Involuntary Separations

HIV policies at the Peace Corps come under fire.

June 25, 2018 By Lucile Scott

Sitting on a hard hotel bed in Washington, DC, Romany Tin stares at an untouched carton of take-out food. He doesn't want to be here—in DC, staying in this sterile hotel, spending his days alternating between a litany of doctor visits and aimlessly wandering the streets of the nation's capital, where he knows nobody and has nowhere to be.

Blankly watching his dinner grow cold, he ponders what, after more than a week in what feels like forced quarantine, he has just been told—the last thing he wanted to hear. He can't go back.

A few months earlier, Tin, age 23, had taken a selfie overlooking a verdant, picturesque vista in Cambodia, the country that his parents fled in the 1970s amid a brutal civil war and where he was serving in the Peace Corps.

He refers to Cambodia as "the motherland." Although he'd never visited before his Peace Corps assignment, his time there gave him the chance to learn firsthand of roots that had seemed alien during his California youth.

In the picture, his floppy black hair cuts off sharply, just above earnest eyes and rolling beads of sweat. He has the intent look of a young man on a journey to better understand himself and the world. And it would seem he has achieved both—though not quite in the way he anticipated.

In January 2018, only six months into his two-year stint as a Peace Corps high school English teacher, Tin, who is gay, was diagnosed with HIV. He had been tested before beginning his service and believes he contracted the virus through a sexual encounter he had while in Cambodia.

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After his diagnosis, Tin says, his Peace Corps medical officer told him he would be immediately evacuated to DC, where he could receive top-of-the-line treatment. But he says he was given little other information about the virus—or anything resembling a choice about these next steps, despite the fact that since 2008, Peace Corps policy has been to accommodate volunteers who wish to remain in-country whenever possible.

"I was very unaware and misunderstood the illness. I didn't know of the advances in medicine and

that people just live normally," he says. "And they didn't tell me. I had to do my own research." Still, notwithstanding his fear, his mind quickly turned to his service.

"When they told me the news, I started crying and had tears running down my face, but at the same time, my main concern was with my work," he says. "I just always had the mindset that I was going back."

However, Tin says that after he completed his compulsory 30-day medical stay in DC, thousands of miles from his family and friends in Long Beach, California, the Peace Corps medically "separated" him, in effect terminating him. Such a "separation" is Peace Corps policy for any volunteer who leaves his or her post for medical reasons that are not "resolved" after 45 days.

However, Tin reports that after starting antiretroviral (ARV) therapy, his CD4s doubled, his viral load plummeted toward undetectable and he felt in excellent health—and was eager to return to his rural village in Cambodia. There, in his father's native province of Battambang, he had students, a relationship with his host family and a nascent project to improve trash collection.

"There is no real reason someone with HIV couldn't be stationed in [most] countries, as long as they are able to maintain a supply of drugs and occasionally get to a doctor," says William McColl, vice president for policy and advocacy at DC–based AIDS United.

According to a 2017 report from the Joint United Nations Programme on HIV/AIDS, services in Cambodia are more than up to this standard. Nationally, 80 percent of people living with HIV are on ARVs—the highest rate in Asia-Pacific—and HIV services are available in remote rural areas throughout the country, including Battambang province.

Back home in Long Beach, rage mounting the more he read about the reality of living with HIV today, Tin learned one of the most important facts he has discovered about himself since joining the Peace Corps: He's not the type to take injustice lying down.

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One late-winter day in 2018, Jeremiah Johnson signed on to his LinkedIn page and noticed he had a message from someone he didn't know named Romany Tin. "I never actually pay attention to my [LinkedIn] inbox, so I'm very happy I did this one time," he says.

In 2008, Johnson had been medically separated from his Peace Corps service in Ukraine after receiving an HIV diagnosis. While Googling, Tin had come across media coverage of Johnson's ordeal (including a POZ cover story).

Johnson, who now works as a community engagement coordinator at the Treatment Action Group (TAG), an HIV advocacy organization in New York City, immediately agreed to help Tin fight back.

For two decades before Johnson's diagnosis, official Peace Corps policy had been to immediately evacuate to the United States any volunteers who tested positive for the virus and permanently

remove them from service.

But by 2008, it was obvious that this policy was based on antiquated medical knowledge. So Johnson began reaching out to advocates, including at the American Civil Liberties Union (ACLU), which accepted the case and threatened to sue the Peace Corps for violating The Rehabilitation Act, which prohibits discrimination on the basis of disability in programs conducted by federal agencies.

The Peace Corps soon relented, sending the ACLU a written guarantee that going forward, the organization would be "committed to extending 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."

