No exceptions

Documenting the abortion experiences of US Peace Corps Volunteers

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Executive summary

Background & context

Since its creation in 1961 by President John F. Kennedy, more than 215,000 Americans have served in the US Peace Corps in 139 countries. Currently 63% of Peace Corps Volunteers are women, over 90% are single, and the average age at the initiation of service is 28. Volunteers typically serve in-country for two years, with the possibility of a third year extension, after a rigorous selection process and a three month pre-service training. Peace Corps Volunteers receive their health care free of charge while in service; most services are provided in-country, and when necessary Volunteers also receive health care services through regional medical facilities or in Washington, DC after medical evacuation.

Since1979 US federal appropriations bills have restricted the coverage of abortion for Peace Corps Volunteers. **There are no exceptions to the coverage ban and abortion care is not covered under any circumstance.** Other groups who receive health care through US federal funding streams, including Medicaid recipients, federal employees and their dependents enrolled in the Federal Employees Health Benefits program, residents of the District of Columbia, women who receive health services through Indian Health Services, and women in federal prisons, receive abortion coverage in cases when the pregnancy threatens the life of the woman or is the result of rape or incest. In December 2012, these same coverage benefits were extended to military personnel and their dependents. However, for Peace Corps Volunteers abortion services are not covered even in these narrow circumstances.

As Peace Corps Volunteers often serve in countries where abortion is legally restricted, receive stipends that are minimal, and are at risk of sexual assault, these restrictions may be especially devastating. However, no published literature currently exists that explores the opinions, perceptions, or experiences of Peace Corps Volunteers with respect to reproductive health services and abortion care. Our study aimed to address this gap.

Study objectives

In order to understand better the impact of the funding restrictions on Peace Corps Volunteers and situate those experiences within the larger context of reproductive health service delivery, we conducted a large-scale qualitative study with returned Peace Corps Volunteers (RPCVs). Specifically, our study aimed to:

- Document the reproductive health and abortion experiences of RPCVs;
- Explore RPCVs' current knowledge of the abortion funding restrictions as well as the information provided about the policy at time of service;
- Understand better RPCVs' opinions about the funding restrictions and efforts to expand coverage in cases of life endangerment, rape, and incest; and
- Identify ways in which reproductive health services could be improved.

Methods

All RPCVs who served in the US Peace Corps between 1979 and 2013 (inclusive) were eligible to participate in our study during the summer of 2013. We recruited participants though social media, listservs, and a study website and conducted interviews by telephone and via Skype. We audio-recorded interviews with participant consent; each participant received a $20 gift certificate to Amazon.com. Our interviews averaged 60 minutes in length and covered a range of

issues including the participant's background and Peace Corps service, experiences (if any) with abortion, sexual violence, and other reproductive health issues, and knowledge of and opinions about the federal funding restrictions on abortion coverage. We analyzed interviews for content and themes and received ethics approval to conduct the study from the Health Sciences and Sciences Research Ethics Board at the University of Ottawa.

Findings

Participant demographics

During the two-month study period we conducted in-depth, open-ended interviews with **433 RPCVs**. Eighty-three percent of participants identified as women (n= 362) and the majority were in their 20s and unmarried when they served. Participants originated from 47 US states and Washington, DC and entered the Peace Corps throughout the eligibility period (1979-2013). Our participants served in 83 different countries, reflective of all regions in which the Peace Corps operates.

Reported abortion & sexual violence experiences

Of the 362 women who participated in our study, 18 (5.0%) reported a personal abortion experience while in service. Twenty-seven of our 433 participants (6.2%) reported on at least one abortion experience of someone else. Thirty-two women (8.8%) reported at least one personal experience of rape or sexual assault. Moreover, 140 participants (32.3%) reported on the rape or sexual assault experience of someone else. Although there were cases in which several participants talked about the same event, over the course of the study we heard about at least 43 different abortion experiences and 125 different sexual assault and rape experiences.

The process by which women obtain an abortion when in service has changed over the last 35 years. Currently, if a Volunteer becomes pregnant while in the Peace Corps she is medically evacuated to the US before the end of her first trimester. If the Volunteer chooses to continue her pregnancy, she ends her service and returns to her home of record, and her pre-natal and delivery care will be covered. However, if the Volunteer wants to have an abortion, she is medically evacuated to Washington, DC to speak with a counselor about her options. If she chooses to terminate the pregnancy, she is required to pay for the procedure herself and remains in DC for about a month, after which she can resume her service.

The majority of our study participants who had abortions learned about the policy only after they became pregnant. Women reported that it was difficult to cover the cost of the abortion given their small stipends; this was particularly challenging for women who did not want to disclose the abortion to family members or did not have a partner who could afford to pay for the abortion. Although women who were able to return to service after an abortion generally expressed relief at being able to do so, the length away concerned some of our participants, with respect to both their projects and confidentiality. Finally, lack of social support also emerged as a major theme, as most of the women with whom we spoke went through the abortion process alone. These overarching dynamics shaped some women's decisions to obtain abortion care in-country, outside of the Peace Corps. These abortions ranged from legal and safe to illegal and decidedly unsafe.

The abortion experiences of rape survivors: Policy as punishment

Of the 18 women who described their own personal abortion experiences, three women became pregnant as a result of rape or sexual violence. Survivors of sexual violence who participated in our study repeatedly described the ban on covering abortion care in cases of rape as unfair, punitive, and reflective of a broader culture of victim-blaming. Moreover, the requirement that a

rape survivor pay out-of-pocket for her abortion raised issues regarding disclosure, both for the abortion itself and the event that precipitated the need.

RPCVs' opinions regarding the current restrictions on abortion coverage & efforts to lift the "no exceptions" ban

Over 97% of our participants (n=421) disagreed or strongly disagreed with the current policy. Further, there was near universal support among our participants for expanding abortion coverage in cases that involve life endangerment, rape, or incest. Nearly 98% of participants expressed support or strong support for the passage of the Peace Corps Equity Act, a bill that would reconcile abortion coverage for Volunteers with all other groups receiving health care through federal schemes, including employees of the Peace Corps. However, the majority of our participants stated this is only a first step and expressed strong support for policies that would treat abortion as any other health service and be covered accordingly.

