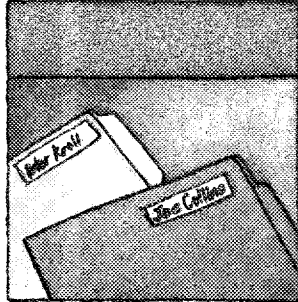


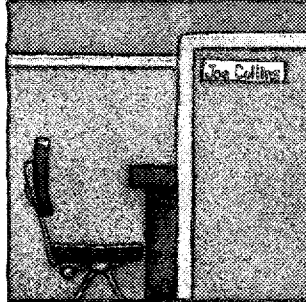
HBR Case Study

At the moment of decision, what would you do?

How should an HIV-infected employee be managed over time?



The Hiring Decision



The Confidentiality Crisis



The Long-Term Question

A Case of AIDS

by Richard S. Tedlow and Michele S. Marram

I. The Hiring Decision, 11-1-89

Greg van de Water leafed through the applications one more time. After weeks of interviewing, he had narrowed the field to two young men, both of them internal candidates seeking promotion to Greg's sales and customer service team.

Hiring, he believed, was the most important decision he made as team leader. Since taking over three years ago, he had hired four of the six team members, and he had chosen well. Now again he was faced with a choice that would affect team performance for better or worse. Subjective judgments about how people would work together, how they would feel about each other, how deeply they would buy into company values like openness, honesty, mutual respect, and support were just as important as the sales ability, communication skills, knowledge of the industry, energy, and enthusiasm that the job called for on paper. Greg also knew that teamwork and attitude produced results and that members of a sales

team could easily become destructively competitive unless their commitment to each other was genuine.

The folder on top belonged to Peter Kroll. Peter had worked his way up through the company and understood its products and its product strategy. He was bright, eager, and came highly recommended. Greg was confident that he could handle the job and handle it well.

The second folder was Joe Collins. On paper, Joe and Peter looked much the same, but after meeting them both, Greg preferred Joe. On the minus side, Joe hadn't been with the company as long—only two years. On the plus side, Joe had worked well under the kind of group-compensation system Greg's sales team utilized. Moreover, Joe seemed to have more self-confidence than Peter. Joe also struck him as a better listener and a more sensitive person—important qualities in teamwork and communication. Finally, although neither had much sales experience, Joe somehow seemed a natural salesman.

So that was that—except for one thing. In the strictest confidence, Joe had revealed that he was HIV infected. Greg was not panicked by the news. He knew there was no danger of contagion from casual office contact, and he knew an HIV-positive person could live and work productively for years without developing an active case of AIDS. Moreover, the company guidelines stated clearly that “physical disabilities and chronic health conditions” were not to be considered in hiring and promotion decisions unless they interfered directly with performance.

Richard S. Tedlow is professor of business administration and director of research at the Harvard Business School. Michele S. Marram is director of research and information services, Baker Library, at the Harvard Business School. They recently completed an educational video on AIDS in the workplace, based on the experience of Levi Strauss & Co.

But was it really that simple? Joe had shown no symptoms yet, but Greg was worried about hiring him and then having his health deteriorate. How could Joe work up to speed



Jonathan Mann

Jonathan Mann is professor of epidemiology and international health at the Harvard School of Public Health, director of the International AIDS Center of the Harvard AIDS Institute, and chair of the Eighth International AIDS Conference to be held in Amsterdam in 1992.

Greg van de Water should hire Joe Collins – with or without his HIV infection. Like all other people, some HIV infected are excellent workers and some are not. It is wrong to assume that when people become HIV infected, they immediately and irrevocably fall into a category of people who can't work well. Joe proves that HIV infection need not handicap one's performance.

Obviously, the "hidden" issue here is transmission. Will other workers be safe in the workplace? In this case, the answer is absolutely unanimous and unequivocal: there should be no concern for transmission in the workplace. (The exceptions are professions that involve exposure to blood and, in two instances that transcend the workplace but that I mention for the sake of completeness, people having sexual intercourse and sharing needles.) So it's important to put that concern to rest.