"It doesn't seem like they did any of that for me," says Tin, who not only was told he could not return to Cambodia but also wasn't offered a post in another country. He was informed he could reapply via the normal, lengthy application process after six months.

According to the Peace Corps' The Health of the Volunteer 2016 report, 54 volunteers have been diagnosed with HIV while in service since 1989; 19 of those were diagnosed between 2008—when the new policy was implemented—and 2016.

However, none of the lawyers or advocates POZ talked to had heard anything to indicate the policy hadn't been enacted as promised between 2008 and 2018.

Jeremiah Johnson on the cover of the July/August 2008 issue of POZ.

So why now? Did Tin's case represent a new internal directive or just a mistake? A Peace Corps spokesperson asserted the policy had not changed.

"It feels to me like a bit of forgetting," says Scott Schoettes, HIV project director at Lambda Legal, which, along with the ACLU, is advising Johnson and Tin as they fight for Tin's immediate reinstatement (as of press time, neither organization had officially taken on the case).

"I think it may be a personnel change and someone new not recognizing that the policy had changed or just not being up to speed with HIV today." And given that the Peace Corps' posts in 61 countries are often staffed by contracted locals and not individuals who have received uniform training at U.S. headquarters, it seemed this could well be the case—at least until Tin's case.

Like Tin, Kyle (not his real name), a 26-year-old native of the Pacific Northwest, was stationed in Southeast Asia, though not in Cambodia. Kyle reports that during his initial in-country training he requested Truvada as pre-exposure prophylaxis (PrEP) to prevent HIV but was discouraged by his medical officer, though not outright refused.

"They said it was only available for people who had had unprotected sex," he says, adding that at the time he had not done so while in the Peace Corps. "I just felt like it was a burden for them…like they didn't want to give it to me, so I stopped asking."

When asked about its PrEP policy, the Peace Corps spokesperson responded, "Each volunteer is assessed for PrEP according to specific risk factors, which Peace Corps developed with input from Centers for Disease Control and Prevention experts."

Although the spokesperson did not provide further specifics, another volunteer, James Fishon, corroborated the policy as Kyle understood it, saying he was also denied PrEP last year while serving in Ukraine because he did not report having had sex in-country. "But someone wouldn't ask for it if they didn't need it," he says.

Indeed, though Fishon completed his service without contracting HIV, he reports that he contracted another sexually transmitted infection—which easily could have been HIV. Kyle received the news he was HIV positive in late March and, like Tin, was sent back to the United States.

"[Volunteers] get medically evacuated all the time and go to Thailand, which was really close by. But for me that was not an option," says Kyle, adding that he doesn't know why. "I mean people with diabetes would have a harder time [in the Peace Corps] than people with HIV. All I need is one pill a day and to get testing every six months."

And in a somewhat ironic twist of fate, while the United Nations Development Programme recently touted Thailand's HIV treatment program "as a model for other developing countries" and the country features any number of clinics guaranteeing same-day access to ARVs, Kyle reports that because of a snag involving his insurance, it took him two weeks to access meds once he arrived in DC.

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According to the Peace Corps spokesperson, 18 of the countries in which it operates have medical services, such as access to “reliable specialists and trusted laboratories,” that the Peace Corps has deemed adequate to accommodate volunteers living with HIV—and the spokesperson claimed HIV-positive volunteers are currently serving in “several.”

The Peace Corps did not provide a list of the countries or more exact criteria for determining what those countries are or who can serve in one of them after being diagnosed, instead of, in effect, losing their job.

“By terminating someone’s employment over their HIV status, as a society, we’ll only continue to feed the stigma that marginalizes people living with HIV,” says Murray Penner, executive director of the National Alliance of State & Territorial AIDS Directors, which, along with the HIV Medical Association, sent a letter to the Peace Corps in May asserting there is no evidence-based medical reason for removing Tin, Kyle or any volunteer who tests HIV positive from his or her post and that doing so constitutes illegal discrimination.

Kyle himself reaffirms the potentially deadly cost of this stigmatizing employment policy: “If I’d known I would be sent home, I wouldn’t have gotten tested.”

The website for the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the world’s largest global HIV program, declares that reducing HIV-related stigma and fighting discrimination are key to ending AIDS and that, as a result, PEPFAR-funded programs will involve “people living with HIV and their input in all aspects of its work.”

Since PEPFAR’s inception in 2003, the Peace Corps has been among those programs—and integral to PEPFAR’s frontline response. In 2017, the Peace Corps received $39 million in PEPFAR funding, and 1,100 volunteers were working on HIV prevention, care and support in 47 countries.

