

FOCUS

On



United States Office of
Personnel Management

Federal Employee Health and Assistance Programs

GSA's "Futuristic" Work Site Features Latest Technology / Flexible Work Systems

Speakers at WillowWood's Grand Opening included The Honorable David Barram, GSA Administrator (fourth from the right), and The Honorable Tom Davis, Congressman from Virginia's 11th District (second from the right). Holding the scissors is Mr. Dennis Fischer, FTS Commissioner. »

Nearly 400 employees who work in the General Services Administration's (GSA) Federal Technology Service (FTS) are now part of a futuristic work environment being showcased at a new site called WillowWood Plaza in Fairfax, VA. FTS, a reseller of network services and information technology (IT) solutions, created a facility with flexible work systems and state-of-the-art technology.

An important function of the WillowWood facility is that it gives FTS employees first-hand familiarity with the solutions they sell to other agencies.

The WillowWood site also was designed to facilitate a mobile workforce. At the facility's grand opening last September, GSA Administrator David Barram said that the new GSA is changing to an "anytime, anywhere" environment in which all employees can carry their technology with them. In fact, last year the International Telework Association and Council presented its Innovation in Telework award to GSA/FTS in recognition of how WillowWood supports telework.

"The future of our workforce

includes more teleworking and more hoteling," said FTS Commissioner Dennis Fischer. "In light of our extensive technological capabilities, efforts in these areas are being stepped up." Hoteling, a term used for employees who move from site to site during the course of their work, offers maximum mobility for FTS, which has three locations in the Washington metropolitan area.

Once hoteling is fully in place, employees may, on any given day, work at the site that is most beneficial to the day's project. Hoteling, combined with more teleworking, reduces

the number of permanent workstations needed on the site.

To support mobility, all employees at WillowWood have laptop computers that can be "docked" at their office workstations. Instead of desk phones, employees have cell phones that use just one number for telephone, voice mail, and fax. With mobile computers and phones, employees can take their work with them and be productive whether they are at remote locations, at home, or on travel anywhere in the world.

WillowWood's open workspaces

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In This Issue

- Obesity in U.S. Now Epidemic
- Mental Health and Productivity
- Government and Telework
- Work/Life Awards
- World AIDS Day Event
- Conferences!!



▲ *The GSA/FTS multi-use Smart Card.*

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encourage interaction among the employees, enhancing teamwork and communication. The 39 conference rooms of varying sizes and configurations have modular furniture systems that may be wheeled around to change the arrangement of the rooms. Some are open circular conference rooms with mobile seating, having only chairs with lap desks, a design that allows small groups to meet in closer proximity. All conference rooms have connections for employees' laptop computers.

Employees' comfort was a key consideration in the WillowWood design. Natural light from windows is distributed throughout, and indirect artificial lighting is used strategically with flat screen monitors to reduce glare from computer screens and ease eye strain. Ergonomically correct chairs and keyboards add to the comfort and reduce the chance of injury.

FTS' state-of-the art video conferencing center provides multimedia video and videoconferencing capability with up to 16 channels of simultaneous video input. Fiber optic cabling equips each desktop with a Picturitel video unit and a headset phone that allows the hands to be free while conversing.


The video conferencing center not

only opens up new lines of communications and new channels for learning, it also offers the potential to save substantial amounts of time and money on employee travel. Live interactive conversations can take place with several people at different locations. Meetings can be taped and viewed later. The facility is also ideal for training programs and can be connected into remote classrooms in a matter of minutes.

In the future, the video conference facility may be marketed to other Federal agencies and/or private sector companies.

Convenience and security were further enhanced at WillowWood when all employees were issued a GSA/FTS Smart Card, a single, multi-use card that looks like a credit card on one side and an identification card on the other. The Smart Card is used for identification, purchases, travel, building entrance, and computer access. The biometric card replaces passwords with fingerprints, heightening security and eliminating the need to remember multiple passwords that may be leaked.

Some FTS IT solutions include seat management, call center systems and services, enterprise resource planning, distance learning, and Smart Cards.

For more information, visit www.fts.gsa.gov or call 1-888-FTS-NEWS. 

