AIDS and the academic community: A study in university governance

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AIDS and the academic community: A study in university governance

Dinius, Ann, Ed.D.
The College of William and Mary, 1992

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AIDS AND THE ACADEMIC COMMUNITY:
A STUDY IN UNIVERSITY GOVERNANCE

A Dissertation
Presented to
The Faculty of the School of Education
The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

by

Ann Dinius
This work is dedicated to my mother in fulfillment of a promise and to my father whose encouragement helped me keep it.
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AIDS AND THE ACADEMIC COMMUNITY:
A STUDY IN UNIVERSITY GOVERNANCE

ABSTRACT

The purpose of this study was to investigate the policy making process used in a higher education institution with an academic health center when dealing with social justice issues. How the policy group was constituted, the components of the policy, and policy implementation and oversight issues were included. An attempt was also made to explore factors which could facilitate or impede the policy making process.

The development of an AIDS policy at Virginia Commonwealth University served as the case study. This institution, with one of the ten largest academic health centers in the United States, is a state-supported urban research university.

The activities of the various AIDS policy making and guideline development committees over a five-year period were chronicled. Interviews were conducted with involved university administrators and officials, the advisory committee on infectious diseases, and the members of the policy subcommittee. A review of pertinent administrative files was done.

It was hypothesized that when faced with high profile social justice issues such as the infectious disease AIDS, higher education institutions will employ
atypical policy making methods. It was concluded that, although the process was over a prolonged period of time and there was more widespread involvement of the academic community and related state agencies, usual policy making methods prevailed.

Further study is indicated with other social justice issues in this type of institutional setting. Additionally, information is needed on the policy making process for social justice issues at other types of colleges and universities.

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AIDS AND THE ACADEMIC COMMUNITY:

A STUDY IN UNIVERSITY GOVERNANCE
CHAPTER I

Introduction

Large scale social justice issues and institutions of
higher education have intertwined for centuries, often
causing inner turmoil in the academic community. Reactions
to such situations have frequently resulted in the
development of institutional policies for dealing with these
issues. The Carnegie Policy Series, 1967-79: Concerns,
Approaches, Reconsiderations, Results, by Clark Kerr (1980),
focuses on six areas on which the Carnegie Commission and
the Carnegie Council concentrated their attention. Social
justice was at the head of the list where it had first
appeared during the time of the mid-1960's civil rights
revolt. Now, another of this century's critical social
issues, that of AIDS, is having wide-ranging ramifications
for all aspects of our society; and has become a social
justice and policy development problem particularly for
urban research universities with academic health centers
(AHC).

Since the early 1980's the United States has been
overwhelmed by the effects of the Human Immuno-deficiency
Virus known as HIV and the infectious condition, Acquired
Immuno-deficiency Syndrome (AIDS). Health care experts are
predicting that by the early 1990's nearly a half-million
people will have AIDS and that there will be no decline in the percent death rate from AIDS. A social issue of this magnitude commands attention at all societal levels.

"No gay with AIDS is gonna sit in my dental chair," says a dental student. "No one had better force us to let an HIV-positive student continue in this department," a professor is heard remarking in the faculty lounge. And meanwhile, on the other side of the campus at the university hospital, laboratory technology personnel express concern about the employment of a staff member who is HIV-positive and, not to mention, their consternation about processing laboratory specimens from AIDS patients. At the same time, deans of health professions schools are being faced with stricter and stricter guidelines for infection control and with the possibility of mandatory health testing for all faculty, students, and staff. Universities and colleges all over the country have been contending with these attitudes and concerns as has society as a whole. Higher education institutions, as a result, have been developing policies for dealing with the AIDS situation in relation to their academic communities.

**Purpose and Research Questions**

This study has addressed University governance and the policy making process that surrounds issues of social justice confronting public urban research universities with academic health centers. Do the usual policy making models apply or does a special, distinctive approach come into
play? In this regard, the process employed in the development of an AIDS policy for Virginia Commonwealth University (VCU) has been examined with the major question investigated of how a social justice policy is formulated and assimilated in a public, urban research university. More specifically, did Virginia Commonwealth University engage in a special policy making process because the topic was the controversial social issue of AIDS? Further, did the nature of the topic stimulate this particular university, with its urban location and large prominent academic health center, to develop a policy earlier than most Virginia higher education institutions?

The hypothesis, then, has been that when confronted with high profile social justice issues a higher education institution will deviate from a usual policy making model by employing an atypical, special policy making process. Who constituted the task force for developing the University AIDS Policy and why, was a question also addressed. How far the policy extended in addressing the AIDS situation on the campus, and the mechanism for overseeing policy implementation were investigated as well.

The Setting

As noted above, the study was carried out at Virginia Commonwealth University, a public urban research university with an academic health center, located in Richmond. The Greater Richmond metropolitan area has a population approaching the one million mark. The University serves more
than 20,000 students and in 1990 had 13,416 professional and support staff (8,677 University and 4,739 hospital). There are two campuses, academic and health sciences, proximally situated in the downtown section of the city. The environment and administrative structure of VCU was central to the study as well as the policy making process.
CHAPTER II

Review of the Literature

Policy Making

Do the usual models of governance and accompanying policy development methods apply in academic settings and, more specifically, in the making of policy for critical social justice issues such as AIDS? Policy making models seem to parallel and relate to the ways colleges or universities may be organized and managed. Generally, four models are referred to when discussing academic institutional governance - collegial, bureaucratic, political, and organized anarchy (Birnbaum 1988). This, along with the problem of AIDS policy development, is what will be explored in this literature review.

First, what constitutes social justice? According to Sirotnik (1990), the widely agreed upon scope of social justice is the fair distribution of social and economic benefits and liabilities within a social or public context. He also notes that Aristotle identified social justice as receiving one's due. Social justice is equated as well with fairness and moral rightness and goodness.

Regarding policy, Webster's (1984) definition states that policy is a definite course or method of action selected among alternatives and in the light of given
conditions to guide and determine present and future decisions. According to the 1988 Institute of Medicine report, *The Future of Public Health* (p.44), "Policy formulation takes place as the result of interactions among a wide range of public and private organizations and individuals. It is the process by which society makes decisions about problems, chooses goals and the proper means to reach them, handles conflicting views about what should be done, and allocates resources."

Academic institutions are different from most other kinds of complex organizations. No two college or university organizations are the same because academic institutions have different kinds of clients, employ workers with varying skills, and work with varying technologies. As a result, then, these organizations develop divergent styles of structure, coordination, and governance, and have differing relationships to their external environments (Baldridge, 1978). Academic institutions generally serve clients rather than work for profit and, with multiple goals, are different and more ambiguous than most other kinds of complex organizations. Causing further ambiguity, professionals make up the academic work force and dominate decision-making. A highly educated group, generally independent-minded, faculty demand a part in setting policy and making decisions. As a result of this particular work force characteristic, the decision-making process takes longer and often the results are negotiated compromises or
at least contain alterations to accommodate interest groups with different goals and values.

In *How Colleges Work*, Birnbaum (1988) also discusses recognized models for explaining how colleges and universities are organized and managed. The four models presented are generally known as 1) collegial, or community of scholars; 2) a bureaucracy; 3) a political system; and 4) an organized anarchy. Birnbaum integrates these four models to show how administrators can work within their institutions' ongoing organizational processes. In the real world, colleges and universities do not consistently reflect one model's characteristics but may exhibit elements of all of the models at various times. Finally, Birnbaum projects a new administrative model in which he labels colleges and universities as cybernetic organizations. In other words, the models as presented in an integrated fashion are used to create a more complete understanding of the intricacies, dilemmas, and complexities of how colleges work. Birnbaum thinks that cybernetic organizations, colleges and universities can utilize negative feedback as a means of adapting and self-correcting management problems and dilemmas. An important part of Birnbaum's organizational description is the discussion of the concepts of open and non-linear systems, loose coupling, and casual loops. These concepts are useful in what he calls "sense making" which, in Birnbaum's view, is the major purpose of management in organizations.
Birnbaum also describes the objectives and aims of administrators for each of the organizational models presented. The objective of the bureaucratic administrator is rationality. The collegial administrator searches for consensus, the political administrator for peace, and the symbolic (organized anarchy) administrator for sense. But the major aim of the cybernetic administrator is balance..."the role of the balanced administrator is not to achieve the greatest degree of control and influence for administrative processes, but rather to ensure that at least the minimal levels of structure, information flow, and decision-making capability are sustained. Similarly, the administrator must be concerned with the maintenance of common values and commitments at some level and with the protection of minority interest groups (and sometimes with the coalescing of new groups)" (p. 226). Birnbaum creates this fifth model, cybernetic, by integrating the best features of each of the four recognized models "into a flexible new model...based on cybernetics - self-regulating systems of control guided by formal and informal rules, campus debate and discussion, and ongoing feedback among faculty, students and staff" (Birnbaum, editor's note).

Henry Rosovsky (1990) in The University - an owner's manual discusses academic governance when differentiating American universities from their European counterparts. "Governance is (an) area in which American universities are unusual. ...the American system is unitary: ultimately one
person - a president - is in charge. Typically, educational policy...is initiated by or delegated to academics. But (other matters) are in the hands of a hierarchy headed by a president who is responsible to a board of trustees." These trustees are relatively independent and, serving both private and public schools, give considerable protection from political interference even for state universities. In the United States, "we have a system of governance that permits non-consensual and unpopular decisions to be made when necessary" (p. 33).

Later in this discussion on university governance, Rosovsky further describes the universities in America as "often seen as agents of social change, as producers of research that could affect policy and also as places where entry or membership confers life-long advantages on selected individuals. It is understandable that many people are anxious to influence some of these outcomes." The author then continues to outline seven principles he considers useful when considering issues frequently associated with university governance. These seven principles for university governance Rosovsky also considers applicable to other types of organizations as he view none of them to be overriding or absolute (p. 262). For the purposes of looking at policy development, the seven principles of governance are here outlined in the order presented by Rosovsky.

First: "Not everything is improved by making it more
democratic." In other words, "more democracy is not necessarily better."

Second: "There are basic differences between the rights of citizenship in a nation and the rights that are attained by joining as a voluntary organization." In an academic setting this statement is applied in that rights of national citizenship and the rights of university citizenship are not the same. "Everyone should be able to express opinions freely, and mechanisms for 'voice' or 'input' for all groups are more than merely desirable - they are mandatory if we wish to create a just university (p. 266)."

Third: "Rights and responsibilities in universities should reflect the length of commitment to the institution." This third principle can be interpreted that seniority represents experience, loyalty, and commitment. In this sense, students have the least and junior faculty the next least of these attributes. According to Rosovsky, "Trustees who understand their responsibilities are the best hope for the careful consideration of the long run" (p. 269).

Fourth: "In a university, those with knowledge are entitled to a greater say." And as Rosovsky
points out, "the individuals with expert knowledge are to be found almost entirely among the academic staff." Continuing, the author also writes that "reasonable opinions are not the same things as deep understanding and ultimate responsibility" (p. 270). Of special note here, in applying this fourth principle, Rosovsky maintains that students are excluded on the grounds of a lack of competence (p. 274).

Fifth: "In universities, the quality of decisions is improved by consciously preventing conflict of interest." In the discussion that continues it is noted "...the president and trustees, whose joint task it is to review all major policies, can do so with the least degree of conflict of interest: almost none of the common issues - salaries, academic standards and requirements, return on investments, etc. - affect them in a direct manner." Also, ... "(another) point is that although absolute avoidance of conflict may be impossible, conscious and good faith minimization is crucial" (p. 275).

Sixth: "University governance should improve the capacity for teaching and research." In other words, "In some university activities
faculty (and student) participation is essential and well worth the cost. ... All too often, however, the benefits of such faculty participation are illusory." As Rosovsky implies, all too often faculty and students sit on innumerable committees, spending endless hours in fruitless and inconsequential debates (p. 277).

Seventh: "To function well, a hierarchical system of governance requires explicit mechanisms of consultation and accountability." On this last of Rosovsky's principles, the author elaborates by saying that, "Consultation encourages input into policy issues from the many constituencies of a modern American university: ...". And also, "... (the) need to insist on a broad range of inputs is one of the most important lessons of the 1960's" (p. 278).

In the postscript chapter to The University, Rosovsky concludes that, "External relations are the realm of presidents.... And many so-called difficult questions tend to have the character of external constraints: intrusions from the real world. ... these intrusions mattered enormously in faculty operations, but policy formation and resolution were handled by individuals who represented the whole university, not just one sector."
Policy development is a complicated process and, in order to understand who or what makes policy, there first must be an understanding of the make-up of the parties involved, what roles they will play, and what power and authority they hold as well as how these people deal with and control each other (Lindblom, 1980, p.2). Policy making in academic institutions, according to Lindblom, is similar to policy development in other organizations, only the constituencies change. Universities and colleges deal with students as clients, and faculty and staff are the workers providing a service which is education for the student. The participants in academic policy making range from administrators, faculty, staff, and students to alumni and community leaders and citizens.

A common approach to policy making is to separate the process into its component parts and then analyze each as parts or steps. However, Lindblom (1980) argues that this step approach assumes that policy making is an orderly, rationalistic process and that, according to Lindblom, really is not the case. In actuality, policy making is a very complex process involving a complex set of forces. As a result, to understand policy making is to understand power and politics, the interactions of people with agendas of their own.

One method when deciding how to manage problems is for organizations to consider the process of problem diagnosis, and then to develop strategies that are likely to work for
the particular organization involved. In the process, power and politics within the organization are inherently a part. Understanding the organization's environment including the politics and the power base is then the starting point in the management and the solution of issues or problems. In this method, administrative leaders then have the role of establishing a workable fit between leadership style and organizational setting.

Regarding politics in academia, Yates (1985, p.40) says "the dynamics of internal... politics carry great significance for the viability of the organization as a whole - and typically reach much larger issues concerning the authority, legitimacy, and credibility of organizations." In the business world, executives seem to have more authority and power of punishment than do their counterparts in academia. The difference comes in large part because of the difficulty in managing political conflict between individuals who hold tenure. Also, bear in mind that people in academia are individualists who are trained and rewarded for taking highly independent stances. Additionally, strong allegiances to subject matter and discipline, and commitment to departments are characteristic of academia. When managed properly, political conflict can result in increased appreciation for what others are doing and create a stronger sense of shared purpose. When conflict is not managed appropriately, there can be a division into warring factions. An alternative to fighting
out political conflicts in academic institutions is to let each discipline or faction operate independently. This may reduce the level of conflict but it will also fragment the institution (Yates, 1985, p.53-55). At any rate, in regard to policy making in higher education Gladieux and Wolanin (1976) note that "new policy is usually not made by uprooting wholesale what already exists...".

These management concepts and policy making processes as presented by Lindblom, Birnbaum, Baldridge, Cohen and March and others are basic to most institutions of higher education in the United States. In regard to Virginia Commonwealth University's organizational scheme, there is a 24 year old meld of two formerly independent, state-supported professional colleges now governed by one board of trustees, one president, and a provost, plus an assortment of administrators for the two divisions, academic and health science (Medical College of Virginia or MCV). However, policy making processes employed in this unique urban institution have been acknowledged to be the usual ones for higher education institutions. These processes have been described generally as being situations where concerns or problems are identified at a lower level in the organization and then surface at a higher level for policy consideration. Or the issue is recognized first at upper administrative levels and then directed to appropriate personnel at other levels for developing solutions. This latter process then requires approval at the upper level while the former would
The AIDS Problem and Policy Development

AIDS continues to be an ever-increasing major concern for researchers and health care agencies as well as being a dominant public health issue. As the disease continues to spread, its ramifications are being felt at every societal level. Professional, social, economic and moral dilemmas have been created, and the implications for public and institutional policy are continuing to unfold (Hummel 1986). The medical, legal, social, educational, and ethical issues surrounding the AIDS situation which face our society are equally present at America's colleges and universities. The nature of the disease and the characteristics of campus populations make it imperative that academic administrators address policy making issues. A rational approach requires full and accurate information for policy development; effective mechanisms for input by educators, students, faculty and other campus personnel; and a flexibility in dealing with the many human relations concerns involved (Keeling, 1986).

Most higher education conferences held since the mid-1980's have included sessions on AIDS as a serious health problem on college campuses. As the AIDS epidemic has spread and knowledge of the ways the disease may be transmitted has increased, some universities and colleges have been successful in convening task forces and putting
policies about AIDS into effect. As Dr. Richard Keeling, director of the Department of Student Health at the University of Virginia and Chairman of the AIDS Task Force of the American College Health Association (ACHA) states, "the risk to college students is greater than the numbers of college students with AIDS would indicate because it is an experimental age. This is the time to experiment with homosexual partners, with drugs, which might have been quite innocuous five to 10 years ago" (Keeling, 1986).

The primary response of colleges and universities to the AIDS epidemic must be educational. There is yet no specific therapy for AIDS or its related conditions so the most important goals will be those for increasing awareness and providing education for the prevention of further spread of the disease. Effective educational programs must address all students: undergraduate, graduate, professional, residential, and commuting. Also, AIDS education must be extended to institutional employees, faculty, and staff. "...the right kind of education is important, and certainly not just of students. Faculty, staff, and other employees, because they generally are older than students, are more likely to develop AIDS. For that reason, and because faculty and staff need to be prepared to answer students' questions about AIDS, education of the university employees must be a top priority", says Dr. Margaret Bridwell, ACHA President and Director of the University of Maryland Health Center (Weiner, 1986, Chap 7).
In the case of university academic health centers there are decisions to be made regarding provision of care for AIDS patients, training for laboratory personnel who handle highly infective bodily fluids, and for providing the professional staff and students with appropriate medical information, support staff and facilities.

