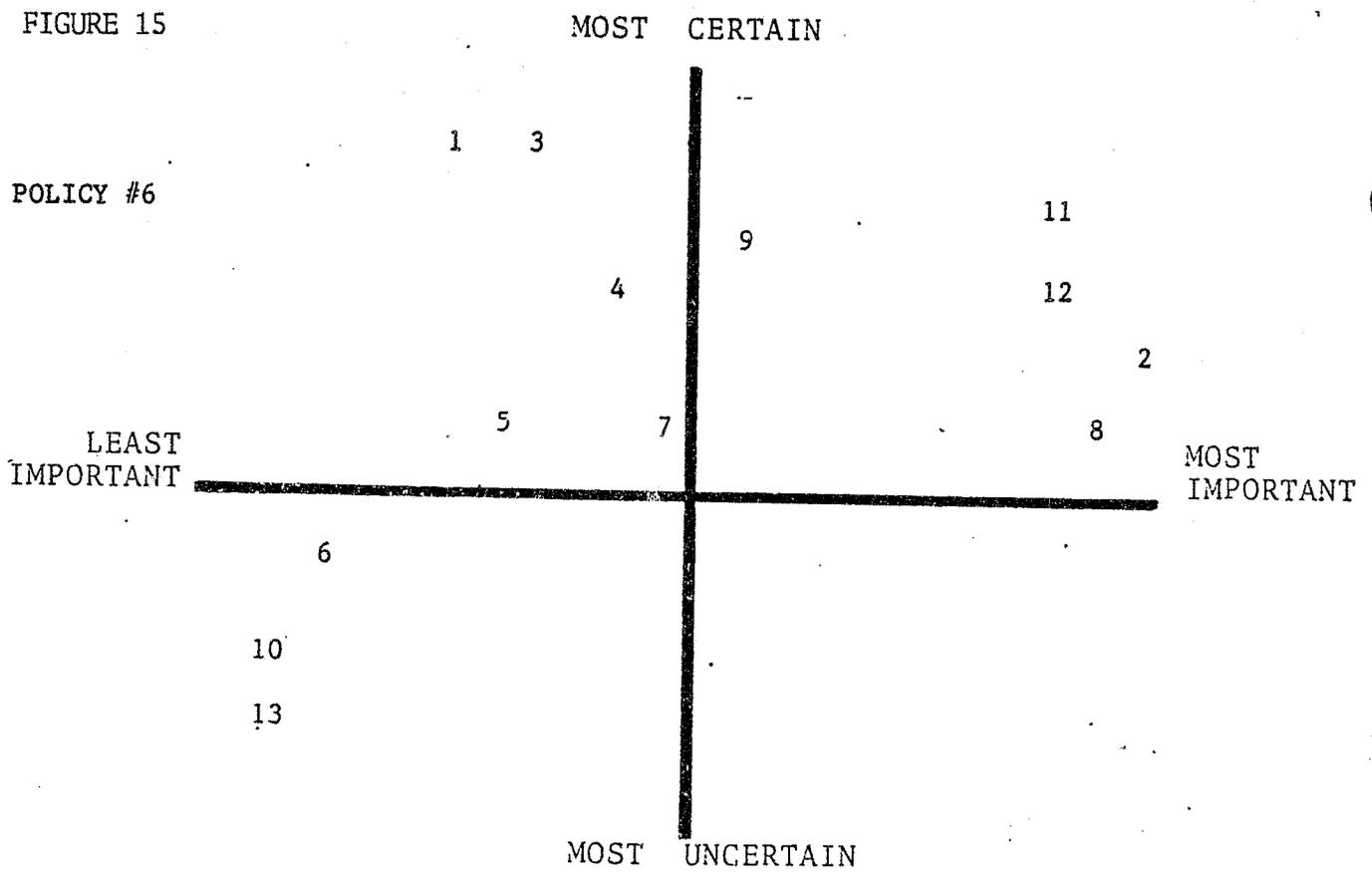


FIGURE 15



bout, and cannot yet handle his/her previously assigned duties but wishes to work.

- b. Actively pursue the organization and officials that violate recent law interpretation of laws or court rulings concerning discrimination against an employee with AIDS.
- c. Will argue against the fact that the employee with the AIDS virus may soon be severely ill or die, as the employees excuse to not allow the employee to work his/her regular duties or to isolate from other employees.
- d. Would support and actively pursue AIDS education and an understanding of discrimination laws in the workplace.

13) News Media Groups -

- a. The first case of a police officer or fire person contracting the AIDS virus in the line of duty, will be "blown out of proportion" or sensationalized by reporters.
- b. Would advocate rights of employee in the workplace.
- c. Will further the cause of hysteria and panic in local communities and use the public agency as an example.

Graphs were drawn to illustrate stakeholders positions in relation to the suggested policy considerations if they were to be implemented. (Refer to Figure 13, 14 and 15).

MISSION OF LOCAL LAW ENFORCEMENT

The mission of law enforcement is to ensure the highest level of quality on all calls for service, to the citizens of the community for which they work. By establishing a police-citizen team approach for the reduction of crime and provision of police services in the community, the following objectives to achieve this goal, are desirable:

- 1) Reduce the frequency of burglary and armed robbery, felony assaults, and auto theft.
- 2) Provide more personalized police service, establish beneficial police-citizen relationships and involve residents through educational and informative meetings.
- 3) Reduce traffic accidents and provide a better service to neighbor traffic problems:
- 4) Improve communications with the juvenile community and maintain an awareness of youth-related activities.
- 5) Improve officer performance through job training and career development.
- 6) Provide a functional work environment for all employees based on a humanistic concept using the ideology that "satisfied employees are productive employees".

