

HEALTH AND SAFETY INCIDENTS AMONG PEACE
CORPS VOLUNTEERS AND THE PEACE CORPS'
RESPONSE

By

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Abstract: Every year thousands of Americans leave the country to begin service with the Peace Corps. Hundreds of Peace Corps Volunteers will return every year because of health conditions that could not be treated in the host country. Returned Peace Corps Volunteers with lasting health conditions face challenges in obtaining service related benefits that have not previously been studied. In the last several years, Peace Corps' treatment of Volunteers' health and safety concerns in their country of service has come to public attention with several highly publicized examples, yet no research has been undertaken to better explain these issues.

This study is a phenomenological investigation of the shared experience of returned Peace Corps Volunteers who suffered a health issue as a result of their service and attempted to work with the Peace Corps to resolve their conditions. This research was undertaken to illustrate the experiences of these RPCVs in an effort to derive meaning from the researchers' own experience with the issue.

Though the participants of this study come from widely differing backgrounds, having served in different regions, at different times and at different ages, there were six themes identified as being shared among the participants. First, the participants all faced inadequate insurance coverage upon their return to the US. Second, at some point in their service, the health issue was redirected to the Volunteer, as if he or she were responsible. Third, when the participants attempted to contact Peace Corps staff for assistance, the response was mostly unhelpful. Fourth, outside parties like other PCVs, host country nationals, or friends and family were usually necessary to be successful in obtaining help from the Peace Corps system. Fifth, the participants experienced much confusion as to the process for applying for benefits or using their Peace Corps approved health insurance. Finally, despite the difficulties, each participant felt a sense of loyalty to the Peace Corps mission and expressed a feeling of satisfaction in their service.

RPCVs face significant challenges in working within the Peace Corps system to treat health issues obtained during service. More research is needed to help identify where breakdowns are occurring that lead to such difficulties.

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CHAPTER I

INTRODUCTION

In some of my earliest memories, my father sits with his Peace Corps friends, relating stories of his time in Kenya. His Peace Corps experience has been a tremendous influence on my life. I grew up with a father who guided students into service and listened to their stories when they returned from exotic locales all over the world. For me, it was a foregone conclusion that someday I would have my own Peace Corps stories to share. Serving in the Peace Corps had always been in my plans. I would go to college, get as much experience as possible in relevant areas and I would be sent abroad to live with and learn from people of another culture. My father had a wonderful experience, he even extended his service. When I finally arrived in my host country, I found my own experience to be far different from the stories of my father and his students.

From the beginning I had difficulty with the medical staff. My first experience with the host country medical staff resulted in a solution that merely treated symptoms rather than addressing my problem. I quickly learned that the Peace Corps staff were not always the most ready to solve problems and when a serious medical issue began, I chose to avoid a report. A friend eventually let the medical staff know about my medical issue and I went to see a local doctor. After the initial visit, I went months waiting to hear from Peace Corps about a treatment plan. During my waiting period, I was having a difficult time adjusting to my work assignment and new

community. During a medical appointment at in-service training, I broke into tears when accused by a staff member of faking the whole illness to get out of an increasingly difficult host community. After a Peace Corps mandated counseling session, I was told that the medical staff was consulting with the medical office in Washington D.C. to decide how to proceed with treatment. When the news came that I was been shipped home, I was shocked and extremely disappointed to learn of my involuntary medical separation.

My experience with the medical system in my country of service, Costa Rica, led me to wonder if my case was an isolated incident, or reflected a more systematic and widespread difficulty within the Peace Corps medical system. Through a search of blogs and news articles, I was surprised to find that difficulty and error within the medical system were common. Yet, these informal data were not reflected in official Peace Corps reports; in fact, official data scarcely exist concerning these issues. During my own training I was told that I would likely never have better health care than the care provided to me during my Peace Corps service. I would later find that statement to be somewhat true; during my service I did not have to pay for a single medical related expense. The quality of the care I experienced, was an entirely different matter.

Statement of the Problem

Peace Corps was officially established by executive order on March 1, 1961 by President John F. Kennedy. During its 50 years of existence, the Peace Corps has accepted, trained and overseen the completion of service of over 200,000 Volunteers.¹ “The toughest job you’ll ever love” has one of the most rigorous application processes for

¹ United States Peace Corps. Fast Facts.
<http://www.peacecorps.gov/index.cfm?sell=learn.whatisp.c.fastfacts>

a Volunteer position. A major part of that application process is the medical clearance, an expected hurdle due to the nature of the position. The Peace Corps recruitment materials tout the excellent safety record of the organization, as well as the superior health care provided to Volunteers.

Upon return to the United States following a service related illness, the medically separated Peace Corps Volunteer is provided with an official form, meant to allow for a doctor to diagnose a medical condition and propose a treatment plan to be sent on, by the Volunteer, to the Office of Medical Services (OMS). The idea is that OMS will either approve or deny the proposed course of treatment in order that the Volunteer may then qualify for benefits entitled to them under the Federal Employees Compensation Act (FECA). Volunteers have three years from the end of service to file a claim under FECA yet the procedures for doing so are extremely unclear.

In 2008, 648 returned Volunteers filed claims and over 12 million dollars was paid out to Volunteers.² Yet, over 70 percent of Volunteers have reported experiencing a health problem³ and 71 percent of Volunteers have experienced a safety or security incident that could lead to mental distress following Peace Corps service.⁴ No statistics on the payment rate of filed claims have been published nor are data available with regard to the number of Volunteers who return to the US with a service related illness. Without these data for comparison, it is difficult to evaluate Volunteers' success in obtaining compensation for service-related illness through FECA.

² Peace Corps: Office of Medical Services. *The Health of the Volunteer*. Annual Report of Volunteer Health, Washington D.C.: Peace Corps. 2009. 20

³ Ibid, 5

⁴ Bosustow, N. J. (2006). *The Reentry Experience: An Examination of Peace Corps Volunteers Experience of Returning Home After Service*. The Wright Institute. *ProQuest Dissertations and Theses*. <http://search.proquest.com/docview/304970126?accountid=4117>

The Post Medical Services section of the *Peace Corps Manual* clearly states that the burden of documenting medical conditions and filing claims falls on the Volunteer. FECA benefits do not extend to Volunteers with pre-existing conditions unless the Volunteer can prove that the condition was worsened or aggravated by service. Consequently, many Volunteers choose not to bother with the difficult and lengthy process of applying for compensation entitled to them through FECA. It will be argued in this thesis that Peace Corps has not provided its' Volunteers with enough resources to navigate the complicated system which is necessary to succeed at obtaining benefits.

Volunteers returning from service are a particularly vulnerable population. All Volunteers experience some form of reverse culture shock, and 57 percent of Volunteers feel that their re-entry was more difficult than they had expected.⁵ These Volunteers have just come from countries and situations that have led to an alteration of normal reactions to the American way of life, and as such it can be especially difficult to work within such a complex bureaucratic system.

Significance of the Study

I intend to examine, through this thesis, the gaps that exist in the current medical system that prevent a successful resolution of health and safety incidents. I hope to characterize the relationship of the Volunteer with the Peace Corps organization both during service and upon return from service in the context of working to treat ailments acquired as a result of participation in the Peace Corps.

Almost no research has been done to evaluate the quality of the care that Peace Corps Volunteers receive in country. And no research at all has been conducted to show

⁵ Ibid, 89

how Volunteers fare upon return to the United States. As evidenced by the ability of at least a few Volunteers to obtain over 12 million dollars in compensation, the system fulfills some needs, but as I will document in this study, other Volunteers with legitimate issues have been repeatedly let down by the system as it now operates.

No research has studied the impact of service on the health and well-being Peace Corps Volunteers, especially those who experienced a significant health event or crisis during service. In this initial study, I will approach the investigation from a qualitative perspective with the purpose of listening to the experiences of “RPCVs” – Returning Peace Corps Volunteers – to allow them to share their previously undocumented stories. I will therefore give voice to returning Peace Corps Volunteers who have struggled, or continue to struggle with the Peace Corps medical system administered by the U.S. Federal Government. In designing the study, I set out to understand what contributes to the failure of the current healthcare system for certain Volunteers, and I sought to provide Volunteers with a forum to anonymously share their grievances without fear of retribution from other Volunteers or the Peace Corps itself. RPCVs have been seeking help in getting the treatment for their conditions and have attempted to petition the Peace Corps to change some of the policies related to health care after service. Health Justice for Peace Corps Volunteers is an organization that was born out of the need for help with navigating the complex system of medical reimbursement. This organization has been working for several years to contact the Peace Corps in order to make the process for obtaining benefits less complicated.

By documenting the experiences of RPCVs who experienced a health incident as a result of their service, my objective has been to call attention to the dysfunction and

failures associated with the present system in the hope that improvements can be made. I hope to answer the question: What is it like to be a Peace Corps Volunteer who experiences a health or safety event during service? Current and future Volunteers with legitimate medical claims should receive appropriate treatment and compensation for ailments arising from their service. The Peace Corps has a stated responsibility for the health and safety of all Volunteers, and it should extend to preparing them for the health care system once they return to the United States.

To better understand the situation faced by Volunteers experiencing a health or safety incident a review of the related literature will be undertaken. I cover the following four areas: General information on the Peace Corps; Evaluation procedures; Health and safety incidents within the Peace Corps; and, Volunteers' relationship with the Peace Corps. I will explain the methodology used to conduct this study, including the interview development, participant selection, data collection procedures and data analysis. Vignettes of each of the participants experiences will be included to better illustrate the overall experiences of each individual participant. An analysis of the experience of the participants will then be presented which encompasses six common themes. Finally I will summarize the implications of the findings as well as make suggestions for future research in the conclusion.

