

Recommendations to the Peace Corps Director from the Post-Service Healthcare Task Force

Date Presented: November 30, 2015

Peace Corps' top priorities are the health and safety of its Volunteers. Over the past five years, the Peace Corps has undertaken the most extensive reform efforts in the agency's history and implemented significant steps to improve the quality of health care and the provision of compassionate support for both current and returned Volunteers.

As part of this comprehensive reform effort, the Director of Peace Corps created a Post-Service Healthcare Task Force to identify and address issues and concerns that some Returned Peace Corps Volunteers have raised regarding health care resulting from their Peace Corps service. The Peace Corps Senior Policy Committee chartered the Task Force and formalized the charter into Peace Corps policy.

The Post-Service Healthcare Task Force has issued the following report that reviews recommended changes regarding post-service healthcare. If you are a returned Peace Corps Volunteer with service-related health issues and are having difficulties getting the care you need, please contact Jo Ann Pena, Manager of the Post Service Unit in the Office of Health Services at jpena@peacecorps.gov or by phone at 202-692-1528 or Lee Lacy, Team Lead for Post-Service Healthcare in the Office of the Director at llacy@peacecorps.gov (202-471-0535) to let us know about your challenges.

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Executive Summary

Peace Corps' top priorities are the health and safety of its Volunteers. Over the past five years, the Peace Corps has undertaken the most extensive reform efforts in the agency's history and implemented significant steps to improve the quality of health care and the provision of compassionate support for both current and returned Volunteers. More information on these changes can be found in Appendix I, 'Ensuring Volunteers' Health During and After Service'.

As part of this comprehensive reform effort, the Director of the Peace Corps created a Post-Service Task Force to identify and address issues and concerns that Returned Peace Corps Volunteers have raised regarding health care resulting from their Peace Corps service. The Peace Corps Senior Policy Committee formalized the Post-Service Task Force into Peace Corps policy.

This report provides a summary of the Task Force's work from April – November 2015. The Post-Service Task Force has reviewed numerous reports, consulted with stakeholders and outlined a rigorous plan of action in this report. Many steps have already been implemented to improve the quality of healthcare that RPCVs receive after service, but there are some issues that cannot be quickly resolved or require legislative change. The recommended actions described in this report will strengthen support and outreach to RPCVs.

The agency and the Task Force wish to acknowledge the work of these RPCVs who continue to struggle with health issues and the leadership of Nancy Tongue and Health Justice for Peace Corps Volunteers as well as the staff of the National Peace Corps Association.

The Task Force consulted directly with a wide variety of Returned Peace Corps Volunteers, including those who have shared their experiences not only about the health issues that impact the quality of their lives but the feeling of abandonment after giving months and years of service to their country. Some RPCVs reported trying to get their health service issues resolved for decades and believe there is a lack of understanding from Peace Corps and the Peace Corps Community.

They express anger and frustration that after their Peace Corps Service they are required to work with the Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP) and its staff who do not fully understand the terms of their service and the types of injuries and illnesses they typically encounter in developing nations. They sometimes suffer the humiliation of having to endlessly repeat their medical histories.

While the Peace Corps cannot entirely eliminate the risks associated with service, the agency remains committed to continuing to provide compassionate support to its Volunteers and RPCVs and implement a world-class health, safety and security policy to deliver the best quality care

available to current and Returned Volunteers. Over the past five years, much has been accomplished to improve the agency's support to Returned Volunteers managing their transition to health insurance and/or FECA benefits from the Peace Corps health program. While there is more to do, the Peace Corps Director and staff are committed to real and lasting change, and this Task Force report marks an important step in that process.

In March 2015, Peace Corps' Senior Policy Committee approved the Post-Service Healthcare Task Force Charter with the following mission:

The mission of the Post-Service Task Force (Task Force) is to identify and address issues and concerns that Returned Peace Corps Volunteers (Volunteers) have that are related to health care resulting from their Peace Corps service.

The Task Force is comprised of seven members and a chair appointed by the Director of the Peace Corps that represents the Agency. The Task Force includes the Associate Director, Office of Health Services; the Manager, Post-Service Unit; Chief Compliance Officer; Associate General Counsel; Chief of Operations Office of Volunteer Recruitment and Selection; Senior Advisor, Office of Global Operations; Director, Office of Third Goal and Returned Volunteer Services, Director; and a Chairperson.

On April 1, 2015 the Peace Corps Director met with the Task Force and charged the group to review the recommendations made from two internal reports, a Government Accountability Office (GAO) report, and two reports from outside interest groups to make final recommendations regarding needed changes in policies and procedures to strengthen support to Returned Peace Corps Volunteers (RPCVs) experiencing service-related health issues. The Task Force met regularly from April through October to review and discuss recommendations coming from the five reports. Between meetings, members met with relevant offices within Peace Corps and with the National Peace Corps Association (NPCA) when additional research was needed. During May, the Task Force met formally with the NPCA, the Health Justice for Peace Corps Volunteer Group, a representative from the Office of Victim Advocacy, and a representative from Returned Peace Corps Volunteers of Washington, DC.

The following 22-page Report outlines the Task Force's findings and recommendations. There were a total of 28 recommendations (recommendation three includes nine subordinate recommendations).

Actions to Date

- The Task Force met eight times between April 1 - October 16, 2016 to review and discuss the 28 recommendations including an additional nine sub-recommendations as identified in the following documents:
 - GAO Report (November 2012)
 - Carol Chappell Report (October 2012)

- Susan Southwell Report (June 2013)
- Health Justice for Peace Corps Volunteers (HJPCV) Key Concerns Update (April 2015)
- Health Justice for Peace Corps Volunteers Long-Term or Late-Manifesting Health Problems Originating from Peace Corps Service

The Task Force's recommendations to the Peace Corps Director based on the review and discussions are outlined in the following report. When action has been taken related to a recommendation it is so noted in the report.

- The Task Force met on May 7, 2015 with NPCA, HJPCV, Peace Corps' Office of Victim Advocacy (OVA), and a Representative from the RPCV group in Washington, DC (RPCV/W) to solicit input regarding RPCV health concerns and discuss the workings of the Task Force.
- A Representative from the Task Force, as well as staff from the Peace Corps Office of Health Services, attended a joint session with HJPCV at the NPCA conference in San Francisco, CA in June.
- Representatives of the Task Force met with PSU staff to identify actions taken related to the two internal management reports and collected data. Actions taken are noted in the final report.
- Representatives of the Task Force met several times with Jeremy Haldeman, Director of Congressional Relations, to discuss actions to date on the possibility of legislatively increasing disability payments to RPCVs from the GS-7 to GS-11 level of compensation. Discussions related to changing statute regarding the provision of 'treatment' in addition to 'diagnosis' for the first six months after Peace Corps service are beginning now that the GAO's analysis of potentially moving RPCV health benefits from the FECA program to the Department of Labor's Defense Base Act program has been completed.
- Representatives of the Task Force met regularly with Glenn Blumhorst and Jonathan Pearson of the NPCA to discuss the formation of a support program that could meet some of the needs of RPCVs with health problems and the formation of a benevolent fund. A community fund has been established that can be used to assist RPCVs with health issues and donations for specific RPCVs can be made anonymously by designation.
- Representatives of the Task Force met to discuss the messages that are part of how the Agency communicates to applicants, Volunteers, and Returned Volunteers regarding the healthcare benefits provided post-service. Sheila Campbell, Director of Digital

Integration, and a group of interns in OHS conducted an assessment to determine what messages regarding healthcare are easily available to the general public, from pre-service to post-service, and created an inventory of those messages and their location.

- Peace Corps' Office of Health Services hired a new Post-Service Unit manager with significant experience and expertise in the FECA program.
- The PSU has developed a newsletter of updates, progress, answers to frequently asked questions and other supportive information to be disseminated to internal and external groups. The first edition of that newsletter was distributed mid-November, 2015.
- Representatives of the Task Force met with a focus group of recruiters and a focus group of placement officers to discuss questions regarding healthcare in general and post-service healthcare specifically to begin to formulate 'frequently asked questions'.
- Representatives of the Task Force met with General Counsel to review Non- Competitive Eligibility outlined in 5 C.F.R. 315.605 and Executive Order 11103 to determine their application to RPCVs unable to work due to service-related injuries.
- Representatives of the Task Force met with OPATS staff to discuss efforts to develop guidance to the field regarding pesticide use, reviewing the results of a study that was conducted on this topic in 2013.

Highlights of the Recommendations

These are summary statements of all of the recommendations so the language here may not always match the language in the report

1. Form a Post-Service Task Force that is rooted in Peace Corps Policy. This action requires a representative body from the Agency to review issues related to post-service healthcare raised by Returned Peace Corps Volunteers (RPCVs) and make recommendations to the Agency Director. This body will meet quarterly as indicated in its charter.
2. Expand the roles and responsibilities of the Post-Service Healthcare Task Force Chair and move it from the Office of Health Services to the Office of the Director.
3. The Peace Corps Director will consider seeking an increase the rate of disability compensation for RPCVs to the GS-11, step 1 salary level, after weighing all the variables.