Discussion & recommendations

The Peace Corps is a storied institution that has shaped the lives and perspectives of generations of Americans. RPCVs who participated in our study overwhelming described their experience in the Peace Corps as transformative, positive, and inspiring. Yet for 35 years, the "no exceptions" policy has required women serving in the US Peace Corps to pay out-of-pocket for abortion care, even in cases of life endangerment, rape, and incest. Our findings highlight several priorities for policy reform:

- Lift the "no exceptions" policy on abortion coverage for Peace Corps Volunteers.
- Better inform Volunteers about the policy in advance of need and further explore ways in which to fortify Peace Corps policies that streamline abortion care for those who are medically evacuated to the US.
- Identify ways in which to link Peace Corps Volunteers who are unable to pay for an abortion with available abortion funds, and consider mechanisms to increase access to safer abortion care for women while serving in-country.
- Ensure that Peace Corps Volunteers have access to a full range of contraceptive methods, including long-acting reversible contraceptives such as the intra-uterine device, and emergency contraception.

Whether through the appropriations process or other legislative efforts, the time has come to lift the funding ban on abortion coverage for Peace Corps Volunteers. In addition to making a significant difference in the lives of women who would be eligible for funded care, extending federal funding for abortion in these narrow circumstances sends an important message about the value of those who incur risks and make sacrifices to join the Peace Corps and represent the US abroad.

Background & context

Since its creation in 1961 by President John F. Kennedy, more than 215,000 Americans have served in the US Peace Corps [1]. Dedicated to increasing capacity in participating countries, promoting a better understanding of Americans by peoples served, and promoting a better understanding of other peoples by Americans, Peace Corps Volunteers have served in 139 countries. Demographic shifts in recent years have changed the composition of the Peace Corps; currently 63% of Volunteers are women, over 90% of Volunteers are single, and the average age at the initiation of service is 28 [1].

Volunteers typically serve in-country for two years, with the possibility of a third year extension, after a rigorous selection process and a three month pre-service training. Peace Corps Volunteers receive a stipend, which varies by location but is currently around $250-$300 per month, and a readjustment allowance of roughly $7,500 after completion of service. Peace Corps Volunteers also receive their health care, including prescription medications, routine examinations, and emergency care, free of charge while in service; most services are provided in-country through a Peace Corps Medical Officer (PCMO). When necessary, Volunteers also receive health care services through regional medical facilities or in Washington, DC after medical evacuation.

However, since 1979 US Federal appropriations bills have restricted the coverage of abortion for Peace Corps Volunteers. **There are no exceptions to the coverage ban and abortion care is not covered for Peace Corps Volunteers under any circumstance.** Other groups who receive health care through US federal funding streams, including Medicaid recipients, federal employees and their dependents enrolled in the Federal Employees Health Benefits program, residents of the District of Columbia, women who receive health services through Indian Health Services, and women in federal prisons, are all, as matter of policy, eligible to receive abortion coverage in cases when the pregnancy threatens the life of the woman or is the result of rape or incest [2]. In December 2012, the passage of the "Shaheen Amendment" to the FY2013 National Defense Authorization Act extended these same coverage benefits to military personnel and their dependents. However, for Peace Corps Volunteers abortion services are not covered even in these narrow circumstances [3].

As Peace Corps Volunteers often serve in countries where abortion is legally restricted, receive stipends that are minimal, and are at risk of sexual assault, these restrictions may be especially devastating [4,5]. A body of research has documented the considerable impact that Medicaid funding restrictions have had on low-income women [6,7,8]. More recently, research on the experiences of US military personnel has helped to build the case for extending coverage for abortion in cases of rape and incest [9,10,11,12]. However, no published literature currently exists that explores the opinions, perceptions, or experiences of Peace Corps Volunteers with respect to reproductive health services and abortion care. Informed by these other efforts, our study aimed to address this gap.

Study aims & objectives

In order to understand better the impact of the funding restrictions on Peace Corps Volunteers and situate those experiences within the larger context of reproductive health service delivery, we conducted a large-scale qualitative study with returned Peace Corps Volunteers (RPCVs).

Specifically, our study aimed to:

- Document the reproductive health and abortion experiences of RPCVs;
- Explore RPCVs' current knowledge of the abortion funding restrictions as well as the information provided about the policy at time of service;
- Understand better RPCVs' opinions about the funding restrictions and efforts to expand coverage in cases of life endangerment, rape, and incest; and
- Identify ways in which reproductive health services could be improved.

In this report we focus on the findings related to abortion, examining both the experiences of Volunteers while in service and RPCVs' opinions about the current funding restrictions.

Methods

Our aim was to conduct in-depth, open-ended interviews with as many RPCVs as possible within a two-month data collection window in the summer of 2013. RPCVs were eligible to participate in the study if they had served as a Peace Corps Volunteer between 1979 and 2013 (inclusive) and were not currently in service. There were no eligibility restrictions with respect to age, gender, sexual orientation, country of service, or personal experiences regarding abortion or reproductive health care.

Participant recruitment

We recruited participants through multiple channels including posting ads on social media, circulating study information through listservs, and establishing a study website. The response to the study was immediate and enthusiastic; over 300 RPCVs contacted us within 48 hours of announcing the study. The Principal Investigator or the Study Coordinator conducted an initial intake via email or telephone to screen prospective participants for eligibility and provide additional information about the study, including the consent form. Eligible participants who expressed continued interest in the project were scheduled for an interview with a member of the study team at a time convenient for them.

Data collection

The Principal Investigator, the Study Coordinator, and four additional study team members interviewed participants over the telephone or via Skype using an interview guide created specifically for this study. Our interviews averaged 60 minutes and we audio-recorded interviews with participant consent. As a token of our gratitude for participating in the study, we offered participants a $20 gift certificate to Amazon.com.

