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June 9, 2008

Ronald A. Tschetter
Director
Peace Corps
1111 20 Street, NW
Washington, DC 20526

Re: Peace Corps Volunteers and Applicants with HIV

Dear Mr. Tschetter:

We are writing on behalf of the HIV Medicine Association to express our concerns and to offer our medical perspective about the Peace Corps' current policies and practices in relation to volunteers and applicants with HIV infection. Specifically, we are responding to the automatic medical separation of Jeremiah Johnson after he tested positive for HIV infection during a mid-service medical exam.

We object to the blanket exclusion of HIV positive volunteers from Peace Corps service and to the automatic termination of volunteers who are identified as HIV positive during their service. Not only do such policies serve to discriminate against persons with HIV and make blanket assumptions about their capacity to serve as volunteers, but these policies also discourage individuals from seeking knowledge of their HIV status through HIV testing, if it is clear that a positive test will automatically result in separation from the Peace Corps. As with any other chronic condition or disability, Peace Corps applicants and volunteers with HIV infection should receive an individualized assessment of their capacity to serve, and reasonable accommodations should be made to support them in their volunteer service whenever possible.

The HIV Medicine Association represents more than 3,600 physicians, scientists and other health professionals who conduct research and provide clinical care in communities throughout the U.S. and the developing world. As clinicians and scientists who work in the field of HIV medicine, we strongly object to policies that limit opportunities for persons with HIV disease based on their diagnosis. A clinical assessment of an individual newly diagnosed with HIV is imperative, but such an assessment can occur within a 45 day timeframe. Based on this medical assessment, a treatment plan can be developed and implemented. While a longer monitoring period of 3-6 months may be appropriate for some patients, there is little rationale for the Peace Corps to embrace a policy that assumes a 3-6 month monitoring period as a clinical standard that effectively precludes volunteers with HIV infection from returning to their posts.

Advancements in recent years in HIV diagnostics and therapeutics have contributed to better and more rapid clinical assessments and drug treatment regimens that are much more effective in suppressing the virus with regimens that

are much lower in pill burden and toxic side effects. Telemedicine and periodic medical evaluations either in the U.S. or abroad are likely to provide adequate medical oversight for most healthy individuals with HIV infection while they continue their volunteer service if they wish to do so. Numerous HIV treatment programs funded by the U.S., country governments and other donors are located in communities in developing countries where Peace Corps volunteers work and live, and are also potential resources for care monitoring. The successful rollout of antiretroviral therapy in many challenging developing world settings with excellent patient outcomes strongly suggests that many Peace Corps volunteers with HIV infection working in such settings can opt to continue working, with appropriate clinical supports, without putting their health in jeopardy.

The HIV Medicine Association was a signer to an amicus curiae brief in the case, Taylor v. Rice that ultimately led to a change in the State Department's policy on the eligibility of persons with HIV infection for the Foreign Service. We urge you to modify the Peace Corp's policies in this regard and to look to the Foreign Service for a model. Despite HIV treatment advances, a diagnosis of HIV infection is still very difficult medical information for patients to receive. It is not helpful for a federal government agency to exacerbate that emotional blow by immediately dismissing the affected individual from the important volunteer mission to which they have generously committed themselves. Moreover, the public health imperative to encourage and assist individuals in learning their HIV status is profoundly undermined by a policy that essentially makes a diagnosis of HIV infection and service in the Peace Corps automatically incompatible.

We hope that you will move forward expeditiously to modify and clarify your relevant policies. We stand ready to work with you and to offer the decades of experience and medical expertise of our members to assist you with this task.

Please contact Christine Lubinski, HIVMA's Executive Director, at 703-299-5027 or Clubinski@idsociety.org to follow up on this communication.

Sincerely yours,



Arlene Bardeguéz, MD, MPH
Board Chair