It's also important to put the hiring decision into the context of the expected lifespan of a person who is infected with HIV. The facts are that

if he was recovering from a bout of pneumonia? Wasn't there at least a chance that the pace and the pressure of this job would be detrimental to his health? Moreover, how could Joe



James W. Nichols

James W. Nichols is an assistant vice president of the American Security Bank in Washington, D.C. Diagnosed as HIV positive in 1985, Nichols has lectured and written extensively on AIDS in the workplace. He is currently on long-term disability leave from his company.

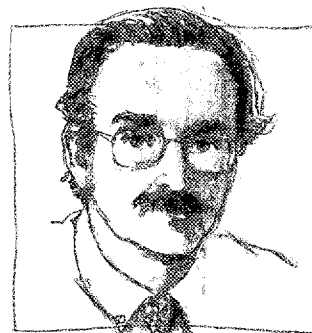
Greg van de Water should not take Joe Collins's HIV infection into account when hiring him. He should hire on abilities, not disabilities. Besides, who is to say that Peter Kroll, the other candidate, isn't HIV positive as well?

I know that many of the roughly 1.2 million people infected with the AIDS virus in this country are productive workers. For five and a half years after receiving my HIV diagnosis, I continued to contribute to my company as an employee and a manager. My company knew my health status throughout. In allowing me to continue working, the company not only benefited from my work but also fueled my will to live.

My experience taught me that the only way for companies to handle the issue of HIV infection is for the company and the employee to work together. Like work, AIDS takes place in the context of personal relationships. It needs to be *comanaged*, not merely managed. When Greg hires Joe, then, he should establish that he will work with Joe as his illness de-

keep his secret from the other people on the team?

Except for HIV, the choice was easy: hire Joe. But was there any such thing as "except for HIV"?



Lee Smith

Lee Smith is president of Levi Strauss International, a wholly owned subsidiary of the San Francisco-based apparel manufacturer Levi Strauss & Co.

Joe Collins should get the job. In terms of professional skills and "fit," he is the most qualified. And perhaps as important, there is no reason *not* to pick Joe. His HIV status should not count against him for the same reason we don't consider the projected health status of an older employee or the possibility of pregnancy for a female employee. Also, the Americans for Disability Act of 1990 now includes HIV infection as a disability, which means it is illegal for Greg to use HIV as a basis for not hiring Joe.

Once Greg hires Joe, he must respect Joe's confidentiality. Unfortunately, HIV-positive individuals today are subject to terrible discrimination in the workplace and in the rest of their lives. They face fear and stigmatization from colleagues, friends, even family, and as a direct or indirect result, they lose their jobs, their insurance, and other work-related benefits.

On the other hand, disclosure represents the first step for a company and an individual to manage HIV together. I encourage people like Joe to be open about their illness. A partnership of concerned individuals can manage this illness far more effectively than can individuals on their own.

Jonathan Mann continues

ten years after being infected, half of HIV-positive people will develop AIDS, while half will not – and this is without treatment. With treatment, depending on a number of factors related to individuals that we don't fully understand, that picture is improved in several ways.

There is an issue of a potentially reduced work life. While that's a real concern, consider how important any condition – HIV infection, hypertension, smoking, a family history of cancer – should weigh upon a hiring

How much should any health condition – stress, hypertension, HIV infection – affect a hiring decision?

decision where there is a clear, or felt, superiority of a candidate. HIV infection doesn't tell you whether someone can or can't do a job well.

The employee's ability counts most. Greg should hire Joe because Joe is the most qualified candidate. At the same time, he should discuss the future with Joe. Finally, having the information that he does, Greg should find out if the company has an AIDS policy in place. If it doesn't, he should push for one. Because in the United States, with over one million people who are HIV infected, the idea that it won't happen in your company is fantasy. It's just a matter of time.

James W. Nichols continues

velops or when other considerations arise. Greg could say, "Joe, I can't tell you how important your honesty has been to me, and I believe that knowledge of your HIV status should be held in the strictest confidence.