We began the interviews by gathering demographic and Peace Corps related service information about each participant. The interview then turned to the participant's general experiences related to health services while in-country as well as a discussion of the reproductive health content of both pre-departure information and pre-service training. We then asked participants to reflect on their own experiences (if any) with respect to abortion, sexual violence, and other reproductive health issues as well as the experiences of Volunteers with whom the participant served. We asked those who reported on an abortion experience probative questions regarding the overarching process, including disclosure, confidentiality, procedure type and location, social supports, travel, and costs. We asked all participants a series of questions about the federal funding restrictions on abortion coverage, including their knowledge of the policy at

both the time of service and the time of the interview and their opinions about the policy. At the conclusion of the interview, we asked participants to discuss ways that reproductive health services, and the coverage of those services, could be improved for future Peace Corps Volunteers.

Data analysis

Study team members took detailed notes during the interview and then immediately summarized and field coded data using FluidSurveys. We later transcribed audio-recorded interviews verbatim and used ATLAS.ti 6.2 software to manage the transcripts, notes, and summaries. Data analysis was an iterative process in which the study team appraised emerging categories and themes throughout data collection in order to define codes, draw meaning, and establish thematic saturation, a process guided by regular team meetings. We conducted content and thematic analyses of interview content using pre-determined categories and codes and inductive techniques to identify themes and categories of content that emerged during the analysis phase of the project.

In the results section of this report, we provide descriptive statistics about our participants that we generated using Microsoft Excel 2010. We also present the main themes that emerged in our analysis of the interviews and use quotes from individual participants to illustrate key findings. Further, we present a series of narratives that showcase the ways in which experiences, perceptions, and opinions were revealed by participants.

Ethics statement

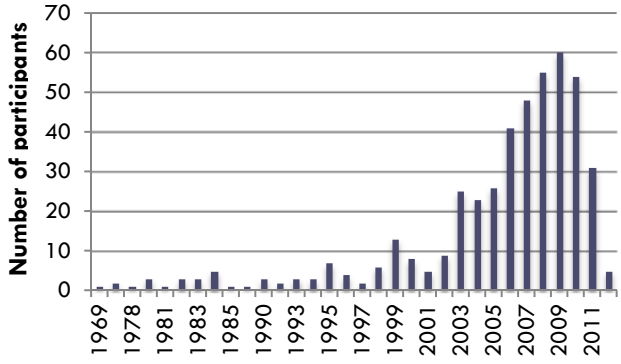
We received ethical approval for this study from the Health Sciences and Sciences Research Ethics Board (REB) of the Office of Research and Integrity at the University of Ottawa (File #H05-13-16). As we conducted interviews over the telephone and via Skype, we obtained verbal consent from participants at the beginning of the interview; participants could end the interview at any time without penalty. We provided all participants with contact information regarding the study and their rights as participants, including the contact information for both the Principal Investigator and the REB. In order to protect the confidentiality of our participants we have used pseudonyms throughout this report and have removed or masked all personally identifying information.

Results

Participant demographics

During the two-month study period we conducted in-depth, open-ended interviews with 433 RPCVs. Eight-three percent of participants identified as female (n= 362) and 17% identified as male; the overwhelming majority of our participants were in their 20s and unmarried when they served in the Peace Corps. Participants identified as originating from 47 US states and Washington, DC; we had no participants from Kentucky, West Virginia, or Wyoming.

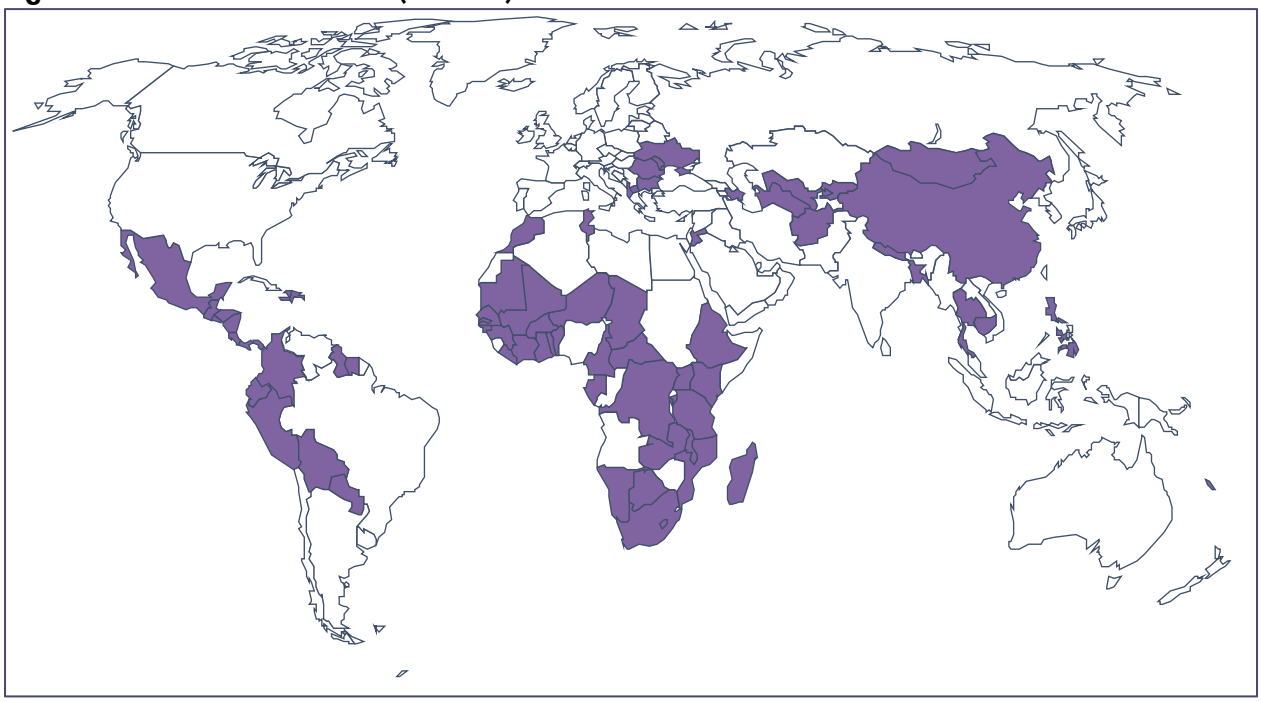
Figure 1: Initial year of service



As shown in Figure 1, our participants initiated their service throughout the eligibility period (1979-2013), and the majority served in the last decade. As some RPCVs served in the Peace

Corps more than once, there were a small number of volunteers who began one of their service periods before our eligibility period. Finally, our participants served in 83 different countries, reflective of all regions in which the Peace Corps operates. These countries are depicted on the map in Figure 2.