Often institutions have written piece-meal policies as needs have arisen, and these generally have reflected responses to crisis situations, i.e. patient care facilities, employment offices, housing, and student admissions. These areas on campuses must adhere to equal opportunity laws, and therefore policies have been written to protect human rights. The problem of addressing the AIDS issue on college campuses is one with no set format for solutions. Universities and colleges contain a population that is representative of society as a whole and it is imperative that administrators take a positive and proactive stance in policy making and program planning for AIDS issues. Some of these issues include education for the academic community, housing, health care, student admissions, and equal employment opportunity. "There is... no justification for complacency on the part of any institution in any area about any of its population" (Keeling, 1986).

By the mid-1980's it was apparent to many in higher education across the country that the social issues of drug abuse, sexually transmitted diseases, and other
discriminatory situations such as those involving race and gender had to be addressed by college and university administrators. Beginning with its December 2, 1985 General Statement on Institutional Response to AIDS, the American College Health Association (ACHA) has had continuous periodic Statement updates. These updates have emphasized the establishment of institutional polices to include campus-wide educational programs (ACHA November 1988, second edition 1989).

Barbara Jean Harty-Golder (1990) writes in The Educator's Guide to AIDS: Law, Medicine and Policy that, "In order to formulate proper policy, an administrator must first have accurate knowledge of the biology of HIV infection and be conversant with the principles of public health, discrimination and tort law which are the foundation of social policy regarding AIDS... Blanket policies, particularly if they seem to discriminate against HIV infected individuals, have little real utility and are suspect under law." She continues by emphasizing that dealing with AIDS issues requires sufficient understanding of underlying social policy so as to know when blanket policies are inappropriate. Additionally, policy makers need to recognize how some particular issues, such as the social justice issue of AIDS, must be addressed in order to keep within the spirit and the letter of the law as shaped by scientific knowledge.

In Virginia, the 1989 General Assembly mandated in its
passage of House Bill 1974 that public colleges and universities establish AIDS educational programs and policies by June 1990. Sensing that the Commonwealth would eventually come to this point, several Virginia Commonwealth University administrators and faculty pushed an early initiative in developing appropriate measures. Initial efforts began in 1984 for making a University-wide AIDS policy. The story of this process leading to the acceptance of a policy in May 1988 and the dissolution of the appointed task force in 1989 is the subject of this work.
CHAPTER III

Procedures

The policy making process employed for issues of social justice confronting public urban research universities with academic health centers has been the subject of a study to determine if special policy making procedures are used. The case study method was applied to examine how Virginia Commonwealth University approached the task of developing an AIDS policy that would address this social justice issue for all aspects of the University community.

Case study research is one form of qualitative investigation that lends well to looking at issues and situations in the educational arena. Qualitative case studies fall into a number of categories and as a result there is great diversity in the case study research approach. Microethnography, a term used when carrying out case study "on a very specific organization activity," seems best to fit the case at Virginia Commonwealth University. Some characteristics of the situational analysis category, such as studying the points of view of participants, also seem to apply to this case (Bogdan & Biklen, 1982, p. 62).

Following typical case study research design, decisions were made regarding internal sampling. This involved selection of participants for conducting oral histories and,
from among these, noting those who might be key informants. Key informants were flagged as possibly needing more interview time including second appointments. Also, from among these individuals selections were made for requesting a review of documents relating to the organizational activity being studied.

The interview method was chosen because it is one of the most direct ways to obtain information from participants. As quoted from Patton (1980) in Merriam (1988, p. 72), "The researcher wants to find out what is in and on someone else’s mind. We interview people to find out from them those things we cannot directly observe. We cannot observe behaviors that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer."

In case study research, "for the most part, ... interviewing is more open-ended and less structured" (p. 73). For the purposes of this study, the interviews were semi-structured and guided by a list of questions and issues to be explored. This was done to provide the researcher with a format allowing for the emergence of new ideas on the topic (Appendix D).

Another major source of information utilized for this case study research was the collection of documents held by key informants who were part of the policy development process. A review of pre-selected files produced a historical accounting of the policy making process over a
specified period of time, 1984-1989. "Documents of all types can help the researcher uncover (relevant) insights" (p. 118). A standardized outline was made for the review of files (Appendix E).

In regard to reporting case study research results, Merriam (1988) in *Case Study Research in Education* writes of the difficulties encountered because "there is no standard format for reporting data." One evident point, however, is that the data must be arranged in some kind of coherent order, into some kind of comprehensive primary source package (p. 185-86).

As a framework, a chronological history of the development of Virginia Commonwealth University's AIDS policy was constructed for the period of 1984-89, policy inception through one-year post-approval by the University's Board of Visitors. Evaluation of policy application within the University community is not included but rather the 1989 closure date reflects the conclusion of the policy development group's activities. Also the study excludes individuals outside the University community, which is defined as being made up of people who held employment status with the University at some time during the period studied. Students were not directly included in the policy development activities.

The study used primary sources and the information was collected in two phases. Phase I consisted of conducting oral histories from University personnel directly connected
with the AIDS policy development process. Phase II involved a review of files from those groups, individuals and academic offices most closely associated with the policy writing activity. The investigation proceeded on the premise that Virginia Commonwealth University had devised a unique means of making policy for a socially sensitive subject.

In Phase I the sample selected for the oral history collection consisted of all members of the designated task force, the University Advisory Committee on Infectious Diseases (UACOID); all members of the Subcommittee on Policy; a representative of the Dean's Council; the Director of the Center for Educational Development and Faculty Research; the University's Acting Vice-President for Health Sciences; the former Vice-President for Health Sciences; VCU's President-Emeritus; the Provost and Vice-President for Academic Affairs; and the Rector of the Board of Visitors. A prescribed interview outline was used (Appendix D).

Phase II encompassed a review of four sets of files. One set belonged to the co-chairman of the UACOID, a second to the chairman of the Subcommittee on Policy, the third was the property of a UACOID member who had been an early (1984) initiator and architect of hospital policies on AIDS and who had been chairing the School of Medicine AIDS Committee, while the fourth set of files were those maintained by the Office of the Vice-President for Health Sciences. The latter collection served as a cross-reference for the other
files as pertinent documentation of UACOID activities included copies to the Vice-President's office. All files were reviewed according to the same format (Appendix E).

With three exceptions all interviews were conducted on the campus and in the interviewee's office or conference room at Virginia Commonwealth University, and were taped as well as notes were made. In one instance, the interview was held at the interviewee's on-campus location but not taped due to the lack of available equipment. The next situation involved the Rector of the Board of Visitors who was interviewed by telephone from his out-of-town professional office. The third exception was the interview with the co-chairman of UACOID, which took place in two sessions on one week-end at the individual's out-of-state residence and was not taped at his preference. Also, the review of files in all cases was done on the University premises either in the office of the file holder or in the office of the researcher. In all cases but one, interviews and the review of files were completed during the period of May through September, 1991. The former Vice-President for Health Sciences was interviewed in December 1989 immediately prior to leaving the University. The interview consisted of receiving an anecdotal chronological history of the impetus for forming a committee to work on policy for handling problems arising from AIDS patients being treated at the medical center. At the same time, verbal permission was received for unlimited access to related files housed in the
Office of the Vice-President. (Later, written permission was secured from the acting Vice-President for Health Sciences.)

The interview form, as well as the format used for the review of files, was constructed with open-ended questions. This was done to provide as much latitude as possible for recording events as experienced by the subjects and as reflected in the written memoranda and meeting minutes documenting the University Advisory Committee on Infectious Disease and its subcommittees' activities.

The questions used for the interview were organized to collect data sequentially starting with information regarding the participants position and responsibilities within the University and their relationships to the University Advisory Committee on Infectious Diseases. Questions then proceeded to cover perceptions about policy development at Virginia Commonwealth University and, more specifically, the creation of the AIDS Policy. Participants were also asked to discuss any observed facilitating events and/or obstacles to the policy process as conducted by the University's designated committee. Although a final question was asked about the effectiveness of the policy in the view of the interviewee, no attempt to formally evaluate policy effectiveness was intended. The question was included only from curiosity. After three interviews were completed, Questions 7 and 8 were deemed redundant to Question 4 in regard to policy development processes.
Thereafter, Questions 7 and 8 were omitted.

Phase I, oral histories, was completed prior to beginning Phase II, review of files. The outline for reviewing files relating to the development of VCU's AIDS Policy contained three sections. The first section was for chronicling the events regarding establishment of the UACOID; and also any policy activities prior to its formation, including selection of committee members and all activities through August 1989. Any correspondence concerning activating a new committee was noted as well. The next section was designated for collecting material on the various policy drafts crafted while the third section was set aside for any other significant information related to AIDS concerns at VCU and to policy issues. Copies of pertinent correspondence and major drafts of the policy (Appendices F) were obtained.

Prior to scheduling interviews, each person in the targeted population was sent an introductory letter explaining the project and soliciting assistance. The letter ended stating that a telephone call would follow within a specified time to ascertain a willingness to participate in the study. The scheduling of a one-hour interview appointment served as an informed consent confirmation.

During the actual interview each participant was provided the same introductory information. This included the fact that names would not be used nor quotes made
without prior permission, the interview would be taped as well as notes taken, the tapes would be erased at the completion of the project, and that participation in the interview was voluntary. Subjects were also told that the results of the study would be available to those interested. Most interviews took 30 - 45 minutes with three to four occasions when the interviews continued for one hour or more. Shortly after the interviews, subjects were sent letters acknowledging their assistance and reiterating the offer of access to the results of the study.

A similar process was followed for the file review. Verbal consent was received in three situations with one of these followed up with a letter confirming access to the files. The fourth set of files, those belonging to the Co-chair, was permanently placed in the possession of the researcher at the time of his official retirement from the University. At the conclusion of the review of files appropriate individuals were sent letters of appreciation for their assistance.

Descriptive analysis of the results of the participant interviews and the review of correspondence, memoranda, and policy drafts contained in the files has been employed for this project. The first step, using the file review materials, was to develop a chronological history of the activities leading up to and through the development of the AIDS policy. Next the interview tapes and interview notes were synthesized according to the preset interview outline.
Any questions arising from this procedure were referred back to the individual participants for further clarification.
CHAPTER XV

The Chronology of a Policy

The history of AIDS policy development at Virginia Commonwealth University began with the admission of the first AIDS patient in 1983 and spans a period of more than five years. Before presenting the results of the case study research, a summary of events over the period of policy development is provided for a frame of reference. Greater detail is contained in Appendix B and further discussion continues in Chapter V.

1983

The first AIDS patient is seen at the MCV Hospitals by staff in the Division of Infectious Diseases.

1985

Spring - Hospital staff concerns about the infectious nature of AIDS and performing routine patient services are brought to the attention of the University administration at the vice-presidential level on the health sciences campus.

Summer - University student health and residence hall officials, as well as the Vice-President for Student Affairs, express a need for health promotion relating to infectious diseases.

Fall - A VCU-MCV Task Force is formed to develop
policies and procedures for hospital patients with AIDS and infection control guidelines. Concurrently, the executive director of MCV Hospitals is requested to provide public education on AIDS in response to increasing media queries about MCV Hospitals' AIDS protocol.

1986

Spring - A special infectious disease clinic for AIDS and AIDS-related (ARC) patients (now referred to as HIV-positive) is begun under the auspices of the Department of Internal Medicine's Division of Infectious Diseases.

Fall - Interim Residence Hall Guidelines are distributed. Shortly thereafter, a movement is started to have a VCU Task Force develop a draft for an institutional policy statement on AIDS.

1987

Winter - An AIDS Policy Committee chaired by the director of the new special clinic for AIDS patients is formed and asked to report in two weeks.

Spring - An institutional policy is completed and includes a recommendation for forming a task force to interpret policy on a case by case basis. Shortly, a proposal is generated asking for formal administrative approval of the institutional policy on AIDS with the ultimate goal of approval by the University's Board of Visitors.

Summer - An AIDS educational committee is formed as is also a new hospital committee which has been asked to expand
or amend the institutional policy on AIDS, if necessary.

Late Summer - The University Advisory Committee on Infectious Diseases (UACOID) is formed and incorporates three subcommittees - one for policy, one for education, and a third for planning an educational conference on AIDS to be held in May, 1988.

1988

Winter - The AIDS policy subcommittee prepares its 14th revision of a policy draft which is submitted for comment to the President's Council and then transmitted to the University President.

Spring - The Commonwealth Attorney General's Office reviews and provides verbal comment on the proposed policy. Upper level VCU administrative bodies review the draft document, and it is published for open comment in a widely distributed University publication.

May 20, 1988 - The Virginia Commonwealth University Board of Visitors receives and approves the proposed AIDS policy for the University.

1989

October 30, 1989 - The University Advisory Committee on Infectious Diseases' task is declared complete by the University Provost and the Vice-President for Academic Affairs, who thank the committee members for their service.

Five years after the first AIDS patient is seen at the MCV Hospitals, a successful policy for the University was finally adopted (1983-1988). And five years after the first
efforts to create an AIDS policy committee were begun, the
last such existing committee was discontinued (1984-1989).
CHAPTER V
Analysis of Results

The Story at Virginia Commonwealth University

As stated at the outset, a hypothesis was proposed that, when developing academic policy relating to high profile social justice issues, higher education institutions will employ atypical policy making procedures. For a case in point, did Virginia Commonwealth University deviate from a usual policy making process when it set out to create an AIDS policy for the University?

The disease known as AIDS became recognized by the early 1980's as a very serious health problem in the United States. However, AIDS has been documented as being in this country since the mid-1970's. Randy Shilts in his work on the history of the AIDS epidemic, *And The Band Played On*, writes of the beginning time for the entry of AIDS into the U.S. when he refers to the 1976 Bicentennial celebration, "From all over the world they came to New York." A heterosexual disease rampant among some African groups, AIDS probably arrived in this country along with the guests from all over the world who came to America's 200th birthday party (Shilts, 1987).
Not until the very early 1980's did a pattern emerge of a strange new disease entity involving the human auto-immune system and primarily affecting specific populations -- homosexual men, intravenous drug users, and hemophilia patients. As the AIDS story began to unfold numerous American institutions became involved, especially those connected with health care delivery and research. Academic health centers, particularly ones located in large metropolitan areas having substantial homosexual populations, grew alarmed about the disease which had no cure. Hospitals established AIDS policy committees to write guidelines for accepting and treating AIDS and HIV positive patients. In most instances, these were self-protecting policies for the institutions themselves and were directly related to health care facilities, delivery of services, and staff.

Virginia Commonwealth University's academic health center, the Medical College of Virginia (MCV), received its first AIDS patient in the fall of 1983 with nine new patients being seen in 1984 and 22 new patients by 1985. From this time our saga begins and will culminate with the Board of Visitors' acceptance of a University-wide AIDS policy in May 1988 before continuing until the dissolution of the task force in October 1989 (Appendix B, Chronology).

Before discussing how VCU's AIDS Policy actually happened, a review of usual and customary policy making methods is appropriate. Members of the University community
involved in the AIDS Policy process were asked during interviews for their conceptions of the University's usual procedure. Two kinds of responses were received. One kind was a "I really don't know" response, and came from either recent employees or those who had been functioning at a level where previously they had had no experience with policy-making activities that would affect the academic community at large. The second kind of response described either a bottom-up or a top-down process. In other words, the impetus for a need to have a policy may originate from somewhere at the individual, department, or school level and then surface at a higher level of administration such as the President's Council or the Dean's Council, the University Council or the Faculty Senate; or within the office of a particular vice-president or director. The reverse, or top-down process, would be a policy need originating from the presidential or vice-presidential level and then being delegated to an appropriate group for working out the policy details. In both cases the policy development agent would report to the office delegating the task. Policy approval can be at several levels depending on the nature of the issue. Policies affecting the entire university and its surrounding community would necessitate the attention of the governing board, the authoritative body of the university. In the case of state-supported institutions, sometimes a need for a policy is determined by an agency of government. Also, governmental agencies may decree an oversight function
in which proposed policies are reviewed prior to final approval.

In this case study of the development of a university-wide AIDS policy, Virginia Commonwealth University found itself grappling with a volatile social justice issue that would touch all corners of the University community. Initial concerns, patient-centered, were expressed in 1983 on the health sciences campus by medical staff while on the academic campus questions about AIDS impact surfaced in 1985 through student health and residence hall staff and were student-centered. At first, policy attempts focused on hospital issues for staff and patients and on residence hall guidelines for students and staff (Appendix F). These guidelines outlined how the student residence halls would operate in responding to the AIDS disease. Included was an endorsement for the 1986 American College Health Association principles and procedures given in the publication *AIDS on the College Campus*. An emphasis was placed on communication and education involving provision of educational sessions and materials for residence hall students. The resources of student health, the University Counseling Service, and the VCU AIDS Task Force are listed as well. Statements are made regarding the rights of residence hall students who may be affected with the HIV virus or have the active disease. Prior to 1987 the Dean of the School of Medicine, prompted by the medical staff and pressured by the Vice-President for Health Sciences, convened a task force for contending with
the infectious diseases policy dilemma. From the academic campus a group was formed that had a cross-campus membership and was charged with handling concerns for students and infectious diseases. The health sciences task force consisted of administrators and faculty from the medical, dental, nursing and basic health science schools. Representatives from the Schools of Allied Health and Pharmacy were not included at this juncture, nor were students involved.

