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Dr. Josephine K. Olsen
Director, Peace Corps
1111 20th Street NW
Washington, DC 20526

Re: Peace Corps' Policies and Practices with Respect to Volunteers Newly Diagnosed with HIV

Dear Dr. Olsen,

The undersigned individuals and organizations are writing to express our dismay at the recent dismissal of two Peace Corps volunteers shortly after they tested positive and initiated treatment for HIV. Current Peace Corps protocols appear to create *de facto* automatic dismissal for any newly diagnosed volunteer. Given the relative ease with which HIV can now be treated and managed, this approach is out of date and misguided at best. The Peace Corps's policies and practices pertaining to volunteers who are newly diagnosed with HIV need to be modified to reflect the current landscape of HIV treatment.

We are also alarmed at reports of volunteers being denied access to HIV pre-exposure prophylaxis (PrEP). Volunteers frequently serve in countries with a higher incidence of HIV compared with the United States, making access to comprehensive HIV prevention especially important. It is critical that the Peace Corps starts promoting and making PrEP readily available to any volunteer who is at a higher risk for HIV—per Centers for Disease Control and Prevention (CDC) guidelines—in a nonshaming, nonstigmatizing way.

Dismissals Based on Newly Diagnosed HIV

Romany Tin received media attention in March of this year after he was removed from service. Mr. Tin was serving in Cambodia, a country that is well on track to meet UNAIDS 90-90-90 targets, when he made the health-conscious decision to test for HIV. When his results came back positive, he was medically evacuated to Washington, D.C., and told that he would not be able to continue his service. Disagreeing with this decision, he contacted Treatment Action Group (TAG) for help, and we sent a letter to Peace Corps administration advocating for his immediate return to his existing assignment in Cambodia. The Peace Corps stood by its decision, stating in a letter to Mr. Tin that his health needs to “stabilize” before he can return to service. Considering that Mr. Tin reached an undetectable viral load before his dismissal, it is unclear what further improvement was required for Mr. Tin's health to be considered stable. Since that time, a second volunteer in very similar circumstances has contacted TAG.

These current situations are not the first time that the Peace Corps has discriminated against an HIV-positive volunteer. Jeremiah Johnson, an HIV advocate at TAG and the author of this letter, was dismissed from his service in Ukraine in 2008 for testing positive for HIV. Just as in the present situations, Mr. Johnson was told that his request to finish his service would not be accommodated because his condition could not be managed in Ukraine, or in any country served by the Peace Corps.

However, the Peace Corps is well aware that it is required to make reasonable accommodations for volunteers living with HIV under the Rehabilitation Act. In 2008, the ACLU National LGBT and HIV Project reminded Peace Corps administration of their legal obligations in circumstances such as those in which Mr. Johnson found himself. In a letter dated July 15, 2008, General Counsel Tyler S. Posey reaffirmed the Peace Corps's commitment to the Rehabilitation Act and its applicability to HIV-positive volunteers.¹ A July 30, 2008, ACLU response further outlined expectations of how this commitment would be reflected in Peace Corps policy:²

- 1. In accordance with the Rehabilitation Act, the Peace Corps will make individualized assessments as to whether HIV positive volunteers and applicants will be able to volunteer or, if necessary, a reasonable accommodation will enable them to volunteer;*
- 2. The Peace Corps will not automatically separate or disqualify any volunteer or applicant who tests positive for HIV;*
- 3. The Peace Corps will make individualized assessments as to whether HIV positive volunteers may remain at their current assignment or be transferred to another assignment;*
- 4. Peace Corps volunteers who test positive for HIV will be able to remain at their current assignment during the individualized assessment; and*
- 5. The Peace Corps will comply with the Rehabilitation Act to its fullest extent.*

As this discriminatory history seems to be repeating itself, we are gravely concerned that Peace Corps administration has forgotten the commitment it made in 2008 or that it may be overestimating the complexity of HIV-related care. The Peace Corps, which plays a significant role in coordinating the U.S. government response to HIV through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), should be aware that HIV is easily managed through routine blood work and daily medication.