Figure 2: Countries of service (shaded)



Reported abortion & sexual violence experiences

Of the 362 women who participated in our study, 18 (5.0%) reported a personal abortion experience while in service. Twenty seven of our 433 participants (6.2%) reported on at least one abortion experience of someone else. Thus, 10% of our interviews included a detailed discussion of at least one abortion experience. Thirty-two women (8.8%) reported at least one personal experience of rape or sexual assault; several of these women described having been raped two or more times by different perpetrators. Moreover, 140 participants (32.3%) reported on the rape or sexual assault experience of someone else. Although there were cases in which several participants talked about the same event, over the course of the study we heard about at least 43 different abortion experiences and 125 different sexual assault and rape experiences.

The evolution of abortion care in the Peace Corps

Susan's story: Abortion care before 1979

Prior to the implementation of the funding ban, Susan was serving in Central Asia and became pregnant after consensual sex. She had been using an IUD at the time and notified the Peace Corps Medical Officer early in her first trimester. The PCMO asked her to travel from her village to the capital as soon as possible; Susan soon made the two-day journey. Although no one in the Peace Corps Medical Office performed abortions, the PCMO was able to identify a physician who had trained in Britain and was able to provide safe, legal care. Susan obtained her abortion in the capital without incident and was able to return to her village and resume her service after less than a week. The Peace Corps paid for all elements of her abortion care, including her transportation to the capital and the costs of the procedure itself, just as it would have for any other medical service.

Prior to the ban on the funding of abortion care in all circumstances that came into effect in 1979, abortion was covered through the Peace Corps health system as a medical procedure. Volunteers were able to contact the Peace Corps and make arrangements to have an abortion in-country, if a trained provider was available, and were not required to pay for the service, irrespective of the circumstances surrounding the pregnancy. As showcased in Susan's story, Volunteers were able to return to service relatively quickly, in as little as a week after the procedure.

Our interviews with women who had abortions in the first decade after the funding ban went into effect suggest that the early years of implementation were especially challenging. In the 1980s, a Volunteer who chose to terminate a pregnancy would be medically evacuated to the US and was expected to arrange and pay for the abortion herself, with little support or guidance from the Peace Corps. Almost all of our participants who served during this era learned about the policy and the process for obtaining abortion only once pregnant.

April's story: Abortion care in the 1980s

April and her husband joined the Peace Corps together in the mid-1980s. Prior to their departure for South America, all Volunteers in their cohort were given a number of live vaccines and a slew of other medications. The Peace Corps medical team informed the group that the pre-departure regimen could cause significant fetal anomalies and asked all of the women if there was a chance they could be pregnant. April was diligent about taking her oral contraceptive pills and didn't believe there was any possibility of her being pregnant.

April didn't have a period for two months after her arrival in-country. Although she wasn't especially concerned – she had experienced amenorrhea in the past – she contacted the PCMO who then had her take a pregnancy test using a blood sample; the results were negative. However, two months later, April felt a "kicking" sensation in her abdomen and she knew that she was pregnant. She immediately went to capital and learned after an ultrasound that she was 21 weeks into her pregnancy. Her husband soon joined her in the capital and they were told that in order to obtain abortion, April would be medically evacuated to Washington, DC. The Peace Corps would cover the costs of the flight and her accommodations while in DC, but she would have to pay for the abortion herself, even though her monthly stipend was only $50. Her husband was not permitted to go with her. Once arriving in DC, April described the process this way:

> I came up to the United States in my flip-flops and sundress in October when it was really cold, and I got to the airport in DC and there was no one to meet me…I found my way to the Peace Corps office and I was brought into a room with a nurse who said basically "We're sorry to tell you but Reagan is the President right now and we can't touch this with a ten foot pole. We can't help you and you'll have to figure this one out for yourself." And I said, "Well could you at least give me names of clinics or hospitals or whatever that will provide an abortion" and they gave me a phone book and said "We can't help you in any way." And it was unbelievable. It was just horrible. And I spent three days [trying to find a provider], I had no idea what to do.

With the logistical and financial support of family members, April ultimately was able to find a hospital in New York that provided later abortion care. Her parents paid for the procedure which cost $1,200, the equivalent of two years of April's stipend. She spent nearly a month in the US before being able to return to her country of service and be with her husband.

By the early 1990s, the process by which Peace Corps Volunteers were able to obtain abortion care had changed. Although the funding restrictions still required women to pay out-of-pocket for the abortion itself, women were no longer simply handed a phone book on arrival. Our

participants who obtained abortions in the US in the 1990s and 2000s were generally more satisfied with the systems that had been put into place than Volunteers who obtained abortions in the years immediately after the ban went into effect.

Linda's story: Abortion care in the 2000s

In the early 2000s, Linda was serving in East Asia when she became pregnant while on leave. Upon returning to her country of service Linda contacted her PCMO and explained that she suspected she was pregnant. After her positive pregnancy test, Linda was informed that she would not be able to remain in the Peace Corps if she was pregnant; before the end of her first trimester she would be medically evacuated to the US. If she chose to continue to the pregnancy, she would return to her home of record and the Peace Corps, through the bridge health insurance system, would cover her pre-natal and delivery care. However, if she wanted to talk about her options, she would be medically evacuated to Washington, DC where she would be able to speak with a counselor. If she chose to have an abortion she would need to pay for it out-of-pocket and would likely remain in DC for a month; if she medically cleared she could return to service.