These two groups, with some minor membership changes, functioned through 1986. In early October 1986 Interim Residence Hall Guidelines were distributed to residence hall staff from the academic campus office of the Dean of Student Affairs. Communication with the health sciences group occurred when an initial draft of the guidelines was submitted on September 3rd to the Dean of the School of Medicine for comment by the "VCU Task Force". Later, in February 1987, this VCU Task Force, now chaired by the AIDS specialist faculty member from the Department of Internal Medicine, submitted for comment through the medical school dean to the health sciences vice-president, a preliminary draft on institutional policy on AIDS.

Two months later, in April of 1987, new directions for the institutional policy on AIDS appeared when the VCU Task Force chair suggested that a separate task force be appointed to interpret the document. Additionally, by May, the Vice-President for Student Affairs requested
administrative approval for both the task force policy and the student affairs' residence hall guidelines. Further, he suggested in his memorandum to three other University vice-presidents that the policy and guidelines be submitted for approval to the Board of Visitors. Yet another turn of events for the AIDS policy occurred in June when the health sciences vice-president asked the executive director of the MCV Hospitals to establish a small working group to review and expand or amend the institutional policy on AIDS. Concurrently, another working group called an AIDS Education Committee was assembled.

From June 1987 and through the summer these separate working groups functioned. However, in early August, the President's Council became persuaded that a university-wide committee was needed to coordinate all aspects of the infectious diseases issues in the university community. At this point, the Vice-President for Health Sciences appointed a university-wide committee called the University Advisory Committee on Infectious Diseases (UACOID) and named the chairman of the Department of Preventive Medicine (and former Director of the Virginia State Health Department) to be committee chair (Appendix C - UACOID Roster). The UACOID shortly thereafter incorporated as subcommittees the working groups previously mentioned. An AIDS Conference Planning Committee was then added. The UACOID, and its components, was now complete and ready to begin its charge from the President's Council as conveyed by the health sciences vice-
... to coordinate all the aspects of issues arising out of the potential for existence of infectious diseases, including AIDS, in the University community..."

The UACOID organized rapidly during the month of August. The Director for the Center of Educational Development and Faculty Resources served as co-chair for this newly formed task group, and several members were designated to act as the Steering Committee. This constituency included the UACOID chair and the co-chair, the Vice-President for Student Affairs, the chair of the AIDS Policy subcommittee, and the University's Director for Health Policy (a position under the Office of the Vice-President for Health Sciences).

The UACOID held its first formal full committee meeting on September 17th. By October the UACOID and its three subcommittees were all engaged in their defined assignments and the policy committee had presented a topic outline and objectives for an AIDS policy. Formalized policy plans were presented to the President's Council in early November and by November 17th the first policy draft was completed. Many hours of work later, and once more having been reviewed by the President's Council on February 10, the 14th revision of the AIDS Policy was forwarded to the President of the University (Appendix F - Policy Draft). Near the end of March verbal comment on the proposed policy was received from the assistant attorney general for Virginia and transmitted by memorandum from the University's legal
counsel, also a UACOID member. Then, in quick succession, both the MCV Dean's Council (health sciences schools' deans) and the President's Council approved the proposed policy. The policy draft was then published for comment in VCU Today, a University publication sent to all faculty and staff. The next event, which drew national as well as state-wide attention, was the Conference on AIDS, an educational effort held May 9-10 at Richmond's Omni Hotel and co-sponsored by Virginia Commonwealth University and the Commonwealth of Virginia.

What now remained was to secure approval for the policy from the University's Board of Visitors. The chair of the AIDS policy subcommittee presented the final edition of the proposed policy to the Board at its May 20, 1988 meeting where the policy received unconditional approval. Immediately a press announcement was released. Reports were included in the television news as well as the local newspapers stating that the Virginia Commonwealth University Board of Visitors had effective on this date approved an AIDS policy for the University. The essential components of the policy were stated such as student and employee protection, promotion of education, the Centers for Disease Control recommendations regarding routine testing for AIDS, and the availability of health care for infected students (Appendix F).

As a result of coordinated and concentrated efforts, the University Advisory Committee on Infectious Diseases
completed its most pressing mission in nine months time. Now life after the policy began. The UACOID Steering Committee during the month of June prepared an outline of an overall UACOID program for the post-policy period which would now focus on education in the academic community and on distribution of the policy. On May 31st, the University's Provost and Vice-President for Academic Affairs sent copies of the new policy to the members of the President's Council and to the Academic Council saying..."additional copies will be made available to the faculty as soon (as) they return from the printer. Please provide key faculty or staff who need copies of this policy with copies as soon as possible" (Appendix F). Another event of interest in the University took place later in the summer of 1988 when the President relieved the Vice-President for Health Sciences of his duties and named the Associate Vice-President to be the Interim Vice-President (later changed to acting).

During this post-policy acceptance period of 1988-89 the UACOID and its Steering Committee met on a regularly scheduled basis to continue working on its stated charge "... to coordinate all the aspects of issues arising out of the potential for the existence of infectious diseases, including AIDS, in the University community ... ". Dissemination of the policy to the academic community was a major issue. But it was not until the late spring of 1989, one-year post-policy acceptance, that the AIDS Policy
brochure was printed and distributed to the faculty and staff by the Provost's office. On June 30th the Director of CEDR's retirement began, an event he had announced the previous December. Four months later UACOID members received a letter from the Provost: "The University Advisory Committee on Infectious Diseases has completed its charge. I want to thank you for your contribution to this important committee and to the university. If you wish to comment, your ideas and reactions to service on this committee are welcome and would be helpful in making future appointments" (Appendix F).

Assessment of the Hypothesis and Subsidiary Questions

The purpose of this study was to examine the hypothesis that when confronted with high profile social justice issues a higher education institution will deviate from a usual policy making model by employing an atypical, special policy making process. Did the case at Virginia Commonwealth University involving the social justice issue of AIDS result in an unusual policy making strategy?

Six years after the first AIDS patient was seen at the MCV Hospitals, Virginia Commonwealth University had a University-wide AIDS policy in place. Information about the policy had been disseminated to faculty, staff, and students and educational efforts had been started. The policy development process had originated both from a bottom up and a top down process. Numerous efforts among separate units of the University over a four year period finally were
consolidated into one, and in less than a year a policy was completed and approved at the highest level. Although the processes employed were typical policy making methods utilized by VCU, the fact is that it required numerous and diverse efforts over a prolonged period of time to finally reach an acceptable result. The ultimate task force, the University Advisory Committee on Infectious Diseases, represented with its cross-university and high level membership, a unique multi-faceted approach to policy making for Virginia Commonwealth University.

Who constituted the final AIDS policy making task force? The membership of the UACOID and its subcommittees represented all of the major units of the University and individual members were selected because they held visible, respected and influential positions. The level of knowledge about the nature of the issue was not a primary factor in the selection of committee participants. Rather, their general abilities and influence related to their positions were prime factors. Persons from the health sciences campus were in the majority and included administrators and faculty and staff from the schools and hospitals as well as the University's legal counsel assigned from the state attorney general's office. The academic campus was primarily represented by administrators from student and health services, facilities management, the athletic department, and the center for survey research and public service. However, students were not a part of the UACOID membership.
Students excepting, altogether for Virginia Commonwealth University this was a committee from across the campuses formed to coordinate all aspects of infectious diseases including AIDS and the development of an AIDS policy for the University (Appendix C - UACOID Roster).

**What is the mechanism for overseeing implementation?**

In regard to mechanisms for overseeing implementation, the AIDS Policy is broad in nature and allows for individual units affected to apply the policy as consistent with needs and to adapt it to the peculiarities of the individual unit. The Policy addresses issues related to the University including acceptance of responsibility for educating students, staff, and the community about AIDS. It contains statements relating to students and enrollment, discrimination and harassment issues as well as the University's responsibilities regarding health care. The Policy continues by stating that there is a shared responsibility between employer and employee to maintain a safe working environment for all members of the academic community including patients and students. Media relations' response to AIDS is also outlined. Since the UACOID was disbanded in October 1989 it will not be known what role it might eventually have had in providing for oversight mechanisms. The policy does contain the University's informal and formal grievance procedures. Also, it is stated in the policy that individuals "have access to the University Advisory Committee on Infectious Diseases for
consultation and advice" (Appendix A - AIDS Policy). In summary, there currently is no overall mechanism for monitoring implementation of the AIDS Policy.

Did the policy go far enough in addressing the AIDS situation on the University's campus? Since 1988 there has been, through research and experience, a great increase in knowledge and understanding about this infectious disease. The nature of the disease has gone far beyond the original boundaries once thought for AIDS and, indeed, the newest high risk group is the teen-age population. However, at this time Virginia Commonwealth University's AIDS Policy continues to function and be useful, and to date it has yet to be challenged or changed.
CHAPTER VI

Conclusions

The policy making process used by Virginia Commonwealth University when working through the myriad of questions associated with the socially-sensitive AIDS issue appears to have been a mix of recognized methods. Early in the process, when AIDS first surfaced at the University's hospitals, mid-level administrators had local groups closest to the issue in question prepare guidelines specific to the problem. In 1983 the issue was first seen as a medical one and the guidelines were directed toward personnel and procedures and patients.

As the problems grew and the concerns became more widespread, higher level administrators, particularly vice-presidents and deans in student affairs, health sciences and then academic affairs, were petitioned for action. At the academic health center the Dean of the School of Medicine continued to be delegated the responsibility from the vice-president's office. In turn, the task of writing guidelines for treating AIDS patients was given to a junior faculty member who specialized in infectious diseases and was becoming known as an expert on the AIDS disease. Hospital management concerns were directed toward the Executive
Director of MCV Hospitals, who then asked one of this staff, a young hospital administrator serving as associate director for professional services, to chair a hospital-based committee for drafting an AIDS policy. Later, with the need to incorporate student health concerns, the VCU-MCV Task Force still under the leadership of the AIDS specialist faculty member, became a committee to develop a university-wide policy. The committee created a document called *Institutional Policy on AIDS, Virginia Commonwealth University* which also recommended that a university-wide task force be appointed to interpret the policy on a case-by-case basis. Although committee membership was termed university-wide, student health officials predominated along with the academic health center medical staff. Interestingly, in these early efforts the School of Dentistry was neglected and the Schools of Allied Health Professions and Pharmacy were omitted. Allied health personnel provide approximately 60% of health care services and dental personnel are in the high-risk category. Medical groups frequently overlook the primarily outpatient professions such as dentistry and pharmacy, and the allied health professions.

By 1987, three official groups had worked on putting together guidelines or policies for AIDS in the University. Out of these finally came the University Advisory Committee on Infectious Diseases. This newest group started out with a number of difficulties, identity being one. Although the
focus was to be AIDS, there was concern for the negative connotations of that disease entity. Thus, AIDS was placed under the more all-encompassing and acceptable terminology, infectious diseases. And further, there was confusion over whether it was diseases, the plural form of disease, or the singular form of the term. The UACOID co-chair's correspondence refers to the singular form, disease, whereas the University in official publications uses the plural, diseases. The latter use seems to reflect the University's reluctance to label the committee an AIDS group and so resulting in the umbrella term, infectious diseases. The co-chair, cognizant that the UACOID mission was AIDS, seems to have reflected that in using the singular form.

This same administrative reluctance to acknowledge the importance and severity of AIDS issues at Virginia Commonwealth University is evident in the length of time taken before serious attention was given to policy efforts. Persistent agitation from student affairs personnel and from medical staff and educators finally penetrated the President's Council in the late summer of 1987, and a top-down policy making action replaced the bottom-up stimulus.

One striking feature about the UACOID membership was the lack of student participation at all levels. When asking interviewees about this void, the response was consistently the same. That is, with the committee membership including the vice-president (now vice-provost) for student affairs as well as the participation of the
directors of student health, access for student input was considered to be adequately provided (W. L. Williams, personal communication, February 6, 1992). It is usual at this university, however, for students to hold membership on committees even for the most controversial of subjects. No specific reasons for not including student members was discovered during the research process.

As events surrounding the AIDS crisis continued to unfold all around the world, it was apparent that eventually other interested parties such as state agencies and hospital groups in Virginia and Richmond would become involved in AIDS policy making. At one point, before 1987, the Dean of the School of Medicine was moved to write to the Director of the recently opened AIDS Clinic who was also at the time chairing the VCU-MCV Task Force. His letter asks that she downplay her obvious success in providing clinical care for the AIDS patients presumably because the success was causing other hospitals and physicians in Virginia to refer their patients to VCU's academic health center. VCU's hospitals and medical staff were concerned about becoming known as THE center for patients with AIDS (Appendix F).

Not until several years later, with the coalition of committees into the University Advisory Committee on Infectious Diseases, did VCU truly consider its entire academic community. The UACOID leadership, based on events elsewhere, recognized that it was only a matter of time before governmental agencies would legislate that all state-
supported higher educational institutions have an AIDS policy. The UACOID intended to have a policy in place prior to receiving a state mandate on this issue, and there seemed to be a desire to serve as an example that others might follow. As indicated earlier, the legislature did pass House Bill 1974 in 1989 that mandated all state-supported colleges and universities have an AIDS policy in place by 1991.

Thus, two occurrences triggered an early response by Virginia Commonwealth University to the AIDS epidemic. First, because of being a large urban state-supported academic health center, AIDS patients came seeking health care. As a result, moral and ethical dilemmas arose among members of the medical community. If these patients were to be seen at MCV Hospitals, who should treat them and where. Policies were sought relating to the admission and care of these patients. At the same time, national trends regarding AIDS incidence and policies being developed advanced the interest of the Virginia Commonwealth University academic community toward establishing a university-wide AIDS policy. The several paths taken to get there were littered with obstacles. Some administrators and medical personnel simply hoped the problem would go away, while some engaged in passing responsibility on to others -- the proverbial buck passing or hot potato. In some instances, the medical community tended to dominate the issue with treatment concerns, while educators believed that education of the
academic community was a prime need. People's personal agendas, egos, professional interests, and possible career advancement were interjected into the policy making and had to be accommodated during the process. Also, the politics between the University's two divisions, academic and health sciences, came into play. Although the merger that formed Virginia Commonwealth University was nearing twenty years duration, many, particularly those on the Medical College of Virginia campus, harbor ill feelings to this day. In the final analysis, though, UACOID activities seem to have had a positive influence in helping the two divisions learn to work together to solve a common problem. Intensive efforts and concentration through more than fourteen policy drafts in a seven-month period created new liaisons and appreciation for the administrators and faculty from the two urban campuses.

Although the dismissal of the Vice-President for Health Sciences during the summer of 1988 was disconcerting, the incident does not seem to have been directly related to the AIDS policy making process. There is no doubt, however, that institutional politics did have a role in the various committees working on the AIDS issues during the period of 1984-1989. Probably because AIDS is foremost a medical problem, the MCV Hospitals and the School of Medicine dominated, to the exclusion of some major groups, the bulk of the policy making activities. At the same time, there was extraordinary attention from state agencies who were
also concerned about AIDS in the Commonwealth of Virginia. This was shown by the oversight function exercised by the state's attorney general's office in giving verbal comment to late-stage policy drafts.

The AIDS Policy as it stands today contains no mechanism for monitoring its appropriate use. The VCU AIDS Task Force which preceded the University Advisory Committee on Infectious Diseases, suggested that a special new task force be named to provide for policy oversight. In this regard, the UACOID expected to continue and in some capacity be involved with oversight provision as well as educational issues. The AIDS Policy brochure states that the UACOID is a source for information on the policy. However, following the disbandment of the committee in the Fall of 1989, nothing was substituted that would have an overall University monitoring or oversight function for the AIDS policy. Individual schools and units within the University carry the responsibility for policy implementation. For the health sciences' academic community the guidelines issued from the Office of Safety and Health Administration (OSHA) provide operational parameters. In actuality, though, it seems that AIDS is still a topic with which the University would rather not have to deal.

In summary, how does this study of Virginia Commonwealth University governance and policy making fit with administrative operations as described in the works of Birnbaum (1988) and Rosovsky (1990). Birnbaum describes
four types of organizational models - collegial, bureaucratic, political and anarchical. Briefly, the collegial type is characterized by a sharing and valuing of common goals and ideas and with administrators and faculty working as equals in an informal way. A bureaucratic style would be more hierarchal with well-delineated lines of organization, authority, and communication. The political model is characterized by power -- albeit more diffused than concentrated and may be varied from one administrative person or position to another. Conflicts occur between groups in the institution, usually over resources or power. The fourth organizational type, the anarchical model, may typify larger, research-oriented academic institutions. Goals may be vague, decision-making processes not clear, and understanding how the organization works is difficult. At Virginia Commonwealth University, the administrative system mostly has characteristics resembling these last two models, political and anarchical, with some of the first two models, collegial and bureaucratic, mixed in. The President's administration at the time of the AIDS policy development seems to have been close to Birnbaum's description of the cybernetic organization where control and coordination occurred through corrective action from the various parts of the institution, similar to a checks and balances system characteristic of government. In the policy formulation process for the social justice issue, AIDS, Virginia Commonwealth University finally resorted to developing a
strategy that took into consideration the power and politics of the University. When the University Advisory Committee on Infectious Diseases was formed in 1987, it pulled together various politically and power-charged groups under one umbrella made up of influential, mostly university administrator-type individuals. In this way, a sense of shared purpose was created and conflict minimized.

