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## Interview: Gerald M. Shea

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# AIDS is a public health concern

*Gerald M. Shea, Director of Health Care Division, Service Employees International Union, AFL-CIO, granted the following interview to NS International Press Service. SEIU has a membership of 850,000 in the United States, of whom 275,000 are health-care workers. This membership is naturally concerned over their responsibility for caring for AIDS victims in the nation's hospitals, clinics, and jails. SEIU members are both potential victims of the AIDS virus, through contamination at the workplace, and in turn, potential health risks to the public, with whom they are in constant contact.*

**Q:** What is the policy of the SEIU in terms of screening of employees for infectious diseases? I'm asking because of the AIDS crisis. The question has come up whether service employees should be screened.

**Shea:** We do not have a position at the moment, although we are up to our earlobes in this issue. It has not directly arisen in the industries that we represent, to our knowledge. Nobody's asked us for guidance on it from any of our local affiliates. However, even without that, we have begun a review of the issue as part of a broader review of our AIDS program. This has been under way here under my direction for the last month.

We have just decided on a number of steps in regard to AIDS because, clearly not enough. Just to give you an idea of the magnitude of this, we have what seems to be the most widely used pamphlet on AIDS and health care workers. It was developed by a rank-and-file committee at our big local union in San Francisco about 18 months ago. We have printed approximately 110,000 pamphlets in that period of time, and most recently 75,000 pamphlets in July. We have less than 25,000 pamphlets in stock today. We get more requests for information on AIDS and preventative measures for AIDS for service workers who are exposed to it than any other single issue today.

**Q:** How many would you say you're getting per week?

**Shea:** I don't have a count. I could estimate for you that it's three or four dozen, that's just at this office. It has prompted us, as well as just our general observation of the news, to review the whole area. We have just decided to move forward and produce a much more detailed manual/handbook for union staff and stewards and leadership, who are being asked

questions by rank-and-file members on this. And secondly, to plan a series of conferences around the country, on service personnel and AIDS, aimed primarily at our membership, but which will be open to anybody in the industry who is interested in participating.

It won't be until the first of the year, but I would anticipate that it will be immediately after the first of the year. We see six to eight conferences in major cities such as New York, Los Angeles, San Francisco, Boston, Washington, and at least one Canadian city.

We're now looking into a number of other aspects of the issue, one of which is health care coverage for AIDS victims. In other words, if one of our members comes down with AIDS, how are they going to get insured for it.

**Q:** Because the insurance companies have threatened to cancel coverage?

**Shea:** Exactly. So our approach to it is more from looking at this as an occupational health hazard for our workers, who work in hospitals or schools or jails, than it is from the perspective that we have some members who have been exposed to the disease and have either AIDS or AIDS-related complex. I don't have a good handle on that, although I'd be naive to assume that we don't have some members with AIDS. But we have no information on that.

**Q:** Do you have a screening policy for any diseases with respect to your membership?

**Shea:** Not to my knowledge. We participate jointly with management in the promotion of annual or regular check-ups of our health care workers, which is the area I'm familiar with, as an aid to their own personal health, as well as the protection of the institutions they work in.

Our perspective on this is that there are two sets of concerns about this disease, one of which is public health concerns; the second of which is concerns of the people who have contracted the disease or are the so-called target populations for the disease. We clearly define this primarily as a public health problem, and secondly as an issue of individual treatment. But we see that second issue as being one of significant concern.

So that, for instance, in the case of our health care workers, while we in many cases would argue generally that workers should exercise some individual judgment in their own

situation, we have cautioned our local unions that in this case, it is not appropriate for the local union to simply say to somebody, "It's okay" if some individual member doesn't want to work in an AIDS unit. Because we see that doing that sort of thing is shirking our responsibility in terms of the overall societal issues in this disease.

However, the primary emphasis, our own view of the disease, is that it's a public health problem, and has to be addressed in those terms.

**Q:** The question that is increasingly coming up is that AIDS is not simply a homosexual disease, that it could be the bubonic plague of the 1980s. So the question becomes, why shouldn't we screen workers in related industries for the disease at the same time that we set up voluntary screening for the whole population?

**Shea:** I think that we're not antithetical to that view. It is a judgment call, and one that balances various points of view, and we're not prepared to make a decision short of a fairly thorough review internally.

**Q:** Are you familiar with the CDC guidelines?

**Shea:** You mean in terms of protection of service workers? That's essentially what's reflected in our pamphlet on health care workers.

**Q:** Do you think it goes far enough?

**Shea:** Generally, we think that the CDC has done a good job, and without commenting definitively on the guidelines, we think they are good guidelines.

**Q:** I'm increasingly convinced that this is a very dangerous epidemic and one which we must address as the number-one concern today.

**Shea:** Our own thinking has evolved along similar lines in the last year. When this first occurred, we were very sensitive to the negative social effects potentially of the disease, in terms of increasing homophobia, discrimination against people based on sexual preference, or in terms of feeding some racism among whites in the country. We haven't seen that latter aspect, but I'm waiting for some demagogues to get on that one. The first one we have seen, although I think it hasn't been awful.

As our own understanding of the disease, and of the lack of understanding of the disease has deepened, we've come to the same realization everybody else has, which is that the enormity of the health problem is really frightening, and that just has to be the guiding factor.

Our original reaction was, AIDS is transferable. But it's not as highly infectious as a lot of other things that people work with, day in and day out. That's part of being a health care worker. What separates it is the medically unknown characteristics of the disease, the dissimilarities, and the 100% mortality rate.

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