Furthermore, the Peace Corps appears to have set up a 'catch-22' for any volunteer newly diagnosed with HIV who the Peace Corps believes cannot initiate treatment and stabilize in country.³ In correspondence with TAG regarding Romany Tin's case, the Peace Corps has contended that after returning to the United States to initiate treatment, any newly diagnosed volunteer is individually assessed and may theoretically return to service if their condition "resolves" within the standard 45-day period allowed for volunteers who have been medically evacuated. However, in the same communication, the Peace Corps makes clear it believes that a newly diagnosed volunteer requires 3 to 6 months to "stabilize" on medication. Obviously, this 3- to 6-month demarcation falls outside of the standard 45 days allowed for a volunteer to resolve their condition, making it impossible for a newly diagnosed volunteer to return to service. As a result, there is a de facto automatic dismissal for any volunteer who is not allowed to initiate treatment and stabilize in country. In fact, when the second volunteer who recently contacted TAG asked their Peace Corps Health Coordinator if there is any way that a newly diagnosed volunteer might be able to return to service in any Peace Corps program in any country, the Health Coordinator replied that there is not.

We are concerned that the Peace Corps's policy pertaining to volunteers diagnosed with HIV is arbitrary, is not grounded in evidence, and is being implemented without critical attention to the

wellbeing of the volunteers. **In practice, these policies mean that volunteers who make the health-conscious decision to get tested for HIV—a practice the Peace Corps should encourage—are, in effect, punished if they test positive.**

Failure to Provide and Promote PrEP

The pattern of discrimination by the Peace Corps administration appears to extend beyond those newly diagnosed and living with HIV and into HIV prevention. We are aware of at least two volunteers who were repeatedly denied access to PrEP despite being placed in a country with an elevated HIV incidence. Even more alarming, the second volunteer facing dismissal for testing positive previously requested PrEP from their Peace Corps Medical Officer, who discouraged them from taking it. PrEP reduces the likelihood of sexual infection by up to 99 percent when taken daily,⁴ making it the most effective prevention tool currently available for HIV-negative volunteers at a higher risk for HIV.

The Peace Corps is the sole provider of medical services for volunteers, meaning that there are no alternative options for those who receive a denial of PrEP access from medical officers or the administration. Any failure to promote and provide PrEP for all volunteers who need it—certainly those who request it—is a denial of a U.S. Food and Drug Administration–approved and U.S. Centers for Disease Control and Prevention–recommended, scientifically validated HIV prevention modality, which makes Peace Corps staff and administration directly responsible for new cases of HIV among volunteers.

These actions not only represent an abject failure to protect the wellbeing of these volunteers, they are extremely disappointing coming from an agency—one of the eight primary implementing bodies for PEPFAR—that receives money specifically to increase access to HIV prevention and care and to prevent stigma and discrimination for people living with and vulnerable to HIV worldwide.

Collaboration Leading to a Solution

In recent years, the Peace Corps has made a number of grievous errors in protecting the sexual and reproductive health of its volunteers, making these present injustices part of a larger pattern that is worrisome. In 2013, the National Women’s Law Center and the ACLU had to pressure the Peace Corps to change a discriminatory policy that automatically prevented pregnant volunteers from continuing their service.⁵ Years of allegations of mishandling sexual assault of volunteers ultimately forced Congress to intervene in 2011 and pass the Kate Puzey Peace Corps Volunteer Protection Act, which established a Sexual Assault Advisory Council.⁶ We would like to work with the Peace Corps to ensure the current failures around HIV are reliably and sustainably resolved without the need for legal or legislative action mandating external oversight.

In order to rectify the Peace Corps’s missteps on HIV and broader sexual health, we expect the Peace Corps to take the following urgent actions:

1. Recognize that almost all newly diagnosed individuals whose HIV viral load drops precipitously after one month of treatment will achieve an undetectable viral load shortly thereafter if they continue to adhere to their medications.
2. Immediately reevaluate the two recently diagnosed volunteers with the above in mind and return them to their original Peace Corps assignments under the condition that they otherwise remain in good health.
3. Schedule a face-to-face meeting with leading HIV organizations, including the HIV Medicine Association, GMHC, AIDS United, the National Alliance of State and Territorial AIDS Directors (NASTAD), and TAG, to review current written policies and practices on recruiting/retaining HIV-positive volunteers and promoting/providing PrEP to volunteers.

We look forward to your prompt response regarding these urgent matters.