However, this is not to say that the process was entirely smooth. Forces beyond the academic community, such as the State Attorney General's office became involved. Each step of the policy making process included communication and progress reports to the President and the President's Council. Along the way the deans of the schools had to be kept informed. Through the deans then department chairs were advised, and the chain of communication hopefully went on to the faculty. Before the final approval by the President's Council, the policy draft was printed in a university-wide publication and faculty and staff were invited to comment; Policy draft revising occurred as a result of these other parties' interests. In fact, there had been more than 14 draft revisions by the time the policy reached the University's Board of Visitors. Throughout the process, extraordinary care was taken to ensure as best as possible that there would be an acceptable policy to present to the Board for approval. In this case, VCU did use typical policy making methods for an institution of its nature. It does seem, though, that an inordinate amount of
time and care went into the policy formulation effort because of the social justice nature of the problem.

Regarding university governance issues in this case study, application of Henry Rosovisky's seven principles provide interesting commentary. First, Rosovisky thinks that not everything is improved by making it more democratic. In the VCU AIDS policy situation, however, many members of the university community were consulted in the effort to write a document suitable to this particular university. In the end, the policy was accepted readily; but whether it was the best possible policy is debatable. Effectiveness may have been diluted to make it palatable to the majority.

Rosovisky's second principle states that the rights of university citizenship include mandatory opportunity to express opinions freely and for all groups to have mechanisms for input into university issues. Certainly, the UACOID went to extensive lengths to let all members of the university community comment on the policy draft prior to the presentation for final approval by the Board of Visitors.

The third governance principle addresses the rights and responsibilities of seniority in academia. Rosovisky is referring to length of service and experience, loyalty and commitment. In the VCU situation, the UACOID membership was not limited to those with the longest service to the University, but rather knowledge of the topic and administrative function seem to have been uppermost.
In the fourth principle, the answer to VCU's UACOID membership choice is found. The principle states that expert knowledge is to be found among the academic staff because they have deep understanding of the issue and ultimate responsibility. VCU's selection of participants as well as lack of student members is thus explained. Rosovsky maintains that students are excluded from participation on the grounds of lack of competence. As has been pointed out, students were not present on the UACOID nor on the subcommittees. The exclusion, though, was not attributed to a lack of competence but rather that their representation was provided for through the membership of student and health affairs administrators.

Prevention of conflict is the subject of the fifth principle. The point being expressed is that by involving those individuals or groups who are the least directly affected by an issue of the outcome of a solution can improve the quality of a decision by consciously preventing conflict of interest. An example of this principle at work was the position of the co-chair for the University Advisory Committee on Infectious Diseases. His university role was unique in that he was an educator, but not with teaching responsibilities; an administrator, but not with jurisdiction over academic schools or faculties.

According to Rosovsky in his sixth principle, "University governance should improve the capacity for teaching and research" (p. 262). He states that, although
faculty and student participation in governance issues is essential and worthwhile, all too often it results in endless hours of fruitless debate. This principle substantiates VCU's UACOID and subcommittee membership having been primarily made up of administrators supplemented by academicians with a particular expertise.

The sixth principle leads into the seventh and final one in which the author concludes that a well-functioning hierarchical system of governance requires explicit mechanisms of consultation and accountability. He maintains that input into policy making should come from the many constituencies of a modern university, and that it is important that these inputs cover a broad range. The principle particularly applies when making a case for the broad spectrum of the UACOID membership and the manner in which the development of the AIDS policy was conducted; "...policy formulation and resolution were handled by individuals who represented the university, not just one sector" (Rosovsky, p. 289).

Based on the current treatises covering governance and policy making processes in higher education, the story of Virginia Commonwealth University's policy making efforts provides insight into the complexities encountered when working with socially-sensitive issues. Additionally, the case study not only supports the Birnbaum description of universities as cybernetic institutions but gives credence to Rosovsky's seven governance principles for ensuring
reliable performance. More importantly, though, this study refutes the contention that making institutional policies for social justice issues requires special processes. Universities do have particularly unique characteristics which differentiate them from other types of organizations such as those of private industry. However, general theories of organization and governance as well as policy formulation seem to apply regardless of these differential characteristics.

Suggestions for Further Study

Several directions should be pursued as a result of this study. For one, this research could be replicated selecting a case study of another social justice issue such as sexual harassment. Also, a follow-up study might be conducted on how social justice policies change as issues wax and wane. An archival study of a different period in time with a comparison of similar social justice issues of another era would be an interesting topic. Then, replication of this particular research could also be carried out with either a similar higher educational institution or as a comparison with other types of colleges and universities. This study should be useful in addressing AIDS issues for secondary schools as well.

Concluding Statement

Periodically, policies should be reviewed and updated. With the dramatic increase in the numbers of AIDS and HIV positive persons and the spread of the disease into the
heterosexual population, particularly the teen-age group, Virginia Commonwealth University's 1988 AIDS Policy should be revisited. Indeed, former members of the University Advisory Committee on Infectious Diseases came to this conclusion during the interview phase of this study. Concurrently, the Acting Vice-President for Health Sciences, prior to his retirement in the Fall of 1991, began the process of convening a review committee by selecting the Director for Health Policy to be the chair. Further development is awaiting the action of the recently installed new health sciences' vice-president. And so it seems the policy making process continues -- at whatever pace the university administration chooses.
BIBLIOGRAPHY


House Bill No. 194, 1989 General Assembly of Virginia.


APPENDIX A

VIRGINIA COMMONWEALTH UNIVERSITY
AIDS POLICY
AIDS POLICY

It is the policy of Virginia Commonwealth University (VCU) that persons who are infected with the Human Immunodeficiency Virus (HIV) will not be treated differently solely on the basis of their infected status except as expressly provided in this policy. This is in keeping with VCU's general policy of non-discrimination.

As an academic arm of society, VCU assumes a leadership role in education, research, and patient care. As a comprehensive, urban, public institution, the University is dedicated to educating citizens, fostering academic inquiry, and serving as a resource center for Virginia. As a health care services provider, the University attempts to meet both patient and community needs and instill in its graduates a commitment to quality health care for all. In addition to its commitment to educate and protect patients, students, and staff, the University recognizes that AIDS as a disease must also be addressed as part of its academic responsibilities in teaching and research. Accordingly, AIDS will receive appropriate emphasis in school curricula to ensure that VCU graduates are prepared to deal effectively with this problem. Basic, clinical, and behavioral research on AIDS, directed toward better understanding of prevention and treatment possibilities, is an important area within the University's overall research activity.
The University's primary response to the spread of the HIV infection is prevention through education. The purpose of the education program is to provide an organized institutional effort to protect the University community from the disease and to provide a safe environment. VCU will seek to educate students, faculty, and staff about HIV, its modes of transmission, and precautions that may be taken to reduce the likelihood of transmission. The University has a responsibility to disseminate accurately and completely the most currently available knowledge about HIV.

Persons who are infected with HIV shall not be treated differently than otherwise qualified persons, except as expressly provided in this policy. Differential treatment may be applied to an infected individual if a University medically based judgment determines that such treatment is necessary to protect the welfare of that individual or other members of the University community. VCU will make reasonable accommodations for any persons affected by HIV to ensure their full participation in the University community. However, the University explicitly reserves the authority set forth in other policies and procedures adopted by this institution.

State and University policies that pertain to the protection and dissemination of confidential medical information shall be respected in regard to the release of information on students, patients, or members of the University community who are affected by the virus.
This policy is consistent with the VCU mission statement and guidelines of the Centers for Disease Control and the American College Health Association.

DEFINITION OF HIV

Infection with the Human Immunodeficiency Virus is indicated by the presence of antibody to the virus in the bloodstream. The majority of persons with HIV infection will have no symptoms at first. However, after an incubation period of several months to years, the immune system is often compromised to a point where patients begin to develop infections characteristic of the Acquired Immunodeficiency Syndrome (AIDS). All persons with the HIV infection can transmit the virus under certain conditions.

Available evidence identified only three routes of transmission for HIV: 1) transmission of blood and possibly other body fluids through needlesticks, contamination of breaks in skin, contamination of mucosal surfaces, or injection of illicit drugs; 2) sexual transmission (homosexual or heterosexual); and 3) perinatal transmission. Medical evidence supports the conclusion that HIV is not transmitted by casual contact.

EDUCATION

VCU accepts its responsibility for education students, staff, and the community about AIDS and its association with the HIV infection and will provide health education programs where appropriate and necessary. Since this disease cannot be prevented by immunization or cured, the primary means of
limiting the spread of HIV infection is through preventive education.

The Employee Health Services will assume primary responsibility for educating faculty and staff about AIDS. The University Student Health Services will assume primary responsibility for providing education about AIDS to students, resident assistants, and other housing personnel. All personnel will be counseled regarding the need for confidentiality of medical information on any students, patient, faculty or staff member. Questions about HIV infection generated by students, student support staff, or housing personnel will be directed to the health educator for the University Student Health Services.

The Hospital Epidemiology Department will continue to educate hospital staff and provide consultation services to other University schools and divisions regarding appropriate measures to protect and to ensure a safe environment for employees, students, and patients.

STUDENTS

Based on currently available medical information, applicants and students infected with HIV shall not be excluded from enrollment or restricted in their access to University facilities or services unless a medically based judgment by the University Student Health Services determines that restriction is necessary to protect the welfare of the infected individual or the welfare of other members of the University community. There is no evidence
to indicate that casual contact with an individual infected with HIV places students at risk of contracting the virus.

Discrimination and harassment against students perceived to be in high risk groups or thought to have HIV infection will be dealt with first by counseling and education. Disciplinary action may be used in accordance with the University's "Rules and Procedures" document when warranted.

The University Student Health Service will provide testing for the antibody to HIV, as well as pre-testing and post-testing counseling for students. The University Counseling service is available to provide counseling and support for students infected with HIV and their families. The University Student Health Services and the University Counseling Services are available to consult and counsel students and staff regarding interactions with persons infected with HIV.

The University Student Health Services will assume responsibility for providing outpatient care for students with HIV infection who are enrolled in their service. Students with HIV infection will be encouraged to obtain regular medical monitoring either by the University Student Health Services or by another qualified health care professional. If students with HIV infection choose to receive their medical monitoring through a health care professional outside student health, they will be encouraged to identify themselves to student health personnel so that
they can be informed about any outbreak of a highly contagious disease (e.g., chicken pox or measles), which might pose a particular danger to them.

Student health care workers are at low risk for acquiring HIV infection while caring for patients. Student health care workers exposed to HIV as a result of an occupational incident will undergo testing according to the current Hospital Infection Control Policy. The Medical College of Virginia Hospitals and all schools and appropriate divisions of VCU will maintain a protocol for prevention of HIV infection. Thus, students will not be transferred or reassigned permanently solely due to their fear of acquiring the infection.

Infection control guidelines will continue to provide effective protection for students while not compromising the quality of health care. Precautions used by students for their own protection will also protect against patient-to-patient and student-to-student transmission.

**EMPLOYER-EMPLOYEE**

It is a shared responsibility of VCU and its employees to maintain a safe working environment for the protection of patients, students, and employees. Employees have an obligation to be aware of current developments in infectious disease protection, comply with the University safety policies and procedures, and share the responsibility for enhancing community awareness and knowledge of HIV.

Based on currently available medical information,
person infected with HIV shall not be excluded from employment or restricted in their access to University facilities or services unless a medically-based judgment by the Employee Health Services determines that restriction is necessary to protect the welfare of the infected individual or the welfare of other members of the VCU community. There is no evidence to indicate that casual contact with an employee infected with HIV places co-workers at risk of contracting the HIV infection.

In the course of employment, employees may learn personal information about their co-workers. It is the responsibility of supervisor to caution their employees about the importance of keeping such information confidential. This privacy requirement is particularly important for matters related to HIV infection.

If an employee expresses concern about working with a co-worker infected with HIV or with a member of a high risk group, the supervisor should arrange for the employee to talk with an expert from Employee Health Services to address and diminish the concern. Since the HIV infection is not transmitted in normal educational or work settings, employees will not be reassigned or transferred permanently solely due to their fear of acquiring the HIV infection.

Employee Health Services and the Department of Human Resources are responsible for providing educational training to employees, calling upon University experts for their services as needed. This education consultation may be
provided to the employee, supervisor, and/or work group as deemed necessary. When an employee who is HIV positive chooses to share his or her medical status with his or her supervisor, it is the supervisor's responsibility to comply with University policies regarding confidentiality. The supervisor will be responsible for referring employees who need information regarding HIV infection or medical care to Employee Health Services.

If the working environment has a greater than normal risk of exposure to infectious agents, the infected employee, for his or her own protection, should be encouraged to review the work environment with his or her physician and the Employee Health Services physician. If employees who are infected with HIV require changes in job duties as a result of their illness, this will be coordinated (as in other cases) by Employee Relations and Employee Health Services.

The decision by an infected employee to disclose to Employee Health Services the diagnosis of HIV infection is a personal one. However, University policy encourages employees, particularly health care workers, to disclose their condition to Employee Health Services so that the Employee Health Services physician who is familiar with the work environments at VCU can make recommendations for optimal safety and possible accommodation. An individual's medical status is personal and confidential, and disclosure of such information is subject to the University's policies.
regarding dissemination of confidential information.

As with other medical conditions, the supervisor may need a physician's statement to provide accommodation arrangements or to certify absences. In the event that the employee is not able to continue working, he or she is eligible for accumulated leave, disability retirement, and other medical leave to the extent provided for by current University and state policy.

Health care workers are at low risk for acquiring HIV infection while caring for patients. The Medical College of Virginia Hospitals (MCVH) maintains a protocol for prevention of HIV infection. Thus, health care workers will not be transferred or reassigned permanently solely due to their fear of acquiring the infection. As new scientific information becomes available, this protocol will be revised and overseen by the Hospital Epidemiology Department. Any new isolation programs will be implemented in phases accompanied by education of the personnel. Guidelines will continue to provide effective protection for personnel while not compromising the quality of health care. Precautions used by personnel for their own protection will also protect against patient-to-patient and personnel-to-patient transmission. The MCVH protocols and policies provide specific guidelines for patient care unique to University health care providers. Other University health care professionals should refer to the MCVH protocol when developing program specific guidelines.
Based on the current recommendations of the Centers for Disease Control and the United States Public Health Service, VCU does not recommend routine testing of employees, applicants for employment, or students to screen for the presence of HIV. Employee Health Services will offer HIV counseling and testing or will refer employees to an alternate test site if requested. Health care workers exposed to HIV as a result of an occupational incident will undergo testing according to the current Hospital Infection Control Policy.

Researchers who handle HIV or blood, body fluids, and tissues, and who process or perform tests on these materials in laboratories are at risk for contracting the HIV infection. It is the responsibility of each laboratory unit to prepare written protocols to be submitted to the Committee on Biosafety for approval prior to the initiation of the work. Approval will be given only to protocols that provide for the protection of all personnel. The committee will monitor protocol compliance on a regular basis. Personnel to work in these laboratories will have periodic inservice training on proper techniques for handling infectious materials.

MEDIA RELATIONS

The University Media Relations Office will respond quickly and openly to media requests for information on AIDS. However, no information on individual patients will be provided to the media without the patient's written
consent. The Media Relations Office will identify and make available University and hospital spokespersons and, if necessary, work with designated spokespersons to develop media skills. Every response to the media concerning AIDS should provide an opportunity to educate the media and the public about the disease. VCU, through the Media Relations Office, may offer selected stories to the media, which will highlight the University's mission as an authoritative source of AIDS education, research, and patient care.

PROCEDURE FOR THE INFORMAL RESOLUTION OF COMPLAINTS ABOUT ADMINISTRATIVE DECISIONS RELATED TO INDIVIDUALS WITH HIV INFECTIONS

There are three ways by which individuals immediately affected by a decision to afford or deny allegedly differential treatment due to an HIV infection can attempt to resolve complaints.

I. INFORMAL ASSISTANCE

Both the Department of Human Resources and the Office of the Vice Provost for Student Affairs have professional staff available to assist faculty, staff, or students in solving problems associated with actions or decisions related to HIV infection. MCV Hospital patients are encouraged to consult with their attending physician regarding such matters.

II. INFORMAL COMPLAINT PROCESS

To request an informal investigation into complaints of inappropriate or unfair behavior by a member of the
University community, the complainant must submit the complaint in writing to the appropriate University officer as follows:

A. For complaints by a University employee, including faculty, the assistant vice-president for human resources.

B. For complaints by a student, the vice provost for student affairs.

C. For complaints by an MCV Hospitals patient, the executive director of MCV Hospitals.

The informal investigation afforded by this procedure is designed to provide an opportunity for an informal resolution of the complaint. In attempting to mediate such complaints, the University officers identified above or their designees will:

A. maintain confidentiality with the exception of communications essential to the mediation process.

B. work collaboratively with the appropriate University officer in the administrative unit of the individual toward whom the complaint has been directed.

C. have access to the University Advisory Committee on Infectious Diseases for consultation and advice.

If the parties involved, through this informal mediation process, can resolve the issue to each individual's satisfaction, the complaint will be considered
concluded. If the mediation process is unsuccessful, the complainant may pursue the complaint through formal grievance procedures. No action taken in an informal process negates the right to file a formal charge or grievance at any time.

III. FORMAL GRIEVANCE PROCEDURES

The employment status or other classification of individuals determines the methods available for processing of a formal grievance. Following are procedures available to members of the VCU community as appropriate:

A. The "Grievance Procedure for State Employees" may be used by non-probationary state classified employees to pursue a complaint against his or her supervisor.

B. The faculty "Grievance and Appeal Procedure" may be used by any full-time faculty member to pursue a complaint against another University faculty member.

C. The "Promotion and Tenure Policies and Procedures" may be used by the dean of a school to pursue a complaint against a tenured faculty member.

D. Rules and Procedures" may be used by a faculty member, student, or employee (hourly, classified, or faculty) to pursue a complaint against any other member of the VCU community.