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CDC Says Obesity in U.S. Now "Epidemic"

Obesity has become an epidemic in the United States according to the Director of the Centers for Disease Control and Prevention (CDC), Jeffrey P. Koplan. He is calling for a national prevention effort to deal with obesity in the United States, saying it threatens the lives of millions of Americans. Research was published in the October 27, 1999, issue of the *Journal of the American Medical Association (JAMA)*.

Obesity is defined as being 30% above ideal body weight. According to recent findings by the CDC, obesity has spread rapidly across all states, regions, and demographic groups in the United States, from 12% in 1991 to 17.9% in 1998.

The highest increase occurred among the youngest ages (18-29 year olds), people with some college education, and people of Hispanic ethnicity. By region, the largest increases were seen in the South with a 67% increase in the number of obese people. Georgia had the largest increase — 101%. The findings also show that a major contributor to obesity — physical inactivity — has not changed substantially between 1991 and 1998.

"Overweight and physical inactivity account for more than 300,000 premature deaths each year in the United States, second only to tobacco-related deaths," says Jeffrey Koplan, also one of the authors of the *JAMA* article. "Obesity is an epidemic and should be taken as seriously as any infectious disease or epidemic. Obesity and overweight are linked to the nation's #1 killer — heart disease — as well as diabetes and other chronic conditions."

Factors mentioned as possible contributors to this trend include changes made by the growth of the fast food and snack industry (making overall calorie intakes higher) tied in

with recent cultural changes that have decreased overall physical activity.

According to surveys conducted 1977-78 and 1994-96, reported daily caloric intakes increased over 2,000 in men and 1,100 in women. Culprits are the few barriers to eating fast foods and snack foods in today's society; these high calorie foods are heavily promoted and more widely available than ever before. The motivational barriers to eating these foods are eliminated because these foods are appealing to the taste buds, are low cost, and are easy to acquire. Combined with the recent trend to "super size" snack and fast food portions, overall calorie consumptions are easily increased.

Just as significant and a major cause of concern are the environmental and cultural factors contributing to fewer opportunities in daily life to burn calories. The CDC identified several of them:

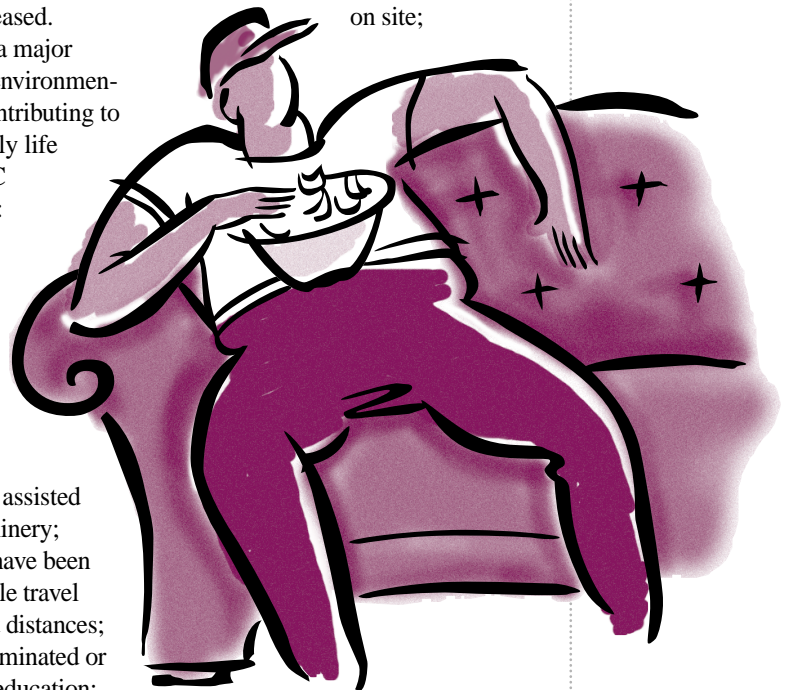
- the workplace is increasingly automated (fewer manual jobs);
- many neighborhoods lack sidewalks for safe walking;
- household chores are assisted by labor-saving machinery;
- walking and cycling have been replaced by automobile travel for all but the shortest distances;
- more schools have eliminated or cut back on physical education; and
- parents are more afraid to let children play outside unsupervised, thus there is more television watching/video games for recreation.