"But when you are ready to tell people you have HIV, or if your productivity slips to the point that people approach me, I would hope, Joe, that you and I can work together to solve the problem."

It is absolutely critical for HIV-positive employees to know that they're going to have the support of their company. When I tested positive, I had a very good relationship with the head of my division. After I told him of my infection shortly after I was diagnosed in the spring of 1985, he said to me, "Jim, I have to tell you this makes me very sad."

He went on to say that the bank was ready to deal with AIDS. It had already rewritten its life-threatening illness policy to include AIDS. It was willing to support me in my work. My boss said: "We want the decisions made about you to be decisions that we make about you, not decisions that the bank is going to make for you, not decisions that you're going to make on your own."

As I began living and working with HIV, my company continued doing its work behind the scenes. The bank produced an AIDS-in-the-workplace training program for all employees. It provided brochures on AIDS for the home and workplace, directed toward both singles and families, and produced them in several languages.

All this made me feel like a million dollars. I don't believe the bank kept me because it liked me – but because keeping me was fair.

Lee Smith continues

Disclosure is not an easy step: I am not sure that I could follow my own good advice if faced with this situation. Disclosure, moreover, doesn't work without a supportive and well-informed workplace. Levi Strauss & Co. took its first steps toward establishing its AIDS corporate policy in 1982, when the epidemic was in its early stages. It was evident that an appropriate AIDS strategy had to be included in Levi's philosophy about the treatment of employees with any life-threatening illness: all employees are to be treated with dignity and respect. This clearly included an employee with HIV. Employee groups began volunteer activities and fundraising to support people with AIDS. This effort created opportunities for communication and education about the disease, about fear, and about people living and working with the virus.

Since then, we have rolled out a companywide policy of education, support, and involvement in AIDS causes. These education efforts go beyond the company to the employees and their families, to other businesses and community organizations. Initially, we designed a program for managers and employees that we customized to regional and cultural differences.

Today AIDS education is ongoing: most Levi employees in the United States have attended, on company time, a minimum of a one-hour education program about AIDS in the workplace. New employees attend AIDS awareness trainings. Managers and work groups receive specialized training and consultation as needed.

II. The Confidentiality Crisis 11-1-90

Greg van de Water looked up in surprise. Harry Lopez, who'd been a member of the sales team for four years, had come into Greg's office and was closing the always-open door.

"Greg," he began as he turned to face him, "I've got to talk to you about Joe."

"Sit down, Harry," Greg said casually, trying to remain expressionless and hide his concern. "What seems to be the trouble?"

"Well, I don't know exactly, but something's wrong. I hate to say it, but Joe's been letting us down. Now, don't get me wrong. We all like him. We liked him the moment he came on board last year. He was fun and easy to

work with, he contributed more than his share of new leads, he knows the merchandise. He pulled his weight and then some. He made us look better than we'd ever looked before. And with sales up, we were making more money than ever before."

Lopez paused, took a deep breath, and went on. "But that's all changed.

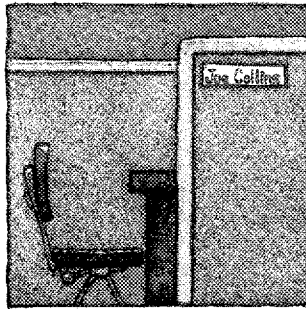
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I want to be fair, but lately he's been, well, taking advantage of the team. You know what I'm talking about. He comes in late or he leaves early— not every day but two or three times a week. A couple of times last month, and again yesterday, he didn't come in at all. No phone call, no explanation, just never showed up.

"Worse yet, he's preoccupied and unpredictable. I heard him yell at a customer last week, and Friday we had a real argument about who would take care of one last caller. I ended up handling it myself.

"It's reached the point where we're all having to work harder because of Joe's behavior. We're still a team, so we still cover for him, but nobody likes doing it. And nobody can talk to him anymore. Greg, he's just not himself. You know what I'm talking about. You've got eyes."