“If the United States is going to continue to be a major funder in ending the global HIV epidemic, it would really help us if the State Department and Peace Corps are in line with best practices and what we know to be the latest HIV knowledge,” says McColl. “Our concern is that the State Department and Peace Corps aren’t staying on top of the science.”

The Peace Corps spokesperson, however, insisted that the organization was up to speed and that all medical officers “receive orientation and continuing medical education, which include sessions on PrEP and LGBTQ health practices.” However, the spokesperson declined to connect POZ to a medical officer to inquire about that training, and officers contacted directly did not respond.

A PEPFAR spokesperson stated only, “As Peace Corps employed the volunteer in question, we have to defer to them on this one. As PEPFAR is a part of the Department of State, we follow its policies”—which are to reasonably accommodate employees living with the virus.

The removal of both Kyle and Tin—who were stationed in different countries—strongly suggests

that, as of 2018 at least, the Peace Corps has either forgotten or dismissed the 2008 policy change. But the question remains: Did the organization ever remember it?

Romany TinAri Michelson

In 2008, after “Elizabeth” was diagnosed with HIV while serving in Zambia, she was evacuated and medically separated, as had been status quo. “Then, suddenly there was a change in conversation,” she says.

As Johnson’s case gathered media attention, the Peace Corps determined that Elizabeth could return to her service after all, though not to Zambia. Instead, she flew to Lesotho to serve in a PEPFAR program combating HIV stigma—and this time she realized she had something new to offer, which she says turned out to be the “most impactful” thing she did in the Peace Corps.

While at first, Elizabeth remained silent about her HIV status, she soon began disclosing to other volunteers and then to anyone who cared to listen—in her official Peace Corps capacity. “I spoke to large groups in schools and in communities and to HIV support groups and anywhere else,” she says.

Audiences often asked her how she had the courage to discuss such things publicly, but she feels the benefit wasn’t limited to combating stigma. “I had a purpose, and it felt meaningful and like it wasn’t all just for nothing.”

However, despite the positive impact on everyone involved, she views her experience as

something of a fluke. “I got super lucky with timing. I think all the attention because of the ACLU is the only reason the Peace Corps sent me back. They did not want to do it.”

On the other hand, the story of Jessica (last name withheld) suggests that at least sometimes—or for a time—the 2008 policy functioned as promised. In 2011, Jessica was also diagnosed while serving in Zambia. “I fell extremely ill with acute HIV infection,” she says. She, too, was medically evacuated to DC. “It was all necessary and helpful in my case.”

Then, as her health improved, she says the Peace Corps began the process of reinstating her, without requiring that she reapply—though she eventually chose to remain stateside because of her own concerns about her health. “But I am confident they would have reinstated me if/when I was ready,” she says.

In addition to the HIV separation policy, Elizabeth raised another concern. She says a contracted Peace Corps medical officer in Zambia “wrote her up” for “breaking the rules” after she disclosed during a therapy session that she had engaged in condomless sex. “Any hope of confidentiality was off the table,” she says.

Other former volunteers POZ spoke to also stressed that the Peace Corps adopts a punitive approach to encouraging safer sex—sometimes issuing disciplinarian “write-ups” to volunteers requesting PrEP, post-exposure prophylaxis (PEP) or HIV tests, which could deter others from seeking such services.

On the flip side, one volunteer, Chris Obermeyer, reported that while stationed in Ukraine from 2016 to 2017, he was prescribed PrEP without receiving a write-up or demerit—though, unlike Kyle and Fishon, he was already taking the medication when he started his service.

When asked, the Peace Corps spokesperson did not confirm or deny the write-ups, and as of press time, the organization had not assented to reinstating either Tin or Kyle.

I always had the mindset that I was going back. I want to fight this.

While it remains unclear whether the recent rash of news about discrimination represents internal Peace Corps directives or just a failure in communication, one thing is certain.

Since the inauguration of President Trump, advocates and pro–human rights government employees throughout the United States and the world are fighting on so many fronts just to ensure that the center holds that progress on certain issues will inevitably slide—if no one else steps up to stop it.

“[I feel] intense anger knowing that other volunteers are experiencing the same soul-crushing discrimination I endured over a decade ago,” says Johnson about why, in addition to his duties at TAG, he continues to spearhead the campaign to restore Tin and Kyle to their posts—and ensure that the Peace Corps improve its implementation of the 2008 policy going forward.

As for Tin, he’s still holding out in Long Beach, with no plans of giving up on his quest to return to his motherland. He says, “I want to fight this. There’s nothing really different about me than other volunteers, except I take one pill a day. That’s literally it.”

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