The 1996 Surgeon General's Report on Physical Activity and Health shows that more than 60% of adults are not participating in the recommended 30 minutes a day of mod-

Actions Will Address Cultural/Societal Factors

erate physical activity most days of the week. The Report stresses that physical activity need not be strenuous to achieve health benefits. Koplan calls restoring physical activity to our daily routines "critical." He recommends, in part, that:

- workplaces offer healthy food choices in cafeterias and provide opportunities for employees to be physically active on site;



- health care providers counsel obese patients;
- schools use physical education to encourage lifelong physical activity;
- urban policymakers provide more sidewalks, bike paths, and other alternatives to cars; and
- parents reduce children's television and computer time and encourage outdoor play.

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More organizations today realize that investing in employees' health and mental health pays off in terms of workplace productivity.

Perspectives shift as studies bring to light employees' mental health and substance abuse problems as a significant source of indirect costs. These costs may be experienced through reduced productivity, increased absenteeism, short- and long-term disability, and workers' compensation. In one study, indirect costs accounted for approximately 37.5% of total costs of all disabilities — physical and psychiatric.

Investing in Workplace Productivity — Innovations in Managing Indirect Mental Health Costs, published by the Washington

embrace broader perspectives towards human resource programs and tailor them to include more early recognition, appropriate and cost-effective care management, workplace accommodations and other performance supports, along with timely return to productive work.

The report cites benefits programs, for example. Instead of "employee entitlements" (and trying to minimize the cost of providing benefits) these programs should be viewed as "employee investments," whereby promoting a dynamic, entrepreneurial culture. In fact, the report suggested that a "benefits system" may be redefined as a "contribution system," and be renamed as such.

- expanded health risk assessment screening.

The National Worksite Program's six recommendations for more effective management of mental health costs are:

RECOMMENDATION 1 - End Stigma Attached to Mental Health Problems

Stigma impacts workplace productivity by keeping employees from seeking help. Stigma may keep supervisors from dealing with an employee whose behavior and performance warrant a referral to the EAP. Stigma may further inhibit a supervisor from making appropriate accommodations and supporting a strategically-enhanced return-to-work process. Research is beginning to demonstrate that different mental disorders are specifically caused by abnormalities in individual brain circuits.

NIMH's Dr. Steven

Hyman notes that "once we establish that different mental disorders are diseases of different circuits of the brain, there will be no basis whatsoever for discriminating between physical and mental illnesses."

RECOMMENDATION 2 - Invest to Maximize the Cost/Benefit of Treatment

There are misconceptions about the cost/benefit of mental health treatment — costs are exaggerated and benefits of providing treatment are not fully realized. But the experience of several companies have demonstrated that investing in early identification and treatment ultimately proves cost-effective for the company.

RECOMMENDATION 3 - Integrate the Management of Health and Human Resources Programs

More responsive health/mental health services and human resources responses can reduce disability, improve return-to-work, and reduce health costs. Narrow emphasis on driving direct costs down could, in

(continued on page 8)

Employee Mental Health and Costs: Report Shares Workplace Strategies

Business Group on Health (WBGH) in 1999, presents six recommendations for worksites, along with four case studies. The report is the result of a gathering of the Nation's leading employers and analysts in Spring 1997 to focus on workplace productivity.

The National Worksite Program — a cooperative initiative of the WBGH and the National Institute of Mental Health (NIMH) — hosted the gathering. WBGH analyzes health policy and related worksite issues from the perspective of large employers. NIMH is responsible for scientific research and education programs to advance effective strategies with mental health.

Specifically, the group looked at how using human resource strategies and "purchasing strategies" could ultimately manage indirect costs, reduce behavioral risks, and optimize employee performance.