4. The Peace Corps Director will take the necessary steps to support legislation that would allow six months of diagnostic and *treatment* care for RPCVs.
5. The Peace Corps will research the costs and benefits of moving from the current FECA program to the Department of Labor's Defense Base Act program to provide health benefits for RPCVs.
6. The Associate Director of the Office of Health Services and the Manager of the Post-Service Unit will continue to meet with appropriate FECA staff to clarify the various roles and responsibilities of Peace Corps and Department of Labor staff in responding to post-service healthcare needs of RPCVs.
7. The Associate Director of the Office of Health Services and the Manager of the Post-Service Unit will continue to improve outreach and support to RPCVs as they formulate and submit claims to the FECA program and provide guidance and direction to RPCVs facing challenges interacting with the FECA system.
8. The Associate Director of the Office of Health Services, the Manager of the Post-Service Unit, the Associate Director of Volunteer Recruitment Services, the Associate Director of the Office of Global Operations, and the Office of 3rd Goal and Returned Volunteer Services will design and implement strategies to strengthen staff training in post-service health benefits provided by the DOL and more effectively communicate what is included in the post-service healthcare benefit package to applicants and Volunteers.
9. The Peace Corps Director will consider all the variables of enrolling Volunteers who are closing service in their respective Affordable Care Act health insurance plans rather than purchasing one-month of basic, commercial health insurance.

Next Steps

- The Task Force will meet with NPCA, HJPCV, the Office of Victim Advocacy, and RPCV/W groups on November 30, 2015 to discuss their final report and recommendation, and plans for action.
- The Task Force will create a detailed implementation plan and timeline to complete each of the 28 recommendations.
- The Agency will create a communications and outreach strategy related to post-service healthcare benefits.

- To ensure full cooperation of all offices within the Agency to address healthcare issues related to service and effective communication with stakeholder groups, the duties of the Task Force Chair will be expanded to include the role of Team Leader of Post-Service Healthcare in the Office of the Director.
- The Team Leader will coordinate a communications and outreach plan, a detailed implementation plan based on this report, and monitor its implementation. If a service-delivery office does not or cannot meet the health needs of a RPCV, the team lead will bring the issue to the Director to identify potential actions.

Introduction

This report and the work of the Post-Service Healthcare Task Force from April – November 2015 reflects the Agency’s real and ongoing concerns regarding health issues that some Returned Peace Corps Volunteers (RPCVs) have expressed related to their service. While the Peace Corps cannot eliminate all health and safety risks associated with service, the agency has recently implemented significant reforms to reduce risks and deliver effective, compassionate responses when issues do occur. Over the last five years, the Peace Corps has put in place dozens of meaningful improvements to the programs and processes that provide health care to Volunteers during and after service. These changes reflect the agency’s abiding commitment to its Volunteers and returned Volunteers. Health, safety and security are the Peace Corps’ top priorities.

Some returned Volunteers have shared their experiences not only about the health concerns that impact the quality of their lives, but also their feeling of abandonment after giving months and years of service to their country. Some RPCVs report trying to get their on-going health issues resolved for decades and believe there is a lack of understanding from Peace Corps and the Peace Corps community. They express anger and frustration that after their Peace Corps Service they are required to work with the Department of Labor (DOL), Office of Workers’ Compensation Programs (OWCP) and its staff who does not fully understand the terms of their service and the types of injuries and illnesses that they typically encounter in developing nations. They sometimes suffer the humiliation of having to endlessly repeat their medical histories.

We are grateful for the help of those RPCVs who have explained their concerns and their frustrations in dealing with bureaucracies that have not fully met their needs. We are particularly grateful for the leadership of Nancy Tongue and others. The Peace Corps Director and staff are committed to making real and lasting change. To that end, the Post-Service Task Force has reviewed numerous reports, consulted with key stakeholders and outlined a rigorous plan of action in this report. Many steps have already been implemented to improve the quality of healthcare that RPCVs receive after service, but additional action is required. There are some issues that cannot be quickly resolved or require legislative change. The recommended actions described in this report will strengthen support and outreach to RPCVs and demonstrate our commitment to improving access to services and support for those who are suffering.

Background

During Peace Corps Service, Volunteers are provided with comprehensive healthcare. Peace Corps Medical Officers (PCMOs), with oversight from Regional Medical Officers (RMOs), consulting physicians, and International Health Coordinators (IHCs) in the Office of Health Services (OHS) in Washington provide all necessary and appropriate health care at each post.

When health emergencies require care that is not available in-country PCMOs consult with OHS to determine the best course of action which may require medically evacuating the Volunteer to the U.S. or another approved location for care. Peace Corps also provides health coverage when a Volunteer is on annual leave, whether in the United States or elsewhere.

After a Volunteer has completed service, Peace Corps provides a three-tiered health care support program. First, routine medical care for illness and injury that is not service-related is covered by the Peace Corps for one full-month, after close or end of service, through AfterCorps health insurance and Returned Peace Corps Volunteers (RPCVs) may elect to purchase two additional months of this insurance at their own expense. Alternately, RPCVs may sign-up for private healthcare insurance through the Affordable Care Act (ACA) in their home state at their own expense prior to close-of-service.

Second, the Peace Corps Act authorizes the *evaluation* (but not treatment) of service-related medical and dental conditions for the first six months after a Volunteer has completed service. A PC-127C form must be issued and used to authorize payment for these services and can be obtained from, either a PCMO, Regional Medical Officer (RMO), or other OHS staff. Peace Corps does not have the legal authority after COS to provide *treatment* of service-related illnesses or injuries.

Third, the Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP) administers the FECA which provides two types of benefits for RPCVs who have been injured or developed an illness while in service if a claim is properly filed and accepted. The FECA pays medical bills resulting from the injury/illness and it provides a source of income for RPCVs who are unable to work due to the injury/illness. Compensation is paid by the DOL, OWCP. The cost is then charged back to the Peace Corps for whom the RPCV was working at the time of the injury.

Unlike federal employees whose injuries normally occur during an eight-hour day on federal properties, RPCV illnesses and injuries can occur anytime during their service that is considered to be 24 hours a day and 7 days a week. Also, because their illness and injuries can occur anywhere in the world, OWCP staff does not normally encounter these types of conditions and may be unprepared to examine and adjudicate them properly. The adjudication process is managed by the Special Claims Unit in the Cleveland OWCP District Office.

To assist RPCVs with their service-related claims through FECA, Peace Corps has established the Post-Service Unit (PSU) within the Office of Health Services (OHS). The PSU staff is composed of a Post-Service Manager, five Post-Service Nurses, and three Health Benefits Specialists/Assistants. Post-Service Unit staff assists RPCVs in filing FECA claims, fields calls from RPCVs, and explains the roles and responsibilities of RPCVs, DOL, and Peace Corps with regards to post-service health issues.

Given the difficulties that RPCVs have encountered with regards to post-service health care, the Peace Corps Director has made this issue a high priority and created the Post-Service Health Care Task Force.

In February 2015, Peace Corps' Senior Policy Committee approved the Post-Service Healthcare Task Force Charter with the following mission:

The mission of the Post-Service Task Force (Task Force) is to identify and address issues and concerns that Returned Peace Corps Volunteers (Volunteers) have that are related to health care resulting from their Peace Corps service.

The Task Force is comprised of seven members and a chair appointed by the Director of the Peace Corps. The Task Force includes the Associate Director, Office of Health Services – Paul Jung; Manager, Post-Service Unit – Jo Ann Pena; Chief Compliance Officer – Anne Hughes (Acting); Associate General Counsel – Bill Way; Chief of Operations Office of Volunteer Recruitment and Selection – Sheila Crowley; Office of Global Operations, Senior Advisor - Diana Schmidt; Director, Office of Third Goal and Returned Volunteer Services – BJ Whetstine; and Chairperson, Expert Consultant, Lee Lacy. Currently, Daniel Perlmutter serves as Secretary to the Task Force.

The Task Force met for the first time on April 1, 2015 when Director Carrie Hessler-Radelet addressed the group and set out the mission of the Task Force. She charged the group to review the recommendations made from two internal reports, a GAO report and two reports from outside interest groups, to make final recommendations regarding needed changes in policies and procedures to strengthen support to RPCVs experiencing service-related health issues. Paul Jung reviewed the charter with the group then Lee Lacy reviewed background material and planned activities. The group approved a plan to invite the following groups to a May meeting: Representatives from the National Peace Corps Association (NPCA), the Returned Peace Corps Volunteers of Washington, DC (RPCV/W); Association, the Northern Virginia Returned Peace Corps Volunteers (NVRPCV), and the Health Justice for Peace Corps Group (HJPCV). The Office of Victim Advocacy (OVA) was added to the invited guest list given their interaction with RPCVs with health related concerns.