Sincerely,

ORGANIZATIONS

ABEFAB

ACT UP NY

Activists' Coalition on TB – Asia-Pacific (ACT! AP)

ADAP Advocacy Association

African Services Committee

Afrihealth Optonet Association (Nigeria)

AIDS Alabama

AIDS Network of Western New York

AIDS United

Amida Care

APCASO

APOYO POSITIVO

Association Burkinabe d'Action Communautaire ABAC ONG

Bailey House, Inc.

BOOM!Health

Burundian Alliance for Against Tuberculosis and Leprosy (ABTL)

Community Access National Network (CANN)

CrescentCare

Czech AIDS Help Association

Delaware HIV Consortium

East Europe and Central Asia Union for PLWHIV

End AIDS Now

Equality Alabama

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Ghana TB Voice Network

GLAAD

Global Forum on MSM & HIV

GMHC

Grassroots Poverty Alleviation Program

Harlem United

Health GAP

HealthHIV

HIV Dental Alliance

HIV i-Base

HIV Modernization Movement-Indiana

Housing Works, Inc.

Howard Brown Health

Human Rights Campaign

JustUs Health

Kuala Lumpur AIDS Support Services Society (KLASS)

Let's Kick ASS NY (AIDS Survivor Syndrome)

LinQ for Life Incorporated

Los Angeles LGBT Center

Maa Community Health Workers CBO

Malawi Network of Religious Leaders Living with or Personally Affected By HIV and AIDS

MozaiQ LGBT NGO

Men Who Have Sex with Men Global Forum (MSMGF)
Nashville CARES
National Coalition for LGBT Health
National Working Positive Coalition
NEPHAK
New York City Department of Health and Mental Hygiene
Peace and Life Enhancement Initiative International
PLUS Onlus
Prism Health
Positive Women's Network-USA
Prevention Access Campaign
Pride Action Tank
Queerocracy
Sens Pozitiv Association
Siouxland Pride Alliance
Southern AIDS Coalition
Southern HIV/AIDS Strategy Initiative
Southern Tier AIDS Program
The Association for Supporting MDR-TB Patients
The Center for HIV Law and Policy
Transgender Law Center
Treatment Action Group
Unity Fellowship of Christ Church
Vancouver Island Persons With AIDS Society
VOCAL New York
WEDNET-AFRICA (Welfare Development Network)
Whitman-Walker Health

INDIVIDUALS

Aaron Boyle, (Returned Peace Corps Volunteer - Kenya 2000-02)
Adam Eldahan
Adam Singer, Adam's Nest
Adrienne Cooper
Afeke Mcqeown Samuel,
AJAY KUMAR VERMA,
Alex Edward Price
Alex Malnaa
Alex Salerno
Alexander Johnston
Alexandra Wazny
Ali Rizvi, Ehsas Films Project
Alina Dumitriu, Sens Pozitiv Association
Alison Kemp, Peace Corps
Allison DeVargas
Ally Mendez, Act Up
Alyssa Wenzel
Amanda Lugg, African Services Committee
Amber Jones
Amelia Apfel

Amie Bishop, Peace Corps Volunteer/Morocco, 1983-85, Consultant, Global Health and Human Rights
Amy L Nutter
Amy O'Connor
Andrea Adams
Andrea LaPlante
Andres Toro
Angelica Becerra
Angie Van Sprang
Ann Brameier
Antonia Kwiecien, Independent Consultant
Aryana Derakhshan
Atim Salome, Engendering Gender International Uganda
Autumn Banks
Avery Dorgan
Avery Springborn
B Percy
Barb Cardell
Ben Felix
Bethany Davison
Bethany Huffman
Bren Broussard
Brian Citro, Northwestern Pritzker School of Law
Brittany N. Herrick, MPH, Health GAP
Brittany Taylor
Brooke Willis, Case Western Reserve University AIDS Clinical Trials Unit
Bruce Richman, Prevention Access Campaign
Bryan Molk, Peace Corps
Bryan Ramirez,
Carlos Reyes Hailey SAG-AFTRA
Carlton Rounds Volunteer Positive
Carol F. Loeb,
Carol Mirakove
Carolyn D. Miller
Carrie Lawrence
Casey Douma
Casey Hall
Cassady Davis
Catherine Rennison
Cecilia Chung
Celina Mariel Chavez Traverso
Charlene Eldon
Charles Beeghl
Charles Hartline
Chas Lane
CHIDIEBERE IGWESI, EFMC
Chijioke Umunnakwe, NCI/NIH
Christina Meyer
Christopher M. Langsford
Colleen Daniels

