

THE DIRECTOR OF THE PEACE CORPS  
WASHINGTON, D.C.

June 2, 2008

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Ms. Rebecca C. Shore  
Staff Attorney  
American Civil Liberties Union Foundation  
Lesbian, Gay, Bisexual, Transgender  
& AIDS Project  
125 Broad Street, 18<sup>th</sup> Floor  
New York, NY 10004-2400

Dear Ms. Shore:

Thank you for your letter of May 15, 2008, requesting clarification of certain points raised in my letter of May 7, 2008.

Without guaranteeing reassignment, the Peace Corps is committed to extending the individualized assessments in cases involving HIV to include whether a newly infected Volunteer could be reasonably accommodated and either kept at post or sent to another post in lieu of medical separation. The Peace Corps will not medically separate a Volunteer newly infected with HIV simply on the basis that the Volunteer generally needs three to six months of initial and follow-up tests, evaluation, and consultation with medical specialists and counselors.

In cases where the Peace Corps determines that the individualized assessment cannot be made with respect to HIV, or other conditions constituting legally recognized disabilities, within the standard 45-day period, the Peace Corps will invoke an existing authority to extend that period up to an additional 60 days. In addition, since we have recently changed our medical technical guidelines to provide that the return of a newly diagnosed, HIV-positive Volunteer to the U.S. is no longer mandatory, the assessment can be made in a Peace Corps country to the extent possible as determined by our doctors. At this point, however, our doctors expect that in the vast majority of cases a Volunteer who becomes HIV positive will continue to be brought back to the U.S. in order to receive the best initial testing, evaluation, and treatment.

Thus, our commitment to accommodation of HIV-positive applicants and Volunteers where reasonable and possible is firm. If qualified applicants and qualified Volunteers can be reasonably accommodated without placing an undue burden on the agency, they will not be medically disqualified, or medically separated from service, as the case may be.

It bears repeating, however, that there are significant challenges to making these accommodations. Volunteers live and work overseas at the grassroots level as integral

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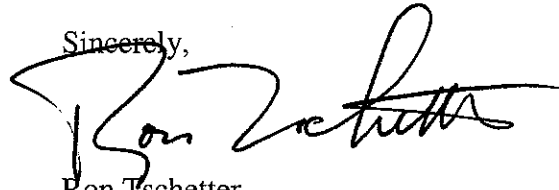
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members of their communities and at the same level as their host country counterparts. Almost all of our Volunteers serve under conditions of some hardship. This is unlike the Foreign Service Officers (FSOs) you mentioned in your May 15<sup>th</sup> letter.

As a former Volunteer myself, I can tell you the living conditions faced by Volunteers are far more extreme than those faced by FSOs. The vast majority of Volunteers work in fairly isolated rural areas where there is no medical treatment facility close by, so the possible accommodation of assignment near a medical facility, which you mentioned in your April 21<sup>st</sup> letter, might be reasonable for an FSO stationed in the city but might not be reasonable for a Volunteer.

Thank you again for your letter. We are continuing in our good-faith efforts to identify Peace Corps countries where HIV-positive individuals can be reasonably accommodated without undue burden or hardship to the agency.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Tschetter". The signature is fluid and cursive, with a large initial "R" and "T".

Ron Tschetter  
Director