On May 7, 2015, the Task Force met with Glenn Blumhorst and Jonathan Pearson from the NPCA, Nancy Tongue from HJPCV; Mariko Schmitz from RPCV/W, and Jamie Friedman from the Peace Corps OVA. Each group was asked to describe the healthcare concerns expressed by RPCVs to their organizations and to make recommendations to the Task Force. HJPCV provided two written documents: “Long-Term or Late-Manifesting Health Problems Originating From Peace Corps Service, May 2015” and “Health Justice for Peace Corps Volunteers Key Concerns November 2014 (updated April 2015)”.

Subsequently, the Task Force met May 28; June 26; August 5, 13, 19, 27; and September 22, to review, discuss, and comment on the recommendations from the following reports:

1. **Government Accountability Office (GAO) Report November 2012**—This report reviewed the accessibility and quality of the health care services provided through DOL to Volunteers who returned from service abroad in the Peace Corps. The report identified health care and other benefits provided by DOL to Returned Volunteers from 2009 through 2011 under the FECA program, and examined the extent to which DOL and the Peace Corps used available agency information to monitor the accessibility and quality of FECA health care benefits provided to RPCVs.¹
2. **Carol Chappell Report October 2012** —The Deputy Director of the Peace Corps initiated an internal management review of ‘Support Offered RPCVs Who Leave Peace Corps Service with Unresolved Medical Issues’ and this is the review’s final report and recommendations.
3. **Susan Southwell Report June 2013**—The then-Deputy Director of the Peace Corps, Carrie Hessler-Radelet initiated a second internal management consultation with Susan Southwell for a ‘Review of the Post Service Unit’s Mission and Support of RPCVs and the FECA Program.’ This is the management consultation’s final report and recommendations.
4. **Health Justice for Peace Corps Volunteers Key Concerns Updated: April 2015**—A list of 10 key concerns collected by the group from RPCVs expressing concerns about their ability to address service-related health issues.
5. **Health Justice for Peace Corps Volunteers Long-Term or Late-Manifesting Health Problems Originating from Peace Corps Service, May 2015 Report** – based on data collected from an RPCV survey conducted in conjunction with the NPCA. The report included seven recommendations/comments.

Between meetings, Task Force members conducted research on a variety of issues related to the recommendations outlined in these five reports and initiated a review of Peace Corps’ communications regarding the healthcare program with an emphasis on what messages the Agency sends to applicants, Peace Corps Volunteers, and Returned Peace Corps Volunteers regarding post-service healthcare benefits. Task Force members interviewed Recruiters and Placement Officers to determine what questions and concerns are asked about post-service

¹ The GAO Report – Peace Corps: Long-Needed Improvements to Volunteers’ Health Care System, July 3, 1991 included the following recommendation: The Director, Peace Corps, will inform all former volunteers of the FECA entitlement. Returned Volunteer Groups, the National Council for Returned Volunteers, and the Peace Corps publications sent to former volunteers could be used to disseminate this information. Status of the recommendation: “Closed – Implemented” Comments: The agency issued a handbook describing how to file claims and distributed it to volunteers attending the annual meeting in August 1991. The Peace Corps has also sent mailings to approximately 100,000 former volunteers notifying them of their health care benefits. For all practical purposes, this implements the GAO recommendation to notify all former volunteers.

healthcare by applicants. Task Force members met with Glenn Blumhorst, Jonathan Pearson, and Anne Baker from NPCA to explore ways to strengthen support to RPCVs with post-service healthcare issues through existing RPCV groups.

The following 28 recommendations outlined in these reports and the Task Force's recommended actions are submitted to the Peace Corps Director for review and consideration. Many of these recommendations were made in previous reports and are again considered in light of the currently configured Post-Service Unit and its focus on customer service. It is important to note that an additional GAO review, requested by the Senate Foreign Relations Committee, compares the health care benefits provided to RPCVs under the Federal Employees Compensation Act to those benefits provided to U.S. Agency for International Development (USAID) contractors under the Defense Base Act. Any legislative action following the GAO study may change some of the following recommended actions.

Regardless of legislative activity, the Peace Corps continues to be committed to improving its support to RPCVs managing their transition to health insurance and/or FECA benefits from the Peace Corps health program.

Recommendations by Report:

Government Accountability Office (GAO) Report November 2012

One Recommendation

- 1. We recommend that the Secretary of Labor and the Director of the Peace Corps jointly develop and implement an approach for working together to use available information to monitor the access to and quality of FECA benefits provided to returned Volunteers.**

Action to Date: On September 10, 2014 the Peace Corps Director, Carrie Hessler-Radelet, met with the Deputy Secretary of Labor, Christopher Lu, and Acting Director, Office of Worker's Compensation, Department of Labor, Gary Steinberg, along with Nancy Tongue, Director of Health Justice for Peace Corps Volunteers, to strengthen the positive relationship between both agencies and to discuss the unique needs of RPCVs. In addition, OHS has hired a new Manager of the Post-Service Unit (PSU), who has deep technical knowledge of the operations of the FECA program and experience serving the needs of federal employees under the FECA system. As a result there has been improved communication between FECA staff and the staff of the PSU. DOL has identified a point of contact to assist in resolving the RPCV issues that come to the attention of the PSU. Peace Corps does not have the authority to make changes in the DOL's policies, but both

agencies have collaborated to improve procedural operations to facilitate RPCV's access to benefits.

Task Force Recommendations: The Task Force recommends the following actions:

(a.) The PSU manager will document the roles and responsibilities of the DOL Peace Corps with regards to filing and adjudicating FECA claims. (b.) The Chair/Team Lead of Post-Service Healthcare will work with the Post-Service Unit, Office of Communications and the Office of Third Goal and Returned Volunteer Services to ensure that any informational material related to post-service Healthcare are more transparent and easily accessible through the agency's website and Returned Volunteer Portal. (c.) The Manager of the PSU will create a system to solicit, measure and analyze Volunteer satisfaction with PSU services.

(a.) Lead: PSU Manager **Due Date:** June 30, 2016

(b.) Lead: PSU Manager and Chair/Team Lead **Due Date:** March 31, 2016

(c.) Lead: PSU Manager **Due Date:** June 30, 2016

Carol Chappell Report October 2012
Eight Recommendations with Nine Subcomponents

1. **Revamp the Mission of the PSU. The PSU should be enhanced to more closely integrate the three components of Volunteer healthcare: AfterCorps insurance for medical issues that are not Peace Corps related; evaluations of Peace Corps related illness or injury within six months of separation; and FECA for treatment of service related conditions, illness, and injuries.**

Action to Date: The mission of the PSU has been revamped. The PSU has been enhanced by adding one additional staff member to specifically address long-term service-related healthcare issues that are unresolved. One other staff member's position has been refocused to address issues of more recent RPCVs, recently medically separated Volunteers, and those Volunteers who have serious illness or injuries that are likely to move into the OWCP program. As a result of the Chappell report, the PSU has become more customer service oriented and staff work closely with RPCVs to assist them in obtaining all necessary and appropriate care. Specifically, all PSU staff now have a required "customer service" element in their annual performance plans.

Task Force Recommendations: (a.) The Manager of the PSU will create a mission statement for the PSU that articulates the importance of customer service. (b.) The AD of OHS will develop a plan and curriculum for periodic customer service and conflict management training for OHS staff, including the PSU. (c.) The agency, under the

leadership of the AD of OHS, will revisit the need for AfterCorps insurance given the current accessibility of health insurance through the Affordable Care Act (ACA).

(a.) Lead: PSU Manager **Due Date:** January 31, 2016

(b.) Lead: AD/OHS **Due Date:** August 31, 2016

(c.) Lead: AD/OHS **Due Date:** July 30, 2016

2. Determine the Scope of the Problem: Estimate the Number of Additional PSU Staff Needed and what number and type of staff are needed in the PSU to fully address Volunteer needs.

Action to Date: Currently, the PSU staff is able to manage the number of requests for assistance from RPCVs. As noted an additional staff member was added to the PSU and other positions redefined. The new Manager of the PSU brings a deep technical knowledge and understanding of the FECA program. OHS will also endeavor to bring on board an insurance expert in the second quarter of FY 2016 who will be able to address any needs that RPCVs have with regards to their transition to private health insurance after service.

Task Force Recommendation: Add an insurance expert to the PSU staff.

Lead: AD/OHS **Due Date:** March 31, 2016

3a. Determine the level of understanding the In-Service Staff have of Post-Service functions and develop the training necessary to facilitate a seamless transfer for those Volunteers who will be accessing FECA benefits upon separation.