The report contends that more effective human resource strategies emerge as understanding of the many, interrelated direct and indirect factors that influence productivity expands. Employers may then

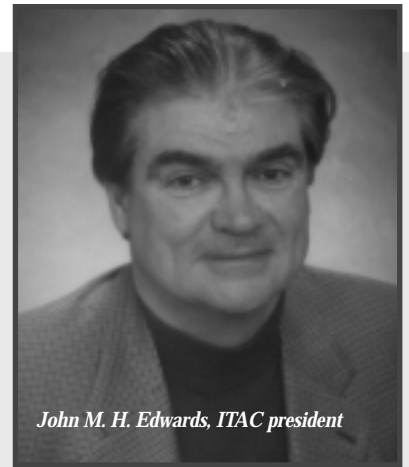
The National Worksite Program is also looking more at strategies centered around "purchasing for productivity," which shows the most dramatic promise in the management of health care and disability benefits. Four employers who used purchasing strategies in the management of their health care and disability benefits are showcased in the report.

In purchasing for productivity, work/life programs, health and mental health benefits, and other human resource supports are targeted as central players in managing indirect costs. One company's approach to depression in the workplace included, for example, more investment in:

- managerial training (reduce the stigma associated with mental illness);
- increased awareness of EAP services;
- medical plan enhancements;
- increased awareness for employees of depression as a treatable illness;
- short-term disability management of all employees off work for reasons related to mental health; and

CONTRIBUTORS' COLUMN

The Contributors' Column is a new feature in FOCUS. Experts and representatives from various fields relevant to employee health and assistance may use this space to let readers know about initiatives and resources, or to share a perspective. The column may or may not appear in every issue. Please contact the FOCUS editor if you'd like to contribute to this column.



John M. H. Edwards, ITAC president

I am often asked, "John, can Government help to make telework happen, or should it not get involved?" The answer is: "Yes, Government can help by creating an environment that allows telework to flourish." The fundamental problem is that many laws never anticipated the digital revolution and have now become disincentive to telework. Below are some ways that Government can help. The "Top 10" list begins with those that might affect your way of working listed first, before those that are almost impossible for you to be able to influence.

1. Encourage time shifting. Many of us spend the first hour or so of the workday checking email, or we have writing to do. We do not need to have commuted to be behind the main office desk to carry out those tasks. Incentives should be provided to encourage the use of time shifting the commute by use of flexible and staggered office hours to reduce peak travel time congestion. {However, keep an eye on Fair Standards of Labor Act obligations.} Incentives can be in the form of free or significantly reduced charges for tolled facilities, commuter parking and metro systems. The Telecommuting and Air Quality Act may provide a significant carrot to employers to adopt telework programs through the provision of pollution reduction credits, which would be tradable in the commodity markets. Even if incentives aren't provided, just ask to do it anyway!

2. Clarify your duty station for expenses and tax purposes. More and more, teleworkers often do not live in the same tax jurisdiction as their employer does; even in a different country. Clarification is needed to

define who is the taxing authority over work produced to avoid transfer pricing disputes, and where (for Government employees) the "Duty Station" is, which is important as it relates to travel expense reimbursement. Further, if employees are subject to commuter taxes, what is the situation for a teleworker who works at home 2-3 days per week and commutes the other days?

3. Check local zoning regulations. Many local zoning regulations and covenants were passed to control home businesses such as landscaping, construction or other activities that could create a nuisance or cause hazards in the community. However well-intentioned these controls originally were, they didn't anticipate the relatively benign activities associated with white-collar teleworking, and are now a barrier to telework. Make sure that your local zoning regulations and covenants do not unreasonably prohibit you as a white-collar teleworking employee from teleworking in your home office.

4. Push for home office deductions. It is generally thought that taking a home office deduction on your tax return means an almost certain tax audit. To substantially reduce the fear on the one side and the suspicion on the other, employers should be empowered to issue to the employee what I call "T2000." This would be enclosed with the tax return to confirm to the taxing authorities that the tax filer is a bona fide teleworker, working from a home office as a condition of employment. It would confirm that any relevant and documented deductions are valid. Please push the T2000 concept when you can!