CHAPTER II

REVIEW OF THE LITERATURE

General Information on the Peace Corps

When President John F. Kennedy arrived at the University of Michigan on a routine campaign stop, it was not his intention to begin the Peace Corps, but he planted the seed that would grow the idea that led to the eventual creation of the organization.⁶ After his inauguration in 1961, Kennedy signed the executive order that established the Peace Corps. The congressional Peace Corps Act in September of that year provided a blueprint for its organization.⁷ The early Peace Corps was designed for youth freshly graduated from college in an attempt to train a more competent Foreign Service in the future. Foreign Service Officers of the day generally could not speak the local language, and rarely had experience with the local population of the country in which they served.⁸ The President and Congress envisioned Peace Corps as another front in the Cold War and a means of better preparing young people for future foreign service employment. Its goals

⁶ Meisler, Stanley. 2011. *When the World Calls: The Inside Story of the Peace Corps and its First Fifty Years*. Boston: Beacon Press. 4

⁷ 2011. "PEACE CORPS HISTORY." *International Debates* 9, no. 7: 4. *MasterFILE Premier*, EBSCOhost (accessed May 28, 2012)

⁸ Peterson, Anne Palmer. "Academic conceptions of a United States Peace Corps." *History Of Education* 40, no. 2 (March 2011): 229-240. *Academic Search Premier*, EBSCOhost (accessed May 28, 2012).

reflect that vision: Helping the people of interested countries in meeting their need for trained men and women, helping promote a better understanding of Americans on the part of the peoples served, and helping promote a better understanding of other peoples on the part of Americans. After fifty years, the goals remain unchanged.⁹

The Peace Corps flourished after its creation. Ironically, the assassination of President Kennedy in 1963 cemented the popularity of the organization by permanently associating him with its ideals.¹⁰ By 1966, over 15,000 Volunteers were serving and 45,000 people had applied to be part of the organization. The 1968 election of Richard Nixon, as well as the growing unpopularity of the US Government's prosecution of the Vietnam War severely impacted the public's view of the Peace Corps and its ideals. The organization never again reached the enrollment figures of the early 1960's.¹¹

Picture of the Volunteer and the Peace Corps Experience

The Peace Corps was designed as an organization of young people, with the majority of applicants entering immediately after college graduation. Though host countries have demanded more experienced professionals with technical skills, efforts of the Peace Corps to recruit older Volunteers have never been very successful. The average age of the typical Volunteer is 28 and the median age is 25. Sixty percent of Volunteers currently serving are women and the vast majority have college degrees.¹² The most common reason for people to join the Peace Corps is for personal growth, and most Volunteers say that Peace Corps was a transformative experience for them.¹³ Early

⁹ 2011. "EXAMINING TODAY'S PEACE CORPS." *International Debates* 9, no. 7:20. *MasterFILEPremier*, EBSCOhost (accessed May 28, 2012).

¹⁰ Meisler, Stanley. 2011. *When the World Calls: The Inside Story of the Peace Corps and its First Fifty Years*. Boston: Beacon Press.

¹¹ *Ibid*, 58

¹² United States Peace Corps. Fast Facts.
<http://www.peacecorps.gov/index.cfm?sell=learn.whatispc.fastfacts>

¹³ Quigly, Kevin F.F. President: National Peace Corps Association. n.d. "PEACE CORPS OVERVIEW." *FDCH Congressional TestimonyMAS Ultra - School Edition*, EBSCOhost (accessed May 28, 2012).

Volunteers were mostly white, but Peace Corps has steadily increased in diversity to a point that reflects the diversity of the general population of the United States.¹⁴

Peace Corps Volunteers have served in 139 countries and currently serve in 75. They work in a variety of different sectors and regions but were originally based in either education programs in Africa, or Community Development programs in Latin America. Presently, Volunteers work in Agriculture, Health, Education, Environment, Business Development, and Youth Development programs all over the world.¹⁵ Volunteers are meant to live like the locals by spending their service with the same standard of living as the population with whom they are working. This idea often places Volunteers in remote areas, far from medical facilities and transportation networks.¹⁶ Volunteers are meant to work at the grassroots level, living and working with people they are serving. This process of community integration is intended to protect the Volunteer from safety and security concerns, but it is often the cause of health issues¹⁷. Each country has developed its own set of requirements with regard to appropriate housing and work assignments, yet the quality of both the housing and the work assignment vary greatly depending on not only the country but the work program and the individual Volunteer.¹⁸

Pre-Service Screening and Training

The application for Peace Corps is a highly complicated, multi-step process outlined for prospective Volunteers on the Peace Corps website. After the local recruitment office reviews a long paper application including letters of recommendation and several essays, an applicant may be invited to an interview. The interview is designed to gauge the ability of the applicant to adapt to life as a Volunteer. Following a

¹⁴ United States Peace Corps. Fast Facts.

¹⁵ Ibid.

¹⁶ Ford, Jess T. 2002. "Peace Corps: Initiatives for Addressing Safety and Security Challenges Hold Promise, but Progress Should Be Assessed: GAO-02-818." *GAO Reports 1. MasterFILE Premier*, EBSCOhost (accessed May 28, 2012).

¹⁷ Kathy A. Buller Inspector General Peace, Corps. n.d. "'PEACE CORPS AT 50'." *FDCH Congressional Testimony MAS Ultra - School Edition*, EBSCOhost (accessed May 28, 2012).

¹⁸ Ford, 2002, 11

successful interview, the applicant is nominated to serve as a Volunteer. The new nominee then begins the process of obtaining medical clearance, which includes a comprehensive physical, dental and eye exam as well as explanations for any prior medical conditions. The result of the medical evaluation is that Peace Corps Volunteers tend to be healthier than the general population of the US when they leave for service.¹⁹ After passing the medical screening, the nominee is reviewed for placement. This process takes into consideration the skills of the Volunteer as well as any medical conditions he or she might have. Once selected for placement, the nominee is sent a country specific “Welcome Book” that includes health and safety information as well as a general overview of the country to which the Volunteer is invited to serve²⁰. Given this information, the Volunteer can choose to either accept or reject the invitation to serve in the country selected, though throughout the application process it is implied that the rejection of an invitation is not likely to lead to a second invitation.

Once the Volunteer – now referred to as a trainee – arrives in country, he or she receives eight to twelve weeks of training depending on the host country. This training is heavily focused on prevention and response to health and safety issues that might be experienced by the Volunteer/trainee.²¹ Training is also heavily focused on language skills and culturally appropriate ways to navigate daily life. Community acceptance and integration are emphasized as a means to prevent safety incidents; and, without appropriate language skills, community integration is impossible.²² In the early years of the Peace Corps, training was largely done in the United States and then Volunteers were later transported to their countries of service. Feedback from Volunteers led the Peace Corps to move training in the 1970s to regional centers, and eventually to the countries of

¹⁹ Nurthen, Nancy M., and Paul Jung. 2008. "Fatalities in the Peace Corps: A Retrospective Study, 1984 to 2003." *Journal Of Travel Medicine* 15, no. 2: 95-101. *Academic Search Premier*, EBSCOhost (accessed May 28, 2012).

²⁰ Ford, 2002, 4

²¹ Meisler, 2011, 113

²² Ford, 2002, 4

service.²³ In a 2008 study of deaths among Peace Corps Volunteers, Nancy Nurthan found that training played a large role in the sharp decline of the death rate following 1983.²⁴ In recent years, Volunteers have been generally satisfied with their training in preparing them to meet a variety of health and safety challenges in site. However, Female Volunteers have repeatedly mentioned that they were not prepared to respond to sexual harassment in their sites and many requested self-protection training.²⁵ Those requests have not been addressed.

Evaluation Procedures

During the early years of the Peace Corps, evaluation played a huge role in determining where Volunteers were assigned, what they would do, and how individual programs would run. Charles Peters developed an evaluation program of young staff who produced highly readable reports on Volunteer satisfaction, assignments and safety.²⁶ These early evaluators were made up mostly of journalists who traveled all over the world to interview Volunteers in their sites who had no qualms about sharing their opinions on the ways in which Peace Corps should change.²⁷ This early group of evaluators irritated the country directors as they had many recommendations for changes in individual programs. Sargent Shriver, the first Director of the Peace Corps, appreciated the reports and understood the importance of evaluations in building a government program²⁸ though the recommendations of the evaluators were not always heeded. Stewart Meisler points to the end of meaningful evaluation in 1969 with the Nixon appointment of Joseph Blatchford who showed little interest in the evaluation reports.

²³ Barnes, R. Lynn. 1985. "Across Cultures: The Peace Corps Training Model." *Training & Development Journal* 39, no. 10: 46. *MasterFILE Premier*, EBSCOhost (accessed May 28, 2012).

²⁴ Nurthan, 2008, 99

²⁵ Ford, 2002, 14

²⁶ Meisler, 2011, 51

²⁷ Ibid, 54

²⁸ Ibid, 49

The Peace Corps maintained some kind of unit called “evaluation” for the rest of its history, but evaluation never again had the power, influence and importance of the early years. It takes a powerful, self-confident director to put up with the continual blandishments of someone like Charlie Peters. It is much easier to listen to underlings tell you what you want to hear.²⁹

In 1990, a new step in evaluation was taken when Peace Corps began collecting data on illness and security incidents experienced by Volunteers. From that data, detailed reports on Volunteer health and safety were issued in response to an inquiry by the General Accounting Office in 2002.³⁰

Current Process of Evaluation

Responding to September 11, 2001, President George W. Bush sought to double the number of Peace Corps Volunteers in service. The General Accounting Office (GAO) was tasked with determining whether the Peace Corps was ready for that kind of size increase as well as determining the risk to Volunteers in a post 9/11 world. The evaluation process used by the Peace Corps today comes at the request of the original GAO report.³¹ The Office of Medical Services (OMS) is responsible for data collection on health and safety incidents experienced by Volunteers, but these data rely on the Volunteer to report incidents to OMS.³² Additionally, the Office of the Inspector General periodically reviews safety, security and health issues among Volunteers and, at the recommendation of the GAO report, appointed a compliance director and implemented the use of compliance checklists to evaluate the effectiveness of health and safety measures.³³ The Office of the Inspector General (OIG) is presently tasked with

²⁹ Ibid, 58

³⁰ Ibid, 142

³¹ Ford, 2002, 1

³² Ibid, 5

³³ Ford, Jess T. 2004. "Peace Corps: Status of Initiatives to Improve Volunteer Safety and Security: GAO-04-600T." *GAO Reports 1. MasterFILE Premier*, EBSCOhost (accessed May 26, 2012).

reviewing the efficiency and effectiveness of overseas initiatives relative to the work, site development, training and medical procedures of the host country. The OIG carries out that task by attempting to visit 20 percent of Volunteers in the country under evaluation. The office has tried to increase incident reporting by creating a hotline and other processes for anonymously reporting issues within an individual country.³⁴ The first overall report from an evaluation was published by the Peace Corps in 2010, but the report, while making legitimate suggestions for improvement, reads more like a public relations document.³⁵

Evaluation Findings on Health and Safety

When the GAO investigated the crime rate against Volunteers and the Peace Corps response to crime in 2002, the number of crimes committed against Volunteers had steadily risen since the Peace Corps began collecting the data in 1990. The original 2002 report found that the development of safe and secure worksites and the response to safety concerns of Volunteers had “uneven” performance.³⁶ A significant number of Volunteers complained of vague work assignments and unsupportive counterparts (host country nationals paired to work with the Volunteer), both factors that the GAO report found to increase the risk of experiencing a crime due to lack of community ties.³⁷ Furthermore, in the initial evaluation it was found that communication between Volunteers and staff was poor, which led to the vast underreporting of crime. Sixty percent of all crimes committed against Volunteers go unreported for a variety of reasons. Volunteers

³⁴ Buller, 2012

³⁵ Cooper, Ryan. 2012. "Good News First, Bad News Never." *Washington Monthly* 44, no. 3/4: 27-31. *Military & Government Collection*, EBSCOhost (accessed May 26, 2012).

³⁶ Ford, 2002, 13.