Action to Date: The PSU staff and the IHC staff now coordinate whenever there is a medical separation in Washington or at the Volunteer's home-of-record. When the medical separation occurs in Washington, DC the PSU and the IHC staffs meet with the Volunteer face-to-face to coordinate follow-up health care. The medical separation information packet sent to those RPCVs who are medically separated outside of Washington, DC provides detailed information regarding the services of the PSU and their healthcare benefits including AfterCorps Insurance and FECA benefits. In sensitive and/or complex situations a PSU staff member will travel and meet with the Volunteer to go over the process and explain potential options.

Task Force Recommendation: To facilitate a seamless transfer for Volunteers who will be accessing FECA benefits post-service, the Manager of the PSU will create a Standard Operating Procedure (SOP) to assist PSU and IHC staff who are responsible for handling medically evacuated Volunteers with cases of HIV, sexual assault, cancers and other long-term conditions, catastrophic injuries, as well as all medical separations. The PSU

Manager will create a training curriculum and implement training to facilitate coordination between In-Service and Post Service staff on a regular basis.

Lead: PSU Manager

Due Date: June 30, 2016

3b. Review the adequacy of the training (and retraining) of PCMOs related to FECA and Technical Guideline 330.

Action to Date: The FECA video used by PCMOs has been updated as of 2014 and is presented to PCVs during Close-Of-Service Conferences. The video is also posted on the Peace Corps website under ‘Resources for Returned Volunteers.’

Task Force Recommendation: The PSU Manager will create training opportunities on the FECA program. This will provide a better understanding of the Federal workers’ compensation process for PCMOs and Directors of Management and Operations (DMOs) on a regular schedule.

Lead: PSU Manager

Due Date: September 30, 2016

3c. Prepare simple, but hard-hitting information packets for every COSing Volunteer on their rights and responsibilities should they find themselves with medical issues that began during Peace Corps service. Clarify messages that go out to the public regarding post-service healthcare.

Actions to Date: OHS has created an information packet on healthcare benefits after service and an updated FECA video; both are on the Agency’s website. All Volunteers who are medically separated in the U.S. are sent comprehensive packets with healthcare benefits clearly defined. The close-of-service training curriculum used by PCMOs related to post-service healthcare benefits was updated, reviewed, and approved by the Task Force.

Task Force Recommendations: (a.) The PSU Manager will develop easy-to-understand brochures and other means of communication as appropriate for Volunteers near the end of their service on their eligibility for healthcare benefits and the responsibilities concerning medical issues that originated during Peace Corps service (b.) The Peace Corps Director and Chair/Team Lead will initiate a comprehensive analysis of current healthcare messages, create a communications strategy to better meet the needs of RPCVs, and coordinate its implementation alongside various relevant offices within Peace Corps. (c.) The Chair/Team Lead, in coordination with the Office of Communication and Post-Service Unit, will work with all relevant offices to adjust post-service healthcare messaging on findings of the communications analysis.

(a.) Lead: PSU Manager

Due Date: June 30, 2016

(b.) Lead: Chair/Team Lead

Due Date: April 30, 2016

(c.) Lead: Chair/Team Lead

Due Date: June 30, 2016

3d. Loan an FTE to DOL to facilitate RPCV claims to act as a liaison between the PSU and Office of Worker's Compensation.

Task Force Recommendation: As the Peace Corps has no authority over the DOL, the Task Force cannot recommend this action. However, the new PSU Manager will develop an SOP for how Peace Corps' OHS/PSU and the Department of Labor OWCP work together on FECA issues for RPCVs, as described in the Task Force's recommendation related to the GAO #1(a) above.

3e. Negotiate with DOL on an expansion of the list of PC authorized treatments allowed without submitting a FECA claim and increase the PC payment ceiling.

Action to Date: After negotiations, DOL's Office of Worker's Compensation Programs (OWCP) has already agreed to allow OHS to approve payment for treatment (not just diagnosis) of 11 additional conditions (like schistosomiasis) that are clearly proximately related to Peace Corps service. Under the provisions of the FECA program, OWCP authorizes payment of medical services and establishes limits for fees for such services. This also includes payment limits for fees for such services. This also includes payment limits for inpatient services and prescription drugs.

Task Force Recommendation: In the future, the AD of OHS will identify common conditions that may benefit from inclusion on the pre-authorized list and negotiate with DOL/OWCP to add these conditions for the benefit of Returned Peace Corps Volunteers.

Lead: AD/OHS

Due Date: Ongoing

3f. Review the FECA Case Management protocol currently in use in the PSU and the process used by the OIG to assure that both are not only thorough, but also fair to all parties, including the person whose case is under review.

Task Force Recommendation: The PSU Manager will work with the Office of the Inspector General (OIG) review the protocol related to disability eligibility to assure that both are thorough and fair to all parties.

Lead: PSU Manager

Due Date: February 28, 2016

3g. Review the MOU with DOL regarding the use of ECOMP [DOL's web based system for the electronic submission of injury forms and case management used by all USG agencies].

Action to Date: Currently PSU staff members are able to access FECA records through the DOL's information system called ECOMP, which allows Peace Corps to monitor progress on RPCV cases. Access to this system is not facilitated via an MOU. Peace Corps is currently launching an electronic medical records system that will facilitate access to individual records as RPCVs require information from their health records after service.

Task Force Recommendation: As indicated above, access to the ECOMP system is not facilitated via an MOU so no further action is needed at this time.

3h. Peace Corps should review how PC-127s are dispensed and written and compare and contrast the PC-127C process with the CA-16 process available to all other federal employees following an injury. Peace Corps should decide if the PC-127 be amended to offer a more reliable transfer process from evaluation of possible medical issues to DOL claim adjudication and recommend that Office of Worker's Compensation Program (OWCP) amend its procedures to allow Volunteers to file their FECA claim prior to separation from service.

Action to Date: The CA-16 form used by DOL is for 'immediate treatment on site of accident or illness' whereas the 127C is dispensed by Peace Corps for diagnostic evaluations post-service and usually follow-up care provided by Peace Corps in-country or in the US after a medevac, the Task Force does not recommend the use of the CA-16. OHS has reviewed the 127Cs and how they are dispensed and will continue to dispense them to COSing PCVs and RPCVs as needed for diagnostic evaluations. Volunteers that are completing their service are routinely provided 127Cs for at least three mental health consultations to provide support in their re-entry to the U.S.; additional consultations can be provided.

Task Force Recommendations: The Task Force has determined that it is in the best interest of the Volunteer to continue to use Peace Corps' current system which provides more options for treatment than the DOL CA-16 would.

3i. Determine the impact of AfterCorps used as the bridge between COS and FECA claims adjudication.

Action to Date: The one month of AfterCorps health insurance provided by Peace Corps at Close of Service is currently needed to bridge the gap between Peace Corps provided healthcare during service to private insurance after service. OHS has budgeted to bring an insurance specialist on board during FY 2016 to manage and direct Peace Corps Volunteer health insurance policies and procedures.

Task Force Recommendation: (a.) The AD for OHS will explore the potential for dropping AfterCorps health insurance and enrolling Peace Corps Volunteers in an

Affordable Care Act (ACA) plan prior to departure from post. (b.) The Task Force recommends that the Associate Director for Global Operations pilot an expansion of the roles and responsibilities of the Directors of Management and Operations (DMOs) at all posts to include training PCVs on the basic information about the Affordable Care Act so that DMOs can participate in COS training to help PCVs access private health insurance before or at completion of service.

4. Identify programs, policies, and techniques to help RPCVs receiving worker's comp to go back to work.

Action to Date: RPCVs who are receiving workers' compensation have access to the comprehensive range of Peace Corps' career development services. Peace Corps employs full-time career counselors to advise and assist RPCVs in their search for meaningful work. These counselors in the Office of Third Goal and Returned Volunteer Services advise and assist RPCVs in their search for meaningful work. These counselors are available for in-person, online, and telephonic sessions. In addition to individual career counseling, Peace Corps also organizes in person and online career events, including career conferences and job fairs. The Agency also operates a free job board called RPCV Career Link that posts hundreds of jobs each month. In addition to services offered by Peace Corps, FECA regulations also provide vocational rehabilitation services to assist disabled RPCVs in returning to gainful employment consistent with their physical, emotional and educational abilities. An RPCV with extended disability may be considered for rehabilitation services if requested by the treating physician, the employee or agency personnel.

Task Force Recommendation: OHS/PSU will improve communications to RPCVs about available occupational rehabilitation and career services through the new communications materials previously mentioned.

5. Long Range Issues with Statutory/National Health Care Policy and the ability of RPCVs to get insurance after AfterCorps is no longer available.

Task Force Recommendation: Now that the Affordable Care Act has been implemented, Volunteers may apply for private insurance 60 days prior to close-of-service. No additional action is needed at this time.