5. Protect home office deductions. If home office deductions have been taken, the homeowner is penalized when they sell their home. The

proportion of the home, which has been used in the calculation of deductions (to proportion the cost of mortgage payments, utilities, insurances, etc.), is not exempted from Capital Gains Tax at the time of a sale of the teleworkers home. Teleworkers working from a home office, as a condition of employment, should not be subject to this "claw back" provision. It is not your fault that your employer is making telework a condition of employment.

6. Reduce the Digital Divide. Support grants funding to encourage the use of telework to create jobs in rural and disadvantaged (including poor urban) areas. There is an opportunity for inner urbanities to telework to jobs in the sprawling suburbs. For instance, in Washington, DC, the opportunity is for downtown residents to telework to jobs in the "iWay" to the west of DC in the employee-starved Reston and Herndon areas. Houston, Los Angeles, New York City, Boston, Atlanta, and other large urban areas have the same scenarios.

7. Support the continuation of the moratorium on Internet taxes. This will encourage the universal use of computers, which in turn bring

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▲ *CEO of Telework Analytics (www.teleworker.com) and President of the International Telework Association and Council (ITAC - www.telecommute.org). He also serves on the Telecommuting and Air Quality Act (TAQA) Steering Committee. Mr. Edwards researches the trends and impact of teleworking on companies, their employees, and the environment. He facilitates telework program implementation nationally and internationally. He can be reached at tai@teleworker.com.*

1999 OPM Director's Awards for Outstanding Work/Life Programs

For the sixth year, OPM recognized agencies for Outstanding Work/Life Programs. The awards ceremony for the OPM Director's Award for Outstanding Work/Life Programs took place on November 10, 1999. OPM Director Janice Lachance presented the plaques to the three winning agency programs and presented certificates to the three agencies receiving Honorable Mention Citations.

"Today's winners exemplify employers whose programs have achieved four important goals. They have become part of their organization's culture; they are continually evaluated; they are embraced by agency leadership; and they have strong union-management partnerships," said Director Lachance in her opening remarks.

"Times have changed, and employers, in both the public and private sector, have learned a valuable lesson in this competitive job market," she continued. "We have all discovered that offering and promoting work/life options is not a business luxury, it is a business necessity."

Director Lachance introduced keynote speaker, Chris Kjeldsen, Vice President of Community and Workplace Programs at Johnson & Johnson and a nationally-recognized leader on corporate dependent care programs.

"Johnson & Johnson initiated these programs for business reasons," said Mr. Kjeldsen. "The talent pool is shrinking and we compete with our image. Ironically, we found that work family programs created a community with more trust and where energy is promoted. With these programs, it is a better environment for the company."

Johnson & Johnson has among its programs, six on-site child care centers with kindergarten, elder care programs, Nurture Space for nursing

mothers, work/family days, flexible schedules and telecommuting.

Mr. Kjeldsen said that they found the programs are linked with increased productivity, more loyalty, more employee satisfaction, and better employee retention and recruitment ability.

A reception, complete with banners, balloons, and cheerful decoration followed the ceremony.

1999 Director's Award Winners

National Institutes of Health

Department of Health and Human Services
Bethesda, MD

U.S. Agency for International Development

Washington, DC

Defense Logistics Agency

Department of Defense
Fort Belvoir, VA

Honorable Mention Citations

Office of Surface Mining

Headquarters Office
Department of Interior
Washington, DC

Department of Health and Human Services

Work/Life Center
Washington, DC

Bureau of Reclamation

Department of Interior
Denver, CO



National Institutes of Health
Department of Health and Human Services
Bethesda, MD



U.S. Agency for International Development
Washington, DC



Defense Logistics Agency
Department of Defense
Fort Belvoir, VA



Office of Surface Mining
Headquarters Office
Department of Interior
Washington, DC



Bureau of Reclamation
Department of Interior
Denver, CO



Department of Health and Human Services
Work/Life Center
Washington, DC

OBESITY (continued from page 3)

According to Dr. Kelly Brownell, psychology professor at Yale University, at the very root of this problem is our ancient biological programming facing too rapidly changing environmental conditions. "Animals and people," she said in an interview with the Nutrition Action Newsletter, "evolved in an environment where food was scarce and calorie expenditures were high. Under those conditions, being programmed to high-calorie food is adaptive. These ancient genes wouldn't be a problem if the environment weren't so damaging." Considering the severity of the epidemic, she said, more militant approaches to the problem may be in order, such as subsidizing healthy foods, increasing the costs of unhealthy foods, and regulating advertising aimed at children.