The Chronology of an Institutional Policy

Statement on AIDS

Virginia Commonwealth University

1985

April 11 - The Assistant Vice-President for Facilities Management addresses a memo to the Vice-President for Health Sciences about a concern for "potential danger of performing maintenance in a room occupied by an AIDS patient", and asks for some one to come to the next staff meeting "to respond directly to questions and concerns".

May 23 - The Vice-President for Health Sciences receives a copy of a letter from the Chief of the Division of Gastroenterology to the Director of the Endoscopy Suite regarding disease transmission; the Vice-President asks about the effectiveness of sterilizing endoscopy equipment to prevent AIDS transmission, and if the disease can be transmitted via endoscopy.

June 3 - The Director of Endoscopy sends a letter to the Health Sciences' Vice-President about a concern for a treatment protocol for "high risk patients".

Mid-1985 - Concern is expressed from student health and residence halls officials, the Vice-President for Student Affairs and the Dean of Students about health promotion regarding infectious diseases.

September 24 - Correspondence from the Dean of the School of Medicine to the Deans of the Schools of Basic Health Sciences and Nursing and to an AIDS specialist faculty member in the Department of Internal Medicine following a meeting on September 23 about AIDS patients at MCV Hospital.

1) States that the most important "mission of our medical center (is) to develop better educational initiatives for health professionals of all kinds,
members of the greater university family and the general public".

2) Suggests development of a position paper jointly with the Virginia State Department of Health "On The Infectious Nature of AIDS".

3) Suggests "Contact medical staff leadership and make sure that adequate guidelines for the admission and treatment of patients with AIDS (are) available."

4) Stresses the importance of developing a hospice for preterminal care of individuals with serious infections associated with AIDS.

5) Says to seek advice from the Vice-President for Health Sciences regarding an "appropriate Ad Hoc AIDS Response Task Force to deal with University issues that will certainly arise during the next few years".

September 25 - American College Health Association (ACHA) issues AIDS Guidelines. (See Appendix)

The Vice-President for Health Sciences names a task force to report by November 1 with policies and procedures for hospital patients with AIDS and infection control; "Guidelines to provide a basis for the management of employees and faculty who develop the illness." The Dean of the School of Medicine is asked to chair this task force. The task force is comprised solely of administrators and faculty from the University's health sciences' campus.

October 1 - Memo to the Dean of the School of Medicine from the Vice-President for Health Sciences in regard to adding the University Director of Personnel to the Task Force because AIDS has serious implications for personnel in the hospital or university.

October 16 - The Chairman of the Task Force (now referred to as "our group") corresponds with the Deans of Basic Health Sciences and Nursing and the AIDS expert Department of Internal Medicine faculty member. The dental dean, the risk
management legal counsel and the Director of Personnel are not included. "... much of our business can be accomplished by correspondence. I plan ... (a) meeting sometime next month and will invite the Deans of Students from both campuses so they will understand that we have a resource they may call upon in dealing with this difficult problem."

October 31 - The Director of Information Services in the University Relations office writes to the Interim Executive Director of MCV Hospitals with a request to schedule "a meeting to discuss need for a news conference to provide public education on AIDS and respond to increasing media queries about MCV Hospitals' AIDS protocol".

November 5 - Memorandum of Task Force meeting results indicates the group is now called VCU-MCV Task Force on AIDS. The members are listed as the Deans of the Schools of Basic Health Sciences and Nursing, the AIDS specialist Internal Medicine faculty member, an Oral Pathology faculty member, the medical director and the assistant medical director for student health, and a hospital epidemiologist.

November 12 - The Task Force recommendations are submitted to the Vice-President for Health Sciences. (See Appendix )

1986

January 2 - The Vice-President for Health Sciences' office receives copies of correspondence between Henrico Doctors' Hospital and the Virginia State Health Department's Division of Epidemiology regarding the Medical College of Virginia supposedly having special state funds to treat AIDS, having a special facility for treating AIDS patients, and having been designated The facility for AIDS in the Richmond area. All was denied as not so.

April 16 - AIDS and AIDS-related (ARC) clinic for patients to begin under the direction of the AIDS specialist physician in Internal Medicine.
May 16 - In a letter, the Dean of the School of Medicine asks the AIDS specialist physician to "down play your obvious success in some gracious manner" because we do not want MCV to be the dumping place for AIDS people in the state.

1987

February 9 - Memorandum from the Dean of the School of Medicine to the Vice-President for Health Sciences and 13 other administrators and faculty members who comprised a committee chaired by the AIDS specialist faculty member from the Department of Internal Medicine at the request of the medical school dean includes a copy of the "Preliminary Draft on Institutional Policy on AIDS." The Vice-President is asked to comment in writing as soon as possible to the committee chairman. The committee is scheduled to "meet again on ... February 18, 1987..." (Note: Committee members are not copied on this correspondence.) (See Appendix )

February 23 - The Chairman of the above mentioned committee sends a memo to the members enclosing the proposed policy and asking for comments.

April 6 - The committee chairman sends a letter to the medical school dean with a policy statement crafted by the chairman and the medical director of student health with the input of seven administrators from across the university. The letter suggests that a task force be appointed to interpret this institutional policy and names of persons are suggested for this proposed group.

May 4 - Three Vice-Presidents including the one for Health Sciences receive a memo from the Vice-President for Student Affairs which includes dormitory guidelines written by the Dean of Students. Also enclosed is a copy of the policy statement submitted by the committee on April 6. The Vice-President for Student Affairs requests administrative approval and also suggests that the policy be submitted to the Board of Visitors for approval.

May 29 - The policy making committee chairman, the
AIDS specialist physician from the Department of Internal Medicine, writes to the Director of the Center for Educational Development and Faculty Research (CEDR). Enclosed is a draft of a grant proposal for an AIDS Education Center to be submitted to the Virginia Human Resources Secretary.

June 23 - The Vice-President for Health Sciences sends a memo to the Executive Director of MCV Hospitals asking that he "establish a small working committee to review and, if necessary, expand or amend institutional policy on AIDS".

A letter is sent to the AIDS specialist physician from the Vice-President for Health Sciences about serving on an educational committee for AIDS which is chaired by the CEDR Director. Also, at this time but undated, is a reference to an Infection Policy with a listing of five persons names, all administrators on the Health Sciences campus.

June 30 - The Deputy Secretary of Human Resources informs the Vice-President for Health Sciences about including the Executive Director of MCV Hospitals in a state level meeting to examine the financial impact of AIDS. The meeting is set for August 5, 1987.

July 13 - Correspondence regarding AIDS Educational Initiative, a working group that the Vice-President for Health Sciences has asked the Director of CEDR to convene. This group met on June 26 and minutes were forwarded to the two academic vice-presidents.

July 14 - The first meeting of a Subcommittee on Policy is held and chaired by a Medical College of Virginia Hospitals (MCVH) administrator.

July 16 - A draft statement, AIDS and VCU: Impact and Response, is sent by the CEDR Director to the Vice-President for Health Sciences.

July 24 - A copy of a letter from the Dean of the School of Medicine to the CEO (executive director) of MCV Hospitals is submitted to the Vice-President for Health Sciences from the Director of CEDR for informational purposes. The letter expresses concern that
the AIDS specialist faculty member be included as a member on any school or hospital committees dealing with AIDS; mentions grants and administrative activities connected with AIDS being carried out by other medical school and CEDR personnel; and refers to a policy development effort by a MCV hospital administrator. A University-wide policy is mentioned here for the first time.

Meeting minutes for a July 22, 1987 session of the CEDR Director's AIDS education committee. The draft of the document, AIDS and VCU: Impact and Response, is included and university policy issues addressed with reference made to a new committee for an AIDS policy chaired by a MCV hospital administrator.

At this place, the Vice-President's file contains a copy of a grant proposal for an AIDS Education Center.

**July 29 -** A VCU-sponsored AIDS Conference begins to be developed as an educational effort; the Director of CEDR is involved.

**August 10 -** A memorandum is issued from the Vice-President for Health Sciences' office stating "that the President's Council has become persuaded of the need for a University-wide committee to coordinate all aspects of issues arising out of the potential for the existence of infectious diseases, including AIDS, in the University community". The chairman of the Department of Preventive Medicine (formerly Director of the Virginia State Department of Health) named to chair the new committee. (See Appendix)

**August 16 -** Memo from the MCV Hospitals administrator chairing an AIDS Policy Committee regarding a merger with the new University Advisory Committee on Infectious Diseases being chaired by the Chairman of the Department of Preventive Medicine at the direction of the Vice-President for Health Sciences. (See Appendix)

**August 24 -** Director of CEDR writes to the Chair of the new University-wide committee to provide information about the AIDS education
committee which he currently chairs.

August 25 - A memo is sent by the chair to the committee members that the first meeting of the University-wide Advisory Committee on Infectious Diseases (UACOID) will be held on September 17, 1987. (See Appendix )

September 9 - A meeting of a so-called "steering committee" to draw up an agenda for the September 17th UACOID meeting. This is the first meeting and reference to such a group.

September 17 - First meeting of the now identified University Advisory Committee on Infectious Diseases (UACOID).

October 1987 - UACOID, UACOID Steering Committee, and three subcommittees identified and working on various assigned tasks. (See Appendix )

October 23 - A proposal is made for educating health care professions students at VCU about AIDS during 1987-88 and two medical faculty (one being the AIDS specialist) are named as co-directors for this project.

October 27 - AIDS Policy topics and objectives presented by the Subcommittee on Policy and reviewed by UACOID.

November 11 - Presentation of plans for AIDS Policy made by the Subcommittee Chair to the University President's Council.

November 12 - Proposal on Informed Consent for HIV testing is approved by the medical staff, and is transmitted to the Vice-President for Health Sciences and to the University President. The policy became effective February 1, 1988.

November 17 - First Draft for an AIDS Policy completed.

November 24 - UACOID Steering Committee meeting: minutes show that the Chair of the Subcommittee for Policy reviewed a draft of a philosophy statement for a VCU AIDS Policy.

December 2 - A draft of the AIDS Policy Philosophy Statement is sent to the Chair of UACOID by the Subcommittee Chair.
December 3 - The Dean of the medical school formally appoints the AIDS specialist faculty member as "Director of the Medical School Program on AIDS and also Chairman of ...Medical School Committee on AIDS Policy Development."

December 10 - UACOID meeting minutes for this date show that a report on AIDS Policy development progress resulted in "vigorous discussion".

1988

February 16 - The 14th revision of AIDS Policy which incorporates suggestions from the President's Council is transmitted to the University President. (See Appendix )

March 16 - UACOID meeting minutes are submitted by the Director for CEDR who is listed as the Co-Chair of this committee. Attached to these minutes is a draft written March 7 and signed by the UACOID Steering Committee entitled AIDS Policy Implications. This draft was submitted to the University President by the UACOID Chair.

March 22 - Minutes for a UACOID Steering Committee have a memo attached from the University's legal counsel which contains comments received verbally from Virginia's Assistant Attorney General after reviewing a draft of VCU's AIDS Policy. (See Appendix )

April 11 - Draft presentation made to MCV Dean's Council.

April 20 - Draft of VCU's AIDS Policy is approved by the University President's Council.

April 27 - The approved draft is published for comment in VCU Today, a University publication sent to all faculty and staff.

May 9 -10 A Conference on AIDS, an educational effort, is held at Richmond's Omni Hotel and co-sponsored by VCU and the Commonwealth of Virginia.

May 11 - Last draft of the policy is completed.

May 20 - The final policy is presented and approved by
the Virginia Commonwealth University Board of Visitors. Announcement is made immediately to the press. (See Appendix)

May 31 - A memorandum is sent to the President's Council and to the Academic Council by the University Provost and Vice-President for Academic Affairs. Attached is a copy of the "Policy on AIDS..." Additional copies will be made available to the faculty as soon (as) they return from the printer. Please provide faculty or staff who need copies of this policy with copies as soon as possible." (See Appendix)

June 2 - The UACOID Steering Committee minutes for the first post-AIDS Policy acceptance meeting outline the next agenda priorities for UACOID: 1) Education - next big step 2) Distribution of the Policy 3) Budget for UACOID

June 16 - The UACOID Steering Committee prepares an outline for an overall UACOID program.

July 8 - The UACOID minutes reflect receipt of the Steering Committee's plan for the next steps that the UACOID should take in the post-policy acceptance period.

July 14 - A document prepared by the Director of CEDR entitled Potential Elements of an Overall UACOID Program contains 15 elements to be done following the May 20 AIDS Policy acceptance by the Board of Visitors. (See Appendix)

1988-89 - UACOID and its steering committee continue to meet on a regular basis to address the issues outlined in the document presented at the July 14, 1988 meeting.

March 23 - At this UACOID meeting it is announced that the AIDS Policy brochure has not yet been printed and distributed from the Provost and Vice-President for Academic Affairs' office; the explanation was that the printing cost was too high and so the job was contracted out according to UACOID meeting notes of this date.
Late Spring 1989 - The AIDS Policy brochure is distributed to faculty and staff.

June 30 - The Director of CEDR retires.

October 30, 1989 - The University Provost and Vice-President for Academic Affairs declares that the task of the University Advisory Committee on Infectious Diseases is complete and thanks the committee members for their service to the University.
APPENDIX C

UNIVERSITY ADVISORY COMMITTEE ON INFECTIOUS DISEASES

COMMITTEE/SUBCOMMITTEE LISTING
UNIVERSITY ADVISORY COMMITTEE ON INFECTIOUS DISEASES

Charge: "...to coordinate all the aspects of issues arising out of the potential for the existence of infectious diseases, including AIDS, in the University community..."

TOTAL COMMITTEE

#* Assistant Professor, Survey Research Laboratory

#* Associate Professor and Director of Health Policy

* Associate Provost, Research and Graduate Affairs

#* Assistant Professor and Director of Student Health

* Director of Media Relations

#* Associate Professor, Infectious Diseases and Chair, School of Medicine AIDS Committee

* Professor and Chairman, Department of Preventive Medicine - CHAIR

* Assistant Vice-President for Facilities Operation and Management

* Assistant Vice-President for Human Resources

* General Counsel for the University

* Director of Athletics

* Professor, Substance Abuse

* Director of Employee Health

* Professor and Director, Center for Educational Development and Faculty Research - CO-CHAIR

#* Vice-Provost, Student Affairs

* Assistant Professor, Hospital Administrator, Medical College of Virginia Hospitals

STEERING COMMITTEE

* Chair of UACOID

* Co-Chair of UACOID - Chair of Subcommittee, AIDS Education Council
* Director of Health Policy - Chair of Subcommittee, AIDS Conference Planning Committee
* Vice-Provost, Student Affairs
* Hospital Administrator - Chair of Subcommittee, Policy

SUBCOMMITTEES

Policy
* Hospital Administrator
* Director of Media Relations
* Director of Student Health
** Hospital Epidemiologist
* Assistant Vice-President for Human Resources
** Hospital Nursing
* Associate Executive Dean, School of Dentistry
* Associate Professor, Community Nursing
* Associate Professor, Preventive Medicine
* Hospital Administrator - CHAIR

AIDS Education Council

Dean, School of Medicine
Associate Professor and Chairman, Department of Oral Pathology

Dean, School of Basic Health Sciences
Assistant Professor, Center for Educational Development and Faculty Research

* Associate Professor, Infectious Diseases
Hospital Epidemiologist
Associate Professor, Pharmacy and Pharmaceutics
Staff, Student Health
Assistant Director, Student Health
Professor, School of Social Work
Assistant Dean, School of Allied Health Professions

* Director, Center for Educational Development and Faculty Research - CHAIR

AIDS Conference Planning Committee

Staff, Public Affairs

* Assistant Professor, Survey Research Center

* Director of Health Policy - CHAIR

Faculty, Pharmacy

Director of Foundation Relations

* Associate Professor, Infectious Diseases

Nurse, AIDS Educator, Infectious Diseases

Associate Professor, Psychiatry

Associate Professor, Continuing Medical Education

Representative, Virginia State Health Department

Virginia Secretary of Human Resources

Representative, Virginia State Health Department

* Director, Center for Educational Development and Faculty Research

* Selected subjects for interview phase

+ Not interviewed - no longer with the University

# Served also on subcommittees
APPENDIX D

INTERVIEW INSTRUMENT
Several years ago Virginia Commonwealth University undertook to develop an AIDS policy which was subsequently approved by the Board of Visitors in May 1988. The development process of this policy is the topic of a case study included in my dissertation on academic policy development being submitted as a part of the requirement for a doctoral degree in higher education at the College of William and Mary. I would like to have the opportunity of interviewing you about your role in the process of the AIDS policy development.

I hope you will agree to participate in my project, and in this regard, I will telephone you in the next two weeks to see if a convenient time can be arranged. Thank you for your consideration.

Sincerely,

Ann Dinius
Associate Professor
VCU AIDS POLICY DEVELOPMENT PROCESS
Interview Outline - Participants

1. What is/was your position and responsibilities within Virginia Commonwealth University?

2. What was your relationship to the University Advisory Committee on Infectious Diseases (UACOID)?

3. Describe your role in the development of the AIDS Policy.

4. Descriptions of perceptions of the policy development process.
   a. usual Virginia Commonwealth University procedure

   b. procedure employed for developing the AIDS Policy

5. What were facilitating events observed in the policy process by the University and the UACOID?

6. What obstacles did you observe in the policy process by the University and by the UACOID?

7. What do you perceive to be the usual policy making model for Virginia Commonwealth University? Is it the same as it was for the time the AIDS Policy was being developed?