POLICY IMPLEMENTATION RECOMMENDATION

Right now to date, education is the only answer to our dilemma with the AIDS epidemic. This is the generic workable solution to all businesses and organizations until we have eradicated this killer disease through a vaccine or cure. Law enforcement agencies

are not unique to this scenario as discussed previously. After much discussion with many representatives from agencies throughout California, we determined that the problem was most prevalent in all agencies. The surveys are indicative of that.

Since it has taken at least five years to become attuned to the problem (although many still haven't), it will probably take at least five years or longer to witness a turnaround. Reports on the magnitude of the problem might phase some, but until the organization actually has an employee that confronts it head on saying "I have AIDS", a lot of agencies still won't do anything.

The most desired future is for California law enforcement agencies to conduct in depth, independent evaluations of the benefits and pitfalls of instituting policy regarding "AIDS in the Workplace". It shouldn't take a lot of work to review what has happened from a legal standpoint to organizations that have idly stood by taking no action in preparing for a critical future situation.

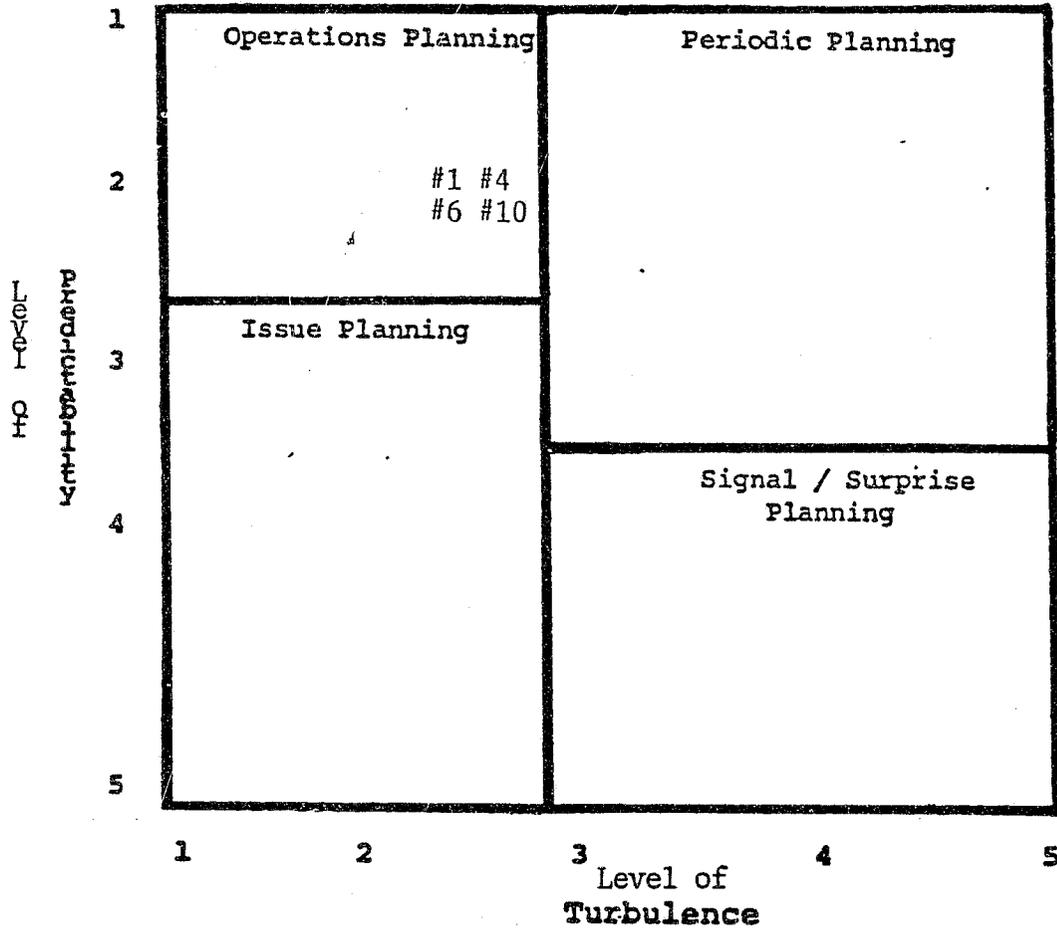
All the policies suggested for immediate implementation are somewhat related and are based on educating the employee, the employer, and the public. The strategic plan that has been developed so far is designed to give the reader a understanding of the environment in which California law enforcement exists, the "stakeholders" who have a prominent position in the decision to implement policies, and the actual policy considerations which may make a difference. These policies aren't necessarily unique or profound, because the process they are saying to go through our processes we have done before with other policy considerations. The policy considerations are saying do something about it now.

To date, no law enforcement agency or any organization has been mandated to do something about AIDS in the workplace. Some "smart" executives have voluntarily prepared the organization. The recommended course of action represents a safe humanistic approach to a controversial and sensitive topic and allows top management to make a series of decisions about the organization's involvement in prevention and education. While the individual agency's staff reviews the recommended process, the top management has the ability to contact a number of people outside the organization for professional opinions of significant importance to the issue. This is where Figure 13, 14 and 15 play an important role. Most of the individuals or groups of stakeholders are viewed as supportive of the policy consideration suggested and would no doubt assist in the implementation. The chief administrator would be able to capitalize on the fact that his audience, the stakeholders already lean favorably towards the suggested policies and he can step in as the deciding force. Politically, the chief will stand out as a leader rather than the city council or city manager suggesting implementation.

Law enforcement agencies, have to be less reactive and more proactive with this issue. While not necessarily in total agreement with certain policy considerations, the chief administrator should be able to view the issue and make decisions incrementally in a manner that depicts him/her as someone who is looking for ways to improve the image of law enforcement from inside out.