³⁷ Ibid, 15

expressed that they feared repercussions from the Peace Corps, they felt the incident was not worth reporting, or they felt there was nothing that the Peace Corps could do.³⁸

The GAO report determined that the cause of increasing health and safety incidents and the underreporting of crimes committed against Volunteers, was the high turnover rate of staff. Since Sargent Shriver's directorship, the Peace Corps has maintained a 5-year term limit for administrators and staff as a way to keep fresh ideas flowing in and to prevent career politicians from politicizing the organization.³⁹ The high turnover of staff and administration led to a culture with unclear expectations, poor staff training, inconsistent management and a general lack of knowledge of current safety and security procedures.⁴⁰ The decentralized, international structure of the organization as well as the repeated change in upper-level management exacerbates these issues. While general requirements come from Peace Corps Washington D.C. headquarters, each country may interpret those requirements differently.⁴¹ Finally, the report found an inadequate number of staff evaluating its safety and security practices. The lack of oversight led to either informal evaluation procedures for country staff or none at all. "One country director observed," highlights the report, "that it is difficult to oversee program managers' site development or monitoring activities because the post does not have a formal system for overseeing."⁴²

Peace Corps was somewhat responsive to the recommendations made by the original GAO report, and by 2004 had lobbied to pass an exemption to the 5-year limit so that 23 safety and security coordinators could stay on with no imposed service limits.

³⁸ Ibid, 8

³⁹ Peterson, 2011, 231

⁴⁰ Ford, 2002, 3

⁴¹ Ibid, 19.

⁴² Ibid, 22

However, the March report from the GAO shows that little progress had been made in lowering the rate of crimes committed against Volunteers. Neither did Peace Corps Volunteers (PCV's) feel more comfortable reporting crimes committed against them to Peace Corps, as the new report still showed 60 percent of crimes went unreported.⁴³ By July of 2004 the implementation of many safety procedures was still inconsistent throughout the agency, but progress had been made.⁴⁴ The Office of the Inspector General followed up on these original evaluations in 2008 and found that Peace Corps had made significant progress with regard to consistency, but that the crime data collected was highly unreliable due in large part to the consistent underreporting of crimes and confusion from staff on reporting to the Washington Office.⁴⁵ By 2010, the Office of the Inspector General found that Peace Corps had made substantial progress in bettering procedures for maintaining the safety and security of its Volunteers.⁴⁶

Health and Safety in the Peace Corps: An Overview

Peace Corps designates the health and safety of Volunteers as its highest operation priority. Almost every Volunteer experiences some form of health or safety issue. Consider that in 2008, 71 percent of Volunteers experienced diarrhea so severe that they sought medical attention.⁴⁷ *The Health of the Volunteer*, a report published by the Peace Corps Office of Medical Services, attempts to give a clear picture of the health problems experienced by Volunteers, based purely on statistical analysis and without

⁴³ Ford, 2004, 1

⁴⁴ Ford, Jess T. 2004. "Peace Corps: Observations on Volunteer Safety and Security: GAO-04 903T." *GAO Reports 1. MasterFILE Premier*, EBSCOhost (accessed May 28, 2012). 9

⁴⁵ Buller, 2011

⁴⁶ Peace Corps: Safety and Security Office: *Safety of the Volunteer*, Annual Report of Volunteer Safety, Washington D.C.: Peace Corps. 2010. 2

⁴⁷ Peace Corps: Office of Medical Services. *The Health of the Volunteer*. Annual Report of Volunteer Health, Washington D.C.: Peace Corps. 2009. 5

evaluating the causative circumstances for medical conditions, with the exception of accidents. Unintended accidents are separated into two categories, those experienced after alcohol consumption, and those unrelated to alcohol.⁴⁸ Volunteers most commonly reported gastrointestinal illness, infectious dermatitis and dental problems, but some also reported experiencing tropical illnesses with severe outcomes, such as dengue, malaria, and other rare diseases.⁴⁹

For health problems beyond the capacity of host countries, the Peace Corps evacuates Volunteers, sending them either to a regional center equipped to handle the treatment, or to the Office of Medical Services in Washington D.C. For example, the Peace Corps evacuated 364 Volunteers in 2008, an outcome that occurred for only 4.8 percent of Volunteers.⁵⁰ In the 50 years of Peace Corps 274 Volunteers have died in country most as a result of accidents, or medical illness. The death rates among Volunteers are slightly lower than the death rates of Americans in general, which is to be expected given that the Volunteer is of better than average health and is much younger than average.⁵¹ Death rates were much higher from 1961 to 1983 and during that time female Volunteers had a much higher than average death rate compared to the general United States population.⁵²

Statistics on crimes committed against Volunteers are similar in that most Volunteers experience some type of crime during service, though likely not severe. In 2009 there were 1,501 crimes reported.⁵³ Keeping in mind that 60 percent of crimes go

⁴⁸ Health, 2009, 4

⁴⁹ Ibid, 5

⁵⁰ Ibid, 20

⁵¹ Nurthen, 2008, 95

⁵² Ibid, 98

⁵³ Safety, 2010, 3

unreported, the incidence of crime against Volunteers is likely much higher. The most common crimes are personal property thefts, many of which occur on public transportation. Victims of crime are most likely to be white females, under the age of 30. Crimes that are committed against female Volunteers tend to be much more severe.⁵⁴ At the time of the report, 98 percent of sexual assault victims are female and more than a third of female Volunteers confided that they experienced sexual harassment on at least monthly basis.⁵⁵ *Safety of the Volunteer* addresses sexual assaults and found that Volunteers are typically raped by a friend or acquaintance in their own homes after inviting their aggressor inside. In the majority of rapes, the victim, the offender, or both parties, had consumed alcohol. Cases of sexual assault that are not rape tend to be committed by complete strangers in public. For all categories of sexual assault local authorities rarely arrest the offender, nor does the Volunteer attempt to bring charges against the offender.⁵⁶ In cases of sexual assault, an estimated 54.9% of victims fail to report the crime, rising to 66.7 percent of rape victims, since they felt that the Peace Corps could not do anything to help them.⁵⁷ Peace Corps distinguishes rape from sexual assault in that rape constitutes penetration, either against the will of, or without consent of the victim where sexual assault is any other forced contact for sexual gratification.

Volunteers Relationship with Peace Corps

As mentioned earlier, when President Kennedy was assassinated in 1963, Peace Corps became permanently associated with this historical icon, a larger-than-life figure who came to embody youth, progress and hope. Since that time, Volunteers have

⁵⁴ Ibid, 3

⁵⁵ Ford, 2004, *Status*, 1

⁵⁶ Safety, 2010, 4

⁵⁷ Ibid, 16.

remained intensely loyal to the agency Kennedy founded.⁵⁸ In a survey of 11,000 returned Peace Corps Volunteers, 98 percent would recommend Peace Corps to their immediate family.⁵⁹ The full impact that service has on Volunteers has not been studied, but Volunteers are overwhelmingly positive about their time in service. Volunteers have been outspoken when it comes to defending the Agency, even in cases where Peace Corps has clearly been in the wrong.

Deborah Gardner was a Volunteer on the Pacific Island of Tonga when she was stabbed by Dennis Priven, a Volunteer who had been scorned by Gardner in previous interactions. Gardner's neighbors saw Priven beating on her front door with a knife and a bottle of cyanide. At the hospital Gardner was able to accuse Priven of having stabbed her before she died and Priven attempted to slash his own wrists the night of the murder and eventually turned himself in.⁶⁰ The Peace Corps hired the lawyer who successfully defended Priven on a plea of insanity. At the time, Tonga had no facilities in which to adequately house a man who had been claimed criminally insane and as such, the Peace Corps assured the Tongan Government that Priven would be escorted to the United States where he would be held in an appropriate medical facility.⁶¹ Unfortunately, the Peace Corps did not have the authority to make those kinds of assurances and Dennis Priven went free upon return to the US and has never been incarcerated. The Peace Corps never disclosed that information to the public, and Gardner's family was unaware until Philip Weiss interviewed them for his book. Following the murder of Deborah Gardner,

⁵⁸ Meisler, 2011, 64

⁵⁹ Quigly, Kevin F.F. President: National Peace Corps Association. n.d. "PEACE CORPS OVERVIEW." *FDCH Congressional Testimony MAS Ultra - School Edition*, EBSCOhost (accessed May 28, 2012).

⁶⁰ Weiss, Philip. 2005. *American Taboo: A Murder in the Peace Corps*. New York: Harper Perrenial.

⁶¹ Ibid, 278

Volunteers supported her murderer and refused to acknowledge any fault of the Peace Corps.⁶²

There is some amount of censorship that is involved with being a Peace Corps Volunteer. In 1967, a PCV was terminated from service following a Vietnam War protest, and a Supreme Court case eventually determined that Peace Corps has the ability to limit free speech of Volunteers.⁶³ This censorship would later affect Volunteers who tried to protest the Iraq War but were told that as representatives of the US Government they could not.⁶⁴ Per the Peace Corps Manual, Peace Corps now has a policy that requires Volunteers to notify their country director if they are publishing a blog during service, and the Country Director has the power to guide the content of the blog if it is deemed inappropriate or harmful to the Peace Corps Mission.

In 1965, civil war broke out in The Dominican Republic, and the US sent troops to prevent the rebel force from overthrowing the standing government. Volunteers in the Dominican were mostly pro-rebellion as the rebel force was made up of young people trying to institute a democratic government. The Peace Corps did not have a plan for evacuating the volunteers and did not intend to evacuate them because their presence helped push a positive American image at a time when the American military was invading the same country to suppress a democratic movement.⁶⁵ Eventually, it became obvious that the volunteers disagreed with the position taken by the American government and began to voice these opinions to the press. This incident was the first

⁶² Weiss, 2005, 260

⁶³ Meisler, 2011, 99

⁶⁴ Ibid, 194

⁶⁵ Ibid, 80

time that the US government would try to formally use the Peace Corps to further its own international interests, and the first time that the Agency censored its' Volunteers.⁶⁶

Most of what has been written by Volunteers about Peace Corps has been positive. There have been hundreds of books and magazine articles written by Peace Corps Volunteers about their experiences. Ellen Urbani shared her harrowing tale of Volunteering in Guatemala and included details like sleeping with a knife under her pillow and experiencing an attempted rape, yet she still writes her book, *When I Was Elena*, with an overwhelmingly positive attitude.⁶⁷ Volunteers have defended Peace Corps against all kinds of attacks. When the Dayton Daily News did a series of articles on disturbing trends in safety and security of Peace Corps Volunteers; it was former Volunteers who spoke out the loudest against Russell Carrollo's exposés.⁶⁸ A definite trend in the literature is that criticisms of the Peace Corps, are either very difficult to find, or come with scathing reviews from those within the Peace Corps Organization, and RPCVs themselves.

One instance where Volunteers have not supported the Peace Corps line was in the case of Katie Puzey, a Volunteer serving in Benin. In 2009 she became suspicious that a fellow teacher and former Peace Corps employee was sexually abusing students at their shared school. After parents and other teachers urged her to do something, Puzey wrote to the country director and asked her to dismiss the teacher from Peace Corps staff. Puzey insisted in her letter that the country director maintain confidentiality because the brother of the man accused was also a Peace Corps employee who was posted in the same office as the Country Director. Within days of the e-mail, the accused man slipped into

⁶⁶ Ibid, 83

⁶⁷ Hildebrand-Urbani, Ellen, 2006. *When I was Elena*. Sag Harbor, NY: Permanent Press.