6. Get legislation approved for all Volunteers needing disability payments to be compensated at the GS- 11 step-1.

Action to Date: Beginning in January 2015, the Office Congressional Relations (CR) and OHS began preliminary discussions with Congress about the need to provide an increase in the rate of pay to Returned Volunteers who receive disability from a GS – 7 to a GS – 11. In May 2015, CR formally submitted the statutory language to OMB for approval. Since then, OGC, OHS, and CR have engaged in extensive conversations with OMB and DOL surrounding its support for this increase. Approval by OMB is required before the Peace Corps can submit the language to Congress.

Task Force Recommendation: The Peace Corps Director should continue to pursue a statutory change that would increase the rate of disability compensation from a rate GS – 7 to a GS-11.

Lead: Director/CR

Due Date: Dependent on
Congressional Action

7. **Chappell Report: Reintroduce the Post Service weekly medevac meetings to ensure that all DC medevacs know the benefits and requirements of FECA and receive assistance in the claims filing process.**

Task Force Recommendation: Currently the PSU and IHC staff meet with each medevac'd Volunteer individually to discuss and coordinate the transfer of care if their medevac is likely to end in a medical separation.

Lead: PSU Manager

Due Date: January 31, 2016

Susan Southwell Report June 2013

Four Recommendations

8. **Develop a computer training course for all PCVs on Post Service insurance and the benefits and requirements of the FECA program. The Agency could then ensure that all RPCVs have read the information and use these statistics to respond to the GAO report (pages 13, 14, and 18 of the GAO November 2012 report “Volunteers’ Awareness of FECA”). This program could be offered on PC University similar to the mandatory training on Sexual Assault Awareness that all employees are required to take or a web based program similar to the Annual Volunteer Survey.**

Action to Date: Currently, all Volunteers receive information regarding post-service health benefits during Close of Service (COS) conferences. Members of the task force have reviewed the recently revised curriculum regarding post-service healthcare benefits to be used in COS conferences and found them to be clear and concise. Additionally, the FECA video that is also used by PCMOs and DMOs in COS conferences was updated in

2014. During the COS physical examination, Volunteers sign a form stating that they have read and understand the post-service health benefits that Peace Corps provides.

Task Force Recommendations: The Task Force understands that Volunteers that are closing service or being separated from service have a lot on their minds and may be learning about post-service health benefits for the first time. Information regarding post-service health benefits will be provided just in time in many forms at different times during the continuum of service. The Chair/Team Lead will review the COS training curriculum, the FECA video, the updated version of the Handbook on Post Service Health Benefits, the information sent to Volunteers COSing in the U.S., the Frequently Asked Questions about Healthcare, and information currently included on the website and the RPCV portal to identify where additional information is needed and determine the best messages to send to PCVs as part of the larger communications strategy discussed in Chappell #3c(b) and #3c(c) above.

Lead: Chair/Team Lead

Due Date: June 30, 2016

9. Using the computer training course described above, ensure that all Recruiters, PCVs, RPCVs, PCMOs and in-country staff complete the instruction.

Action to Date: The updated FECA video is used by PCMOs during close of service training and PCVs and RPCVs are provided with information regarding the post-service healthcare benefits. As part of our research, task force members have met with focus groups representing recruiters and placement officers to identify frequently asked questions regarding healthcare posed by applicants.

Task Force Recommendations: As previously stated, the Chair/Team Lead will collaborate with all relevant offices to develop, implement, and coordinate a communications plan (see Chappell #3c(b) and #3c(c) above).

Lead: PSU Manager Chair/Team Lead

Due Date: June 30, 2016

10. If the DMO (formerly APCD) in country is more articulate about these benefits, he/she could be available as a resource for the COSing PCV if more information is needed.

Task Force Recommendation: The PCMO remains responsible for training COSing Volunteers regarding Peace Corps-specific post-service healthcare benefits. The Office of Global Operations will pilot an expansion of the role of the DMO to include the responsibility of providing basic information to Volunteers on how to access private health insurance through the ACA.

Lead: AD/OGO

Due Date: September 30, 2016

- 11. In order to respond to RPCV complaints that they could not “speak” to a Post Service staff person, consider installing a ‘Customer Service Line’ similar to the one used by DOL. This system alerts the caller that they are in line for a ‘real’ person to address their issues.**

Action to Date: A post-service customer service line has recently been installed that is answered by a trained staff person during business hours. Problems still exist, however, when the Agency is closed on weekends and holidays and the system does not indicate that there is no one to answer the call. Action has been taken to reduce the hold time to five minutes before a prompt is given to leave a voicemail. PSU is studying the hold time and efficiency of the current system and will recommended adjustments to resolve/improve functionality of the customer service line and reduce frustration. This is an important part of our customer service program, and is a high priority.

Task Force Recommendation: The PSU Manager, in coordination with the necessary offices, will implement a customer service line that informs the caller that the Agency is closed or that there will be a waiting time before someone returns the call.

Lead: PSU Manager

Due Date: February 28, 2016

Health Justice for Peace Corps Volunteers Key Concerns Updated: April 2015

Ten Recommendations

- 12. Conduct a “gap analysis” that reflects the limits of existing laws that govern the manner in which Peace Corps and DOL currently cover RPCVs who return sick or injured. Clarify the responsibility of the Peace Corps, improve communications with the DOL and institute new Peace Corps policies where needed.**

Action to Date: The establishment of the Post-Service Task Force and its review of all recommendations related to post-service healthcare is in effect a 'gap analysis.' Instituting already recommended policies and procedures will strengthen communication among OHS, DOL, and the Returned Volunteer Community.

Task Force Recommendations: The Peace Corps Director will ensure that the Post-Service Healthcare Task Force meets quarterly to review issues and concerns as expressed by staff and Volunteers as required by the charter and Peace Corps policy.

Lead: Chair/Team Lead

Due Date: Ongoing

- 13. Strengthen Peace Corps’ role in managing cases when medical care is being transferred to DOL to ensure that RPCVs do not lose coverage of medical needs.**

Action to Date: The PSU in OHS has significantly improved outreach and support to RPCVs over the last two years. RPCVs that reach out to the PSU are provided with clear direction and support as they work with the DOL from completing claims applications through claims adjudication and beyond. The PSU has initiated a regular newsletter that will be sent to stakeholders addressing RPCV concerns about working with the FECA and Worker's Compensation Programs and program improvements that have been made.

Task Force Recommendations: In conjunction with the Office of Third Goal and Returned Volunteer Services, the Chair/Team Lead will place post-service healthcare benefits information more prominently on the Peace Corps website and RPCV portal in order to reach a greater audience of RPCVs that may not know about the services of the PSU. This will be accomplished in conjunction with the agency-wide communications plan discussed in Chappel #3c(b-d) above.

Lead: Chair/Team Lead

Due Date: January 30, 2016

14. Peace Corps should provide oversight of the administration of the FECA benefits/DOL processes for RPCVs as long as their health issues endure.

Task Force Recommendations: Currently, PSU staff members provide support to any RPCV needing assistance, regardless of their COS date, in understanding how the DOL/FECA program operates and assists RPCVs to complete and manage DOL requirements. In an effort to become more transparent, the Manager of the PSU will ensure that relevant post-service healthcare benefits information is presented in an easy-to-understand format on the RPCV portal and will ensure that the PSU provides exemplary customer service to RPCVs. The Peace Corps Act does not allow for Peace Corps' oversight of any DOL policies or procedures.

Lead: PSU Manager

Due Date: January 31, 2016

15. Review the use of mefloquine by Peace Corps.

Actions to Date: OHS has worked closely with the Centers for Disease Control (CDC) to review the use of mefloquine by Peace Corps Volunteers. At this time, CDC continues to recommend mefloquine as one option for malaria chemoprophylaxis. Based on this guidance, Peace Corps will continue to offer Volunteers a choice of FDA-approved malaria chemoprophylaxis regimens, including atavquone/proguanil, doxycycline, mefloquine, and chloroquine, where appropriate. When Volunteers arrive in-country, they are immediately provided with a one-on-one consultation with their PCMO to review information on the benefits and side effects of each medication before they make their choice. Volunteers can choose to change their chemoprophylaxis at any time during their service in consultation with the PCMO. No Volunteer is required to use mefloquine or any other specific chemoprophylaxis over another unless medically indicated. With

regards to Peace Corps' anti-malaria policies, OHS regularly consults with the Centers for Disease Control and Prevention (CDC) and with other experts as necessary.

Task Force Recommendation: OHS will continue to work with CDC to ensure that we comply with US recommendations for best practice in malaria chemoprophylaxis by offering a choice of FDA-approved malaria medications to Volunteers.

Lead: AD for OHS

Due Date: Ongoing

16. Extend the time period for filing DOL claims. Shift burden of proof from RPCV to Peace Corps to prove causality of secondary health issues resulting from primary diagnosis.