FIGURE 16 A

DESIRED FUTURE WITH
SUGGESTED POLICIES

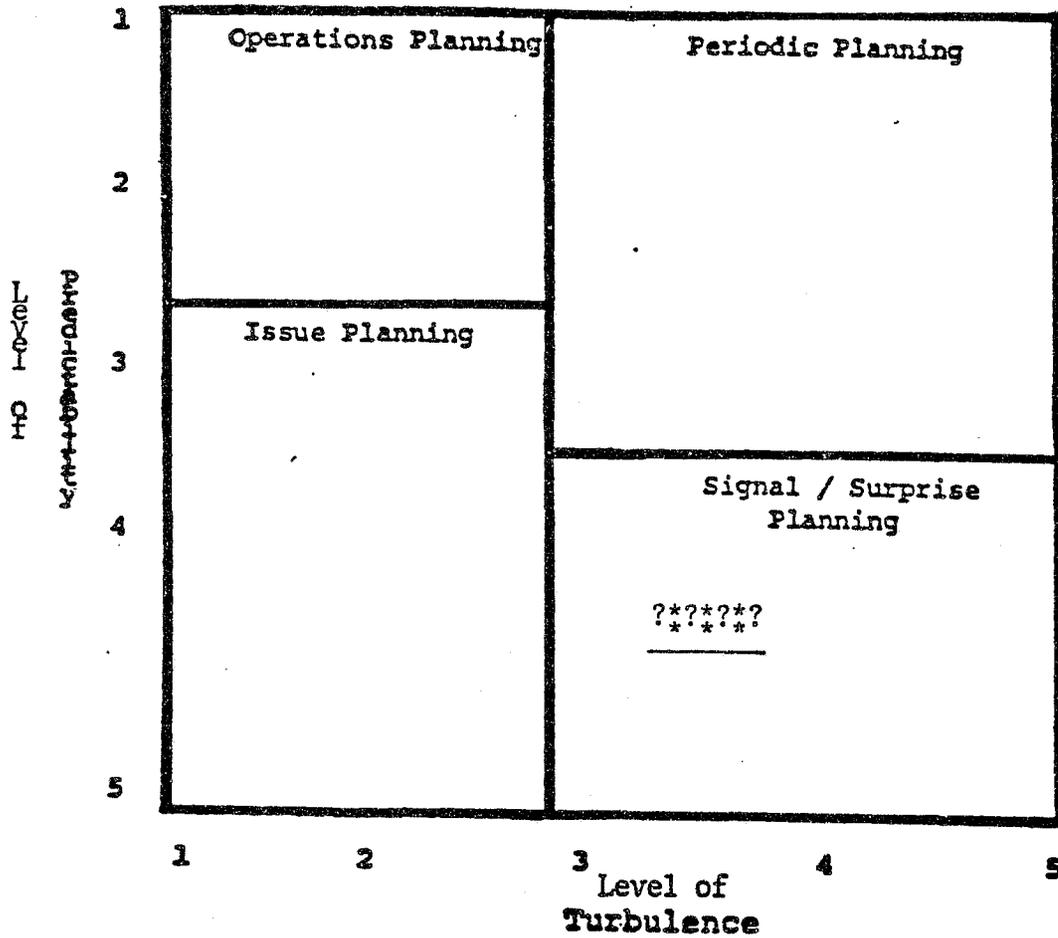


1 = LOWEST LEVEL OF PREDICTABILITY/TURBULENCE

5 = HIGHEST LEVEL OF PREDICTABILITY/ TURBULENCE

FIGURE 16 B

CURRENT STATUS
WITHOUT POLICY



- 1 = LOWEST LEVEL OF PREDICTABILITY/TURBULENCE
- 5 = HIGHEST LEVEL OF PREDICTABILITY/ TURBULENCE

PLANNING SYSTEMS

Many law enforcement agencies fall somewhere in the area between Operations Planning and Issue Planning. Most departments are very good at operations and tactical planning for the short term or single event occurrence. New innovations implemented in many departments come without much notice, but are usually low level with regard to turbulence. Police departments are usually adaptive to crisis management externally and respond well at the operational level when the situation or event becomes unpredictable. The department must develop its capability to create and monitor an ongoing plan that focuses on issues rather than events. But internally is where this issue lies. The department must be able to group the level of predictability and turbulence in the environment in which it exists and incorporate those factors into its planning system.

In figure 16 A and B, the "level of planning" can be used to assist agencies in defining what type of planning systems are used in a given set of circumstances. Since many departments generally keep abreast of the changing climate involving technology in law enforcement, it is critical that along the way, we anticipate possible breakdowns in the development of the human element and resources within the organization. For example, the way we treat an officer that has been exposed only to the AIDS virus, will be viewed by others in the organization and will be an indicator of what others may expect if they are in the same predicament at a later time. If management takes a stand of "wait and see" attitude versus a prepared plan of direction based on policy guidelines established,

it will dictate the organizational attitude of the future. If an agency finds itself in an environment that has a high degree of predictability and little turbulence, then the planning system can be oriented towards operations. Conversely, an agency that finds itself in a very turbulent environment with little predictability, is constantly adjusting its planning systems to account for the signals and surprises that are experienced. The organization that can evaluate itself as being in the mid-range on each scale, can adopt a periodic planning system that allows for the securing of a long range plan with monitoring points and some moderate assurance that the plan can be completed in a reasonable manner and time frame.

Most law enforcement agencies can move closer to the area of operations and periodic planning too keep one step ahead of the issue or at least maintain a fairly stable condition in the organization.