⁶⁸ Meisler, 2011, 145.

Puzey's house at night and slit her throat while she slept.⁶⁹ Peace Corps refused to discuss Puzey's murder with her family following the incident and has to date, refused to admit any responsibility in her death. After much protestation from fellow Volunteers and Puzey's family, the Katie Puzey act was enacted in 2011, designed to protect Volunteers from cases of sexual assault and provide appropriate ways to report sexual assaults.

Conclusions

Considering the scope of Peace Corps, and the number of former Volunteers who have gone on to hold careers in many of the US's top positions, not much academic literature exists on any facet of the Peace Corps, and very little attention has been placed on the experience of the Volunteer. No studies have been done regarding the health of the Volunteer upon return to the United States, nor has any study been undertaken to address coping strategies and readjustment of Volunteers who have experienced a crises while serving. To some degree, I would attribute the lack of literature to the overwhelmingly positive attitude Volunteers have toward their service, but given the high profile nature of some of the most recent news stories about safety incidents within the Peace Corps, more studies on the effectiveness of the safety procedures used by Peace Corps should be undertaken. Medical issues have largely been ignored in the literature. Even Stanley Meisler, who has written the most encompassing history of the Peace Corps had only one thing to say about the medical issues that are faced by Volunteers, "Life in the Peace Corps was far different from life elsewhere, and that entailed medical risks,

⁶⁹ Gay Stolberg, Sheryl. 2011. "Congress Urged to Increase Oversight of Peace Corps." *New York Times*, May 12. 20. *Newspaper Source Plus*, EBSCOhost (accessed May 28, 2012).

many unpleasant, some awful. But most Volunteers who had listened often in training to lectures on minimizing security and health problems, understood and accepted the risk.⁷⁰”

⁷⁰ Ibid, 147

CHAPTER III

METHODOLOGY

As mentioned, no research has studied the impact of service on the health and well-being of Peace Corps Volunteers, especially those who experienced a significant health event or crisis during service. In my study, I have approached the investigation from a qualitative perspective to allow Volunteers to share their previously undocumented stories. Qualitative methods allow for a complete exploration of the issue,⁷¹ especially where the subject has had little previous research, and no hypotheses presently exist to investigate the phenomenon.⁷² The goal of this study will be to illustrate and understand the experiences of Peace Corps Volunteers who suffered significant health or safety issue during their service and worked with Peace Corps staff to resolve their health issue. To achieve this goal a phenomenological approach was used. Clark Moustakas describes phenomenology as aiming

to determine what an experience means for the persons who have had the experience and to be able to provide a comprehensive description of it. From the individual descriptions general or universal meanings are derived, in other words, the essences or structures are experience.⁷³

⁷¹ Cresswell, John, 2007. *Qualitative Inquiry and Research Design*. Thousand Oaks, CA: Sage Publications. 38

⁷² Patton, M.Q., 2002. *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: International Educational and Professional Publisher. 193.

⁷³ Moustakas, Clark, 1994. *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications. 13

I used the Stevick-Colaizzi-Keen Method as modified by Clark Moustakas for analysis as it requires the primary researcher to become part of the study, and at the same time helps to remove the natural bias of the researcher by putting that experience on the same level as those of the co-researchers.⁷⁴

Interview Schedule Development

I developed a semi-structured in-depth interview for the purposes of this study. This style allowed me to have a guideline of comparable questions that all the participants would be asked, in addition to giving me the freedom to ask for clarification and follow up on responses that begged more of an explanation.⁷⁵ The central question of the interview asks the participants to tell their story of the health issue as they experienced it. This allowed the participants to describe the phenomenon as they experienced it.⁷⁶ The interview asks more detailed questions on the immediate response of the Peace Corps staff, as well as the response from Peace Corps upon returning to the US at close of service. Many of the participants addressed these issues without prompting in the course of relating their experiences. Asking the question again, allowed for the participants to focus their experience specifically to the relationship with the Peace Corps organization and staff.

Participant Selection

I used purposeful sampling through the snowball technique to recruit participants for this study. A purposeful sampling strategy was used to identify participants who had

⁷⁴ Ibid, 122

⁷⁵ Ibid, 114.

⁷⁶ Ibid, 115.

experienced a shared phenomenon,⁷⁷ in the present case, those who have experienced a significant health or safety issue as a result of their service. Snowball sampling was employed because Peace Corps Volunteers maintain a close network; the best way to search for Peace Corps Volunteers is by seeking out organizations that are known to work with PCV's and through my own network of Returned Peace Corps Volunteers (RPCVs). The initial email sent to my network and designated organizations instructed parties to send the information on to people who fit the given criterion. The participants self-selected by identifying themselves as RPCVs who experienced a health or safety incident during their service.

An email explaining my project and the type of Volunteers I was interested in speaking with was sent to a list of RPCVs that I know, the National Peace Corps Association (NPCA) and Health Justice for Peace Corps Volunteers (HJPCV). I attached a letter to participants and requested that the organizations share it with their members. The letter to participants explained why I was interested in hearing the stories of RPCVs who experienced a health or safety issue during their service as well as my own personal involvement in the study, explaining that I was a medically separated RPCV who had a difficult time obtaining service related benefits.

Unfortunately, the NPCA never responded to my request. The HJPCV is an organization founded by RPCVs who had an extremely difficult time obtaining service related benefits. Consequently, the participants recruited through that organization perhaps experienced a greater degree of difficulty than commonly experienced by other

⁷⁷ Cresswell, 125.

RPCVs. Finally, my own network of RPCVs put me in contact with RPCVs who may not have sought help from organizations affiliated with the Peace Corps.

In all, 15 people responded to my letter and expressed interest in participating in the study. I responded to them with the participant information sheet which explained how to contact me to schedule an interview and included a waiver of written consent. Due to the risks of identity exposure, I did not keep a record of consent forms. Of the fifteen people who were sent participant information sheets, eight went on to schedule interviews with me. Six responded to the message that was sent out through the HJPCV and two responded to me through my own contacts. Seven did not respond to schedule interviews after initially making contact, electing not to participate. In all, nine interviews were conducted including my own. The interviews were conducted telephonically because the participants currently live all over the United States. The participants were asked prior to the start of the interview if they had any further questions with regard to the participant information sheet. The participants were also asked if they consented to the interview being recorded for later transcription.

Data Collection

Participants were asked open ended questions from the interview schedule. The main question asked each one of them to describe the health or safety incident they experienced in Peace Corps Service, following the necessary development of the phenomenological process.⁷⁸ All of the participants shared a health incident, though four of participants experienced security incidents as well. Asking participants to describe incidents allowed them to focus the interview on issues and details they considered

⁷⁸ Cresswell, 61

meaningful and significant. Follow-up questions allowed me to direct their experience back to interactions with Peace Corps staff. The shortest interview lasted 25 minutes, while the longest was an hour and fifteen minutes. All interviews were recorded. Some interviews contained interruptions, because they were conducted telephonically. In one of the interviews a participant stopped to clarify some details with a spouse who served alongside the participant as a Peace Corps Volunteer. I transcribed each recorded interview into a written text. In hindsight I would have attempted the interviews over video chat so that I could have noted the facial cues of the participants – adding another level of rich detail in understanding the experiences of the participants.⁷⁹

Data Analysis

Following data collection the next step in the Human Scientific Phenomenological Method is to analyze verbal data.⁸⁰ I worked with data using Epoche, to help look inside myself and better perceive my own experience to gain awareness of my own assumptions and preconceptions.⁸¹ Epoche is the process of determining one's own experiences in order to recognize biases and avoid them. Having undertaken this study in an effort to derive meaning from what seemed to me to be a meaningless shift in my life, it was necessary to set aside my biases in order to see the stories of others from fresh eyes, rather than colored and negatively biased through my own experience. Moustakas says, "From the Epoche, we are challenged to create new ideas, new feelings, new awarenesses and understandings."⁸²

⁷⁹ Hesse-Biber, Sharlene and Patricia Leavy, 2004. *Approaches to Qualitative Research*. New York: Oxford University Press. 185

⁸⁰ Cresswell, 62

⁸¹ Patton, 485

⁸² Moustakas, 86

As required by the Stevik-Colaizzi-Keen Method, my first step was to write down my own experiences and consider significant statements within my own experience to help set aside the bias as researcher.⁸³ Having written about my experience, using the interview schedule as a guide and using my own experience as one of the interviews, I was able to be acutely aware of my preconceptions and place my own story on equal footing with those of other research participants. I analyzed each interview as its own entity, beginning with mine, by considering each statement for relevance to a description of the experience. I then horizontalized the data by pulling out each of these significant statements and clustering them into themes. For example, I noted that the statement “They said, you have to take Lariam or you’re going home.” was significant to the experience and then I was able to cluster the statement into a theme of Peace Corps staff redirecting the health issue onto the Volunteer. Once I had horizontalized the data from each interview, I compared the themes from the interview and was able to determine that there were six themes that were present in all of the data. Following the identification of themes I wrote a textural description of each theme.⁸⁴ The textural description is an explanation of what happened to the participants.

Using the thematic descriptions I wrote a general description of what it means to be a Peace Corps Volunteer who experienced a significant health issue as a result of their service. The general description is the essence of the experience. The phenomenological method allows for individuals who have no history with the issue being studied to

⁸³ Moustakas, 123

⁸⁴ Cresswell, 159

develop an understanding of the experience through the fleshing out of the essence of the experience.⁸⁵

Limitations of Study

One of the major limitations of this study is the small participant group, substantially limited by the stigma associated with a negative portrayal of the Peace Corps. I had the opportunity to include content collected from an anonymous study but chose to focus on the experiences of the participants to allow for a more in-depth analysis of the experience. The small participant group did not allow for all of the Peace Corps regions to be represented in this study leaving some Volunteers unrepresented.

⁸⁵ Ibid, 159.

CHAPTER IV

VIGNETTES OF PARTICIPANTS

Background

The participants of this study were as a group older than the average Peace Corps Volunteer. Participants had an average age of 31, while the typical Volunteer is 28.⁸⁶ Two participants served in the early 90's, one served in the early 2000's and six served in the last five years. Of the last cohort, many had been back just a few months before speaking with me. Of the participants, three served in Latin America, five in Africa and one in the Pacific Region. Neither the Asian nor Eastern European regions were represented in this study. Of the participants, three experienced health issues believed to have been related to the anti-malarial medication prescribed to PCVs by the Peace Corps. While all of the participants' interviews focus primarily on health issues, four RPCVs experienced a security issue as well. Two participants contacted me through personal connections, and six participants responded as a result of the request sent to them through the HJPCV organization. One of the interview transcripts is my own experience.

⁸⁶ United States Peace Corps. Fast Facts.
<http://www.peacecorps.gov/index.cfm?sell=learn.whatisp.c.fastfacts>

Participants

All the names of the following participants have been changed to protect their identities.