Harry paused for a moment and cleared his throat. "In fact," he went on, "I wonder if you know something about Joe that you're not telling the rest of us."



"Like what?" Greg said lamely. He'd been trying hard not to see Joe's increasing delinquencies. He dreaded the prospect of talking to Joe and addressing the issue of his apparently emerging illness—if that's what it

was. And then there was the issue of Joe's privacy to consider. Of course he'd known when he hired him that this day would probably come sooner or later, but who would have thought Joe would get sick so soon?

"You tell me," Harry said. "Maybe there's a family crisis. Maybe he's got a drinking problem. For all I know, he could have AIDS—and I've been sharing a cubicle with him for a year. Whatever it is, you owe us an answer. This team lives and dies on honesty and openness and mutual respect. We've never kept secrets from each other. Whatever it is that's going on violates everything we stand for."

Greg needed time. "You're right, Harry," he said. "I'm glad you brought it up. I have noticed some of the things you're talking about, but I didn't know it was this serious. I'll talk to Joe. Thanks, Harry. We'll work it out."

Jonathan Mann

Forget HIV infection for a second. Greg's got an employee who's dysfunctional. The question is: What's really going on? Jumping to the conclusion that Joe has AIDS is premature. Though his behavior could be related to the symptoms of HIV infection, I can think of many reasons why someone would be unreliable or irritable—and they have nothing to do with HIV.

The point is that Greg does not have to diagnose the condition. He just has to help Joe do his job. As a first step, he needs to open up the channel of communication. Greg could approach Joe in a supportive way and point out that his work has been suffering. It's unlike him to miss work, Greg could say. Is there anything he could do to help? Greg thus begins a process of easing Joe toward the evaluation and care he might need.

At the same time, Greg needs to become what I call "literate about AIDS." People at his level in a corporation should know what the disease is, how it spreads, how it acts in the body. Most important, Greg should know how and where to learn about AIDS. He needs access to accurate

James W. Nichols

Greg van de Water needs some fundamental training on how to manage people. No one can make a positive contribution to AIDS in the workplace unless teamwork already exists. And teams are built by professional managers who respect and build the self-esteem of their employees. Clearly, Greg has not learned this.

As a general rule, managers should attack problems, not employees. Greg did the opposite by agreeing

HIV has a crippling effect not just on those who are infected but on their friends, families, and coworkers.

with Harry that Joe's work has suffered. He should have merely thanked Harry for offering his opinion. And rather than playing the paternalistic manager who fixes employee's problems, Greg could have asked Harry for his solution.

Lee Smith

Greg van de Water's missed opportunities are coming back to haunt him. Because Greg didn't develop a plan, educate his work team, or work with Joe more openly, he now faces a volatile situation.

He has abrogated the stated company standards of honesty, openness, and forthrightness and chosen the path of avoidance. There's absolutely no question that the best approach with this disease is proactive rather than reactive. It is easier for people to grapple with the issues surrounding an HIV-infected coworker before he or she begins showing symptoms and performing poorly.

Of course Greg is dealing with a thorny issue: balancing Joe's right to confidentiality with the expectations, needs, and rights of the other team members. First of all, Greg should talk with Joe about his situation; after all, Greg can't be sure that the recent performance delinquencies are due to the illness. Then Greg should use all his skills to convince Joe of the benefits of confiding in the work group. Much can be gained by sharing this information. A team can manage this situation far better than one individual fighting it quietly,

Jonathan Mann continues

and updated AIDS information independent of Joe—a doctor, for instance, whom he can call to ask any and all questions without embarrassment. Because AIDS is a constantly evolving health and social issue, it mandates access to sound and up-to-date technical information in order to make informed decisions.

Facts are important; leadership is equally vital. Harry's aside shows that Greg should also start pushing the company to develop an ongoing educational program on AIDS in the workplace. He needs to take a leadership role so that company discussion is a coming together and not

Greg does not have to diagnose the condition. He just has to help Joe do his job.

a witch hunt. Greg might make a symbolic gesture such as walking into the educational meeting with his arm around Joe.