STRATEGIC PLANNING SUMMARY

There isn't time to sit back and determine whether we need any type of policy governing what to do if an employee contracts AIDS in the workplace. The experts have already told us we need to design some type of guidelines. Each agency should have an idea of its internal makeup and capabilities and if it doesn't it should find out. The external factors that will influence the department's future are here. Its up to the chief administrator to direct his agency on a course that is intent on addressing the issue of a "police officer contracting the AIDS virus in the performance of duty". The organization must 1) look at the stakeholders that are impacted by the issue, 2) evaluate the environment which the

organization is currently in and will be in the future, 3) be cognizant of why a stakeholder may take the position they take, 4) have a clear definable understanding of law enforcement's "mission", 5) select and design policy that can assist top management in achieving the desired future, and 6) review the planning capabilities of the organization being cautious of the predictability and turbulence in the work environment.

OBJECTIVE THREE - THE TRANSITION MANAGEMENT PLAN

The transition management plan can be developed based on the current situation with the AIDS epidemic, what has happened in the past five years, and predictions of the future. The environmental analysis gives the reader an indication of what may be in store for law enforcement. It tells an organization that since the environment is continually under change, it has to search for ways to prepare itself to meet future issues and problems. The transition will not be without resistance. As with any new program, there will always be those with objections and reservations.

METHODS: IDENTIFICATION

- 1) Critical Mass Analysis
- 2) Team Building
- 3) Commitment Planning
- 4) Responsibility Charting

METHODS: IMPLEMENTATION

The stakeholders have become the "critical mass", individuals and groups where the level of commitment to the organizations effort is critical to the success of any plan. This section will identify the organizations, groups, and individuals who have an interest in or are impacted in some way by the implementation of the selected policy considerations. The outcome of the transition will depend upon the degree of commitment or resistance that each member of the critical mass presents on the decision. All of the "actors" can be counted on to have one or more opinions about the direction of the

FIGURE 17

COMMITMENT PLANNING CHART

ACTORS	TYPE OF COMMITMENT			
	BLOCK CHANGE	LET CHANGE HAPPEN	HELP IT HAPPEN	MAKE IT HAPPEN
COMMISSION ON ACCREDITATION			X	
POLICE ASSOCIATIONS		X		
P.O.S.T.				X
TRAINING DIV. ACADEMIES			X	
POLICE MGMT. CAL CHIEFS				X
TAXPAYER ORGANIZATIONS		X		
WORKMANS COMP. BOARD			X	
O.S.H.A.		X		
RISK MANAGERS INSURANCE COMP.			X	
SCHOOL DISTRICTS		X		
HUMAN RESOURCE PROFESSIONALS			X	
AFFIRM. ACTION OFFICER			X	
NEWS MEDIA GROUPS		X		

THIS CHART EXPLAINS THE POSITIONS THAT WILL BE ASSUMED BY THE ACTORS IN THE CRITICAL MASS.

organization with respect to policy. The success or failure of the program will definitely be affected by the participation of the actors. The Commitment Planning Figure # 17 will demonstrate the attitude and most probable positions of each actor in the critical mass in relation to the proposed changes.

The critical mass involves the following actors:

- 1) Commission on Accreditation for Law Enforcement Agencies
- 2) Police Officers Associations/Unions
- 3) P.O.S.T. (Peace Officers Standards of Training)
- 4) Department Training Divisions and Academies
- 5) Police Management Groups including California Chiefs
- 6) Taxpayer Organizations
- 7) Workmans' Compensation Board
- 8) O.S.H.A. (Occupational Safety and Health Administration)
- 9) Risk Managers for city, county, state
- 10) School Districts
- 11) Human Resource Professionals
- 12) Affirmative Action Officer
- 13) News Media Groups

CRITICAL MASS ANALYSIS

The Commitment Planning Chart shows the relative position of each of the critical mass actors with respect to whether they will block change, let change happen, help change happen, or make change happen. The extent of each actor's participation will be analyzed.

The Commission on Accreditation is a non-profit organization formed for nationwide participation by law enforcement agencies, to

develop a set of law enforcement standards and establish an accreditation process by which agencies at the state and local levels can demonstrate voluntarily that they meet professional criteria. Top priority is to improve product delivery of law enforcement services. Surprisingly enough, Accreditation has been slow to catch on in California for various reasons. California law enforcement has always considered itself a leader in the law enforcement community and I'm sure it's only a matter of time before adoption by many of the leading agencies occurs. Many of the East Coast agencies have already become accredited by the Commission. With the urgency of the AIDS epidemic, mandation of policy guidelines for AIDS in the workplace, will no doubt be a requirement for compliance to a standard that must be achieved by an aspiring agency for accreditation. The Accreditation Commission is the nationwide professional law enforcement organization of now and the future. Certification would be an asset for any agency working in today's litigious society. The standard set for AIDS would be nationwide. The Commission would be very helpful and supportive of any of the recommended policy considerations.

Since this topic is so sensitive and a concern of all the rank and file,, it doesn't appear that there would be any blockage by the police officers associations/unions. Granted, they would no doubt want a hand in developing any type of directives reference policy considerations #4 (standardized reporting) and #10 (policy guidelines and company philosophy). They would probably be supportive of most change because there is obvious benefit for their constituency. #6 (employee assistance program) and #1 (education in

the workplace) are policy considerations that would have a direct and immediate impact on each member of the association. It would also demonstrate to the members that there is a strong concern by management for the officers' welfare and that methods of protection are being readily sought. Due to the confusion and controversy that has developed about AIDS, any promotion about education on AIDS and beneficial programs for the employee would be considered a plus. The association would let change happen simply because of their ineptitude to facilitate change on their own due to the newness of the issue and unfamiliarity in general.

P.O.S.T.'s involvement in this issue could be interesting depending on what develops over the next few months with proposed legislation going before the voters, and the growth of the epidemic. It would not be surprising in the near future to see P.O.S.T. require some form of basic academy or in-service training on communicable diseases or AIDS awareness. Since contamination and exposure incidents are becoming more prevalent with public safety, P.O.S.T. would be very supportive and instrumental in coordinating any effort by law enforcement agencies to conduct necessary or required training.