Carl

Carl served in Africa in the early 90's for about a year before being medically separated. After six months of service, the Peace Corps changed its official anti-malarial medication to Lariam, and so Carl switched to it. Shortly thereafter, he experienced difficulty sleeping, and others noticed that he wasn't himself. Peace Corps Washington diagnosed Carl as having major depression and sent him home. Psychiatrists in the United States diagnosed him as having bi-polar disorder. Since his medical separation, Carl has been hospitalized multiple times, many of which were paid for out of pocket until he was eventually successful at obtaining social security disability. The Peace Corps helped pay for some of Carl's hospital stays, but he knew he would have to pay for residual treatment on his own before applying for help from Peace Corps. Carl believes Lariam caused his condition, but the Peace Corps will not acknowledge it as the cause. Carl has repeatedly attempted to contact the Peace Corps but feels he is being ignored.

Phillip

Phillip recently served in Africa for seven months until his service ended prematurely due to an early termination. Phillip was prescribed Mefloquine upon arriving in-country. He was required to sign a waiver acknowledging that the drug has side effects. Phillip immediately began experiencing side effects from the drug, both physical and mental. He was told that his symptoms were caused by the stress of readjustment. After repeated complaints to the medical staff that he was experiencing depression, his anti-malarial was

switched. When his mental symptoms did not go away, Phillip decided to early terminate. Phillip hoped that his symptoms would go away when he returned home and when they did not he sought medical care. Phillip was told to use his Corps Care Insurance for any medical bills he incurred, but when he tried to apply for FECA he felt he was being accused of fraud and dropped the claim.

Rebecca

After completing a two-year stint in Latin America, Rebecca had just extended her Peace Corps service when she was in a serious accident, suffering severe head trauma. She was taken by her boyfriend to a local clinic where they told her she would be fine, but her boyfriend insisted on a second opinion. Doctors elsewhere insisted on emergency brain surgery. Rebecca remained hospitalized in her host country until her mother demanded she be medically separated for treatment by her hometown hospital. Following her return to the US, Rebecca was unable to fill out the necessary paperwork for health benefits and the task was left to her mother. Rebecca's mother was rebuffed by the Post Service medical unit and told that the injuries her daughter sustained were now the responsibility of FECA. Rebecca continues to experience severe symptoms from her brain trauma and cannot remember the month surrounding her accident. She is unable to work, and with the assistance of a trusted doctor and hospital where her mother has connections, she was able to obtain FECA benefits. She continues to struggle with obtaining medical insurance for herself due to her pre-existing condition. Rebecca applied for Social Security Disability in order to qualify for Medicare.

Jessica

Jessica was able to complete her service in Africa but during her time there she suffered several health incidents, a major security incident and continued to have lasting symptoms of a musculoskeletal problem at her close of service date. Jessica's service began with a stomach parasite the symptoms of which were blamed on the stress of transition. She was eventually placed in a site that required her to scale a mountain to get to and from work. She began to experience pain and swelling in her joints, but she was afraid to bring it up with the Peace Corps Medical Staff because of her early interactions with them. Eventually she did mention the problems she was having but the solutions provided to her were unreasonable. Jessica felt like she was left in the dark about the decisions made with regard to her medical care. She was repeatedly told that if she wasn't happy with the medical care she would need to go home. After her close of service upon her return home, she was able to successfully obtain FECA benefits with the help of friends who had previously had claims approved.

Harrison

Harrison served in Latin America in the early 1990's for seven months until he early terminated. Harrison contracted Giardia during training, the improper treatment of which he believes led to him experience heart palpitations. Complicating the issue, heart trouble runs in Harrison's family which increased his anxiety about the palpitations. He sought help from the Peace Corps Medical Staff and saw a heart specialist who dismissed the palpitations as caused by adjustment stress. When they continued, Harrison sought help from a local shaman and picked up a Valium prescription from the local pharmacy. A fellow Volunteer alerted the country staff to his Valium use and he was given the

option to early terminate or face an administrative separation. Harrison elected to early terminate and was denied FECA because the heart palpitations were classified as a pre-existing condition.

Melody

Melody served in Africa for one year in the early 2000's before being medically evacuated to Washington D.C. and was later medically separated. Before her departure she was given Larium as an anti-malarial. Melody immediately began experiencing severe anxiety that she could not explain. After Melody was already experiencing symptoms, she was given a waiver to sign that explained possible symptoms of the medication. When she initially reported her symptoms she was told that she missed her boyfriend. Eventually other Volunteers notified the Peace Corps that Melody was not doing well and she was medically evacuated to pursue treatment. It became obvious that she was not getting better and she was medically separated. Peace Corps began the process of applying for FECA and Melody was successful in filing a claim.

Stacy

Stacy recently completed her service in Africa with her husband. Close to the end of service date she learned that she was pregnant. She waited to inform the Peace Corps Medical staff because she was concerned about their reaction. When she notified the staff she requested a doctor's appointment to verify the pregnancy and make sure everything was progressing smoothly. Stacy was told that it would be impossible to have an appointment with an OBGYN. Eventually she was able to have an ultrasound. Stacy purchased health insurance through Peace Corps so that she could have pre-natal care when she returned to the US. Upon her return, she found that there were no OBGYN's

listed who accepted FECA and no doctors who were listed as accepting the insurance would actually accept it. Stacy was able to see a doctor two times during her pregnancy due to difficulties with insurance and she is unsure if the second visit will be covered. Stacy has applied for FECA for the delivery of her child, but is still waiting to hear the status of her claim.

Francine

Francine recently served in the Pacific Region and completed her service. Just before her scheduled departure she was required to leave early, without having an exit medical evaluation due to a security incident. Francine was given several vouchers to pay for her exit medical exams. Many doctors did not know how to accept the vouchers and charged Francine a copay or later billed her for the services. Francine admits to having a very difficult time transitioning back into American life. She was experiencing several residual health issues including joint damage and pain in her hands. Francine purchased health insurance through the Peace Corps but has found that they rarely pay claims, wanting to first confirm that the health issue is not a result of her service. With the help of a doctor, Francine applied for and was rejected for FECA benefits. She is now in the process of applying a second time. Francine is not hopeful that her claim will be approved; if it is not she is hoping that she will be cured through prayer.

Emily

Emily served in Latin America until she was recently medically separated. She began experiencing joint and muscle pain just before the end of training, but was afraid to report her health incident after having trouble with Peace Corps staff during training. Another Volunteer reported that Emily was experiencing pain. Emily did not know what

was going on with her healthcare. Upon arriving at her site, Emily experienced and reported a security incident to Peace Corps officials who dismissed it as simply a cultural misunderstanding. Still, she did not feel safe in her site and considered filing for a site change. The Peace Corps Medical staff thought Emily might be faking her symptoms because she had difficulty adjusting. When Emily arrived back in the US she tried to use a voucher to pay for her doctors' visits and begin the process for FECA. The doctor refused to accept the voucher and she paid the costs of diagnosis and treatment out of pocket.

Conclusion

Each of the nine participants served in a different country, interacted with different staff and suffered from different symptoms. The participants services and dealings with the Peace Corps are different from the others, as is to be expected with so many variables present. Despite the differences in the experiences of the Volunteers, I have identified commonalities which will be analyzed in Chapter 5.

CHAPTER V

ANALYSIS OF EXPERIENCE

Following a thorough review of the significant statements found within the interview transcripts, I was able to identify six themes present in some form in each of the nine participants recounting of their experience with Peace Corps in resolving their medical conditions. The six themes are: 1) Inadequate Insurance Coverage, 2) Assistance from an outside party, 3) Confusion, 4) Redirection of Health Issue, 5) Unhelpful Interactions with Peace Corps Officials and 6) Belief in the Peace Corps Mission.

Inadequate Insurance Coverage

Throughout the interviews participants expressed frustration concerning their inability to obtain insurance coverage, or to efficiently use insurance to mitigate health care costs. As previously explained, Peace Corps uses a voucher system to pay for evaluation of unresolved medical conditions. In other words, when a Returning Peace Corps Volunteer (RPCV) leaves the country of service, if he or she has a health condition in need of treatment, the Peace Corps provides a voucher – a letter of guarantee that doctors on the Peace Corps approved list should take as payment. However, in my research, participants had difficulty getting doctors to accept vouchers, or a doctor would initially accept the voucher and later bill the Volunteer. Emily says,

When I got to the doctor I presented the 127C, the receptionist was like, I don't even know what that is and we don't accept it here. I showed her the website, like, you are on this list! She said, yeah I don't care what the website says, I don't know what that is so we aren't taking it.

Additionally, the voucher system covers only the *evaluation* of a health condition, *not its treatment*. Some participants had conditions they felt could not wait for evaluation and FECA approval, before treatment. Francine explains her predicament,

I had a growth on my finger that had been bleeding for six months, daily six months, going to a dermatologist and supposedly he could not treat that there and be paid for it although it was continually bleeding. Well he did treat it and is still fighting that bill. Because if I had to go to a – looking back at it I would've done the same thing because it had to be treated. But, but according to the system that is in place... saying, would say that I'd have to file a FECA and several months later maybe they would accept it after rejecting it, rejecting it, reject and meanwhile I'm bleeding on a daily basis.

Some participants purchased health insurance through Peace Corps, offered to RPCVs for up to eighteen months after their service. Peace Corps insurance is contracted through a company called Seven Corners, and the insurance itself is called, AfterCorps. Those who purchased it, described it as being very expensive, and not likely to pay claims. The same doctors who accept vouchers will also supposedly accept AfterCorps, but the RPCVs I talked with had the same difficulty with AfterCorps insurance as they did with the voucher. Volunteers must use a list of doctors who supposedly accept the insurance and call doctor after doctor, hoping that one will actually accept it. Stacy was told that she needed to tell doctors that she had Humana insurance. Her experience was,

The problem is that you can tell them until your head is blue that you have Humana Insurance, but when you give the information on your card, you know, your policy number and all that information, the, the address that they need to submit claims to and all that, I mean, when they look at that, that is not Humana. So you know, there

is nothing I can do to make these people take this insurance.

Additionally, AfterCorps insurance does not cover any health conditions that were caused by Peace Corps service, even while Volunteers are waiting to determine if FECA claims are approved. Conditions caused or exaggerated by Peace Corps service are to be treated through the FECA system. Those who purchased AfterCorps had the experience that all claims were initially denied so that it could be determined if they were service related or not.

In February I went and was with bad stomach pains that I've been experiencing for a while and obviously not Peace Corps related at all, not at all, and I've filled out the paperwork to say that and everything. Well they're still trying to think that it is Peace Corps related and not wanting to pay for the visits or any of the tests.

Some Volunteers, having heard about AfterCorps decided not to purchase the insurance at all, hoping that they will either qualify for insurance through an employer, or that they will be able to find better insurance in the private market, only to discover that Insurance Companies will not insure them due to a pre-existing condition. Ideally, this will change under the Affordable Care Act. Volunteers who return home with a medical condition are often incapable of working, which rules out health insurance through an employer. Federal employees are offered health insurance through the federal government, but RPCVs do not qualify for that insurance as Rebecca found out.