8. In your opinion, did Virginia Commonwealth University follow this process when making the University's AIDS Policy?
9. In your estimation, now in 1991, how successful has the policy been? In what ways and how not?

10. Given the responsibility to serve again on a committee to work out a policy for a critical social justice issue, what would you do the same, differently?

11. Other

   a. Are you in any involved with the implementation of the AIDS Policy at present? If so, how?
APPENDIX E

FILE REVIEW FORM
DISSERTATION RESEARCH
SEARCH OF FILES

File Name
Office/Relationship to UACOID
Researcher
Date(s)

I. Chronology of Events - include any activity preceding 1987, UACOID establishment, selection of members to conclusion of committee activity (8/89) and any correspondence re activating a new committee.

II. Drafts of AIDS Policy

III. Other Significant Information
APPENDIX F

PERTINENT CORRESPONDENCE
MEMORANDUM

DATE: October 9, 1985
TO: VCU AIDS Task Force
FROM: Assistant Director,
      Student Health Services
RE: AIDS Task Force

Thank you for agreeing to participate in the VCU AIDS Task Force. The first meeting will be at 12:00 noon on Thursday, October 31st at the Student Health Service, Gladding Residence Center. The purpose of the Task Force will be to develop guidelines concerning campus education, prevention, living and eating arrangements.

Enclosed is a copy of the latest memo from the American College Health Association concerning the issues their newly formed Task Force have begun to grapple with. It is my hope that we can begin to address these issues at VCU.

Thank you again for agreeing to participate. Lunch will be provided. If you are unable to attend, please contact me (7-1212 or 6-9212).

jb

cc: Vice-President for Student Affairs
    Physician with Student Health
MEMORANDUM

DATE: October 24, 1985

TO: Dean, School of Medicine

FROM: Chairman, Department of Internal Medicine

I thought you might want to look over this position paper prepared by our AIDS specialist physician regarding the problem of AIDS patients at MCV. As you know, this is an increasing problem especially for the Department of Internal Medicine, and L. has been extraordinary in her efforts to coordinate a program for us. It is obvious that it is getting beyond the realm of a "one-man show," and that she will need help both from her colleagues in the Division of Infectious Disease and from the hospital at large, other departments, and other faculty members in Medicine. Some of the ideas she presents are derived from the experiences of other institutions who have to deal with this problem more regularly than we. Nevertheless, it seems to me appropriate that we begin laying plans to support a coordinated activity before the crush of patients overwhelms us. The AIDS problem is most unlikely to go away in the near-term future. I would expect we need to have an approach that is akin to the old-time tuberculosis ward, a system which most of us can remember from our medical school housestaff days. Hopefully, the problem will eventually go away like tuberculosis did, but in the meantime some organized care system needs to be planned.

It might be well worth having her chair or direct a committee to begin looking at this multi-departmental and hospital-based problem. I will certainly be happy to participate in any way I can.

Enclosure
Infection with HTLV-III virus may lead to at least three outcomes: (1) the acquired immune deficiency syndrome (AIDS) diagnosed by the presence of opportunistic infections and/or Kaposi sarcoma, (2) a syndrome of non-specific manifestations including lymph-adenopathy, malaise, unexplained fever and weight loss termed AIDS related complex, (3) an asymptomatic carrier state. Present information suggests that approximately 25% of infected individuals will develop the AIDS related complex over a five year period and that 10% will develop AIDS during the same time period. The viral infection is acquired by sexual contact or from blood products. Children born of mothers with HTLV-III infection may acquire the disease in-utero. It is relatively non-infectious and has not been found in family contacts or in other non-intimate contacts of individuals with the disease. Health care workers are at extremely low risk of acquiring the infection from infected patients and the virus is much less likely to be transmitted by an accidental needle stick than is Hepatitis B. The virus is fragile and readily killed by standard disinfectant methods.

Important ethical considerations in dealing with infected patients include: patient privacy, maintenance of quality of life and appropriate use of medical therapy in patients with far advanced diseases.

Care of the Patient with AIDS: Individuals with HTLV-III infection need not be isolated under most circumstances although the Centers for Disease Control has suggested that certain isolation techniques be used in AIDS patients unable to control their body secretions. Although relatively non-infectious, institutions may elect limited isolation techniques in certain circumstances. Hospitals may choose to assign AIDS patients to single rooms, for example, and schools may suggest that those with AIDS have single rooms and private baths rather than occupy general dormitories. These precautions have little basis in medical science but may be important for psycho-social reasons that apply to both patients and their normal associates.

The chronicity of infection with HTLV-III virus makes continuity of care important. The Task Force recommends that care at MCV be delivered by internists or others with special training in infectious disease and that a nurse co-ordinator and social worker follow patients in both out-patient and in-patient settings. While patients may be admitted to any convenient location in the hospital, the
necessity for adequate staff education suggests that admission be limited to several areas. A hospice approach for terminally ill patients is recommended.

Legal Considerations: The obvious conflict between individual civil rights and the obligation of society to protect itself from contagious disease may place health workers at risk of litigation in certain circumstances. Any recommendations forwarded to university officials for action will certainly be examined by university council before implementation. Health workers should understand that the HTLV-III antibody test has significant implications that may damage an individual's reputation or future insurability. Such tests should not be obtained in the absence of approval by the subject that such tests may be obtained. MCV has one of four alternate test sites for HTLV-III antibody measurement in Virginia. These sites provide confidential testing and counseling for any individual requesting evaluation. Results of the tests made by the alternate sites are released only to the individual requesting the examination and are not part of any medical record. The HTLV-III antibody test can also be ordered by any MCV physician through the hospital virology laboratory and test results are relayed by members of the infectious disease service; no HTLV-III antibody test results are reported through the hospital computer system.

Public Relations: The increasing incidence of AIDS in the United States and its apparent high mortality has produced widespread community anxiety. It is consistent with the mission of MCV to regularly provide the public with information about the disease and to advise state and local officials regarding the formation of public policy. Several important principles must be stressed: (1) AIDS is relatively non-infectious except in the situations described above (2) scientific research including continuing epidemiologic study may lead to its control within a relatively short period of time (3) patients with AIDS have been the subject of unusual discrimination far out of proportion to any known societal risk.
November 5, 1985 Meeting of the VCU-MCV Task Force on AIDS

Present: Task Force

Infection with HTLV-III virus may lead to at least three outcomes: (1) the acquired immune deficiency syndrome (AIDS) diagnosed by the presence of opportunistic infections and/or Kaposi sarcoma, (2) a syndrome of non-specific manifestations including lymph-adenopathy, malaise, unexplained fever and weight loss termed AIDS related complex, (3) an asymptomatic carrier state. Present information suggests that approximately 25% of infected individuals will develop the AIDS related complex over a five year period and that 10% will develop AIDS during the same time period. The viral infection is acquired by sexual contact or from blood products. Children born of mothers with HTLV-III infection may acquire the disease in-utero. It is relatively non-infectious and has not been found in family contacts or in other non-intimate contacts of individuals with the disease. Health care workers are at extremely low risk of acquiring the infection from infected patients and the virus is much less likely to be transmitted by an accidental needle stick than is Hepatitis B. The virus is fragile and readily killed by standard disinfectant methods.

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Recommendations of the VCU-MCV Task Force on AIDS

(1) It is impossible to develop guidelines that apply to all individuals with AIDS. Different schools at MCV-VCU may develop different approaches to individual situations based on issues related to their own constituencies. The MCV Hospital Executive Committee, for example, has approved guidelines for handling AIDS patients in the MCV Hospital Complex.

(2) It is suggested that the VCU-MCV Task Force on AIDS evaluate the status of any student, staff or faculty member
with HTLV-III infection. The Task Force will then make recommendations for appropriate care to officials responsible for policy development at individual schools and to the President of the University.

(3) The Task Force will act as a clearinghouse for new information relative to the infection.

(4) Most patients with AIDS should be treated in community hospitals since the disease is relatively non-infectious and can be treated by experienced internists. MCV will provide consultative services as requested to hospitals caring for patients with AIDS.

(5) Dr. LK has been designated as University Spokesman by the Vice President for Health Affairs and by the State Department of Health. Where possible, all requests for information or policy statements from the University should be directed to either Dr. K. or the Office of the Dean of the School of Medicine.

11/12/85
In his memorandum to you of August 7, 1986, the Vice President for Student Affairs mentioned that we wanted the VCU AIDS Task Force to comment on our residence hall policy on AIDS. I am writing as a follow-up to that memorandum.

Attached you will find a draft copy of the "Residence Hall Guidelines for Responding to AIDS." This has been prepared to provide some direction to our residence hall staff, particularly the Resident Assistants who live on each floor. As such, I would view it primarily as an internal document for residence hall staff. I would envision that it would be released to students, parents, or others external to the University only on an occasional basis as needed to respond to a specific inquiry.

I would appreciate receiving any comments or suggestions that you and the VCU AIDS Task Force might wish to make with regard to these draft guidelines. We have promised the RA's that something will be forthcoming, so it would be most helpful to receive your input as soon as possible.

cc: Vice President for Student Affairs
Attached for your information is a copy of the residence hall guidelines for responding to AIDS that we have recently distributed to the residence hall staff. Please note that these are issued as Interim Guidelines. In view of the recent publicity in our student newspaper, I felt that it was important to get something into the hands of the residence hall staff. These guidelines will not be posted or publicized; they are simply intended to provide some direction for our hall staff in responding to questions or concerns which may be raised by students.

These interim guidelines do include the changes you suggested in your letter to me of September 26th.
Virginia Commonwealth University  
INTERIM RESIDENCE HALL GUIDELINES FOR RESPONDING TO AIDS

The residence halls at Virginia Commonwealth University will operate according to the following Guidelines in responding to the AIDS disease:

1. VCU residence hall staff endorse and observe the principles and procedures stated in the 1986 American College Health Association publication entitled AIDS ON THE COLLEGE CAMPUS: ACHA SPECIAL REPORT, Chapter Three, "Statement on Housing Policies." A copy of this chapter is reprinted with permission of ACHA and attached to these Guidelines.

2. The residence hall staff will promote education and communication in dealing with AIDS. Educational materials will be distributed and seminars and meetings will be publicized. Betty Reppert, PA-C, Student Health Educator, University Student Health Services, will have the primary responsibility of providing such educational materials and sessions for residence hall students.

3. Residence hall staff will be aware of the resources available to students at the University, and will strongly encourage any student or parent to utilize these resources as appropriate to their needs. These resources include:

a. The University Student Health Service which offers counseling and testing for AIDS, or will refer the student to the alternate test site for HTLV-III antibody measurement at MCV. This site provides confidential testing and counseling for any individual requesting evaluation. Results of tests made by the alternate test site are released only to the individual requesting the examination and are not part of any medical record.

b. The University Counseling Service will provide counseling and support for any student with the HTLV-III infection, parents of such students, and will consult with residence hall staff and students.

c. The VCU AIDS Task Force, under the direction of Stephen M. Ayres, M.D., Dean of the School of Medicine on the MCV Campus, will evaluate the status of any student, staff, or faculty member with HTLV-III infection and make recommendations for their appropriate care. In the event of a known and confirmed instance of a student living in the residence halls with the HTLV-III infection, the Dean of Student Affairs will
request such recommendations from the VCU AIDS Task Force. Under such circumstances, all residents for medical information concerning AIDS received by the residence hall staff or the Dean of Student Affairs will be directed to Dr. Lisa Kaplowitz, who has been designated as University Spokesman.

4. In view of the fact that the best currently available medical information is that the HTLV-III virus is not transmitted by any form of casual contact, the residence hall staff will not exclude students with AIDS, ARC, or positive tests for HTLV-III residential housing.

5. Immunocompromised students may require special (separate) housing accommodations for their own protection, and this will be provided when such housing is available and only with the permission and consent of the student involved. (NOTE: Although a good faith attempt will be made to keep separate housing accommodations available for this purpose, other temporary needs may cause separate space to be unavailable from time to time.)

6. In the event that any student living in the residence halls should become the object of rumors, or the subject of suspicion as to his/her health or sexuality, Resident Assistants should immediately inform their Director of Residence Education about the situation. The Director, in turn, should discuss the matter with the Coordinator of Residence Education and the Dean of Student Affairs. Every reasonable attempt will be made to stop such situations through meetings with students in the area, educational sessions, and consultation with the student(s) affected. Every reasonable attempt will be made to protect the affected student(s) from forced testing, relocation, ostracism, or exclusion from campus housing.

7. Residence hall staff will treat any and all information with regard to a student with AIDS, ARC, or a positive HTLV-III test in confidence by observing the following:

a. all requests for medical information concerning AIDS will be referred to Dr. Lisa Kaplowitz.

b. no specific or detailed information about diagnosis will be provided to anyone without the expressed permission of the student.

c. no written notations regarding the disease will be placed in any residence hall student records.

d. no information will be shared with staff peers.

September 30, 1986
TO: Dean, School of Medicine and Chairman, VCU AIDS Task Force
FROM: Dean of Student Affairs
DATE: November 18, 1986
SUBJ: University AIDS Policy

I am writing to recommend that the VCU AIDS Task Force be assembled to develop a draft for an institutional policy statement on AIDS.

Attached is a newspaper clipping from the student newspaper at George Mason University which discusses their policy. Also attached is a draft of the institutional policy statement for UNC-Charlotte. They have developed what they refer to as a "Case Manager" approach to handling incidents of AIDS on the Campus. It is my understanding that the North Carolina State System also provided a good deal of direction to the state institutions for their campus policies.

I am particularly concerned that at VCU we have no policy statement in place at this time which includes a discussion of our institutional response for dealing with AIDS in the classroom. What will we do, for example, if:

1. a faculty member has been exposed to or becomes infected with the AIDS virus? Under what circumstances and in what kinds of settings would that faculty member be allowed to continue with teaching and research responsibilities?

2. a faculty member were to refuse to admit a student with AIDS into the classroom? Under what circumstances and in what kinds of settings would a student be allowed to continue with classes?

With the rapidly increasing incidence of AIDS, I think we have to assume that one or more of these kinds of circumstances would be present at VCU, and I think we would be in a better position to deal with them if we had done some prior analyses and had a policy statement and a course of action ready to implement.

cc: Provost and Vice President for Academic Affairs
    Vice President for Student Affairs
MEMORANDUM

Date: February 9, 1987

To: Health Sciences Vice President
Members, Institutional Policies on AIDS Committee (appointed by the Dean, School of Medicine)

From: Dean, School of Medicine

Subject: Preliminary Draft on Institutional Policy on AIDS

In response to a request by the Vice President for Health Sciences, I asked (AIDS Specialist Physician) to convene a committee proposing institutional policies on AIDS. The Committee has met and developed the proposed draft which is enclosed. I would ask you to review this proposal and make any suggestions in writing to the committee Chair as soon as possible. The committee will meet again on Wednesday, February 18, 1987 in the Gladding Residence Center, Apt. 159, 711 W. Main Street, and could consider at that time any suggestions you might have.

I believe that the Chair and her Committee have developed a set of policy guidelines that reflect the needs and responsibilities of an educational institution. These well-designed guidelines should serve an exemplar to other institutions or agencies seeking to develop their own approach to this serious health problem.

Enclosure

SMA/ks
AIDS (Acquired Immune Deficiency Syndrome) is a fatal disease acquired by intimate sexual contact or by exposure to contaminated blood. AIDS is a serious public health problem on campuses nationwide. VCU endorses the ACHA guidelines for responding to AIDS on the college campus as outlined in the ACHA Special Report, 1986. VCU has adopted the following specific policies and procedures in dealing with AIDS on its campuses.

POLICY:

1) The primary response of VCU to the AIDS epidemic will be education and primary prevention. This educational campaign, designed to teach students, faculty and staff, will be coordinated by USHA and shall consist of written literature, seminars and one-on-one counseling within the student health center on safe sex practices and risks of intravenous drug use. Residence hall staff will be provided with educational materials and guidelines for responding to AIDS prior to arrival of new students.

2) Based on currently available medical information, persons infected with the AIDS virus shall not be excluded from enrollment or employment or restricted in their access to university facilities or services (including housing) unless a medically based judgment establishes that restriction is necessary to protect the welfare of the infected individual or the welfare of other members of the university community.

3) Persons infected with the AIDS virus should be encouraged to obtain regular medical follow up and should be encouraged to keep Employee Health or USHA informed of their status so that the institution can provide them with proper medical care and education. Special precautions to protect the health of immunocompromised individuals with or without the AIDS virus should be considered during periods of prevalence of such contagious diseases as chicken pox and measles.

4) The university should adopt safety guidelines as proposed by the Public Health Service for the handling of blood and body fluids in all health
care facilities and in other institutional contexts in which such fluids or secretions may be encountered (e.g. teaching and experimental laboratories).

PROCEDURES:

1) A campus-wide task force on AIDS will be appointed to interpret institutional policy on a case-by-case basis should questions arise about a specific individual infected with the AIDS virus. The confidentiality of medical information shall be respected.