Training divisions and the academies will be the facilitators of change and may be placed in charge of regulating who the trainees are, what type of training is most appropriate, and how often training and education updates are necessary. They will help change happen by designing the actual guidelines and philosophy according to the dictates of the chief, and will assure compliance of the department by whatever standards are set.

Once chiefs of police and various management personnel are attuned as to the importance of this issue, they will make a strong commitment to the implementation of certain policies to deter liabilities, which will further the department's ability to accomplish its mission. The chief can be a very influential figure with the city fathers and within the community. The level of commitment to make California law enforcement superior in all facets, will overcome most opposition. So will a major event, such as an employee contracting AIDS. Change will happen as directed by the chief and his staff.

Taxpayers' organizations as with any other program, will be concerned about additional costs. However, if a cost comparison is presented showing the long range effects for medical care, psychological care, litigation and liability expenses from lawsuits, and potential benefits for initiating suggested policy considerations, the cost will be shown to be minimal with maximum results. Taxpayer organizations will let change happen but won't go out of their way to openly support it.

The inevitable is that we are eventually going to have to deal with a police officer that contracts AIDS in the performance of duty. The Workmans' Compensation Board will be heavily involved with a case of this nature because it will be a test case due to known methods of transmission versus suspected methods of transmission. If there is no specific contact determined, it makes it even a more difficult task of whether to assign benefits or not to the disabled employee. The Workmans' Compensation Board will be supportive and give advise on any changes and adoption of policies

by law enforcement agencies. If change is to occur, which it will, the Board will help it happen.

Some employees may seek protection under Federal O.S.H.A. regulations designed to protect anyone that refuses to work in an unsafe environment in good faith. Although the law has not been tested or isn't completely clear regarding an employee that refuses to work because of the presence of persons with AIDS in the workplace, if all precautions are taken by O.S.H.A. standards and C.D.C. guidelines, it makes a claim of this nature increasingly difficult to find fault with the employee. Therefore, agencies need to work with O.S.H.A. administrators and make sure legally any policy considerations need conform with O.S.H.A. standards to avoid conflict in the workplace. O.S.H.A. would definitely let change happen and possibly provide assistance if requested.

Many cities and counties are now self-insured due to the unescapable costs of rising insurance premiums during the early to mid 1990's. However, self insurance has not completely relieved the burden of liabilities and enormous sums of money being paid to litigate out of court settlements from lawsuits filed. The concern to risk managers and insurance carriers is twofold: 1) lawsuits against the entity because of exposure to a citizen by a public safety officer and 2) lawsuits against the entity because of the officer contracting AIDS during the course of employment. Any policy considerations developed that would minimize this effect would benefit the city or county entity. Therefore, the commitment by risk managers or insurance carriers would be one to help change happen and encourage any attempts to formulate policy covering the issue.

There have been many advances in the past 10 years regarding the working relationship between the schools and police. It is not uncommon to have police youth service officers assigned on campus duty to establish a rapport with the students and maintain a commitment to the community to suppress drug activity on the school grounds. The programs are beneficial to the school officials, students, and the police. Although the school is supportive of these programs, does not mean that they would go out of their way to encourage internal work environment policies within a police agency. They really wouldn't have a stake at losing anything with the police. In fact, if school programs were to turn sour because of a police officer contracting AIDS, it would be due to pressure from the parents of students and the schools inability to handle the scenario. The schools would no doubt support change, but the likelihood of helping change is minimal.

The only thing that is spread quicker than the AIDS virus itself is "AIDS hysteria". Reluctance to take any type of action or intervene in the AIDS hysteria epidemic will only allow it to increase. For every rumor that is started, three more evolve and are spread. The cycle continues. Human Resource Professionals (medical persons, counselors, psychologists, etc.) are essential to implementing any program involving the physical and mental well being of all employees. These values in the workplace setting especially where contact with high-risk individuals is a certainty, would be unsurpassed. H.R.P.'s would openly promote change and help it happen through voluntary interaction.

Since minorities are disproportionately affected by AIDS

infection, the risk of employment discrimination must be watched. This includes the hiring of new employees and also incumbents. The Affirmative Action Officer, would have a valid concern with any change that was contemplated and would help assist in any changes that would broaden the organization's perspective in dealing with the AIDS epidemic in order to keep discrimination allegations away.

What can be said about the news media is very short. They can "make ya or break ya", in law enforcement especially. There is nothing about the suggested policy considerations that could really be construed as negative. If the information can be sensationalized in any way, shape or form, it will sell the news and the media will use it. The only way that change might be blocked is if the change was interpreted as discriminatory. On the other hand, if it was interpreted as advocating the rights of the employee, the media would let it happen.

This issue isn't unique in the sense of what it is doing, because nobody is immune from the AIDS virus. So, there really is no acceptable explanation for the proposed policy considerations to be blocked or why the "critical mass" would even consider blocking change when the welfare of the organization and the employees is at stake.