Greg should not tell Harry about Joe's situation without Joe's consent. First of all, Joe deserves to have his immediate problem evaluated and brought under control. Then he and Greg can discuss disclosure. Given that transmission is not an issue here, neither Greg nor Joe has a legal or public health obligation to disclose that Joe is HIV infected. But for the sake of group dynamics, Greg and Joe might want to consider informing the team about Joe's health status, which can be done in a way that builds on the supportive environment of the team.

James W. Nichols continues

When Greg does talk to Joe he should focus on his failing productivity and show him the same respect he shows Harry—that is, give him the chance to solve the problem. Asking Joe what he thinks should be done may force him to concede that HIV has slowed him down, but it also respects his abilities.

Let me add that Joe's declining productivity may be AIDS related but does not necessarily reflect his own health. My own productivity dropped so low at one point that the bank could have fired me in 30 seconds. I was performing so poorly primarily because I was suffering from bereavement overload.

Bereavement overload and grief are two of the biggest problems for employees who have AIDS. My brother was the thirty-fifth person I knew who died of AIDS. After him I quit counting. It got to the point where one day I exploded at work over an incident that had nothing to do with work and everything to do with my anger; it took a sympathetic worker to say to me, "Jim, it's not the teller you can't take. You can't take having lost so many friends." Her reaction, which was to gather the troops and tell them I was having personal troubles—without mentioning my health—helped me immensely.

You don't have to be infected to be affected by AIDS. The HIV factor is a hidden productivity crippler to the brothers, sisters, parents, friends, and lovers of those who have the disease. Unfortunately, the stigma associated with AIDS forces those people to cope with AIDS privately, secretly, and from a distance.

Greg laughed at Joe's good humor as he scanned Joe's most recent sales figures. "No question about it, Joe," he said. "You've really bounced back from last year. I don't know if it's the medication or if it's just you and your attitude, but I have to admit, the work you've done in the last six months has been super."

Lee Smith continues

secretly, alone. Work teams really mount an effort to help individuals in trouble: there are times in all of our lives when colleagues cover for us, whether the problem is AIDS or something else. Sharing information that affects the work group can bring out the best in everyone.

At Levi Strauss, I work with an HIV-positive man by the name of Alan Philip. Right now he is asymptomatic. In fact, he's a marathon runner. With his input and participation, we disclosed Alan's HIV status to selected managers and are running small, informal meetings with Alan and his close coworkers to discuss any issues involving HIV and their own work group. We want to provide a safe place for everyone on the staff to be informed and to be able to explore their own feelings.

Greg and Joe shouldn't miss this opportunity to teach the work team about HIV infection in all its complexities. Talking about AIDS is very different from watching it happen to someone you know. Few people turn their backs on the person who sits next to them day after day.

I remember how Keith Coppin, a Levi Strauss employee who recently died of complications related to HIV infection, was apprehensive about telling his work group about his illness. When he did, people were initially scared and uncertain; some were angry with his manager for not revealing his condition earlier. But Keith and his manager, Paula Dueball, worked to create an environment where people could talk about their feelings and clarify assumptions they had made about what Keith could and should do. Eventually, Keith felt there was a normalcy to his daily working life.

"I was hoping you'd say that," Joe said. "As a matter of fact, that's what I came to talk to you about." He paused briefly to signal the beginning of a more serious discussion. "I've been here two years now, and frankly, Greg, I think that I'm ready for a change."

continued on page 24

III. The Long-Term Question 11-1-91

Joe Collins was sitting in Greg van de Water's office, grinning broadly. "Tell me the truth, Greg," he said. "Have you ever had a better sales team? Or a better salesperson? Admit it, I'm 110% of my old self, and those numbers prove it!"

Greg nodded attentively, so Joe went on. "I feel as though I've pretty much done everything I can do here. I was looking through the job listing sheets, and I think I came across one that's right up my alley. It's right here," Joe said, handing him the internal job listings. "I've got it circled."