Craig Scdoris
Cwamne Howard
Dalia Urbina Grado
Damon L. Jacobs, LMFT, Private Psychotherapy Practice
Dana Carrera
Danae Paz Olavarría Ubeda
Daniel Hamm
Daniel Merritt
Daniel Samuelson
Daniel Wulfkuhle
Danielle Richer, Peace Corps
Danielle Samuels
Darlene Robertson, Louisiana AIDS Advocacy Network, Inc.
David Mason
Demetre Daskalakis, MD MPH, New York City Department of Health and Mental Hygiene
Diana Alfaro
Doltu Svetlana, NGO AFI
Don Unger
Dorian-gray Alexander, the CHANGE Coalition
Dorrit Walsh, Treatment Action Group
Dr. Carrie Foote
Dr. Uzodinma Adirieje, Society for Conservation & Sustainability of Energy & Environment in
Nigeria/ Afrihealth Optonet Association [CSOs Network]
Drew Aiken, O'Neill Institute for National and Global Health Law
Edith Aviles-Fitzpatrick
Eliamani Kaaya Ismail
Eliza G. Bayroff, Student Global AIDS Campaign, ACT UP New York
Elizabeth Bergstrom
Elizabeth Kudravy
Emalee Ludge
Emma Lena Weber
Emma Lomas
Eric Friedman, O'Neill Institute for National and Global Health Law
Eric L. Sawyer
Erica Lessem,
Esmere Litz,
Faith Williams
Florence Thune
Francoise Louis
Gabriel San Emeterio
Gavin Reid,
George Curi
Giulio Maria Corbelli, Plus onlus
Grace Jane
Gwen Martin
Hannah Burhorn
Hannah Gonsalves
Harith Liew
Harold Kachepatsonga , Malawi Network of Religious Leaders Living with or Personally Affected
by HIV and AIDS (MANERELA+)

Heather Ford
Hope Mafaranga
Hovhannes Madoyan
Iksels Sep' lveda
ilhream Brown
Jace Cortez-Fields
Jackie Huey
Jaime Atilano
James Buck
James Fishon
James Neimeister, US Fulbright Program Alumnus
Jamison Tyler
Jaron D Reid
Jason Rosenberg, ACT UP NY
Jason Walker, VOCAL New York
Javier Muoz,
Jay Punt
Jay W. Walker, Gays Against Guns, Rise and Resist, Reclaim Pride Coalition
Jaylin Pringle
JD Davids, TheBody/TheBodyPro
Jeremiah Johnson, Treatment Action Group
Jennie Leenay
Jennifer Bartlett, Rise And Resist
Jennifer Craft
Jennifer Furin, Harvard Medical School
Jennifer Kaari
Jennifer Ubiera
Jenny Tobat,
Jerod Wilson Jr.
Jesse Romero
Jessica Blanton
Jessica Parral
Jessica Rempe
Jestelle Hanrahan
Jim Eigo, ACT UP NY
Joe Mills
Joelle Tori Maslak
Joey Eschrich
John Sayo Paitahmmmm, MAA Community Health Worker CBO
John Stephens
Jon G. Medina, MSN, RN
Jonathan Lane
Jordan Nall
Judson Browning
Judy Kamilhor, Brooklyn Community Pride Center
Julia Scheinman
Karalyn Heath
Karen Flaherty
Karen Marcinczyk
Karen R Steingart, MD, MPH