Linda elected to return to DC and have an abortion. When she arrived in DC she met with a Peace Corps nurse who referred her to an outside social worker for counseling. Linda expressed her continued desire to terminate the pregnancy and she was provided with information about area clinics. She felt incredible relief at being able to have a safe termination; her partner joined her in DC at his own expense and she felt well supported. As she was early in her pregnancy, the abortion cost around $300 and her boyfriend, who was not in the Peace Corps, covered the costs. She described the Peace Corps personnel with whom she interacted, both in-country and in DC, as non-judgmental and professional. In hindsight, she thinks it is terrible that abortion was not covered like other medical procedures, but at the time she didn't even think about that; she was just grateful to be able to have an abortion and return to complete her service. Cognizant of the political dynamics surrounding abortion in the US she doesn't expect that abortion care, irrespective of reason, will be funded for Peace Corps Volunteers anytime soon. But she describes the lack of coverage in cases of life endangerment, rape, and incest as "blatantly wrong" and "antiquated."

Although April's and Linda's experiences differed in many ways from a procedural perspective, neither participant was aware of the policies surrounding abortion until she became pregnant. Indeed, most of the women who reported having an abortion while in service, and most of the abortion experiences that were reported by others, suggest that knowledge of the policy is not widespread; the majority of women who had abortions learned about the policy only after they became pregnant. However, women who reported having abortions more recently were generally provided with options counseling and referrals to service providers.

Both April and Linda were able to cover the cost of the abortion itself with support from loved ones. However, one of the themes that emerged in our interviews was the challenge that women experienced paying for their abortions, particularly given their small stipends. Women who did not want to disclose the abortion to family members or did not have a partner who could afford to pay for the abortion (for example, women who became pregnant after consensual sex with another Peace Corps Volunteer or with a host country national) and who didn't have independent means, experienced challenges paying out-of-pocket. As one participant explained, "I got a comfortable monthly stipend to be living in those local conditions, but there's no way that that stipend would have been enough for me to obtain a safe abortion." Only in recent years have some Peace Corps Volunteers been offered the option of drawing against their readjustment allowance as a way of covering the costs of the abortion procedure.

As both April's and Linda's stories showcase, the process of obtaining an abortion and then medically clearing to return to service takes about a month. Although women who were able to return to service after an abortion generally expressed relief at being able to do so, the length away from one's site was concerning for some of our participants, both with respect to their projects and with respect to confidentiality; others at the site or in their cohort inevitably knew (or at least suspected) that the Volunteer had left to have an abortion. As one participant noted, "If somebody leaves for, you know, a month or two, and goes to DC and comes back...it just doesn't take much of a stretch of the imagination to kind of figure out what it was that happened to that Volunteer. So, as far as being able to maintain confidentiality, I don't know how Peace Corps could say that they had actually done that."

Finally, another overall theme that emerged from women's abortion experiences was the issue of social support, or the lack thereof. Because Linda's partner was not a Peace Corps Volunteer and was based in the US he was able to be with her in Washington, DC when she had the procedure. However, her experience was the exception; most of the women with whom we spoke went through the abortion process alone.

Going outside of the system: Abortion care in-country

These overarching dynamics – the cost of the procedure, time away from service, perceived lack of confidentiality, and isolation – have shaped some women's decisions to obtain abortion care in-country, outside of the Peace Corps system.

Christine's story: Obtaining an illegal (but safe) abortion in-country

Christine was serving in the Latin American and Caribbean region in the late 2000s and became pregnant during her first year of service. Her partner was a host country national and they decided together that this was not the right time for them to parent. Christine knew the Peace Corps policy with respect to abortion coverage; she knew she would have to return to DC, by herself, pay out-of-pocket, and spend a month in the US. Christine didn't want to have the abortion on her own so she asked around. Although abortion was only legally permissible to save the life of the woman in her country of service, women in her community directed her to a private sector abortion provider in a large city who was reputed to provide safe care.

Christine traveled with her partner to the city and paid for the abortion out-of-pocket; the procedure cost nearly two months of her stipend. Christine had the illegal abortion without complication and returned to her community within a few days. She was relieved to be able to have the abortion and have her partner – who is now her husband – with her throughout the process. But she resents having to go through this process outside of the Peace Corps system. Indeed, she never told Peace Corps that she had an abortion in-country as she was afraid that would be grounds for Peace Corps to terminate her service.

Of the 18 women who shared their personal abortion experiences with our study team, five reported that they had the abortion in-country. We also heard about nine other in-country abortion experiences from participants who discussed the situation of someone else; in most of these cases the participant had accompanied the Volunteer when she obtained an abortion in-country and was able to provide considerable detail about the event. Three of the women who had in-country pregnancy terminations, like Susan whose story is described above, did so through the Peace Corps system either because the abortion took place before the funding ban or because emergency management of the pregnancy was required before medical evacuation for the abortion could take place. However, all of the other cases took place without Peace Corps' knowledge and varied from legal and safe to illegal and decidedly unsafe. Indeed, we heard

about one Volunteer who required post-abortion care after suffering complications from an unsafe abortion and another Volunteer who experienced long-term medical sequelae. The reasons women decided to have an abortion in-country varied, but in most cases included the cost, timing, confidentiality, and support dynamics that shape the current system of care.

The abortion experiences of rape survivors: Policy as punishment

Of the 18 women who described their own personal abortion experiences, three women became pregnant as a result of rape or sexual violence, including one woman who became pregnant after coerced sex and contraceptive sabotage by her boyfriend. In each of these three cases the Volunteer learned about the funding restrictions on abortion in cases of rape when she found out that she was pregnant.

Michelle's story

Michelle was in her 20s when she began her Peace Corps service in South Asia in the early 1980s. After being in-country for only a few months she was raped. She was staying in the capital when she learned that she was pregnant; when Michelle told the Peace Corps Medical Officer that she wanted to terminate the pregnancy she was informed she would be medically evacuated to the US. Although she had learned about many Peace Corps policies during her pre-service training, Michelle did not know that abortion was not covered like all other medical procedures. It was not until she arrived in Hawaii that she learned that she would have to pay for the abortion herself.