Greg read the job description: "Senior Sales Representative, Western States Region. Top-level sales and customer service job covering our fastest growing markets. Requires full knowledge of our product line. Candidate must be prepared for extensive travel and fast-paced customer demands. As the company grows, we will look to this individual - and the team that comes together under his/her leadership - to form long-term relationships with Western customers and to steer us into the markets of the future. Compensation commensurate with contribution to the company's future! Who wants it???"

Greg looked up. "I don't know, Joe," he said slowly, trying to hide his surprise. "When you said you wanted a change...I was expecting...well, I kind of thought that after the rough

time you had last year, you might want to slow down a bit."

Greg knew he had to be gentle. Joe had confirmed he had AIDS and was



likely to get sick again, and he seemed to be in denial. But Greg also knew he couldn't recommend Joe for a job he couldn't handle. That would hurt the company, and it wouldn't do much for Greg's reputation, either.

"It seems to me," Greg said carefully, "that this job calls for the kind of long-term commitment you might not want or be able to make right now. Tell me the truth, Joe, do you really want to add all this stress to your life? And all that travel?"

"You're such a good salesman," he went on, "I was thinking we could

design a special job just for you - maybe a training and teaching job so you could help some of our younger people. You know, a chance for you to pass along some of your ideas and techniques. The hours would be flexible, you could work whenever you felt like it, and you could design the course to meet your own health needs. But this job," Greg looked back down at the job description in his hands. "I don't know about this job. This isn't slowing down, Joe. This is going into overdrive."

Joe fixed Greg with a long, searching look. "Greg," he said, "I know what you're thinking, but I'm not kidding myself. I'm just a long, long way from giving up - or from having to. I've still got a life to live. God knows I've still got drive. And I still do terrific work, which matters a lot to me and ought to matter to the company. I want my career."

He sat back in his chair and grinned. "I'll tell you what, Greg. Stop and think about it again. I'm going to give you another chance."

HBR's cases are derived from the experiences of real people and real companies. As written, they are hypothetical, and the names used are fictitious.

Jonathan Mann

HIV workers who are not ill should be handled like all other workers who are not ill; HIV infected workers who are ill should be handled like all other workers who are ill. Greg's problem is that he is operating on what he expects rather than what the facts of the disease and the infection indicate. He sees a worker working well. Why should Greg assume Joe wants to slow down?

Even for people who have developed clinical AIDS, survival can be quite long. I have a friend who had clinical AIDS diagnosed almost ten years ago. And though he is the exception rather than the rule, it is important to know that exceptions exist. We're talking about biology, not mathematics.

If Joe can do the job and is the most qualified, Greg should recommend

James W. Nichols

Greg has offered Joe the ultimate in reasonable accommodation. Again, I speak from the perspective of an employee with HIV and AIDS. Greg has offered Joe a training position with flexible hours, with no cut in pay or benefits, without the stress of sales goals, and without competition from his peers.

As manager, Greg's role is to assess Joe's work performance and then provide choices. It certainly is his right to offer, or push for, reasonable accommodation. I was appalled when Joe offered Greg "a second chance." Joe has got it backwards. Employees don't give managers second chances. Besides, Greg has already given Joe a second chance. When his productivity declined, Greg gave him the opportunity to stay with the company and keep his job.

Lee Smith

Greg should take the "second chance" Joe's offering him by putting Joe up for the promotion. If Joe can perform, has shown the ability to do so, and is qualified for the promotion, I can think of no other relevant consideration. AIDS or not, he is entitled to his career.

Joe may not be able to work indefinitely, but I'm betting that he can perform well in this job for a reasonable amount of time, providing a return on the investment. If he becomes too ill to work, then reasonable accommodation can be worked out by all parties.