The CDC is taking more conservative approaches for the time being. To find out more about what the CDC is doing to combat the problem, call 1-888-232-4674 for information via fax. Or visit the web site at www.cdc.gov/nccdphp.

Other factions are getting more involved. The U.S. Department of Agriculture said November 3, 1999, that it was stepping up its assault on poor eating habits. One proposal is to establish a web site where Americans can evaluate their diets and track changes in eating. And the Clinton Administration is expected to release revised dietary guidelines this year. **F**

MENTAL HEALTH (continued from page 4)

fact, yield negative consequences by driving up the indirect costs.

RECOMMENDATION 4 - Coordinate Primary/Mental Health Care

"Primary care providers often lack the knowledge and skills necessary to adequately detect and where appropriate, treat mental illnesses or refer patients to mental health specialists," the report stated. Consequently, according to studies, many patients with mental disorders become "high utilizers" of medical care.

RECOMMENDATION 5 -

Recognize the Co-occurrence of Mental Illnesses

Many patients with medical illnesses also suffer from

mental illnesses. Health care systems should be sufficiently integrated to the recognition of both mental and physical illnesses simultaneously.

RECOMMENDATION 6 - Measure Outcomes

Better outcome measures will prove the validity of the recommended measures. **F**

CONTRIBUTOR'S COLUMN (continued from page 5)

with them the wider experience in computer skills, the primary tool of teleworkers and potentially one of the best ways to close the digital divide.

8. Support bandwidth availability. Oppose imposition of line "Right of Way" fees, taxes, or levies by local Governments — especially a backdoor Internet tax, will discourage Telcos from making bandwidth available to rural and disadvantaged (including poor urban) areas. As collaborative software and hardware (including videoconferencing) become more affordable, bandwidth is becoming the lifeblood of productive telework.

9. Support "Telework Extension Services." To encourage telework nationally, the hugely successful and respected Department of Agriculture Extension Service should be mirrored to provide a "Telework Extension Service" (TES). However, in order to avoid the risk of this service being regarded as another dynamic, consistently applied Government program, a non-profit (ITAC - the International Telework Association and Council ... but I'm biased!) should be funded as the vehicle to provide the service. The TES would help all sectors and regions by providing national telework coordination, certification, and implementation and advisory services. Because telework cuts across all of the verticals in the economy, funding should be jointly contributed from the Departments of Transportation, Energy, Labor, Education, and Commerce budgets. The TES should report to a newly created Secretary of Technology. The U.S. must be the only G7 country with no Cabinet level technology position!

10. Mandate expansion of telework. Federal and state Governments must mandate that at least 10% of their Government workforces, that are "telework eligible" (see the criteria set by Maryland) will telework. Lead by example. This could be fine tuned to promote traffic decongestion and air quality standard compliance by mandating up to 20% in such areas.

Additionally, other traditional incentives such as accelerated depreciation, matching grants and tax credits for telework enabling expenses can all be added to the mix of actions that Government can use to help facilitate the increased use of telework.

As a wake-up call, ask yourself why do you think that five of Japan's Ministries funded the "rebirth" of JTA (the Japanese Telework Association) on 1/26/00? Could it be they see use of telework as a weapon to be used for its National Strategic Advantage? The Ministries and Government Agencies are:

- The National Land Registry
- The Ministry of International Trade and Industry
- The Ministry of Posts and Telecommunications
- The Ministry of Labor
- The Ministry of Construction.

So, whatever influence you have in Government circles to help make any of these suggestions happen, please use it! **F**

FOOD FOR THOUGHT

"It is ironic how freely companies will spend millions of dollars on coronary artery bypass surgeries, yet are reluctant to spend even a few thousands dollars on wellness programs that promise great strides in reducing the incidence of mental and physical illnesses."