Michelle did not have the money to pay for the procedure. Her monthly stipend was approximately $100 and she was told that the abortion would cost nearly four times that amount. Michelle had not told her family about the rape; she did not want to tell people in her life why she had returned to the US and have to explain why she was pregnant. However, Michelle needed to acquire the funds, so she got in touch with a friend from college. Her friend contacted her own parents and they wired money to Michelle. Michelle describes the overall process as humiliating and felt that she was being punished for being raped. Michelle remained in Hawaii for four weeks before returning to service. Soon after she returned to her community she was raped by a different perpetrator, after which she separated from the Peace Corps. Reflecting on her overall experience Michelle stated:

> I don't think abortion is the answer for every Peace Corps Volunteer who gets raped; I mean I wouldn't presume that. I will tell you that it would take someone with, to me, an unimaginable amount of strength to go through with a pregnancy in that situation because even flying over Hawaii I thought, there was a fear I had that the plane was going to set down somewhere and I was going to be stuck being pregnant. With that pregnancy. And I thought I don't want to spend the rest of my life feeling like I want to claw my skin off my body. And I think that most days I'm a pretty strong person. But all I know is how terrible it was and…how scared I was until my friend's parent's gave me the money and you know I feel like the federal government has an obligation to revise that sort of standard of care…Why are we penalizing one group of women for choosing their way to serve the world and to serve Peace Corps, you know, our government through Peace Corps? Why are we penalizing them by failing to give them adequate services, in the event that they become raped? I just don't think that's fair. I would never say to anyone that yes, you must abort a baby that's a result of rape, but at the same time I don't think anyone should be forced to [continue a pregnancy to term] because they don't have funding.

As evidenced by Michelle's experience, many of the dynamics shaping abortion care for Peace Corps Volunteers, in general, also impact those Volunteers who had an abortion after a sexual

assault. But the requirement that a rape survivor pay out-of-pocket for her abortion raised issues regarding disclosure, both for the abortion itself and the event that precipitated the need.

Michelle's experience in the 1980s also reflected a different era with respect to the services provided to Peace Corps Volunteers after a sexual assault. However, the restrictions on covering abortion care in cases of rape have endured.

Sonia's story

Sonia joined the Peace Corps immediately after graduating from college and served in South America in the 2010s. Shortly after arriving in her community, she was raped by member of her host family. Initially, she didn't tell anyone about the assault. However, over the ensuing weeks Sonia became sick. After her symptoms worsened she traveled to the capital and was diagnosed with pelvic inflammatory disease; it was then that she disclosed the rape to the PCMO. Sonia also learned that she was pregnant. Sonia described the PCMO's response as "wonderful" and "compassionate" and that she received "all the resources that a victim of assault should have gotten." Sonia knew that she wanted to terminate the pregnancy and the PCMO told her that she would be medically evacuated to Washington, DC. A week later Sonia flew to the US and was met at the airport by Peace Corps staff; it was after arriving in DC that Sonia learned she would have to pay for the abortion herself.

Sonia didn't have any money and she hadn't yet told her parents what had happened. She was able to get a fellow Volunteer in her cohort to send her funds to cover the cost of the abortion, which was about $350. Reflecting on the abortion policy, Sonia remarked:

> I think it's a very out dated policy…You know we are, as volunteers, we are put in sometimes risky situations. We actually signed up for it. But Peace Corps provides comprehensive health care for everything…I think it's very backwards. And PC staff members in DC can get [an abortion] paid for but not the volunteers working out in the field, which isn't fair. Especially since we are put in situations that were out of our control…I think it is something that needs to be changed and soon.

Sonia received counseling both before and after the procedure and remained in the US for about six weeks before returning to her country of service. Sonia was placed in a new community, which she loved. However, during her second year while staying in the capital she was assaulted for a second time. Sonia reports that the response from Peace Corps was "really supportive." She was again medically evacuated to the US but after spending some time with family Sonia decided to end her service.

In addition to describing the policy as unfair and unjust, survivors of sexual violence who participated in our study also repeatedly described the ban on covering abortion care in cases of rape as punitive and reflective of a broader culture of victim-blaming. As one woman who medically separated from the Peace Corps after being raped during her service in Eastern Europe/Central Asia in the late 2000s remarked:

> I don't even know what to say [about the funding ban]. That kind of speaks back to all of the victim-blaming that happens…that in a developing country if you are raped, whether it be by someone you know or by a stranger on the street, you were probably doing something wrong….That it's always the woman's fault. [The policy is] completely and totally ridiculous.

RPCVs' opinions regarding the current restrictions on abortion coverage

Nearly 69% of participants were not aware of the policy when they were in service

Over two-thirds of our participants (68.8%, n=297) reported that they were not aware of the policy on abortion coverage when they were in service. Not surprisingly, women who had an abortion during their service and those who reported on the abortion experience of a colleague were generally aware of the policy at the time of interview. However, fully half of our participants (50.1%, n=217) learned about the restrictions surrounding the funding of abortion care for Peace Corps Volunteers during the interview itself. Indeed, many of our participants assumed that the coverage restrictions were the same as those for other groups receiving care through federal funding streams, such as Medicaid recipients or federal employees, and believed that abortion was covered for Peace Corps Volunteers in cases of life endangerment or when the pregnancy was the result of rape or incest.

Over 97% of participants disagree with the current policy

Over 97% of participants (n=421) disagreed or strongly disagreed with the current "no exceptions" policy. The reactions of our study participants to the current funding ban can be best characterized as outraged; some of the most common reactions are showcased in the word cloud in Figure 3 that captures language used by participants.

Figure 3: Participants' reactions to the current ban on abortion coverage

RPCVs' opinions regarding efforts to lift the ban on abortion coverage for Peace Corps Volunteers

Over 97% of participants expressed support for efforts to extend abortion coverage in cases involving life endangerment, rape, and incest

There was near universal support among our participants for expanding abortion coverage in cases that involve life endangerment, rape, or incest. When interviewers described the contours of the Peace Corps Equity Act of 2013, a Bill that aimed to reconcile abortion coverage for Peace Corps Volunteers with other groups who receive federal health benefits, including employees of the Peace Corps [13], 97.9% (n=424) of participants expressed support or strong support for its passage. As one participant stated, "I think it's absolutely crucial…It seems like a no-brainer."