Task Force Recommendations: An RPCV may file a claim within three years of the date of the injury or death. However, in latent conditions, the 3-year time limit begins when the Volunteer who has a compensable disability becomes aware or will have been aware of a possible relationship between the medical condition and the employment or the date of the employee's last exposure. Please note the language from statute (5 USC 8122) regarding latent disabilities:

In a case of latent disability, the time for filing claim does not begin to run until the employee has a compensable disability and is aware, or by the exercise of reasonable diligence will have been aware, of the causal relationship of the compensable disability to his employment. In such a case, the time for giving notice of injury begins to run when the employee [Volunteer] is aware, or by the exercise of reasonable diligence will have been aware, that his condition is causally related to his employment, whether or not there is a compensable disability.

DOL is used by all federal agencies including the Department of State and USAID to adjudicate service related illnesses and injuries. The DOL serves as a third party to ensure that Peace Corps Volunteers are not dependent on the 'hiring agency' to make fair and reasonable decisions regarding service related healthcare. If the burden of proof is shifted to Peace Corps, it may result in a conflict between the RPCV's interest and the financial interest of the agency.

Lead: PSU Manager

Due Date: Ongoing

17. (A.) Establish an entity to provide accountability, oversight and transparency of the new Post-Service Task Force on Healthcare. (B.) Create a 3rd party 'Ombudsperson' position at Peace Corps.

Task Force Recommendations: (A.) The Task Force was established by the Peace Corps Senior Policy Committee and, as such, is a formal, chartered body that meets at least quarterly to identify and address issues and concerns that Returned Peace Corps Volunteers experience that are related to health care resulting from their Peace Corps service. The Task Force intends to be fully transparent with stakeholder groups as indicated by making this report publicly available. The Task Force has met with representatives from the National Peace Corps Association, the Returned Peace Corps Volunteers of Washington, DC, the Health Justice for Peace Corps group, and the Northern Virginia Returned Volunteers. Members of the Task Force meet regularly with NPCA staff to discuss NPCA's new Transition Assistance Program that will extend support to RPCVs with healthcare issues. (B.) To ensure full cooperation of all offices within the Agency to address healthcare issues related to service and effective communication with stakeholder groups, expand the role of the Task Force Chair to include the role of Team Leader of Post-Service Healthcare in the Office of the Director. The Team Leader will create a communications and outreach plan, a detailed implementation plan based on this report and monitor its implementation. If a service-delivery office does not or cannot meet the needs of a RPCV, the team lead will bring the issue to the Director to identify potential actions.

Lead: Chair/Team Lead

Due Date: Ongoing

18. Research health and disability options outside of the DOL.

Task Force Recommendations: Currently, Peace Corps Volunteers are required by law to utilize the DOL/FECA process for a service connected illness or injury. The Senate Foreign Relations Committee requested that GAO conduct a study that compares the health care benefits provided to Returned Peace Corps Volunteers under the Federal Employees Compensation Act to those benefits provided to USAID contractors under the Defense Base Act. That study concluded, and provided an analysis and comparison of the two programs. The Agency is considering available options.

Lead: Director/CR

Due Date: Ongoing; Depending on Congressional Action

19. Create a more rigorous physical and mental health exam at close of service.

Task Force Recommendation: The current Close of Service exam meets medical standards. The new electronic medical records system will make it easier to retrieve medical information when RPCVs submit claims.

Lead: AD for OHS

Due Date: Ongoing

20. Extend non-competitive eligibility (NCE) to those who have been out of the work force due to service-related health issues until they are able to work.

Task Force Recommendation: The non-competitive eligibility benefit extended to RPCVs through executive order 11103 can be used by USG Agencies as a means of hiring former Volunteers who have the qualifications for a specific staff position. While RPCVs receive NCE for one year after their close of service, NCE can be extended for two more years to a total of three years at the discretion of the hiring agency. The current language in the executive order allows for agencies to hire RPCVs who have been unable to work due to illness or injury if the hiring agency deems that this situation warrants an NCE extension. Peace Corps can, upon request, provide an RPCV with a letter of support stating that NCE can be extended in cases in which service-related illness or injury prevents utilization of NCE in the first year after COS.

Lead: Director/CR

Due Date: January 31, 2016

21. Director's Office, OHS: Conduct an analysis of the messages sent by the Agency regarding post-service healthcare benefits, roles, and responsibilities and create a communications strategy that will better inform applicants, Volunteers, and RPCVs.

Task Force Recommendation: The Post-Service Team Lead/Task Force Chair will create an Agency-wide communications and outreach plan. They will also work with the Office of Communications and the Office of Third Goal and Returned Volunteer Services to ensure that the "Post-Service Health Benefits Guide," FECA video, and any newly developed material related to post-service Healthcare are more transparent and easily accessible through the agency's website and Returned Volunteer Portal.

Lead: Chair/Team Lead

Due Date: March 31, 2016

Health Justice for Peace Corps Volunteers Long-Term or Late-Manifesting Health Problems Originating from Peace Corps Service, May 2015 Report

Seven Recommendations

22. "Most of the illustrated problems involve the lack of payments and commitment by the DOL to continue treatment or follow-up with medical issues after a condition has been accepted by FECA. This is an on-going problem with which Peace Corps should provide further assistance through the Post-Service Med Unit. Peace Corps should provide sick/injured RPCVs with adequate resources to help RPCVs who return sick and/or injured, especially as these RPCVs continue to navigate the bureaucratic system of the DOL. Moreover, Peace Corps should provide further

assistance regarding FECA instructions and benefits, aiding in the completion of FECA forms and documents and continuing to interface with the DOL during billing issues for as long as the Volunteer's condition lasts. When RPCVs have already received acceptance from the DOL, the lack of access to entitled benefits needs further exploration.”

Action to Date: The PSU is committed to providing compassionate support to any RPCV that contacts them regarding submission of claims, adjudication, payment issues of FECA or AfterCorps claims, adjudication, payment issues of FECA or AfterCorps claims, and management responsibilities of Peace Corps and RPCVs regarding their post-service healthcare benefits. Staff with specialized skills in FECA claims adjudication and billing have already been hired to support RPCVs in need and create communications materials to help them navigate the FECA system.

Task Force Recommendations: The Manager of the PSU will create a range of electronic tools (webinars, videos, etc.) to assist RPCVs in understanding how to file a FECA claim and how to facilitate a smoother process for resolving billing issues. When problems occur, PSU staff will be available to provide compassionate support and to reach out to DOL on our RPCV's behalf as needed to ensure that payments are prompt and accurate and that treatments are carried out according to plan. We recognize how frustrating it can be to navigate the FECA system, and hope that improved communications with RPCVs and clarified roles with DOL will make a difference

Lead: PSU Manager

Due Date: Ongoing

23. “The Post-Service Med Unit (PSU) should petition for an extension of the filing period for those who continue to suffer from physical and psychological issues that arise long after service. Historically, the PSU has not been sensitive to nor supportive to mental health issues. Other times, with mental health or long-lasting issues, PSU has suggested that the RPCVs should not even bother trying to submit FECA claims because of the cumbersome, bureaucratic process or due to the statute of limitations. Some PSU staff has recommended RPCVs apply for Medicare or Medicaid instead of FECA. A solution for caring for these individuals needs to be found.”

Actions to Date: The DOL already allows an RPCV who has passed the three years after service date to make a claim. An RPCV may file a claim within three years from the date of injury or when the RPCV becomes aware of a possible relationship between the medical condition and employment [service] or the date of the last exposure. Please note the language from statute (5 USC 8122) regarding latent disabilities:

In a case of latent disability, the time for filing claim does not begin to run until the employee has a compensable disability and is aware, or by the exercise of reasonable diligence will have been aware, of the causal relationship of the compensable disability to his employment. In such a case, the time for giving notice of injury begins to run when the employee is aware, or by the exercise of reasonable diligence will have been aware, that his condition is causally related to his employment, whether or not there is a compensable disability.

The PSU has made a commitment to a customer service focus and now provides one-on-one counseling related to completing and submitting FECA claims and assisting RPCVs in managing the claims process.

Task Force Recommendation: The PSU Manager will create an SOP and training for PSU/IHC staff that will enable them to provide individual support to RPCVs who submit FECA claims when appropriate and needed. We are committed to helping our RPCVs find solutions to their health care needs and will help them identify the options that are most beneficial to them. The SOP will clarify those cases when it is in the best interest of the RPCV to use their private health insurance or Medicare/Medicaid options.

Lead: PSU Manager

Due Date: February 28, 2016

24. “An outline of proposed conditions in which an RPCV can illustrate that there was exposure to chemicals or environmental toxins and an extension of the FECA statute should be considered in these cases. Secondly, Peace Corps should further enhance their instructions and processes regarding the use of toxic agricultural chemicals. Moreover, PSU needs to help RPCVs with secondary issues stemming from their initial health problem obtain coverage by facilitating the process for getting additional ICD diagnostic codes covered as more symptoms/illnesses surface.”