THE MANAGED STRUCTURE OF TRANSITION

The decision to implement any changes in the organization will no doubt require an investment of time and energy into a complete review of the departments' operations necessitating a gradual "phase in" period. Some things can be changed immediately, while others w

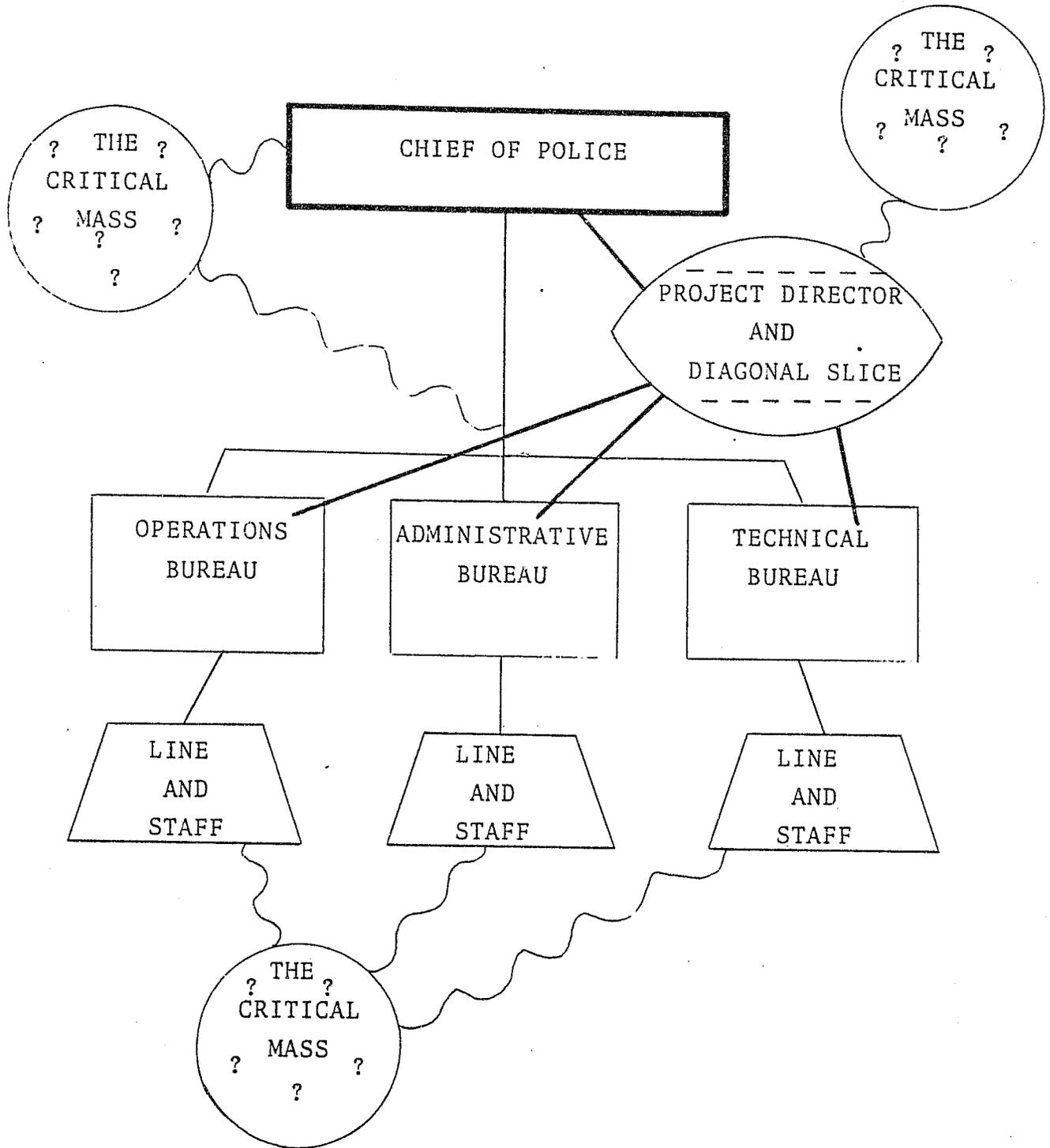
be slower due to methods of operations, procedural and personnel differences, budgeting restrictions, technological advancements, staff capabilities, and the degree of acceptance or resistance by the critical mass. The management of such a significant effort creates a challenge for any organization. Priorities will have to be set to allow the agency to conduct a study with the human resources and time available.

A project that has a major impact on the personnel of every operating bureau and unit within the organization and will require consistent feedback and monitoring through in-house surveys or similar devices. A task force combined of mid-level management and representation from the troops would probably be appropriate. However, agencies small in size, may not be able to appoint a task force. It may be more appropriate to assign one person as a project director. This role would probably be filled by the research/design manager and/or the training manager.

The project director must have the discretionary power and authority to form ad hoc groups from within the department and governmental structure (city, county, state). This group concept used would be that of the "diagonal slice" method. By this method, the development of a coordinating plan to assure the use and continual communication of certain directives in the plan to participating parties, will assist in successful implementation of new changes and policies. The ad hoc group members would also help predict problems and issue based on input from the critical mass during implementation of the policies. When the blueprint or design and concepts have been established, a commitment from members must

FIGURE 18

TRANSITION MANAGEMENT STRUCTURE AND RESPONSIBILITY
CHART OF TYPICAL LAW ENFORCEMENT ORGANIZATION



be obtained with responsibility assignments made, and available resources allocated.

Financial support is another consideration that must be anticipated. Although it is doubtful that instituting the recommended policies would constitute a major monetary burden, it is still an issue that can't be discounted. Funding may be necessary for legal, medical, and psychological advice in the development of programs and policies.

The project director must also be able to keep a long range project like this on track. Through the eyes of the chief, he must be able to articulate the strategic goals, tactical goals and action plans that will make the program a success. Also with a program this controversial, the project director must be someone who has the respect of the chief as well as the bureau commanders. The power and influence the director has will be significant within the organization and the information flow is critical if organizational and implementation problems are to be avoided. An organizational figure #18 will show the program director's position within the organization and the relationship to other managers in the department. Ultimately, the project director will answer to the chief of the agency.

SUPPORTING TECHNOLOGIES

Some are more critical than others, but all play an important role when it comes to assuring the successful implementation of policies concerning AIDS and what to do after an employee has contracted the disease.