2) An official university spokesperson from the Office of University Relations shall be appointed who will handle all inquiries on AIDS from the press or from the public. This spokesperson shall receive input from Dr. K., the Director of USHS, the Vice President for Health Sciences, The Dean of the School of Medicine, the Dean of Student Affairs, and other university officials.
AIDS Policy Committee
Agenda
July 14, 1987

I. Introductions - Review of Purpose

II. Overview of MCVH Policies

III. Proposed MCVH Policies/Programs
   1. Educational programs on AIDS for hospital personnel
   2. Revising Infections Control Guidelines for Human Immunodeficiency Virus Infection
   3. Barrier techniques
   4. Patient isolation
   5. Venipuncture precautions
   6. Serologic testing guidelines for exposed employees

IV. Additional Topics for Discussion
   1. Personnel policies - hiring HTLV positive employees; screening; hiring known AIDS staff
   2. Mandatory testing of personnel
   3. Mandatory testing of patients
   4. Notification of employees of AIDS patients or suspected AIDS patients
   5. Release of information on AIDS testing results
   6. Personnel Issues

V. Survey
AIDS POLICY COMMITTEE

1. Purpose statement
2. Draft Questionnaire
3. Protection of MCVH Health Care Workers
4. Committee Membership

August 10, 1987
AIDS POLICY COMMITTEE

PURPOSE:

The AIDS Policy Committee is established to ensure that all VCU/MCV employees are adequately protected from exposure to the HIV virus while caring for patients, conducting research or serving in a teaching role. The focus of our efforts will be those in programs where exposure to the HIV virus is greatest.

The Committee will evaluate and recommend changes to existing policies, guidelines and protocols designed to protect employees, students and patients from exposure to the HIV virus. Procedures for conducting voluntary serologic testing of employees exposed to the blood of patients with the HIV virus will be considered.

University Medical Centers will be surveyed and precautional practices compared with those at MCV.

The Committee will establish a process for monitoring compliance to approved policies.
AIDS POLICY COMMITTEE MEMBERS

Associate Director, Professional Services, Hospital Administration (Chairman - AIDS Policy Committee)

Executive Associate Dean
School of Dentistry

Faculty member
Department of Medicine Oncology

Associate Professor
Epidemiology

Executive Director
Personnel Administration

Professor
Preventive Medicine and Biostatistics

Faculty member
Psychiatry Nursing

Administrative Resident
Hospital Administration

Representative
Student Health Services
MEMORANDUM

TO: (Individuals selected to serve on new committee to coordinate all aspects of issues arising from potential infectious diseases in university community)

FROM: Vice President for Health Sciences

DATE: August 10, 1987

This is to advise you that the President's Council has become persuaded of the need for a University-wide committee to coordinate all the aspects of issues arising out of the potential for the existence of infectious diseases, including AIDS, in the University community. It is hoped that, using the best professional advice, the committee will be proactive in developing guidelines for the management of individuals or situations resulting from the presence of infectious or sexually transmitted diseases within the University community. The committee should consider the development of appropriate student, staff, personnel, and Facilities Management policies to provide for protection of the University community while taking into account sensitive and confidential care of infected individuals.

The Chairman of the Department of Preventive Medicine has agreed to chair this group which will give advice directly to the President and President's Council. I hope that you or your senior delegate will be willing to serve on this important committee.

cc: University President
Chairman, Department of Preventive Medicine
Provost and Vice President for Academic Affairs

AMC: bcp
MEMORANDUM

TO: Aids Policy Committee
FROM: Chair, AIDS Policy Committee (appointed by Vice President for Health Sciences)
SUBJECT: AIDS Policy Committee
DATE: August 16, 1987

In July the AIDS Policy Committee was established by the Vice President for Health Sciences for the purpose of reviewing existing institutional policies and to recommend changes if necessary. Shortly after the July 14 meeting I was informed that the Chairman of the Department of Preventive Medicine was asked by the President's Council to coordinate a University Advisory Committee on Infectious Diseases to develop "guidelines for the management of individuals or situations resulting from the presence of infectious or sexually transmitted diseases within the University community."

(UACOID Chair) and I have determined that the most appropriate role for the AIDS Policy Committee will be to serve as a sub-committee to the University Advisory Committee. As an initial assignment, the Advisory Committee has asked that we draft a University Policy Statement on AIDS. This policy statement will be presented to the President's Council for review and approval and will serve to outline the University's guidelines regarding this important issue.

I have attached an "Institutional Policy on AIDS" drafted by (AIDS specialist physician). I would ask that you critique this draft document and forward to my office (Box 510) your comments by Friday, October 23, 1987.

My secretary will be contacting you to schedule the next AIDS Policy Committee meeting.
AIDS (Acquired Immune Deficiency Syndrome) is a fatal disease acquired by intimate sexual contact or by exposure to contaminated blood. AIDS is a serious public health problem on campuses nationwide. VCU endorses the ACHA guidelines for responding to AIDS on the college campus as outlined in the ACHA Special Report, 1986. VCU has adopted the following specific policies and procedures in dealing with AIDS on its campuses.

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1) The primary response of VCU to the AIDS epidemic will be education and primary prevention. This educational campaign, designed to teach students, faculty and staff, will be coordinated by USHA and shall consist of written literature, seminars and one-on-one counseling within the student health center on safe sex practices and risks of intravenous drug use. Residence hall staff will be provided with educational materials and guidelines for responding to AIDS prior to arrival of new students.

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3) Persons infected with the AIDS virus should be encouraged to obtain regular medical follow up and should be encouraged to keep Employee Health or USHA informed of their status so that the institution can provide them with proper medical care and education. Special precautions to protect the health of immunocompromised individuals with or without the AIDS virus should be considered during periods of prevalence of such contagious diseases as chicken pox and measles.

4) The university should adopt safety guidelines as proposed by the Public Health Service for the handling of blood and body fluids in all health care facilities and in other institutional
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PROCEDURES:

1) A campus-wide task force on AIDS will be appointed to interpret institutional policy on a case-by-case basis should questions arise about a specific individual infected with the AIDS virus. The confidentiality of medical information shall be respected.

2) An official university spokesperson from the Office of University Relations shall be appointed who will handle all inquiries on AIDS from the press or from the public. This spokesperson shall receive input from Dr. K., the Director of USHS, the Vice President for Health Sciences, The Dean of the School of Medicine, the Dean of Student Affairs, and other university officials.
MEMORANDUM

DATE: August 25, 1987

TO: Members, University-wide Advisory Committee on Infectious Diseases

FROM: Chairman, University-wide Advisory Committee on Infectious Diseases

The first meeting of the UNIVERSITY-WIDE ADVISORY COMMITTEE ON INFECTIOUS DISEASES will be held on Thursday, September 17, 1987, at 2:00 P.M., in Room 1-025 (conference Room B) of Sanger Hall.
UACOID Meeting
Proposed Agenda - September 17, 1987

Agenda Planning: The Steering Committee recognized that AIDS is the immediate priority issue within the domain of infectious diseases and that the complexity of the AIDS issue within the University is sufficient to engage the committee's attention for some time. Accordingly, the Steering Committee proposes the following agenda for the parent committee.

1. Brief review of major activities to date (as outlined in these minutes)

2. Very brief overview of the facts of AIDS

3. Inventory of interests, concerns and issues of each individual committee member and the constituencies represented

4. Inventory of major current/planned activities related to AIDS (clinical care, research, conference, sub-committee plans, etc.)

5. Inventory of current university or sub-unit policy documents related to AIDS (either formally adopted or in draft stage)

6. Development of appropriate proactive strategy for committee activity

The Steering Committee recognized that for the September 17 meeting of the parent committee, a reasonable goal would be to complete items 1 and 2, work on procedure to accomplish items 3, 4, and 5 and agree on meeting times, ad hoc committees, individual responsibilities*, etc.
Chair, UACOID
Department of Preventive Medicine
Box 212
MCV Station

October 1, 1987

Dear Dr. :

The purpose of this letter is to outline my concerns about the university's approach to AIDS related issues, as requested at the first meeting of the University Advisory Committee on Infectious Diseases. I feel that Virginia Commonwealth University and the Medical College of Virginia have an obligation to provide a leadership role in the community's response to the AIDS epidemic. There are a number of areas in which the university and medical center are in a unique position to provide guidance.

1. Education: As educational institutions, the university and medical center can perform a major service in educating the community. A great many educational efforts are already underway, including: a contract with the Virginia Department of Health to educate health care workers throughout the state, a contract request pending with the National Institutes of Mental Health to educate students and health care workers, numerous programs given by faculty and staff of VCU/MCV to community organizations and a statewide conference planned for the spring of 1988.

2. Research: The medical center has recently received one research grant to study the immunology of HIV infection with a School of Pharmach faculty member as the principal investigator. Social science research projects are underway on the VCU campus. A cost of care study was recently completed with collaboration between faculty of the medical center and the School of Business. There is the potential for a greatly expanded research effort on both campuses.

3. Prevention/testing: One of the testing sites for HIV antibody funded by the Virginia Department of Health has been operating on the medical campus for over two years now. The counseling provided at that testing site is important for the prevention of further virus transmission.
4. Clinical: The clinic providing care for patients with HIV infection at the Medical College of Virginia is multidisciplinary and well established. It should be considered a model for caring for these patients throughout the state and a potential training site for health care workers.

It is essential that any university policy concerning AIDS reflect the need for education as the major means of prevention of further virus transmission. The policy must also favor a non-discrimination approach to students, faculty and university personnel infected by the virus, HIV. I have enclosed a copy of the university policy draft that I formulated with the committee I was asked to form in February, 1987 to address these issues. I hope that this draft will be reconsidered by the present committee in the formulation of university policy towards AIDS virus infection. The university has an obligation to begin community education by adopting a rational institutional policy. In addition, I recommend that committee members review the following documents:

1. The Surgeon General's Report on AIDS
2. The AIDS Policy of the American College Health Association
3. The Report on AIDS of the National Academy of Medicine and the Institute of Medicine
4. The Policy Statement of the American College of Physicians (enclosed)
5. A recent article from JAMA discussing strategies for the prevention of AIDS in the United States (enclosed)
6. The MCV AIDS Hospital Infection Control Policy (available through Dr. Mayhall's office).

I look forward to working closely with you and all of the committee members in the future.

Sincerely,

Assistant Professor of Medicine
Division of Infectious Diseases
(Member of UACOID)
Philosophy Statement

As a comprehensive, urban, public institution, Virginia Commonwealth University is dedicated to educating citizens, research and serving as a resource center for Central Virginia on issues which impact its citizens. As a health care services provider, the University meets both patient and community needs and instills in graduates of its health care programs values and beliefs in the goodness of all mankind and the right to health care for all. It is the policy of Virginia Commonwealth University that recipients of care, regardless of social status, health problem, and ability to pay, are treated equally.

The occurrence of the Acquired Immune Deficiency Syndrome (AIDS) has aroused the consciousness of the community. In response to its social and moral obligation to administer services on a non-discriminatory and confidential basis, the University acknowledges its commitment to meeting the needs of persons who are affected by the AIDS epidemic. The focus of the organization's activities will be the protection of the rights of patients, students, faculty and staff. As part of its quest to impact the quality of life, the University will strive towards the development of guidelines, policies and educational programs to fulfill its obligation to those affected by AIDS.

November 16, 1987

Statement sent to the University President by the Policy Subcommittee Chairman for review by the President's Council.
February 8, 1988

President
Virginia Commonwealth University
910 West Franklin Street
VCU Box 2512
Richmond, Virginia 23284-2512

Dear President:

We are pleased to present a draft university policy on AIDS. As discussed with your office, the Steering Committee of the University Advisory Committee on Infectious Disease (UACOID) and three members of the Policy Committee are planning to present and discuss the draft with the President's Council at 10:00 a.m. on February 10.

The process of preparing the draft policy, led by the Policy Chair, has been more time consuming than we anticipated. We have devoted 10 hours of committee meeting in the last 2-1/2 weeks just to reviewing the basic document. The intense discussion has been educational for all of us and we hope that intense discussion will continue. We are especially pleased that three members of the President's Council have been part of this process.

We have included a draft of an informal complaint resolution procedure which, if it survives further scrutiny by our committee, will provide members of the university community and patients with an additional option which may be better able to resolve conflicts in a sensitive way than existing formal procedures. This procedure may yet turn out to be impractical, but it is in our view worthy of further study. Comments and suggestions by members of the President's Council will be especially welcomed.

We believe that the draft policy is a good document; we also believe that it can be improved with further discussion and review. We look forward to further work.

Sincerely,

Chair, Policy Committee
Chair, UACOID

Co-Chair, UACOID

Enclosure
It is the policy of Virginia Commonwealth University that persons who are infected with the Human Immunodeficiency Virus (HIV) will not be treated differently solely on the basis of their infected status except as expressly provided in this policy. This is in keeping with VCU's general policy of non-discrimination.

As an academic arm of society, Virginia Commonwealth University assumes a leadership role in education, research, and patient care. As a comprehensive, urban, public institution, the University is dedicated to educating citizens, fostering academic inquiry, and serving as a resource center for the Commonwealth. As a health care services provider, the University attempts to meet both patient and community needs and instill in its graduates a commitment to quality health care for all. In addition to its commitment to educate and protect patients, students, and staff, the University recognizes that AIDS as a disease must also be addressed as part of its academic responsibilities in teaching and research. Accordingly, AIDS will receive appropriate emphasis in school curricula to ensure that VCU graduates are prepared to deal effectively with this problem. Basic, clinical, and behavioral research on AIDS, directed toward better
understanding of prevention and treatment possibilities, is an important area within the University's overall research activity.

The University's primary response to the spread of the HIV infection is prevention through education. The purpose of the education program is to provide an organized institutional effort to protect the University community from the disease. Virginia Commonwealth University will seek to educate students, faculty, and staff about HIV, its modes of transmission, and precautions which may be taken to reduce the likelihood of transmission. The University has a responsibility to disseminate accurately and completely the most currently available knowledge about HIV.

Persons who are infected with HIV shall not be treated differently than otherwise qualified persons, except as expressly provided in this policy. Differential treatment may be applied to an infected individual if a University medically based judgment determines that such treatment is necessary to protect the welfare of that individual or other members of the University community. The University will make reasonable accommodations for any persons affected by HIV to ensure their full participation in the University community. However, the University explicitly reserves the authority set forth in other policies and procedures adopted by this institution.

State and University policies that pertain to the protection and dissemination of confidential medical
information shall be respected in regard to the release of information on students, patients, or members of the University community who are affected by the virus.

This policy is consistent with the VCU mission statement and guidelines of the Centers for Disease Control and the American College Health Association.

DEFINITION OF HIV

Infection with the Human Immunodeficiency Virus is indicated by the presence of antibody to the virus in the bloodstream. The majority of persons with HIV infection will have no symptoms at first. However, after an incubation period of several months to years, the immune system is often compromised to a point where patients begin to develop infections characteristic of the Acquired Immunodeficiency Syndrome (AIDS). All persons with the HIV antibody can transmit the virus to others under certain conditions.

Available evidence identifies only three routes of transmission for HIV: 1) transmission of blood and possibly other body fluids through needlesticks, contamination of breaks in skin, contamination of mucosal surfaces, or injection of illicit drugs; 2) sexual transmission (homosexual or heterosexual); and 3) perinatal transmission. Medical evidence supports the conclusion that HIV is not transmitted by casual contact.

EDUCATION

Virginia Commonwealth University accepts its
responsibility for educating students, staff, and the community about AIDS and its association with the HIV infection and will provide health education programs where appropriate and necessary. Since this disease cannot be prevented by immunization or cured, the primary means of limiting the spread of HIV infection is through preventive education.

The Employee Health Services will assume primary responsibility for educating faculty and staff about AIDS. The University Student Health Services will assume primary responsibility for providing education about AIDS to students, resident assistants, and other housing personnel. All personnel will be counseled regarding the need for confidentiality of medical information on any student, patient, faculty or staff member. Questions about HIV infection generated by students, student support staff, or housing personnel will be directed to the health educator for the University Student Health Services.

The Hospital Epidemiology Department will continue to educate hospital staff and provide consultation services to other University divisions regarding appropriate measures to protect employees, students, and patients.

STUDENTS

Based on currently available medical information, applicants and students infected with HIV shall not be excluded from enrollment or restricted in their access to University facilities or services unless a medically based
judgment by the University Student Health Services
determines that restriction is necessary to protect the
welfare of the infected individual or the welfare of other
members of the University community. There is no evidence
to indicate that casual contact with an individual infected
with HIV places students at risk of contracting the virus.

Discrimination and harassment against students
perceived to be in high risk groups or thought to have HIV
infection will be dealt with first by counseling and
education. Disciplinary action may be used in accordance
with the University's Rules and Procedures document when
warranted.

The University Student Health Service will provide
confidential testing for the antibody to HIV, as well as
pre-testing and post-testing counseling for students. The
University Counseling service is available to provide
counseling and support for students infected with HIV and
their families. The University Student Health Services and
the University Counseling Services are available to consult
and counsel students and staff regarding interactions with
persons infected with HIV.

The University Student Health Service will assume
responsibility for providing outpatient care for students
with HIV infection who are enrolled in their service.
Students with HIV infection will be encouraged to obtain
regular medical monitoring either by the University Student
Health Service or by another qualified health care
professional. If students with HIV infection choose to receive their medical monitoring through a health care professional outside student health, they will be encouraged to identify themselves to student health personnel so that they can be informed about any outbreak of a highly contagious disease (e.g., chicken pox or measles), which might pose a particular danger to them.

Student health care workers are at low risk for acquiring HIV infection while caring for patients. The Medical College of Virginia Hospitals maintains a protocol for prevention of HIV infection. Thus, students will not be transferred or reassigned permanently solely due to their fear of acquiring the infection. Infection control guidelines will continue to provide effective protection for students while not compromising the quality of health care. Precautions used by students for their own protection will also protect against patient-to-patient and student-to-student transmission.

**EMPLOYER-EMPLOYEE**

Based on currently available medical information, person infected with HIV shall not be excluded from employment or restricted in their access to University facilities or services unless a medically-based judgment by the Employee Health Services determines that restriction is necessary to protect the welfare of the infected individual or the welfare of other members of the University community. There is no evidence to indicate that casual contact with an
employee infected with HIV places co-workers at risk of contracting the HIV infection.