This really, really, really makes me angry; I contacted Peace Corps because I said, come on guys, what we can't get regular health insurance because of a pre-existing condition right? And its cause of an injury that I received in service, but yet you guys won't offer us health insurance through the federal government because we are not employees.

A combination of AfterCorps and the FECA system remains the only alternative for RPCVs to have both new and service related health conditions costs mitigated. The participants of this study found the system difficult to navigate. It often left them paying out-of-pocket for their own health care for health issues incurred during their time in the Peace Corps.

Assistance from an Outside Party

Those who were successful at obtaining service related benefits, or help from in-country Peace Corps offices often had assistance and advice from a third party -- a family doctor; an experienced hospital; family and friends with past experience. Those who tried to obtain service related benefits on their own either gave up because the process was too confusing and time consuming, or were denied and quit. Melody had the process started by Peace Corps as part of the Med Evac. Carl was eventually assisted in obtaining Social Security Disability benefits by social workers. Rebecca stayed in a hospital where her mother had worked that had experience navigating the FECA system. Having the assistance of concerned people with experience was definitely a determining factor in the ability of the participants to have claims approved. Jessica made a very astute observation about the process,

I think I was lucky because I had several acquaintances and friends who had gone through the workman's comp process in the year prior that could kind of advise me on how to handle it, to make sure that I got every "t" crossed and "i" dotted, with my doctor to really, really go over everything with a fine tooth comb to make sure everything was covered and get all the documentation from the physical therapist, etc. etc. So I knew what to expect and I knew that the first round my claim would be rejected, but, during that time my thought was kind of like, it would be really nice if Peace Corps had somebody to sort of explain this to people, because I'm lucky because I know, but I can just sort of imagine these people who get back from a country that is a world away from the US are completely disoriented when they get back.

Francine experienced some of the disorienting effects of culture shock when she first returned to the US and as a result had a difficult time with the FECA claims process. She had trouble even starting the FECA process on her own, but with the assistance of her doctor she does now have a workman's comp case pending.

While in their country of service, the participants of this study often had success at getting assistance from the Peace Corps Medical Staff because of host families, or other PCV's who advocated for them. When initial attempts at effecting resolutions failed, other individuals assisted. Host families and nearby PCV's were watching out for the participants of this study. When Rebecca had her accident and initially was taken to a local clinic, it was her boyfriend, a host country national, who refused to accept the initial diagnosis of the clinic, contacted the nearest PCV and insisted she be taken to the Peace Corps approved hospital nearby. Harrison credits his host family, both with advocating for better health care, and with getting him through the training process,

Without this families help I probably would have not been able to make it through the training in the Peace Corps because they actually sat down with me every night and practiced my Spanish and you know, went out of their way to make sure that I had all things necessary to succeed. The mother of that...you know, she knew what was up, she actually went into the training center to complain to the nurse there, you know, about my health.

Other Volunteers also noticed and reported when participants weren't doing well. Emily credits the initial reporting of her illness to a fellow PCV. Volunteers experiencing mental health issues felt like their friends and neighbors were watching out for them. Melody says, "I wonder if other Volunteers had said something to the Peace Corps,

because every once in a while, the Peace Corps Medical Officer would come by and check on me. And so I think that people were aware I wasn't doing well."

All of the participants in this study benefitted from help by others, both in their host countries in having medical issues addressed by the medical staff and also in the US with regard to obtaining service related benefits. This finding speaks to the importance of developing relationships with host country nationals and fellow PCV's in country, both of which are emphasized by Peace Corps staff during training.

Ironically, Peace Corps Volunteers described having less reliable support in the US than abroad. For example, Jessica had contacted Health Justice for PCV's for help with filing her claims, and Stacy was looking for a chapter of the National Peace Corps Association in her area so that she might meet fellow Volunteers who had had success in dealing with pregnancy after service. Many of the Volunteers wished that the Post Service unit was equipped with someone who would walk them through the process. Rebecca was acutely aware of the difficulties in trying to go through the process on her own, difficulties exaggerated by the traumatic brain injury she received in country. Her mother eventually had to initiate the process.

I think that somebody needs to help you fill out all the forms you need to have and give you a step by step instruction sheet as to what's about to happen. So if it's not the Volunteer that's getting this, step by step, let me hold your hand and show you how this is don thing, then it needs to be their next of kin, whoever is taking care of their ass, because in my case, like I said, I knew how Peace Corps worked, for example, I knew, my mother didn't know anything! She didn't know about my return, the money you get at the end of your service, she didn't know any, any of that stuff! All that stuff should be explained. There should be a packet or something with a bullet point list that explains, okay, this is what's going to happen, and then you're going to call this person... and this is about your finances, and this is about their service, and here is about their close of service... blah, blah, blah, everything.

PCV's returning to the US with medical conditions are often physically or mentally unable to file claims alone. The already complicated process is made more difficult for RPCVs who are readjusting to life in the US. RPCVs need additional help to successfully file claims.

Confusion

The participants of this study experienced a great deal of confusion regarding their medical care. Participants were unsure why a certain procedure was followed, felt that they were left in the dark about the decisions made, often did not understand why they were sent home, or what their next steps should be. PCV's are supposed to have continuing care explained to them before they leave the country, and for most of the participants, it was. However, participants still had residual questions and confusion about how treatment actually works. The participants did not know where they could go to report the mismanagement of their cases or what to do if they experienced inadequate care.

In the host country PCV's were unsure why Peace Corps Medical staff took certain steps and not others, but felt inhibited about asking staff members for explanations. Melody, for example, says,

There was another girl in my group who also, who's family had a history of seizures and she was specifically not put on Lariam because of that. And I was like, but my family has the same problem and yet I was put on it, so I think it was sort of haphazard to who got put on it and who didn't. So that was kind of weird, and the preparation was weird and they didn't inform us of anything.

The Volunteers who had difficulty with the anti-malaria medicine were asked to sign a waiver, but none of them understood why, or its purpose. All Volunteers expressed

confusion at certain points over the treatment protocol followed by medical staff, and a more general feeling of being left uninformed about treatment plans. For example, Emily felt the medical staff was telling her one thing while doing another, and Jessica repeatedly questioned the decisions of the medical staff.

I understand that they are responsible for you and so I understand that they can only give you a limited number of choices and they want something to happen because essentially they are responsible for you, but it's not said directly. It's not the military where it's like, this is going to be; what we do now, it's like somewhere in between that and autonomy and it's like, who am I working for? Like, what's going on? And why is this happening and why are you guys being jerks about it... and if things were just more clear because I think, you know, if I or another Volunteer is aware of how a thing works, you know, like how health insurance when I get back works and is actually available it's like, oh, I am going to have to submit this form. It's not like normal insurance, you know? Then I can accommodate for that but to go through something and have to be like oh this is another surprise and to found out like of, my bill hasn't been paid and I have to pay right now... because it's been six months and I didn't have any communication from the insurance company... well crap!

In addition to being confused about the care that they received in country, Volunteers were often unsure exactly why they were sent home, or what process should be followed for continuing health care once back in the US. Carl left his country of service not even sure if he was being sent home for medical reasons. When Harrison asked for an explanation regarding his termination the country director refused to provide one. Emily knew the official reason for her termination, but was unsure how or why the decision was made. "I remember being struck by how unfair the whole thing was. I mean, we didn't even have a good diagnosis really, they hadn't examined me."

While all of the Volunteers said that continuing health care was explained to them at least partially, they also all had lingering questions. Stacy felt that the PCMO responsible for explaining continuing healthcare did not really understand the process

herself. Francine said that materials were provided, but healthcare was never verbally explained. Everything that she knew about the process she learned from her own research. The information that Phillip received before his departure was wrong.

They told me to use my corps care insurance for any follow up care, which they should have told me to file with the Department of Labor, which they didn't. I was kind of really out of it so I didn't, I should have, so I paid, insurance paid for some of it, but I paid a decent amount of it.

Overall, participants experienced a great deal of confusion both in their countries of service and in the US, and that confusion led to a lot of frustration for them. Jessica sums up the status of confusion for the participants when she says, "As of right now there are a lot of things that don't make sense, or I don't have all the information so they don't make sense to me."

Redirection of Health Issue

With the exception of Francine who focused her narrative on the events following her return to the US, each of the participants experienced a moment when they pointed out their health issue to the Peace Corps staff and were told that they were experiencing symptoms of stress caused by adjustment to a new country. Additionally, the ability of Peace Corps to send Volunteers home was always on the minds of the participants. Harrison described it as a "sink or swim" attitude. For many of the Volunteers, they felt like they were repeatedly coerced into certain actions under the threat of being sent home. Jessica says, "There was always this drama in our office like, oh Washington is going to send this couple home, Washington sent that person home." The Volunteers also felt that the medical staff treated their health issue as if it were caused by their own bad judgment.

Phillip was told that he had a rash because he was not maintaining proper hygiene. Stacy says

I don't know, I sort of felt like they treated me weird like, I don't know when I first got to the office for my COS exam everything was all hush-hush. I mean first of all, I'm married and I'm (old enough to have a child) so it's not like I'm single. I don't know, it's not like something bad happened to me you know what I mean? And they were all like hush-hush-hush about it at first and it, it kind of made me feel weird. Like, you know, why, why would this woman get pregnant you know? I don't know, it just kind of made me feel kind of odd and it's like there should be no reason for me to feel odd because I am old enough, I'm married, what's the...what's the problem you know?

Volunteers reporting health issues were frequently told their symptoms were stress-induced and consequently received no treatment. Most Volunteers were told how over time they would adjust. In a few cases staff members recommended exercise to overcome stress. Counseling sessions were offered to several Volunteers. Emily was sent to counseling after she was accused of faking her pain to get out of her site. Following a medical appointment cancellation, Jessica was sent to counseling as well. Melody was experiencing classic side effects of the anti-malarial prescribed; her experience in the initial reporting of symptoms is,

What I do remember is being told I just missed my boyfriend. I mean, I don't remember when I first said, look, I'm having anxiety, um if they had been looking for warning signs, than I would have clearly been having warning signs. I mean, I, It's difficult in that everybody is going to be having some kind of anxiety, probably because, you know, you just left home, you're gone for two years and so there's all these things that probably are there.

For participants of this study, the dismissal of health issues as stress-induced, or in some other manner psychosomatic, led to concern that their health issue would never be resolved. Harrison was told by a heart specialist that his heart palpitations were

caused by stress and that he “would just have to get used to it.” For Harrison the fear that his heart palpitations were a serious condition, combined with his own perception of staff as having a “sink or swim” attitude, led him to self-medicate in direct violation of Peace Corps policy. When his breach of policy was discovered, Harrison early terminated to avoid the Peace Corps’ more serious action of administrative separation. Even so, Harrison’s early exit resulted in limited post service medical benefits.

Phillip was told that his symptoms were caused by stress as well.