Task Force Recommendations: (1.) FECA claims are adjudicated on the basis of present day diagnosis. The Task Force recommends that the PSU Manager create job tools based on the information that FECA claims officers use to adjudicate illnesses. (2.) The Task Force recommends that the Director of Peace Corps identifies those policies or recommendations the Agency has established regarding exposure to chemicals or environmental toxins and distribute those recommendations to posts for inclusion in Volunteer training. (3.) The PSU manager will ensure that no RPCV will be discouraged from filing a claim for exposure to chemicals or environmental toxins while in service. However, PSU will explain that under FECA, an exposure to a harmful or potentially harmful agent in and of itself does not automatically entitle one to benefits if no definable injury has occurred. PSU will also inform the RPCV that their claim form will be maintained in their personnel folder until a definable injury or medical condition has developed; at which time, PSU will submit the claim form to OWCP.

(1.) Lead: PSU Manager **Due Date:** September 30, 2016

(2.) Lead: Chair/Team Lead **Due Date:** September 30, 2016

(3.) Lead: PSU Manager **Due Date:** September 30, 2016

25. **“Volunteers who served during this time (those Volunteers who were not informed about the DOL/FECA program) should be provided an amnesty period in which they can file with FECA. Discussion should be centered on how to provide further support for RPCVs who continue to suffer either physically or mentally due to their experience from Peace Corps.”**

Action to Date: PSU staff has assisted RPCVs with claims submissions up to 20 years after the individual served and is committed to assisting any RPCV who contacts them for help. Task Force members are collaborating with NPCA to establish a support system for RPCVs in need of assistance.

Task Force Recommendations: The DOL already allows an RPCV who is well passed past the 3 years after service date to make a claim. An RPCV may make a claim up to 3 years after s/he becomes aware of a service-related illness or injury. See the Task Force's response to recommendation #23 above. Please note the language from statute (5 USC 8122) regarding latent disabilities:

In a case of latent disability, the time for filing claim does not begin to run until the employee has a compensable disability and is aware, or by the exercise of reasonable diligence will have been aware, of the causal relationship of the compensable disability to his employment. In such a case, the time for giving notice of injury begins to run when the employee is aware, or by the exercise of reasonable diligence will have been aware, that his condition is causally related to his employment, whether or not there is a compensable disability.

Lead: PSU Manager **Due Date:** Ongoing

26. “A list of specialists should be provided to RPCVs who return with non-diagnosable problems and/or issues. If possible, there should be connections made with military doctors and/or specialists who have been exposed to similar illnesses and/or diseases. Also, if an RPCV can show that his/her symptoms began in Peace Corps and substantial effort has been pursued to receive a diagnosis, PSU should help to apply for FECA with a “non-specific Peace Corps-related health problem, with a list of symptoms and appropriate diagnostic codes where applicable, in addition to a list of appropriate and potential medical treatments authorized and provided by FECA.”

Task Force Recommendation: The Task Force recognizes that a small number of RPCVs may experience symptoms, sometimes debilitating, without an official diagnosis. OHS/PSU is committed to working with the RPCV, DOL and their provider(s) to identify a diagnosis and ensure that the RPCV receives the care and treatment s/he is eligible for.

Lead: PSU Manager

Due Date: Ongoing

27. “The process for adding a diagnostic code to a condition within an RPCV’s FECA claim should be an easier process. Oftentimes, doctors are unwilling to provide the additional paperwork necessary, as it adds more work for which doctors is not compensated. PSU needs to be more proactive in assisting RPCVs with this process and for monitoring the capriciousness with which codes are added and deleted. Often, mistakes are made when information is transferred between the DOL and FECA.”

Task Force Recommendation: We understand how frustrating this can be. The process for adding additional diagnosis codes to an accepted FECA claim is governed by rules and procedures created by DOL/OWCP. A claim can be expanded to include additional diagnosis codes when the claimant's physician submits appropriate medical documentation assigning an additional diagnosis and evidence that the new diagnosis has a causal link to the original injury or the treatment for that accepted injury. The Peace Corps currently provides PCVs with case-management services which includes diagnosis and treatment for their Peace Corps illness and injuries. The PSU currently provides case management services to RPCVs that assists them with further evaluation and diagnostic testing.

Lead: PSU Manager

Due Date: Ongoing

28. “A significantly large number of RPCVs have ongoing physical manifestations, mental health, and neurological problems related to Mefloquine toxicity. Even after the 2013 FDA-mandated Black Box warning, a PSU employee told an RPCV that (s)he will be unable to obtain FECA benefits IF (s)he claims the problem stems from Mefloquine. Mefloquine toxicity and its symptoms should be accepted as a credible medical issue within the Peace Corps community. The continuous dismissal by Peace Corps Headquarters demonstrates their lack of willingness to provide the utmost safety and security for their Volunteers both during and after service. Please refer to Dr. Nevin’s letter for reference. Moreover, for those suffering from Mefloquine symptoms, the three year statute of limitations should also be extended for FECA claim resulting from Mefloquine toxicity.”

Actions to Date: OHS has reviewed the use of mefloquine by Peace Corps Volunteers and continues to offer the choice of several FDA-approved malaria chemoprophylaxis medications to Volunteers. All Volunteers are provided information on the benefits and

side effects of each medication before they make their choice, and they can choose to change their chemoprophylaxis at any time during their service. No Volunteer is required to use mefloquine or any specific chemoprophylaxis over another unless medical contraindications exist. FECA claims for “mefloquine toxicity” are not adjudicated by Peace Corps, but rather by the Department of Labor/OWCP. See answer to recommendation 15 for further information.

Task Force Recommendation: OHS will continue to offer a choice of FDA-approved malaria chemoprophylaxis medications to Volunteers. See the Task Force’s response to recommendation #25 above regarding the “three year statute of limitations”.

Lead: AD/OHS

Due Date: Ongoing

Appendix I – Ensuring Volunteers’ Health During and After Service

<http://www.peacecorps.gov/volunteer/learn/safety/support/ensuring/>

The Peace Corps' top priorities are the health, safety and security of Volunteers. The agency is continually working to improve the quality of care and support for both current and returned Volunteers.

To ensure continuity of high-quality care, the Peace Corps has:

- Established and promoted a direct line to medical professionals at Peace Corps headquarters for current and returned Volunteers who have concerns, questions and comments about their health care. Volunteers currently in service can contact the Quality Improvement Unit at qualitynurse@peacecorps.gov. Returned Volunteers can contact the Post Service Unit at psu@peacecorps.gov.
- Enhanced the overall quality of medical care provided to Volunteers by improving the supervision, hiring, credentialing and management of Peace Corps medical officers at each post. Peace Corps has also upgraded technical guidance on a range of medical topics, including sexual assault, malaria suppression, injury and trauma, and mental health. A Health Care Quality Assurance Council has also been established to oversee, monitor and report on the quality of Peace Corps health services.
- Trained Peace Corps Medical Officers, safety and security staff, and sexual assault response liaisons — all based in the field — on Post-Traumatic Stress Disorder (PTSD) and trauma informed care so they can identify when Volunteers are in need and deliver high-quality support.
- Strengthened policy and guidelines for malaria prevention and treatment. Volunteers meet individually with their Peace Corps Medical Officer to discuss the risks, benefits and side effects of the malaria suppression medications available to them. Volunteers are then given a choice of medication, depending on their location and whether they prefer a daily or weekly regimen.
- Sponsored a study by the U.S. Centers for Disease Control and Prevention (CDC) on improving malaria prevention and compliance with anti-malarial medications among Peace Corps Volunteers. In response, the agency has highlighted strategies at pre-service training to help Volunteers remember to take their medications. In addition, a video on malaria prevention jointly produced and disseminated by the Peace Corps and the U.S. Department of State has been incorporated into a global education campaign on malaria prevention.
- Started the implementation process for an electronic medical records system that will improve the quality of care by giving Peace Corps Medical Officers better access to Volunteers' medical files and allow for real-time oversight. The system will provide valuable data that will help inform the agency's continuing medical education and training programs.

For Current Volunteers, the Peace Corps has:

- Proactively provided referral forms, known as PC 127 forms, that guarantee coverage for readjustment counseling to all Volunteers upon Close of Service so they are readily available as needed when Volunteers return home.
- Reformed medical evacuation procedures so all Volunteers who are medically evacuated to Washington, D.C., are met at the airport by a Peace Corps representative and have a choice of healthcare providers for their care. Medically evacuated Volunteers are encouraged to provide feedback to the agency on their experience to ensure the quality of the process.
- Hired a nurse case manager who specializes in sexual assault services to oversee the medical care provided to medically evacuated Volunteers following incidents of crime.