- 1) Technical Expertise - Since the project director will be relying on support from other department managers, it is critical that the expertise from these individual managers be used to the highest potential. Managers continually are networking with other managers in an out of the organization with not only law enforcement expertise, but varied experiences in the private industry as well. We can learn from their mistakes and successes. Large well-known private industry organizations such as Pacific Bell, Levi Strauss, Pacific Gas and Electric, and Wells Fargo, just to name a few, have been quite active in the design and implementation of proactive changes advocating employee rights of both the affected and non-affected and organizational protection from liability. Alternative funding along with voluntary support group information may be learned. In all, the knowledge may be beneficial in giving a basis from which to start from for the novice.
- 2) Specific Expertise - The project director will have to rely heavily on the specific knowledge of professionals in the fields of law, medicine, psychology, and insurance. Since some of the federal and state laws governing the handicap,

safety regulations, and affirmative action, are still being defined with mixed interpretations, it is suggested that a reputable attorney be used to review and revise any policy and procedure prior to implementation. Doctors and nurses from the county and state health facilities and Red Cross should be used not only for advice on policy, but also for certain training needs. Psychological services through private practices Ph.D's or clinical social workers/counselors should be used in the creation of employee assistance programs with emphasis on confidentiality for the client using medical and psychological services. Insurance professionals are appropriate to have involved to assist in the formation of correct filing of a claim for exposure and/or contamination or infection.

- 3) Salesmanship - The project director has a tough job ahead. He/she has to have the best sincere sales people to sell change at all levels of the organization especially law enforcement. Cops are already suspicious of everything. If we don't have good sales people to sell at both the line level and top management, then the project director will be helpless in the promotion of the cause.

CONCLUSION

The concepts aren't new, just the disease has changed and the players are different. The AIDS epidemic and the impact on law enforcement after a police officer contracts the AIDS virus, is a scary scenario.

As stated in the desire future scenario, we need to be ready in law enforcement to care for an officer if he/she is unfortunate enough to contract the disease. The care is not only in a legal sense, but also from an emotional standpoint. We don't have a cure and we can't treat it as though we were going to develop one in the near future. Some type of policy guidelines and educational standards have to be established in all law enforcement agencies. There has to be a coordinated effort between city, county, and state law enforcement agencies, workmans' compensation experts, federal O.S.H.A. advisors, and specialty experts from the related fields of law, medicine and insurance.

The stakeholders all have a valid interest in this subject and will be impacted one way or another by nothing being done or by the implementation of suggested policies. The policies recommended are not complicated, but do require careful analysis and planning. Education is promoted as being the best effort and defense against continued problems. Education about the disease and education about the work environment are a necessity.

Standardization of reporting methods needs to be started immediately by all law enforcement agencies for any exposure or injury where suspicion of contamination by the AIDS virus may have

happened. This is an opportune time for P.O.S.T. to take charge and mandate some form of reporting system generic to all law enforcement subject to auditing or inspection upon demand.

When we think about how long it has taken to implement some form of peer counseling program, and realized the fact that police officers are human and suffer emotional trauma like anyone else, its not surprising that it will probably take even longer to develop an employee assistance program to deal with the AIDS issue. Post Stress Syndrome has been around for years, but due to traditionalists and the rhetoric of that "macho" cop, there was and still is refusal to recognize it. Once we pass the simplistic level of consciousness, employee assistance programs can begin.

Guidelines are not rules set in concrete. They are simply that, guidelines. They are no contractual rights. Guidelines are established as possible ways or advice on how a supervisor or manager may choose to handle a police officer that contracts AIDS or is exposed to AIDS. This is why any and all policy guidelines governing procedure, needs legal interpretation and approval before implementing.

There are many other policy considerations that are probably as valid and good as what was suggested. But, these were considered as the most desirable to implement immediately.

Once the needs of the organization have been determined, the transition into reality needs to be made. Through the use of a project director to coordinate the efforts of all involved in development and implementation of policy considerations, will keep it on track. The use of ad hoc committees will be vital to the

construction of a workable or winning plan. Using the diagonal slice of managers and employees with varied experience will make the success of policy implementation more attainable. A monitoring and feedback system will be used to determine impact on, and success with the workforce. Along with the monitoring systems, continual open lines of communications will be maintained with all the critical mass or stakeholders to keep abreast of recent changes that would impact the plans. Probably most important is to make sure financial support is there when it is needed.

The future of California Law Enforcement in dealing with the police officer that has contracted the AIDS virus claiming it happened through the work environment, may be a future of consistent litigation. Something needs to be done to mitigate the environment claimed causing it. Administrators that fail to take action, are acting to fail.

APPENDIX A

TRENDS

1. Reluctance to provide emergency medical assistance to AIDS Victims.
2. Education (AIDS) in the Workplace.
3. Growth of epidemic.
4. Loss of support for public safety by citizens due to attitude of officers about treatment of victims.
5. Increase anti-social behavior.
6. Increase calls for service, AIDS related.
7. Attitude change of AIDS Victims.
8. Recruiting of new employees.
9. Retention of existing employees.
10. Impact of claims, workmans compensation.
11. Employee stress as a result of encounters with AIDS victims.
12. Judicial support for victims' AIDS rights.
13. Mandated/lobbying for safeguards public safety employees.
14. Product marketability of safe sex aids - contraceptives, condoms, etc.
15. Stress on employees that don't have AIDS.
16. Disclosure of AIDS victims to public service organizations.
17. Disciplinary problems for refusal to provide service.
18. Policy development.
19. Testing and follow up of exposed employees.
20. Right to life, cost of vaccine.
21. Protective legislation for employees.
22. Medical retirements.
23. Stress retirements.
24. Health benefits.
25. Cost for subscriber of benefits.
26. Infection control precautions.
27. Hospice care.
28. Method of delivery of service to AIDS victims.
29. Paranoia among employees.
30. Cost to organization - benefits, sick time.
31. Corporate responsibility.
32. Stress on family members.
33. Promiscuity on job.
34. Divorces/marriages increase/decrease.
35. Isolation, quarantine.
36. Budget Cost for training, education, prevention, safety equipment.
37. Moral vs. medical issue.
38. Cost of doing business, transfer of funds.
39. Prioritize education for employees.
40. Increase enforcement activity.
41. AIDS issue use for political platform.
42. New emphasis on Homophobia.
43. Change in current legislation for offenses/violations by AIDS victims.
44. Educational system, directed at children.
45. Apathy, increase/decrease.