Participants reported that reconciling abortion coverage for Peace Corps Volunteers was important for individual women (and especially rape survivors) as well as symbolically. Many participants expressed the opinion that parity of coverage for Peace Corps Volunteers would serve as an important signal that Peace Corps Volunteers' service was valued. "We are American representatives whether it is at home or abroad…and I don't know why there is some sort of hierarchy, why we are excluded from the policy, but it does feel like we are sort of at the bottom of the totem pole because we are technically volunteers, which is very unfair."

But more than half of our participants went on to state that reconciliation of the current policy such that abortion becomes covered in cases of life endangerment, rape, and incest would be only a first step. Indeed, the majority of our participants expressed strong support for policies that would treat abortion care as any other health service and be covered accordingly. In response to learning about the Peace Corps Equity Act, one participant noted, "I think it's a move in the right direction. I mean again…[abortion] should be covered if that is the choice of the woman, in any circumstance, if that is what she would prefer…That should be her choice and not just with those caveats."

Discussion & recommendations

In 1973, the US Supreme Court legalized abortion at the federal level in its landmark *Roe v. Wade* decision. However, in the wake of *Roe* a series of federal restrictions were enacted that limited funding for abortion care. Introduced by Congressman Henry J. Hyde (R-IL) and passed by Congress on September 30, 1976, the "Hyde Amendment" to the 1977 Medicaid appropriations bill barred the use of federal Medicaid funds from covering abortion except when the life of the woman would be endangered by carrying the pregnancy to term [2,14]. A year later this restriction was eased and coverage was expanded to include cases in which the pregnancy was the result of rape and incest or when two physicians certified that continuation of the pregnancy would have "severe and long-lasting" physical health consequences for the woman [2]. This expansion was fleeting; in 1981 Congressional action again limited abortion care for low-income women to cases of life endangerment. In the 1990s, the exceptions to the funding ban again expanded to include not only life endangerment, but also rape and incest [2,15].

Although there have been significant fluctuations in the exceptions to Medicaid funding restrictions over the last 38 years, the Hyde Amendment has been renewed in every annual appropriations bill since its enactment [16]. The initial passage of the Hyde Amendment also triggered a series of similar restrictions impacting the coverage of abortion for other groups of women who depend on the federal government for their health care. Beginning in the late1970s and early 1980s, riders on appropriations bills restricted the coverage of abortion for federal employees and their dependents through the Federal Employees Health Benefits program, low-income residents of the District of Columbia, women who receive health services through Indian Health Services, and women in federal prisons [2]. Since the late-1990s, the various appropriations bills impacting these different groups have prohibited the use of federal funds from covering abortion except in cases of life endangerment, rape, and incest. And in 2013, these same exceptions were finally extended to military personnel and their dependents [17].

Yet since 1979, there have been no exceptions to the funding restrictions on abortion care for Peace Corps Volunteers. Our results call attention to the exceptionality of a policy which restricts abortion coverage for Volunteers but not other groups who receive federally funded health care benefits, including employees of the Peace Corps. That rape survivors who choose to terminate a

pregnancy are required to pay out-of-pocket is widely perceived by women who have been sexually assaulted and RPCVs in general as unfair and punitive. In recent years, national media has focused on the experiences of women who have been raped during their Peace Corps service and highlighted the need for more comprehensive sexual assault response policies and services [5,18,19]. The efforts of advocacy organizations, including First Response Action, have successfully drawn attention to these issues and prompted reform.[1] Lifting the federal restrictions on abortion coverage in cases of rape, whether through the appropriations process or a stand-alone bill, would be consistent with this overarching effort to respond better to the needs of sexual assault survivors serving in the Peace Corps [3,20].

Our results also showcase the near universal support among RPCVs for reconciling abortion coverage for Peace Corps Volunteers, in general, and for the Peace Corps Equity Act, in particular. Extending abortion coverage in cases of life endangerment, rape, and incest, would undoubtedly make a difference for the relatively small number of women who meet one of these narrow eligibility criteria. But reconciliation of the funding restrictions is also symbolically important and would be perceived by most of the RPCVs in our study as an acknowledgement by the federal government that their service is valued. Thus our study strongly supports efforts to lift the "no exceptions" policy on abortion coverage for Peace Corps Volunteers.

The impact of policy reform is limited by the extent to which changes are actually implemented. For example, research on the experiences of Medicaid recipients indicates that low-income women often do not receive funded abortion care even when eligible [6,7,21]. Thus lifting the ban is an important first step in expanding access to funded abortion care for Peace Corps Volunteers but creating mechanisms to ensure that eligible women are able to obtain care will be critical. While various mechanisms exist to harmonize federal funding policies, our results indicate that even if the funding ban was eased, most Volunteers would still face significant barriers to obtaining affordable, timely, confidential, and supported abortion care. Indeed, even under a less restrictive policy such as that sought by current reform efforts, only a small proportion of the women in our study would have been eligible for funded care. Thus, expanding efforts to inform Volunteers about the policy in advance of need, fortifying Peace Corps policies that streamline abortion care for those who are medically evacuated to the US, linking Volunteers who are unable to pay for their abortions with available abortion funds, and identifying mechanisms to increase access to safer abortion care for women while in-country appear warranted. Further, ensuring that Peace Corps Volunteers have access to a full range of contraceptive methods, including long-acting reversible contraceptives such as the intra-uterine device, and emergency contraception, is vital.

Finally, Susan's story (see above, page 9) serves as a reminder that the federal funding restrictions on abortion coverage have not always been in place; there have been periods when abortion was covered like all other medical procedures. Although the political realities are such that major reform in federal funding restrictions is currently improbable, ensuring that all women have the right to safe, legal, accessible, and affordable abortion care, without restriction as to reason, remains a priority.

[1] The Kate Puzey Volunteer Protection Act of 2011was signed into law in November 2011 after unanimous passage in Congress. "Kate's Law" is named after a Peace Corps Volunteer who was murdered in 2009 after reporting to her superiors her belief that a Peace Corps employee in Benin was sexually abusing female students. Kate's Law requires that the Peace Corps improve Volunteer training to reduce the risk of sexual assault, establish systems to protect whistleblowers, and hire regional victims' advocates.