Kat Pereyra
Kate Chapman
Kate Lindstrom
Kathleen Altemus
Kathleen Bachynski, NYU School of Medicine
Katie VanDeventer
Kellie Greene
Kelly Kashevarof,
Kirami Bah
Krishna Stone, Gay Men's Health Crisis (GMHC)
Kristin Goodwin,
Kyle Dacuyan,
Lainey Catherine Larsen,
Lamisse Beydoun
Laura Barnett,
Laura Camacho
Lauren Padgett, Returned United States Peace Corps Volunteer
Lawrence Garber
Leah Hollander, ACT UP
Leala Ruangtragool
Leigh Reason
Leslie Knott
Leslie L Harding
Lily Collins
Lindsay McKenna, Treatment Action Group
Lindsay Tenery
Lisa Horn
Loretta Arvizu
Lori Brooks
Lou Weaver
Luan Vo Nguyen Quang, Friends for International TB Relief
Luis G. Santiago Buitrago
Lyndel Urbano, Returned Peace Corps Volunteer
Lynn Gane
M.A. George
Maddison O'Neill
Magdalena Delgado
Mandy Blumreich
Mara Hennessey
Marcella Tillett
Maria Luisa Gambale
Maria Nazzaro
Mark Harrington, Treatment Action Group
Mark S. King, MyFabulousDisease.com
Matthew Leiseur, VillageCare
Matthew Thomann, University of Memphis
Maya Para
Md. Sanwar Hossain, Ashar Alo Society
Melissa Baker
Michael Annor, Ghana National TB Voice Network

Michael Moniz
Michael Needle A&U
Michaela Fitzgerald
Michaela Patrovsky-Chacon
Michelle A. Rediker
Michelle Dixon
Michelle O'Donnell,
Mike Frick, Treatment Action Group
Mikola De Roo, Housing Works
Milly March
Mitchell Cunningham
Molly Skinner-Day
Monte Steinman,
Morenike Giwa Onaiwu
Musa Meteme ole Letoya, Maa Community Health Workers CBO/County Department of Health
– Kajiado County Kenya
Myia Culbreath
Nancy C Fisher
Nelly Hugh-Jones
Nicole Vachon
Okello Emmanuel, WRA
Okoye M Carter
Oscar Gonzalez
Paul Clift
Paul Feldman
Peter Staley
Phoebe Julius
Rabita Aziz, Infectious Diseases Society of America
Rachael Sabelli
Rae Duarte
Randy Davis, Barrie Pride
Rebecca Brown
RenÈe Ib-Oez,
Ricardo Santana, Voices 4
Richard Cardillo
Richard Jefferys, Treatment Action Group
Ricky Price
Robert Ballance, LKA-PS
Robert Lawlor
Robert Reinhard, Public/Global Health Consultant
Robert Suttle
Rolando Cano Carlin
Romany Redman
Ron Johnson
Ryan Fisher, Peace Corps
Ryan Holley
Safiqa Khimani, Treatment Action Group
Sara Manaugh
Sarada Tangirala
Sarah Harris Stafford

Sarah Heritage
Sarah Zuercher, Planned Parenthood of NYC
Savona Brady, Let's Talk About It-Rural Women's Health Project
Sean Bland, O'Neill Institute for National and Global Health Law
Senator Brad Hoylman, New York State Senate - District 27
Seth M. Rosen
Shawn Alderman
Sizwe Nombasa Gxuluwe, WACI Health
Spencer McCarrey
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Tetyana Khan, International Treatment Preparedness Coalition in Eastern Europe and Central Asia
Theo Smart, Treatment Science Writers
Theresa Randazzo
Thomas D'Arcy Williams, Peace Corps
Timothy Frasca, HIV Center for Clinical & Behavioral Studies
Tonderai Chiduku, Zimbabwe National Network of PLHIV (ZNNP+)
Tonya Gladu
Tumuhimbise Agatha, Rukungiri District Network of People Living with HIV/AIDS
Tym Byers
Ulick Burke, Moxafrica
Victoria Daza
Victoria Noe Chikow
Vincent Alexander Worden
Vincent Liebhart
Wanda Brendle-Moss, Community Activist
Will Kellogg
William Hagerman
William Patrick Adams
Yannick Geske

¹ <https://www.aclu.org/legal-document/peace-corps-peace-corps-letter-acknowledging-policy-change>

² <https://www.aclu.org/legal-document/peace-corps-aclu-response-peace-corps-letter-acknowledging-policy-change>

³ Though not entirely clear from our correspondence with administration, it appears that the Peace Corps believes that every volunteer newly diagnosed with HIV must be medically evacuated back to the United States to be evaluated and to initiate treatment.

⁴ Anderson PL. Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men. *Sci Transl Med*. 2012 Sep 12;4(151):151ra125.

⁵ <https://nwlc.org/press-releases/peace-corps-rescission-discriminatory-pregnancy-policy-positive-step-says-nwlc/>

⁶ <http://abcnews.go.com/Blotter/obama-sign-kate-puzey-peace-corps-volunteer-protection/story?id=14998236>