In the course of employment, employees may learn personal information about their co-workers. It is the responsibility of supervisor to caution their employees about the importance of keeping such information confidential. This privacy requirement is particularly important for matters related to HIV infection.

If an employee expresses concern about working with a co-worker infected with HIV or with a member of a high risk group, the supervisor should arrange for the employee to talk with an expert from Employee Health Services to address and diminish the concern. Since the HIV infection is not transmitted in normal educational or work settings, employees will not be reassigned or transferred permanently solely due to their fear of acquiring the HIV infection.

Employee Health Services and the Personnel Department are responsible for providing educational training to employees, calling upon University experts for their services as needed. This education consultation may be provided to the employee, supervisor, and/or work group as deemed necessary. When an employee who is HIV positive chooses to share his medical status with his supervisor, it is the supervisor's responsibility to comply with University policies regarding confidentiality. The supervisor will be responsible for referring employees who need information regarding HIV infection or medical care to Employee Health
Services.

If the working environment has a greater than normal risk of exposure to infectious agents, the infected employee, for his own protection, should be encouraged to review the work environment with his physician and the Employee Health Services physician. If employees who are infected with HIV require changes in job duties as a result of their illness, this will be coordinated (as in other cases) by Employee Relations and Employee Health Services.

The decision by an infected employee to disclose to Employee Health Services the diagnosis of HIV infection is a personal one. However, University policy encourages employees, particularly health care workers, to disclose their condition to Employee Health Services so that the Employee Health Services physician who is familiar with the work environments at the University can make recommendations for optimal safety and possible accommodation. One's medical status is personal and confidential, and is subject to the University's policies regarding dissemination of confidential information.

As with other medical conditions, the supervisor may need a physician's statement to provide accommodation arrangements or to certify absences. In the event that the employee is not able to continue working, he is eligible for accumulated leave, disability retirement, and other medical leave to the extent provided for by current University and State policy.
Health care workers are at low risk for acquiring HIV infection while caring for patients. The Medical College of Virginia Hospitals maintains a protocol for prevention of HIV infection. Thus, health care workers will not be transferred or reassigned permanently solely due to their fear of acquiring the infection. As new scientific information becomes available, this protocol will be revised and overseen by the Hospital Epidemiology Department. Any new isolation programs will be implemented in phases accompanied by education of the personnel. Guidelines will continue to provide effective protection for personnel while not compromising the quality of health care. Precautions used by personnel for their own protection will also protect against patient-to-patient and personnel-to-patient transmission. The MCVH protocols and policies provide specific guidelines for patient care unique to University health care providers. Other University health care professionals should refer to the MCVH protocol when developing program specific guidelines.

Based on the current recommendations of the Centers for Disease Control and the United States Public Health Service, the University does not recommend routine testing of employees, applicants for employment, or students to screen for the presence of HIV. Employee Health Services will offer HIV counseling and testing or will refer employees to an alternate test site if requested. Employee Health Services provides confidential testing and counseling for
Health care workers exposed to HIV as a result of an occupational incident will undergo testing according to the current Hospital Infection Control Policy. This testing is voluntary and confidential and is provided by Employee Health Services without charge.

Researchers who handle the virus or blood, body fluids, and tissues, and who process or perform tests on these materials in laboratories are at risk for contracting the HIV infection. It is the responsibility of each laboratory unit to prepare written protocols to be submitted to the Committee on Biosafety for approval prior to the initiation of the work. Approval will be given only to protocols that provide for the protection of all personnel. The committee will monitor protocol compliance on a regular basis. Personnel who work in these laboratories will have periodic inservice training on proper techniques for handling infectious materials.

MEDIA RELATIONS

The University Media Relations Department will respond quickly and openly to media requests for information on AIDS. However, no information on individual patients will be provided to the media without the patient's consent. The Media Relations Department will identify and make available University and hospital spokespersons and, if necessary, work with designated spokespersons to develop media skills. Every response to the media concerning AIDS should provide
an opportunity to educate the media and the public about the disease. The University, through the Media Relations Department, may offer selected stories to the media, which will highlight the University's mission as an authoritative source of AIDS education, research, and patient care.
PROCEDURE FOR THE INFORMAL RESOLUTION OF COMPLAINTS ABOUT ADMINISTRATIVE DECISIONS RELATED TO INDIVIDUALS WITH HIV INFECTIONS

There are three ways by which individuals immediately affected by a decision to grant or deny differential treatment due to an HIV infection can resolve complaints.

I. INFORMAL ASSISTANCE

Both the Department of Human Resources and the Office of the Vice Provost for Student Affairs have professional staff available to assist faculty, staff, or students in solving problems associated with inappropriate behavior related to HIV infection. MCV Hospitals patients are encouraged to consult with their attending physician.

II. INFORMAL COMPLAINT PROCESS

To request an informal investigation into complaints of inappropriate or unfair behavior by a member of the University community, the complainant must submit the complaint in writing to the appropriate University officer as follows:

A. For complaints by a University employee, including faculty, the assistant vice-president for human resources.

B. For complaints by a student, the vice provost for student affairs.

C. For complaints by an MCV Hospitals patient, the executive director of MCV Hospitals

This investigation is an opportunity for an informal resolution of the complaint.

In attempting to mediate such complaints, the University officers identified above or their designees will:

A. maintain confidentiality with the exception of communications essential to the mediation process.

B. work collaboratively with the appropriate University officer in the administrative unit of the individual toward whom the complaint has been directed.

C. have access to the University Advisory Committee on Infectious Diseases for consultation and advice.
If the parties involved, through this informal mediation process, can resolve the issue to each individual's satisfaction, the complaint will be considered concluded. If the mediation process is unsuccessful, the complainant can move the charge to formal grievance procedures. No action taken in an informal process negates a faculty, staff, or student right to file a formal charge or grievance at any time.

III. FORMAL GRIEVANCE PROCEDURES

The employment status or other classification of individuals determines the methods available for processing of a formal grievance. Following are procedures available to members of the VCU community as appropriate:

A. The "Grievance Procedure for State Employees" may be used by non-probationary state classified employees to charge his or her supervisor.

B. The faculty "Grievance and Appeal Procedure" may be used by any full-time faculty member to charge another University member.

C. Statement of Tenure may be used by the dean of a school to charge a tenured faculty member.

D. Rules and Procedures" may be used by a faculty member, student, or employee (hourly, classified, or faculty) to charge any other member of the Virginia Commonwealth University community.
Memorial College of Virginia
VIRGINIA COMMONWEALTH UNIVERSITY

MEMORANDUM

TO: UACOID Policy Subcommittee
FROM: Chairman
DATE: February 16, 1988
SUBJECT: AIDS Policy

Attached is revision number 14 and a draft letter of transmittal to the University President. I will be out of town this week and would ask that you review the policy and letter and forward suggested changes to my office by Friday, February 19. I have attempted to incorporate the suggestions of the President's Council. Your support in verifying that I have covered their concerns is appreciated.

Attachments (2)
May 4, 1988

Chair of Policy Subcommittee
Director of Professional Services
Box 510

Dear (Chair):

I am writing to thank you for your service as chair of the AIDS Policy Committee of the University Advisory Committee on Infectious Disease. Your hard work has resulted in the development of a clear and decisive policy, which every university needs at this time. Your work with UACOID in educating the members of the President's Council about AIDS is also greatly appreciated.

This is a vital issue which concerns us all as individuals and collectively as an educational community. Thank you again for devoting your efforts to the development of a policy for VCU.

Sincerely,

President of the University

FFA/kah

cc: UACOID Chair
    Executive Director, MCV Hospitals
    Vice President for Health Sciences
Mr. President, Members of the Board of Visitors, I appreciate the opportunity to review the major elements of the draft "Virginia Commonwealth University AIDS Policy." I was asked approximately nine months ago to Chair an AIDS Policy Committee with a defined responsibility of developing a comprehensive AIDS Policy for VCU employees, students and patients. The ten (10) member AIDS Policy Committee completed the first draft in late November 1987 with distribution to the University Advisory Committee on Infectious Disease in December 1987. Several meetings in the months of December and January resulted in a revised draft which was reviewed by the President's Council in February, published in the VCU Today in April, and revised by the University Council on May 5. In addition to the above reviews, the Attorney General's office provided the Committee with important suggestions which are included in your revised draft.

The key elements of the policy include the following statements:

* HIV infected persons will not be treated differently solely on the basis of their infected status.
* Academic responsibilities in the support of teaching and research on AIDS to include appropriate emphasis in
school curricula.

* Emphasis that prevention through education is the University's primary response to limiting the spread of HIV, including community education.

* HIV infected students and employees shall not be restricted in their access to university facilities unless a university medically based judgement so indicates.

* University Student Health and Employee Health Service to provide testing and pre-testing and post-testing counseling.

* Student employees will not be permanently transferred or reassigned solely due to their fear of acquiring the infection.

* Employees have an obligation to follow infectious disease protocols, comply with safety policies and share the responsibility for enhancing community awareness and knowledge of HIV.

* Do not recommend routine testing.

* Identified a procedure for informal resolution of complaints about administrative decisions related to individuals with HIV.

In summary, the policy is based on the most current scientific information available and is consistent with the VCU mission statement and guidelines of the Centers for Disease Control and the American College Health
Associations.

I would be pleased to respond to any questions you may have.
VCU BOARD OF VISITORS APPROVES POLICY ON AIDS

(Richmond, VA) -- Effective May 20, 1988 the Board of Visitors of Virginia Commonwealth University approved today (May 20) an AIDS policy for the university which states that students and employees infected with the HIV virus will be treated no differently from uninfected persons unless a physician advises differential treatment for the protection of the individual and the university community. To help prevent the spread of AIDS, VCU will continue to promote education about the disease.

The policy states that the students infected with HIV shall not be excluded from enrollment or restricted in their access to university facilities or services unless the university is advised otherwise for the protection of the individual and the VCU community. Discrimination or harassment against students perceived to be in high risk groups or thought to be infected will be dealt with by counseling, education or disciplinary action. The University Health Care Service is responsible for providing outpatient care for students with HIV infection enrolled in the service. Regular monitoring is encouraged for those carrying the virus.
Because HIV infection is not transmitted in normal education or work settings, employees will not be permanently reassigned or transferred solely due to a fear of acquiring AIDS.

Based on recommendations from the Centers for Disease Control, VCU does not recommend routine testing of employees, applicants for employment, or students to screen for the presence of HIV.

Though not required to do so, infected employees are encouraged to disclose their condition to Employee Health Services so that a university physician familiar with the work environments can make recommendations for optimal safety and possible accommodation.

MCV Hospitals will continue to educate hospital staff about how to protect themselves and insure a safe environment for employees, students and patients.

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BOV # 148/0490Xp.55-56
MEMORANDUM

TO: President's Council
    Academic Council

FROM: University Provost and Vice President
      for Academic Affairs

DATE: May 31, 1988

RE: Policy on AIDS

At its recent meeting on May 20, the Board passed a Policy on AIDS, a copy of which is attached. Additional copies will be made available to the faculty as soon as they return from the printer. Please provide key faculty or staff who need copies of this policy with copies as soon as possible.

Attachment
Presented at October 4, 1988 Meeting of the
UACOID Steering Committee

POTENTIAL ELEMENTS OF AN OVERALL UACOID PROGRAM

1. Survey of VCU re AIDS educational resources (Survey instrument designed and will be carried out in early fall; funds already available and transferred to Survey Research Laboratory).

2. Publication of AIDS Policy (This will be published in the VCU Resource Guide to the tune of 30,000 copies with students and potential students being the primary audience. The Provost's Office will publish the policy separately [10,000 copies] in the same format as recent policies, e.g., Policy on Sexual Harassment. This version will contain cover letter from Ruch or Ackell outlining importance of Policy. Yarmel is preparing draft of this letter. It is anticipated that this version will be distributed in bulk to department sized units for further distribution to faculty and classified employees.)

3. Presentation and discussion of AIDS policy by UACOID or selected members thereof to the Academic Council and perhaps analogous bodies in other parts of the university. Presentation would encourage Deans and other heads to hold similar sessions within their organizations. (NOTE: as these are planned and begin, we will begin to get a detailed picture of educational needs.)

4. Provision of assistance to schools and other VCU groups as they are involved in followup education and training (information from survey of resources noted above and from policy presentations/discussions will be helpful here). Must include orientation for new faculty and staff as they come on board.

5. Preparation of prevalence/incidence projections of HIV positives, AIDS diagnoses for following communities:

- MCVH patients
- VCU staff
- VCU faculty
- VCU students
- Richmond
- Virginia


(Yarmel reported award of CDC contract to conduct surveillance of incidence of sero positives in "normal" MCV patient population.)
6. Preparation of proposal to RWJ foundation (or elsewhere) to support an AIDS Resource Center for VCU. Such a center would include a newsletter for VCU, small library of AIDS publications, computer access to AIDS databases, training and educational programs directed toward helping health care providers take care of AIDS patients in home communities, continuing focus on ethical issues related to AIDS.

7. Support for expanded AIDS education effort within Student Health Services to include full utilization of the AIDS Hotline, expanded peer educator program (with involvement of MCV students - with perhaps some academic credit for peer educators), half-time health educator and half-time secretary.

8. Development and maintenance of support group to minimize burnout among AIDS health care providers.

9. Provision of clinical support to AIDS health care providers in a manner which avoids and precludes MCVH being seen as an AIDS hospital.

10. Maintain and strengthen ties to state government to insure that MCV and the rest of VCU is seen as the major resource for state government on AIDS related issues.

11. Monitoring of AIDS policy development within other university units, especially in patient care and research areas, to insure congruence with basic university policy.

12. Insure availability of AIDS counseling to all members of university community as needed.

13. Appropriate support to MCVH proposal to RWJ regarding development of out-of-hospital care programs for AIDS patients.

14. Consideration of role of UACOID with respect to other infectious diseases, specifically hepatitis B and herpes.

15. Systematic circulation of information re AIDS developments and activities within VCU to university community.

Co-Chair, UACOID
July 14, 1988

*adapted from Steering Committee minutes, June 16, 1988
MEMORANDUM

TO: Special Committee to Discuss Student Related Questions

FROM: Chair, UACOID Subcommittee on Policy

DATE: October 26, 1988

SUBJECT: AIDS Policy Questions

Pursuant to the Interim Vice President for Health Sciences' request, I attended the Dean's Council for the purpose of discussing the VCU AIDS Policy. The Dean's Council is supportive of the policy statement. They identified certain student related questions for which I agreed to convene a group to discuss. Specifically, they are concerned about the University's legal and moral obligations for students who are infected by HIV within the work setting. Should health care be offered and at what cost to those infected? Should health insurance be considered? Should our inservice programs for new employees (including students) include information on barrier protection?

I will be scheduling a meeting to discuss these issues.

JNY/sp
Proposed Agenda

University Advisory Committee on Infectious Diseases (UACOID)

Presentation to MCV Dean's Council
April 11, 1989

Introduction - UACOID Chairman

Recent Legislation - Health Policy Director

UACOID Priorities - CEDR Director/Vice-President for Student Affairs

- Presentation and discussion of AIDS policy by UACOID or selected members thereof to the Academic Council and perhaps analogous bodies in other parts of the University. Presentation would encourage Deans and other leaders to hold similar sessions within their organizations. (Note: as these are planned and begin, we will begin to get a detailed picture of educational needs).

Provision of assistance to schools and other VCU groups as they are involved in followup education and training (information from survey of resources and from policy presentations/discussions will be helpful here). Must include orientation for new faculty and staff as they come on board.

Monitoring of AIDS policy development within other university units, especially in patient care and research areas, to insure congruence with basic university policy.

- Preparation of proposal of RWJ Foundation (or elsewhere) to support an AIDS Resource Center for VCU. Such a center would include a newsletter for VCU, small library of AIDS publications, computer access to AIDS databases, training and educational programs directed toward helping health care providers take care of AIDS patients in home communities, continuing focus on ethical issues related to AIDS, provision of AIDS counseling to and advocacy program for HIV infected members of the VCU community.

- Support for expanded AIDS education effort within the Student Health Services to include full utilization of the AIDS Hotline, expanded peer educator program (with
involvement of MCV students - with perhaps some academic credit for peer educators), half-time health educator and half-time secretary.

- Preparation of prevalence/incidence projections of HIV positives, AIDS diagnoses for following communities:

  MCH patients
  VCU staff
  VCU faculty
  VCU students
  Richmond
  Virginia


Status of AIDS Policy - Chair of Subcommittee on Policy

Discussion
UACOID Committee Members

Dear (Committee Member):

The University Advisory Committee on Infectious Diseases has completed its charge. I want to thank you for your contributions to this important committee and to the university. If you wish to comment, your ideas and reactions to service on this committee are welcome and would be helpful to me in making future appointments.

Again, your service to the university is greatly appreciated.

Sincerely,

Provost and Vice President
for Academic Affairs

CPR/mw

cc: Interim Vice President for Health Sciences
    Dean, School of Medicine
VITA

Ann Dinius

Birthdate: December 7, 1936

Birthplace: Bloomington, Indiana

Education:

1986-89  Virginia Commonwealth University
           Richmond, Virginia
           Certificate in Aging Studies

1985-87  The College of William and Mary
           Williamsburg, Virginia
           Educational Specialist

1964-65  Columbia University
           New York, New York
           Master of Science

1954-59  The University of Michigan
           Ann Arbor, Michigan
           Bachelor of Science