—quoted from *Investing in Workplace Productivity - Innovations in Managing Indirect Mental Health Costs.*

OPM World AIDS Day Event is Educational and Compassionate

Listen! Learn! Live! World AIDS Day Campaign with Children and Young People, a program for World AIDS Day, was jointly sponsored by the AFGE Local 32 and the Office of Personnel Management's (OPM) Employee Assistance Program on December 1, 1999. A World AIDS Day Committee made up of seven OPM employees planned the event.

OPM Director Janice Lachance was present throughout the program. She introduced the keynote speaker, A. Cornelius Baker, Executive Director of the National Association of People with AIDS (NAPWA). Other activities included a program which featured peer counselors from Metro Teen AIDS, and a panel discussion. A health information fair and a volunteer recruitment drive took place earlier in the day. The NAMES Project AIDS Memorial Quilt was displayed all week.

The program began with some startling facts: today, HIV-related death has the greatest impact on young- and middle-aged adults, particularly racial and ethnic minorities. It is estimated that at least half of all new HIV infections in the United States are among people under age 25.

Janice Lachance said in the opening remarks, "They say that knowledge is power, and the theme of this year's World AIDS Day Campaign — *Listen, Learn, Live* — highlights the need to share the knowledge that we have gained about HIV/AIDS prevention and treatment."

"It is up to us," she continued, "as parents, as responsible adults, to **listen** to our children and young people, hear their views and concerns, and understand what is important in their lives. And, we must

This year's theme focuses on young people

learn from one another about respect, participation, support, and ways to prevent HIV infection. And finally we must all strive to create a world where the rights of children and young people are protected and where those with HIV/AIDS are cared for and can **live** free from discrimination."

The first session of the day featured Robert Dodge, a Registered Nurse from the Max Robinson Clinic of the Whitman Walker Clinic in Washington, DC. He has special experience in working with patients from lower socio-economic and minority groups and patients who have additional psychological, substance abuse, and/or criminal issues. He talked and answered questions about technical aspects, such as:

- legal requirements for testing (anonymous and confidential);
- modes of transmission, measuring viral loads and types, and



- accuracy;
- where and how "orders of isolation" are used by Public Health Departments; and
- emerging issues about various reporting requirements for HIV and AIDS.

The next session featured three teenagers who volunteer with Metro Teen AIDS, accompanied by their adult coordinator. Metro Teen AIDS is a Washington, DC based non-profit,



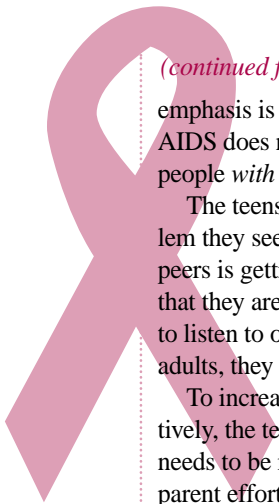
- determining appropriate drug therapies;
- the types of testing procedures and factors that may affect test

youth-serving organization responsible for facilitating peer outreach among teens. Since their main

(continued on page 10)

▲ *The Names Project Memorial Quilt was displayed for OPM employees throughout the week.*

« *The OPM World AIDS Day Committee members pose with the keynote speaker, A. Cornelius Baker (center, right) and OPM Director Janice Lachance (center left).*



(continued from page 9)

emphasis is on prevention, Metro Teen AIDS does not necessarily work with people *with* HIV.

The teens revealed that a real problem they see in reaching out to their peers is getting teens to understand that they are at risk — teens tend not to listen to or heed the cautions of adults, they admitted.

To increase awareness more effectively, the teens concluded, there needs to be more peer, school, and parent efforts. Peer efforts, like the ones they are conducting, could be expanded. Funding can help to support school efforts, but a problem is that many teens are being educated but are not heeding the advice, they said.

Parents, they said, could be more effective in talking to teens. They suggested that adults be supportive by not

tion — it is an observance, but it is one of hope.

“We have lost a generation — 14 million worldwide. A whole genera-

“We have lost a generation—

14 million worldwide.

A whole generation,”

tion,” he said, in reflecting on the last 20 years. “Some countries have experienced a greater burden than others. We lost great individuals who had a lot to contribute. That can’t be regained. But maybe as we look at this World AIDS Day and begin to think about the new century, we can think about what we have gained. We’ve certainly gained a greater humanity and acceptance.”