Basically for them the party line and I’ve heard this same story from many other RPCVs is that the psychological symptoms are caused by stress. They are caused by the stress of being in a new country, and for me, having lived in other countries before, for long periods of time, alone; I knew that was not the case. That and there’s all the physical symptoms. There the feeling that I’m not having these episodes where I felt like I was watching myself and the rashes, and the itching and the insomnia. It was not a normal response to stress.

Phillip went on to early terminate his service.

Unhelpful interactions with Peace Corps Officials

The participants’ interactions with Peace Corps staff were characterized by unhelpful responses, or no responses at all. For some Volunteers, the majority of their non-positive interactions happened in their country of service, while for others they happened in the US. To say that all of the interactions with Peace Corps staff were negative would be incorrect, but there were repeated occasions of unhelpful responses from Peace Corps for all the participants in this study.

The unhelpful responses in the country of service often left the Volunteer afraid to approach the staff with further requests for fear of being labeled a problem Volunteer. Stacy knew that pregnancy was considered a serious medical condition, so she waited to

report to Peace Corps out of fear that she would be medically separated a few weeks shy of her COS date. She says,

I mean going into it I knew they weren't going to be the best you know, they weren't going to be very supportive. I mean, having heard other Peace Corps Volunteers' stories about you know, going to the doctor and stuff like that, I kind of knew they were probably not going to be that supportive of me but.. but yeah I will say that I wasn't exactly happy or that they you know, weren't really supporting me at all.

Both Emily and Jessica waited to report their health issues because they had already experienced multiple issues previously and were afraid of the response from the Peace Corps office. Both women also experienced security incidents in their sites. Emily did not report her security incident because the office had previously ignored related complaints. Lack of reporting of incident fits with the data collected by the GAO reports showing that Volunteers were wary of reporting because they feared repercussions of PC staff.⁸⁷ Jessica affirms that in her experience, bringing up problems with the Peace Corps staff would only lead to trouble.

It was consistently difficult to communicate with the office and kind of affected my entire, like, my medical care as well because like, I don't want to bring this up to them because I don't want to become more of problem Volunteer and I don't want to ask them about something else... and I think that's why I waited so long about my ankle... and so I did.

When the staff was responsive, the Volunteers often felt that the solutions given were unrealistic. When Phillip reported that he was experiencing severe symptoms and believed them to be side-effects of Mefloquine, he was told to break the medication in half and take it twice a week instead of once a week. Jessica was told to ice her joints

⁸⁷ Ford, Jess T. 2004. "Peace Corps: Status of Initiatives to Improve Volunteer Safety and Security: GAO-04-600T." *GAO Reports 1. MasterFILE Premier*, EBSCOhost (accessed May 26, 2012).

when she complained of pain; the nearest place to get ice was miles away. Harrison and Melody were both told that over time their health issues would resolve themselves. When Emily noticed that she had an allergy to the bug-spray she was supplied, the medical office told her to continue using the bug-spray, but take an anti-histamine as well.

The participants who served earlier often found that the post service unit would not answer questions or respond to calls or requests. The Volunteers who have more recently ended their service admit that their calls to the Post-Service medical unit no longer go unanswered and unreturned, but that the staff is often unable to help them. The more recently returned PCV's have positive things to say about their interactions with the Post-service unit but recognize that what they are told is often misinformation or misdirection. Francine observes,

Quite especially with (one nurse specifically), very sympathetic, very understanding. She seems, she admits that it's a mess you know, she asks me to be patient and I am. I am. They try to help. They... I've gotten two different people that have referred me to all the wrong people, they were so helpful but they were so... but unfortunately they didn't know what they were doing. One of them isn't there anymore. I guess he did that enough, but he referred me to do this and called this and everyone I got said no, that's not so, that's the other thing. I'm getting from Peace Corps, a lot of different information.

The Volunteers who served less recently had terrible experiences with the Post Service medical unit. Melody said that if she could change one thing about the Peace Corps medical process, it would be that the post service unit answer your calls. These Volunteers would write and call and they got to a point where they didn't even expect a response.

Belief in the Peace Corps Mission

Each of the participants had good reason to harbor bitterness toward the Peace Corps organization, but rather than having consistently negative things to say, Volunteers instead chose to qualify their experiences with statements of support for the Peace Corps organization and the work that it does. All participants expressed satisfaction at the work that they did, or with a specific person in the host country, or some member of the Peace Corps staff. The feeling that the experience was positive and not to be traded was present in each of the interviews despite the disappointing endings of the services of the participants.

Carl felt like before he began taking the Lariam, things were going very well for him. He was making friends with local people and getting a lot of work done. Had the Lariam not began to affect him, he believes he would have gone on to have a very successful service. Phillip felt similarly, he says, “it hasn’t changed my perception of the work of Peace Corps and what they do... in general I think the organization does a lot of good.” Jessica felt like she had more work to do in her site than she could get to. She says that in the end, she still felt satisfied with what she was able to accomplish. Rebecca and Francine both felt lucky to have worked with such amazing staff in their host countries. Rebecca felt like her PCMO was like a relative to her, they still keep in touch. Even Harrison, who had consistently negative experiences with the Peace Corps organization still says, “I look back and I remember for years and years I would tell people, even though it turned out the way it did I’m glad that I did it.” Despite Emily’s bad experience, she has considered trying it again, “I just really want to know what it feels like to finish.” Melody sums up her feelings nicely by saying,

People believe that the strength of the Peace Corps is the Volunteers and if the Volunteers can't contact anybody then you know, what's the point? So I guess, that's sort of my thoughts, I mean, I still really enjoyed my service and I still really enjoyed being with Peace Corps, it's just that you know, they're better than that, and they aren't acting like it.

Peace Corps service left its mark on each of the participants. Though for some of them it was with a disability, the participants each regarded their experience as something they would not trade.

CHAPTER VI

CONCLUSION

Since so little research has been conducted or made publically available, not much data exist for comparing the experiences of Peace Corps Volunteers reported in this study. A phenomenological study is not meant to show causation, rather to shed light on a previously unstudied experience.⁸⁸ Accordingly, this study has sought to provide a glimpse of what Peace Corps Volunteers experience when a significant health event occurs during service, and the hurdles they face in attempting to resolve the health issue using Peace Corps channels. The findings reported here are supported by much of the data collected by the General Accounting Office in its audits of the organization.⁸⁹

Implications of Findings

One of the most troubling themes in the GAO reports is that of the consistent underreporting of incidents to country staff. The reports showed that crimes committed against Volunteers and health incidents among Volunteers were not regularly reported to Peace Corps officials for a variety of reasons.⁹⁰ The participants of this study waited to

⁸⁸ Moustakas, Clark, 1994. *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications. 13

⁸⁹ Ford, Jess T. 2004. "Peace Corps: Status of Initiatives to Improve Volunteer Safety and Security: GAO-04-600T." *GAO Reports 1. MasterFILE Premier, EBSCOhost* (accessed May 26, 2012).

⁹⁰ *Ibid*, 1

report medical issues for fear of being known as problem Volunteers. They waited or did not report issues because in the past they had not been given effective solutions to problems or had earlier complaints ignored or dismissed. The underreporting of incidents limits the amount of help that a Volunteer can receive both in the country of service and in the US. Volunteers who do not report incidents have a more difficult time obtaining compensation for the treatment of their ailments as they will likely go through the process without any formal assistance as shown in detail with the example of Harrison.

The literature also recognized that the experience of the Volunteer is highly variable depending upon when and where they serve, in what sector they are placed, and the staff at the time of their service.⁹¹ Some of the participants had medical staff in their country who were fantastic. They were helpful beyond the call of duty and sorely missed when the Volunteers left their countries of service. Other Volunteers had staff that were consistently rude and difficult to engage or medical staff that seemed to be disorganized and unprepared for the health conditions of the Volunteer. It was apparent that the standard of care varied widely depending on the country of service. Peace Corps has attempted to standardize care for Volunteers, but judging by the extremely varied experiences of the participants it is difficult to see what these standardization attempts have accomplished.

Peace Corps Volunteers need a support network available to them upon return to the US. The participants who were medically separated or early terminated were provided with only a plane ticket, some money for meals along the way and a verbal explanation of continuing health care. Those who were medically evacuated were at least

⁹¹ Ibid, 5

transitioned back into the US while staying in Washington D.C. undergoing treatment for their ailments. A contact list of RPCVs in the area of would provide at least some comfort for a Volunteer who is returning home and possibly help Volunteers to navigate the complex system as in the case of Stacy. Ideally, Volunteers who leave their country of service in a non-traditional manner and require continuing care would receive the assistance of a dedicated Post-Service nurse or special advocate. Several of the participants reiterated that they wished that there was some member of the Peace Corps Post-Service Unit who was directly responsible for them and could help them to navigate the process.

Many of the Peace Corps country staff are host country nationals who were not ever PCV's themselves. Even the upper level staff who tend to be US citizens are often not RPCVs and have a difficult time understanding what the Volunteers are experiencing. Without this knowledge, management of Volunteers can be very difficult. I would recommend regular counseling appointments for all Volunteers so that their adjustment into a new culture can be monitored and so that symptoms of psychological distress can be detected earlier and addressed as issues separate to physical ailments. This form of support could help prevent the misdiagnosis of illness as being related to stress, as happened with many of the participants of this study. Regular monitoring would also provide the Peace Corps organization with a wealth of knowledge on the adjustment process and the qualities and training skills that make a successful Volunteer.

Suggestions for Future Research

This general study sought to report the experiences of RPCVs who suffered a significant health or safety issue during their Peace Corps service. More specific studies

should be conducted to look at patterns within specific countries and regions and allow for a comparative analysis between countries and regions where Volunteers serve. It would be beneficial to look at the shared experience of all different Volunteer groups. Studies should be done to look at the experiences of older Volunteers in contrast with Volunteers of average age, as well as female Volunteers and male Volunteers. There simply is very little aggregated data on the Peace Corps experience. As stated in the literature review, the majority of literature addressing the lives of Peace Corps Volunteers exists in the form of memoirs written by RPCVs. Certainly, all aspects of the Peace Corps experience deserve more study.

One particular area of interest that was touched upon in the finding that the participants continue to espouse a belief in the Peace Corps Mission, is the notion of organizational dedication. More research is needed on the relationship of Volunteers to Peace Corps as well as to other Volunteers. Peace Corps Volunteers clearly have a unique commitment to the organization that has yet to be studied. Part of this organizational dedication is the stigma associated with Volunteers who end their service early. This stigma and its effect on early terminating Volunteers deserves more study.

Peace Corps, as an organization in charge of thousands of Volunteers, needs to reevaluate the organization's obligation to understanding and monitoring the stress of adjustment and readjustment of Volunteers. Of the participants, nearly all of them had health issues that were initially blamed on the stress experienced as a result of initial culture shock and the adjustment period. There should be a better understanding of what is happening with Volunteers in general, as well as close monitoring of individual Volunteers as everyone reacts to adjustment differently. My research is consistent with

the idea that there is a need for far more research on the experiences of Peace Corps Volunteers rather than just the numbers. I believe that this study shows how many gaps there are in our understanding of what it is like to be a Peace Corps Volunteer, especially a PCV who must continue to deal with health issues cause during their service.