46. Communication between healthcare and high risk.
47. AIDS policy.
48. Mistrust of educational information being taught.
49. Ethnic background of AIDS victims.

APPENDIX B

EVENTS

1. Court ruling - Fair Employment Housing Act - Employees can't discriminate.
2. Mandatory reporting.
3. Vaccine for H.I.V.
4. Discovery of new ways of transmission.
5. Employee contracts disease through casual contact.
6. New legislation for/against employers at risk.
7. Anti Discrimination Act.
8. Public figure contracts AIDS.
9. Deadly force use on AIDS victim.
10. Criminal statutes protecting public against abuse by AIDS victims.
11. A.O.C. - C.O.E. Workers/Compensation.
12. Blood screening.
13. Improve testing methods.
14. Mandatory testing high risk group.
15. Mandatory testing of public safety employees.
16. Significant labor confrontation.
17. New technology for immediate detection of person with AIDS to be served.
18. Discovery of new strains.
19. Surge in justifiable homicides of AIDS victims.
20. Protective legislation of all information concerning AIDS victim.
21. Outlawing of all homosexual activity.
22. Refusal to provide healthcare.
23. Euthanasia for AIDS victim.
24. Mandatory lock up, isolation, quarantine.
25. Outbreak/epidemic within public safety department.
26. Mandatory testing for pre-employment, polygraph, drug testing, AIDS testing.
27. Undesirable side effects of vaccine.
28. Registration of AIDS victims.
29. New safe sex inventions.

APPENDIX C

STAKEHOLDERS

1. I.A.C.P. (International Association Chiefs of Police).
2. N.O.B.L.E. (National Organization of Black Law Enforcement Officers).
3. National Sheriffs Association.
4. Police Executive Research Forum.
5. Commission on Accreditation for Law Enforcement Agencies.
6. Police Management Association.
7. City Managers.
8. Police Officers Associations/Unions.
9. P.O.S.T. (Peace Officers Standards of Training).
10. California Chief of Police Association.
11. Courts.
12. Insurance Companies.
13. Other Law Enforcement Organizations other than uniformed police.
14. Minority groups.
15. Affirmative Action Officer.
16. Legislators.
17. Governor and staff.
18. A.C.L.U. (American Civil Liberties Union).
19. Attorney.
20. Controllers.
21. Police officers spouses.
22. Family members of police officers.
23. Church groups, religious groups.
24. Volunteer citizen groups.
25. Food vendors/providers, restaurants.
26. City councils/mayor.
27. Training divisions.
28. Medical staff.
29. Local hospitals.
30. Realtors.
31. Health care providers.
32. Police management groups.
33. Private security agencies.
34. Taxpayer organizations.
35. P.E.R.S. (Public Employees Retirement System).
36. Media news groups.
37. Non-sworn public employees association.
38. Police equipment vendors.
39. Risk manager for the governmental entity.
40. Center for Disease Control.
41. Red Cross.
42. School districts.
43. Courts.
44. Workman's Compensation Board.
45. Legislators.

46. Occupational Safety organizations (O.S.H.A.).
47. Human Resource Professionals.
48. Vice/Narcotic units.
49. Drug Rehabilitation Centers.
50. Law Enforcement Training Academies.
51. Civilian Law Enforcement employees.
52. State Disability.
53. AIDS support groups.
54. City Attorneys.
55. League of California Cities Association.
56. Firefighters Association.

APPENDIX E

NOMINAL GROUP PARTICIPANTS

Ms. Pat Krone - Pacific Bell Telephone Co.
Sergeant August Ricca - Garden Grove Police Department
Lieutenant Dave Abrecht - Garden Grove Police Department
Ms. Karen Adams - Garden Grove Personnel/Insurance
Master Officer Brad Saunders - Garden Grove Police Department
Battalion Chief Vince Bonacker - Garden Grove Fire Department
Ms. Jeane West - Garden Grove Medical Center
Mr. Steve Larson - Garden Grove Personnel
Ms. Connie Ebelt - San Clemente General Hospital
Lieutenant Jim White - Laguna Beach Police Department
Sergeant Paul Prince - Garden Grove Police Department
Mr. Samuel Wastaka - Metropolitan Life Insurance

PERSONAL INTERVIEWS

Mr. Lou Keller - Association California Life Insurance Carriers
Mr. Carl Moody - Attorney (private practice)
Ms. Cam Horn - Insurance Administrators
Mr. Hogan Kalemeyn - Attorney (private practice)
Honorable Judge Richard Lee - Workmans Compensation Court Judge
Mr. Steve Wilford - California Board of Medical Quality Insurance
Mr. Alan Tebb - California Workers Compensation Institute
Mr. Stephen Kay - Attorney (private practice)
Dr. Donald Francis - Researcher, Aids Advisor, C.D.C.
Dr. Thomas Cissario - Professor of Medicine, University California
Irvine
Dr. Shirley Fannin - Los Angeles County Health
Mr. Katherine Saxton - Noetics Insurance Administrator

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