He said today we have more information about the virus, but today we

founded my organization and they changed the way we do business and the way we look at disease and the way we look at people who have dis-

ease and the way we respond. And they unleashed a revolution.”

“It’s not about how many,” he continued. “It’s about passion, it’s about commitment. To be unswerving in commitment to see it to the end. We have to engage ourselves in every way to make that happen. That’s the lesson of Dr. King. The challenge to you — is to give your time — maybe even one hour a year. And your money, even if it is a dollar.”

The discussion panel at the end of the program consisted of three individuals (two of them OPM employees) each active in the fight against AIDS in their own way. After giving the audience a summary of their involvement with the fight against AIDS they accepted questions from the audience.

Someone from the audience asked the members of the panel what would be on their “wish list” for AIDS. The three responded:

- more education about prevention (the minority and the underserved need more prevention awareness);
- drugs made more affordable by pharmaceutical companies;
- a vaccine to work on the virus and all its mutations;
- national leadership in the fight against AIDS (that there would be a person or an organization to make it a top priority); and
- that all people show compassion toward those with AIDS and treat them like they did before. **F**

talking *down* to teens, but talking to them one-on-one. And create an environment where teens feel comfortable to come to their parents with a problem. “Let kids know if they mess up, it’s OK,” said one teen. In other words, if parents overreact to their mistakes, the teens will feel less inclined to open up to them in the future.

The keynote speaker, A. Cornelius Baker, Executive Director of NAPWA, praised OPM for being “a model for inclusion.” He reminded the audience that World AIDS Day is not a celebra-

need to look at HIV in a larger context. He outlined the scope of the global AIDS crisis and talked about the many young people now represented more fully in the statistic of people with AIDS. He emphasized our responsibilities in trying to turn that around.

“Some comment that there are so few involved in making a change,” he said. “But when you look at history, just a few unleashed a revolution. When you look at the beginning of this epidemic, thirteen gay white men



WAD Committee members Ron Patterson, left, and Meyer Persow, right, served at the volunteer recruitment drive at OPM. ▶



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*Celebrate Older
Americans Month at
OPM's All-day Conference*

on

May 11, 2000

at the

Office of Personnel Management

Call the OPM Family-Friendly Workplace Advocacy
Office for more information at (202) 606-5520

FOCUS

On Upcoming Events

March

National Nutrition Month

American Dietetic Association
216 West Jackson Boulevard, Suite 800
Chicago, IL 60606-6995
(312) 899-1132

Workplace Eye Health and Safety Month

Prevent Blindness America
500 East Remington Road
Schaumburg, IL 60173
www.preventblindness.org
(800) 331-2020

National Colorectal Cancer Awareness Month

Cancer Research Foundation of America
American Digestive Health Foundation, and
National Colorectal Cancer Roundtable
1600 Duke Street, Suite 110
Alexandria, VA 22314
(800) 227-CRFA
(703) 836-4412
www.preventcancer.org

5-11

Save Your Vision Week

American Optometric Association
243 North Lindbergh Boulevard
St. Louis, MO
(314) 991-4100
www.aoanet.org

April

Alcohol Awareness Month

National Council on Alcoholism and Drug Dependence, Inc.
12 West 21st Street, 7th Floor
New York, NY 10010
(212) 206-6770

Cancer Control Month

American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30329-4251
(800) ACS-2345
www.cancer.org

Counseling Awareness Month

American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304
(703) 823-9800
aca@counseling.org
www.counseling.org

16-22

National Organ and Tissue Donor Awareness Week

National Kidney Foundation
30 East 33rd Street
New York, NY 10016
(800) 622-9010
www.shareyourlife.org

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World Health Day

American Association for World Health
1825 K. Street NW, Suite 1208
Washington, DC 20006
AAWHstaff@aol.com
www.aawhworldhealth.org

For the complete health observances calendar for the year 2000, visit www.healthfinder.gov and click on "special events calendars." This is a web site of the Department of Health and Human Services.



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