For Returned Volunteers, the Peace Corps has:

- Conducted extensive analysis of post-service Volunteer healthcare issues and collaborated with the U.S. Department of Labor to create solutions that address concerns related to Volunteer claims under the Federal Employees' Compensation Act (FECA). Peace Corps has established a strong working relationship with the U.S. Department of Labor to improve FECA communication and streamline processes.
- Hired new staff in the Peace Corps' Post Service Unit to accelerate FECA case resolutions. Peace Corps hired an additional billing specialist who has been trained by the U.S. Department of Labor on FECA billing processes and now works closely with returned Volunteers on their claims. Peace Corps has also hired an additional nurse case manager to assist returned volunteers with long-standing FECA claims or challenges with their claims, as well as to track complicated new FECA claims after they have been fully transitioned into the Department of Labor workers' compensation system.
- Reached an agreement with the U.S. Department of Labor that allows for several medical conditions to be treated by Peace Corps without prior approval, helping to make the process more efficient for returned Volunteers.

Fact Sheet: Ensuring Volunteers' Health During & After Service (PDF)

Last updated Sep 02 2015

Appendix II – Malaria Prevention & Mefloquine Concerns

- The Peace Corps is committed to malaria prevention among Volunteers, and we work closely with the Centers for Disease Control and Prevention to continually update our policy on malaria suppressive medications based on the best medical information available.
- We recognize there have been concerns raised regarding the use of Mefloquine, and we have been monitoring developments very closely.
- We take these warnings very seriously and have taken proactive steps to ensure our Volunteers have all of the information they need to make an informed decision about the anti-malaria medication that is right for them, in collaboration with their Peace Corps Medical Officer.
- The Peace Corps employs a multi-pronged strategy to protect Volunteers from infection. All Volunteers receive training on prevention, provision of insecticide-treated bed nets, screening for windows in their homes, and a choice of three or four different types of medications that suppress malaria, depending on their location.
- Before beginning any kind of anti-malaria regimen, every Volunteer has an individual, one-on-one consultation with their Medical Officer to discuss the pros and cons of each medication and all possible risks and side effects. Unless contraindicated, the choice of medication is solely up to the Volunteer.
 - a. Available medications recommended by the FDA for use to prevent malaria include doxycycline and Malarone, which are taken daily, and mefloquine and chloroquine, which are taken weekly.
- Volunteers are monitored throughout their service for medication tolerance, and Volunteers can revisit their choice of medication at any time.
- While mefloquine continues to be an FDA-approved medication recommended for use to prevent malaria, Volunteers who wish to request a change in medication can do so simply by talking with their Peace Corps Medical Officer.
- This policy is in place at every Peace Corps post worldwide, and the Peace Corps is working hard to make sure each and every Volunteer is familiar with the options available to them.

Resources:

Blog post (Posted 8/9/13):

<http://passport.peacecorps.gov/2013/08/09/staying-safe-preventing-malaria/>

Appendix III – Memo on NCE Extension

To: Federal Employers

From: Peace Corps Office of Third Goal & Returned Volunteer Services

Re: Extension of Noncompetitive Eligibility

Date:

In recognition of their service, returned Peace Corps Volunteers (RPCVs) receive one year of noncompetitive eligibility for federal appointment, under **Executive Order 11103**. However, federal hiring managers may extend this eligibility for up to an additional two years (for total of three years) if, during that initial one year of NCE eligibility, the RPCV engages in any of the following activities:

1. Enters full-time military service.
2. Studies at a recognized institution of higher learning.
3. Engages in an activity which, in the hiring agency's view, warrants an extension. Example activities include, but are not limited to...
 - a. Engaging in part-time or volunteer work that better qualifies the RPCV for the position in question.
 - b. Inability to work due to an illness or injury related to Peace Corps service.

To grant NCE extension, provide your HR department with the following:

- NCE Letter of Extension, which is provided by the hiring manager and states reason(s) for extension.
- All necessary job application documents such as: resume, scope of work interview assessment, and confirmed reference checks.

Once your HR department receives these documents, they should be able to make a tentative offer. After a tentative offer has been made and accepted, HR will instruct your office and the new staff on the on-boarding process (background check, fingerprinting for official work I.D. and new employee orientation).

For more information, please review [Title 5 of the Code of Federal Regulations \(CFR\), Part 315.605](#), and rules 32-33 of Table 9-G in “The Guide to Processing Personal Actions.” check our [NCE guide](#) for federal agencies.

If you have any questions regarding Noncompetitive Eligibility (NCE) extension, please write or call:

Peace Corps
Paul D. Coverdell Peace Corps Headquarters
1111 20th Street NW
Washington, DC 20526
Attn: Returned Volunteer Services
hirerpcvs@peacecorps.gov
202.692.1430
Fax: 202.692.1421

Appendix IV – Peace Corps Post-Service Task Force Charter

Article I

Mission

The mission of the Post-Service Task Force (Task Force) is to identify and address issues and concerns that Returned Peace Corps Volunteers (RPCVs) have that are related to health care resulting from their Peace Corps service.

Article II

Membership

(a) The Task Force will have up to eight members to be appointed by the Director. Ex Officio members of the Task Force include the following:

- (i) Associate Director, Office of Health Services
- (ii) Manager, Post-Service Unit, Office of Health Services
- (iii) Chief Compliance Officer
- (iv) General Counsel

(b) The Task Force conducts most of its business at meetings and regular attendance by members of the Task Force is vital for it to perform its mission. Members accept the obligation to attend meetings and participate in the work of the Task Force.

Article III

Officers

(a) The Chair of the Task Force shall be appointed by the Director. The Chair shall appoint a member of the Task Force to serve as the Vice Chair of the Task Force.

(b) The Chair shall call, prepare the agenda for, preside at, and close all meetings of the Task Force. In the absence of the Chair, the Vice Chair shall assume the duties of the Chair.

(c) The Chair shall appoint a staff member from the Office of Health Services to serve as Secretary to the Task Force. The Secretary shall assist in the preparation and conduct of meetings of the Task Force and record and maintain minutes of meetings of the Task Force.

(d) The Chair shall also appoint an attorney nominated by the General Counsel to serve as Counsel to members of the Task Force and provide advice regarding health care legal issues.

Article IV

Duties and Responsibilities

The Task Force shall have the following duties and responsibilities:

- (a) Serve as a forum to address issues and concerns related to post-service health care, including the Federal Employees' Compensation Act (FECA) program.
- (b) Monitor the quality of post-service services provided by OHS to RPCVs.
- (c) Produce written reports that address issues related to post-service health care.
- (d) Monitor compliance with recommendations made in reports of the Task Force.
- (e) Serve as a liaison for outside groups (e.g., National Peace Corps Association) to bring post-service health care issues to the agency.
- (f) Meet with the Office of Workers' Compensation Programs in the Department of Labor on a periodic basis to provide feedback.
- (g) Provide advice and counsel to the Director on post-service health care issues.
- (h) Serve as a conduit for identifying and bringing to the agency "best practice" processes for post-service health care issues.

Article V

Meetings of the Task Force

Meetings: The Task Force conducts its business at meetings where issues are discussed and decisions are made.

Regular Meetings: Regular quarterly meetings of the Task Force will be held at a time and place designated by the Chair.

Special Meetings: Special meetings of the Task Force may be called by the Chair.

Quorum: A simple majority of the members of the Task Force, excluding the Chair, shall constitute a quorum for the transaction of business at any meeting of the Task Force.

Decision-making Process: The Task Force shall make decisions through careful deliberation and discussion by the members of the Task Force. Decisions may only be taken at meetings when the Chair or Vice Chair is present. Task Force decisions must be approved by the votes of the simple majority of the members at the meeting of the Task Force. However, in cases when there is a tie vote on a decision, the decision supported by the Chair will be the decision of the Task Force.

Minutes: Minutes of meetings of the Task Force shall be presented to the Task Force for approval.

Attendance at Meetings: Members must be present physically or by phone to cast a vote at a meeting. Voting by proxy is not permitted. However, a person who is acting on behalf of a member under a delegation of authority may attend meetings and perform the functions of the member in an acting capacity.

Action without a Meeting: Action may be taken without a meeting by written or electronic consent to the action by a simple majority of the members of the Task Force.

Non-member Attendance: Peace Corps employees who are not members of the Task Force may attend meetings of the Task Force at the request of any member of the Task Force. The Task Force may invite outside groups and individuals to attend meetings of the Task Force and present concerns about post-service health care issues.

Article VI

Subcommittees and Other Groups

Establishment: The Task Force may establish subcommittees and working groups, and may also authorize individuals or agency offices, to perform such duties as may be designated by the Task Force. Such groups or individuals may be used by the Task Force to assist it with matters under Task Force consideration.

Delegation: The Task Force may delegate to such groups or individuals so much of the authority of the Task Force as it determines to be appropriate.

Article VII

Termination of Charter

This Charter terminates three years after its approval by the Senior Policy Committee.

Article VII

Amendments

This Charter may be amended or rescinded by the Senior Policy Committee.