Conclusion

Peace Corps is an organization that has attracted the young people of the US into lives of service abroad. Hundreds of well-known successful individuals are former Peace Corps Volunteers and the organization has a reputation for greatness not only in the US, but in the countries Volunteers serve. Despite that reputation, Peace Corps has a continually evolving history and attitude toward the Volunteer. In 2002 the General Office of Accounting initiated an audit of Peace Corps procedures with regard to the health and safety of Peace Corps Volunteers. The results were grim as outlined in the literature review. Since that time, little progress was made until the 2011 20/20 special report on the treatment of sexual assault victims in the Peace Corps. At that time, an unprecedented dialogue was initiated with PCV's in order to better understand the issue and ultimately to make necessary changes. National attention was garnered as a result of that story and congress initiated a secondary investigation ultimately leading to the Katie Puzey Act. Though investigations have begun in order to identify issues within the Peace Corps system, no study has been initiated to share the stories of Peace Corps Volunteers who have lived through difficulties with the system. This study was an attempt to share the lived experience of Peace Corps Volunteers who worked with Peace Corps to resolve health and safety issues that occurred during their services.

Volunteers clearly do not really understand how to proceed in seeking benefits upon their exit from the Peace Corps. There is a great deal of confusion in a process that is already difficult to navigate and does not function smoothly. Volunteers need more help in order to be successful at treating their health issues. The process Volunteers need to follow in order to be successful at obtaining benefits needs to be better explained and easier to access. PCV's are often not prepared to resume their own health care when they return home from the US, either because of their health issue or because of the reverse culture shock that affects Volunteers on return. More research is definitely needed on the process of readjustment into the country of origin. Peace Corps Volunteers truly have a unique experience that is not easily compared to other travel abroad; it needs to be treated as such in research studies.

In this study, health issues faced by Volunteers were blamed on the stress of integrating into a new culture. After health issues were dismissed, Volunteers did not feel comfortable reporting problems to the Peace Corps staff. Furthermore, the culture of the Peace Corps emphasizes the need to go with the flow and be accommodating. That culture lead some of the Volunteers in this study to feel that multiple difficulties in their Peace Corps experience would lead to the label of "Problem Volunteer." Volunteers need the opportunity to address grievances within the system without repercussions. More research should be undertaken on the stressors that affect PCV's and effective ways to mitigate those stressors while continuing to identify alternate problems.

Despite the difficulties, Peace Corps Volunteers still have an overwhelmingly positive view of their service and the Peace Corps Organization. It is a testament to the organization that even the Volunteers who have most reason to feel resentment and anger

would recommend Peace Corps to friends and family. There is something about the experience that touches the lives of those who have served, and that something is probably worth protecting. It is for that reason that a critical eye should be taken to current procedures so that they can be worthy of the Volunteers who serve.

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APPENDICES

APPENDIX A

IRB APPROVAL NOTICE

Oklahoma State University Institutional Review Board

Date: Wednesday, October 03, 2012
IRB Application No: GL1211
Proposal Title: Health and Safety Incidents Among Peace Corps Volunteers

Reviewed and
Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 10/2/2013

Principal
Investigator(s):

Cristina Dixon	Stephen W. Perkins
513 W. 10th	410 Murray
Stillwater, OK 74074	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as defined in section 45 CFR 46.

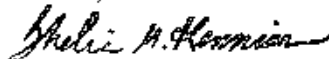
The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct the study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI address, funding status or sponsor, subject population composition or size, recruitment inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for renewal or if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to require research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth Malerman, IRB Chair, North (phone: 405-744-5700, beth.malerman@okstate.edu).

Sincerely,



Shelia A. Kernison, Chair
Institutional Review Board

APPENDIX B

Interview Schedule

- Country of Service:
- Service Dates:
- Age at time of service:
- Describe your health and safety incident. (Tell me your story)
 - When did it first begin?
 - How long did the issue continue?
 - Where did the incident first occur?
- Were you acting against your Peace Corps training when the incident occurred?
 - How did that later impact your interaction with Peace Corps?
- Describe your interaction with Peace Corps following your incident from when it first occurred to now. (Tell me your story.)
 - Did you immediately report the incident, why or why not?
 - What was the Peace Corps response to your initial incident report?
 - Was there a follow-up incident report, why or why not?
 - How quickly did the Peace Corps respond to your incident?
 - What action did the Peace Corps take to resolve the issue?
 - What action did you take to resolve the issue?
- How satisfied were you with the response from Peace Corps in Country?
 - How did you feel the Peace Corps staff treated your complaint?
 - How much time has passed between the initial incident and now?
 - How has the incident impacted you over time?
- How satisfied are you with the response from Peace Corps once you returned home?
- When you joined the Peace Corps, did you ever expect to experience an incident like what happened to you?
 - During training, did your expectations change? Why or Why not?
 - By swearing in, had your expectations changed? Why or Why not?
- How have the experiences of your training group compared with your experience (in so far as interactions with Peace Corps in dealing with incidents.)
- Before you left the country, how was continuing health care explained to you?
 - Did you go through traditional Close Of Service training?
- Have you been successful in obtaining any help from the US government or Peace Corps?
 - If so, how and what kind of assistance did you receive?
 - If not, why do you think you were unsuccessful?
- If you could change one thing about the process of getting assistance with a service related incident, what would you change?

APPENDIX C

LETTER TO PARTICIPANTS

Dear Peace Corps Friends,

For those of you who do not know me, my name is Kristina (Tina) Dicks. I am a Masters Candidate in the International Studies Program at Oklahoma State University. I am part of the Masters International Program through Peace Corps, I served in Costa Rica beginning in 2011 until I was medically separated later that year.

During my service I was intrigued by the way the Country Staff interacted with the Volunteers, especially when it came to Safety, Security and Health issues. Now that I am back in the US I would like to explore these issues further. I am trying to answer the question: Why are some Volunteers unable to obtain benefits related to conditions developed as a result of Peace Corps Service? Peace Corps has collected quantitative data about the types of security incidents that Volunteers experience, but there has not been a single qualitative study done with regard to how Volunteers feel about these incidents having occurred, and how they fare upon return to the US.

That's where you come in my friends; I need your help to have plenty of experiences to draw from as I delve into the relationship between Peace Corps Volunteer, and Peace Corps, the Organization especially if difficulty was experienced after return to the US. If you have experienced a health or safety incident during your service, I want your story. If you haven't personally experienced a health or safety incident, but you know someone who has, please send this message on.

Should you decided to participate, please contact me at Tina.Dicks@okstate.edu to express your interest. I will then send you an email with a participant information sheet attached, and should you agree to participate, please respond to my e-mail with your phone number and I will follow up with a telephonic interview.

Thank you so much for your interest in furthering my research,

Kristina Dicks
Masters Candidate, International Studies
Oklahoma State University

APPENDIX D

PARTICIPANT INFORMATION SHEET

Title: Health and Safety Incidents Among Peace Corps Volunteers

Investigator: Kristina Dicks

Masters Candidate, International Studies, Oklahoma State University
B.A., Spanish, Oklahoma State University, 2009
B.A., Sociology, Oklahoma State University, 2009

Supervisor: Stephen Perkins

Associate Professor of Anthropology, Oklahoma State University
PhD., Anthropology, Arizona State University, 2000.
M.A., Anthropology, Arizona State University, 1990.

Purpose: This research study examines the relationship between the Peace Corps as an organization and the individual Volunteer as it relates to responding to, and preventing, health and safety incidents. You are being asked to participate because you have experienced a health or safety issue during your service in the Peace Corps.

What to Expect: Participation in this research study will involve a telephonic interview lasting approximately one hour. During the interview you will be asked for your story of interactions with Peace Corps following a health or safety incident. This will include questions asking you to describe your feelings as you worked with Peace Corps staff to resolve your incident. You may skip any questions that you do not wish to answer.

Risks: The main risk associated with participation is that of a breach of confidentiality. Identifying information will not be collected in order to protect you.

Benefits: This research study will be an assessment of the role that Peace Corps plays in helping Volunteers to obtain benefits following a health or safety incident, an issue that has not previously been studied. The results can help Volunteers better understand the risks they take when they become Volunteers as well as how the individual Volunteer and the Peace Corps organization can better advocate for the health and safety of all Peace Corps Volunteers. If you are interested we will provide you with a copy of the final report when it is finished.

Your Rights: Your participation in this research study is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time, without penalty.

Confidentiality: All information about you will be kept confidential and will not be released. Research records will be stored securely in Murray Hall at Oklahoma State University and only researchers and individuals responsible for research oversight will have access to the records. Research records will be kept through the duration of the

research study for a time period that will not exceed December 2013. The final report will share only common themes experienced among multiple research participants. An excerpt from your interview may be used to illustrate an example of specific incidents that have occurred. Should you wish that your interview not be used as an example, please indicate that desire at the beginning of the telephonic hearing.

Contact: You may contact any of the researchers at the following addresses and phone numbers, should you desire to discuss your participation in the study and/or request information about the results of the study:

Kristina Dicks, Masters Candidate, Murray Hall, Dept. of Sociology Oklahoma State University, Stillwater, OK 74078, 405-269-5179 or Tina.Dicks@okstate.edu

Dr. Stephen Perkins, Associate Professor of Anthropology, Murray Hall, Department of Sociology, Oklahoma State University, Stillwater, OK 74078, 405-744-6123

If you have questions about your rights as a research Volunteer, you may contact Dr. Shelia Kennison, IRB Chair, 219 Cordell North, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu

Your response to the e-mail that contained this attachment indicates your willingness to participate in this research study.

APPENDIX E

EMAIL TO ORGANIZATIONS

Dear Interested Organizations,

I am a Masters International Student at Oklahoma State University in the International Studies program. As part of the MI program, I am required to write a thesis, ideally deriving from something inspired by my work in Peace Corps. I am focusing my study on how the Peace Corps deals with health and safety incidents both in country, and upon return to the US. I am interested in contacting returned Peace Corps Volunteers who have had difficulty with the Peace Corps medical system. Would you be willing to send on my request to interested parties?

My research study has received the approval of Internal Review Board of Oklahoma State University. I have attached the participant information sheet as well as a letter to prospective participants to this e-mail.

Thank you,

Kristina Dicks
Masters Candidate in International Studies
Oklahoma State University.

VITA

Kristina Leigh Dicks

Candidate for the Degree of

Master of Science

Thesis: HEALTH AND SAFETY INCIDENTS AMONG PEACE CORPS
VOLUNTEERS AND THE PEACE CORPS' RESPONSE

Major Field: International Studies

Biographical:

Education:

Completed the requirements for the Master of Science in International Studies at Oklahoma State University, Stillwater, Oklahoma in July, 2013.

Completed the requirements for the Bachelor of Arts in Sociology and Bachelor of Arts in Spanish at Oklahoma State University, Stillwater, Oklahoma in 2009.