But it's not only Joe that worries me. I'm also concerned about Greg. He talks about the company's openness and honesty, and yet he still seems to be acting solely to protect himself. Although I applaud him for

Jonathan Mann continues

him. For Joe's sake, if he believes he'll be happy with the extra work and travel, if he'll be satisfied and fulfilled, then this job might actually be more important than eight hours of sleep. Stress is *not* necessarily unhealthy for Joe: some people work better and are in fact happier with a certain amount of external stress.

Greg's alternative comes across as a way of "parking" Joe. The real question is: What does Joe's future look like? Will he live longer and be healthier if he feels his career's over or if he's working extra hours as the head of a team? I think the answer lies somewhere between the two extremes: maybe what works for him now is the high-stress travel, and later he'll take another position with less stress and fewer hours.

Above all, Greg and Joe must use the facts of Joe's condition to make the decision. Now if Joe is clinically ill and can work only two days a week, the situation is easier to resolve: How could he possibly take this job? But until then, I recommend Greg follow this principle: if Joe's clinically sick, treat him like any other sick worker. If he's well, treat him that way.

Can Joe handle a long-term commitment? The question for me is, How long is long term? In today's work force, where mobility has become the norm, even a five-year commitment is considered long term. When you start to think about a job with a ten-year or fifteen-year commitment, then I would ask another question: How do you make decisions about the long term? Would it matter if Joe smoked or had hypertension? We don't figure those questions into the equation now, why should we with AIDS?

That is especially true today, as one can legitimately offer hope to a person who develops AIDS. It used to be that a person diagnosed with AIDS had an average life expectancy of about one year. Now it's a couple of years. And with the ability to prevent some life-threatening illnesses, it is becoming quite common to see people who have suffered their first AIDS-related illness return to relative health for a long period of time.

James W. Nichols continues

Joe appears to be very poorly educated about how HIV operates. I say this because I agree with Greg's original assumption: Joe is in serious denial. Joe seems to be denying the spiraling health-care costs associated with AIDS. He appears not to know that stress is a major cofactor in the replication of the virus and that fatigue is a major symptom. Beyond

If Joe Collins wants to and is able to work, then his company should let him.

that, if he takes the new job and fails, he could be fired on the spot—losing his salary and benefits. Joe's hope for the future is overshadowing his assessment of the present.

Greg has given Joe options—and only with options can Joe still maintain control. In fact, Greg's offer sounds exactly like the deal my bank offered me two and a half years ago. At that time, my boss said I had a decision to make. My productivity had gone to hell, and I was not acting as a good manager. I had the choice of quitting—or turning my attitude around and keeping a job at the bank. I was not given the choice of keeping my old job, however. The bank offered me a new job, at the same salary and benefits, yet without the stress of managing people or meeting sales goals.

The way the bank handled my illness was vital to my continued productivity. If employees want to work and can, companies should let them. If you take away a person's job unnecessarily, you not only rob the company of potentially valuable work, you also take away much of what sustains that person's will to live.

Lee Smith continues


being more explicit with Joe, he is still making assumptions about Joe's future health.

Ultimately, this situation is an opportunity for the company to find out whether it really cares about individuals in the organization or whether it cares strictly about output. Joe's situation presents the company with a tremendous chance to educate fellow employees, to bring compassion to the workplace, and to treat people with dignity in the face of a life-threatening illness.

There are also solid business reasons to keep and promote people in Joe's condition. First of all, employees in companies such as ours stay for an average of five or more years. We have a huge investment in those people, and losing them suddenly to disease means an absolute loss. We also incur the expense of training replacements. So it is cost-effective to leave HIV-positive workers in place as long as they continue to be productive. And we benefit in terms of insurance and medical outlays by in-

There are solid business reasons to keep and promote HIV-infected employees.

tervening earlier to help individuals stave off the higher costs of the later stages of the disease.

Additionally, we have an opportunity to educate people about the disease and in so doing help prevent the spread of AIDS. For many adults, the workplace is the only place they receive this lifesaving information. We gain financially if we save even one employee from becoming infected. And by creating a more supportive work environment, we allow people who might otherwise be fearful to get on with their jobs and work side-by-side with someone who is HIV positive. 

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