Recommendations

- **Lift the "no exceptions" policy on abortion coverage for Peace Corps Volunteers.**
- **Better inform Volunteers about the policy in advance of need and further explore ways in which to fortify Peace Corps policies that streamline abortion care for those who are medically evacuated to the US.**
- **Identify ways in which to link Peace Corps Volunteers who are unable to pay for an abortion with available abortion funds, and consider mechanisms to increase access to safer abortion care for women while serving in-country.**
- **Ensure that Peace Corps Volunteers have access to a full range of contraceptive methods, including long-acting reversible contraceptives such as the intra-uterine device, and emergency contraception.**

Limitations

Qualitative methods provide an excellent mechanism for in-depth exploration of participants' experiences, perceptions, and opinions. However, this method is not designed to yield representative and generalizable results. Although we were able to recruit a sizable sample of RPCVs for a qualitative study using diverse recruitment strategies, and we are confident that the themes we identified are significant, we are unable to assess the degree to which these experiences represent broader trends. Indeed, women who had personal experiences with abortion or sexual violence may have been more likely to participate in our study given the topic of inquiry. Further, the majority of our participants initiated their service in the 2000s and this skew is likely a result of our online recruitment strategies. However, the experiences of RPCVs who served more recently are more likely to reflect current policies, procedures, and practices thus enhancing the overall relevance of the study.

Conclusion

For 35 years, the "no exceptions" policy has required women serving in the US Peace Corps to pay out-of-pocket for abortion care, even in cases of life endangerment, rape, and incest. Extending federal funding for abortion in these narrow circumstances will afford Peace Corps Volunteers the same benefits as all other groups who receive health care through the federal government. In addition to making a significant difference in the lives of women who would be eligible for funded care, harmonization of the funding policy sends an important message about the value of those who incur risks and make sacrifices to join the Peace Corps and serve the US abroad. Whether through the appropriations process or other legislative efforts, the time has come to lift the funding ban on abortion coverage for Peace Corps Volunteers.

The Peace Corps is a storied institution that has shaped the lives and perspectives of generations of Americans. RPCVs who participated in our study overwhelming described their experience in the Peace Corps as transformative and for many their period of service shaped their aspirations and the direction of their future careers. The pride with which RPCVs described their service in Peace Corps was tremendous and their loyalty and dedication to the institution and their fellow RPCVs nearly universal. We hope that all of the experiences that RPCVs shared with us and the recommendations we have put forward in this report will be viewed in this light.

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Biographies of key study personnel

Angel M. Foster, DPhil, MD, AM holds an Endowed Chair in Women's Health Research at the University of Ottawa where she is an Associate Professor in the Faculty of Health Sciences. She is also a Co-Founder and Principal of Cambridge Reproductive Health Consultants and an Affiliated Scholar at Ibis Reproductive Health (Cambridge, MA). She received her DPhil in Middle Eastern studies from the University of Oxford, attending as a Rhodes Scholar, her MD from Harvard Medical School, and both a Master's degree (AM) and a Bachelor's degree (BAS) from Stanford University. Dr. Foster has conducted social science and health policy research in Canada, Egypt, Jordan, Lebanon, Morocco, Palestine, the Thailand/Burma border, Tunisia, and the US. Her research portfolio focuses on contraception and abortion, young women's sexual behaviors and practices, and health professions education. Dr. Foster speaks French and Arabic and has authored or co-authored nearly fifty articles, book chapters, and reports on sexual and reproductive health. Her first book, which she co-edited with Dr. L.L. Wynn, is entitled, *Emergency contraception: The story of a global reproductive health technology*, and was published by Palgrave MacMillan in 2012. She is currently the Chair of the Population, Reproductive, and Sexual Health (PRSH) Section of the American Public Health Association (APHA) and serves on the Board of Directors of Backline. In 2004, Dr. Foster was named one of Choice USA's *30 Under-30 Activists for Reproductive Freedom* and in 2009 she received the *Outstanding Young Professional Award* from the PRSH Section of APHA. As Principal Investigator of the project, Dr. Foster was responsible for all aspects of the study, including study design, data collection and analysis, and presentation and dissemination of the results.

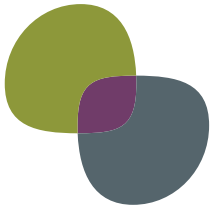
Grady Arnott, MSc(c), is a Master's student in Interdisciplinary Health Sciences at the University of Ottawa, Canada. She is currently studying the implications of health policy on access to reproductive health commodities and programming in refugee, conflict, crisis, and emergency settings. Her research interests include reproductive health and justice, and action-oriented policy research. Ms. Arnott served as the Study Coordinator of this project and in that capacity she recruited participants, conducted interviews, developed the initial codebook, and contributed to analysis and dissemination efforts.

Simone Parniak, MA(c), is a Master's student in Women's Studies at the University of Ottawa. Her research interests focus on contraception and discourses and frameworks that surround both current and emerging methods. Her current thesis work explores peri-coital contraception and the language Canadian women may use to talk about it. She has been a part of Dr. Foster's research team since 2012. As part of this project, Ms. Parniak conducted interviews and contributed to both data analysis and the dissemination of the results.

Kathryn J. LaRoche, MSc(c), is a Master's student in Interdisciplinary Health Sciences at the University of Ottawa. She is interested in action-oriented, qualitative research related to sexual health. More specifically, her work has focused on exploring issues of abortion access and post-abortion support for women in Canada and abroad. As a member of this study team, Ms. LaRoche conducted interviews and contributed to both data analysis and dissemination efforts.

James Trussell, PhD, BPhil, is a Professor of Economics and Public Affairs and Faculty Associate of the Office of Population Research at Princeton University. Dr. Trussell is also a Visiting Professor with the Hull York Medical School in England. He is the author or co-author of more than 350 scientific publications, primarily in the areas of reproductive health and demographic methodology. His recent research has been focused in three areas: emergency contraception,

contraceptive failure, and the cost-effectiveness of contraception. He has actively promoted making emergency contraception more widely available as an important step in helping women reduce their risk of unintended pregnancy; in addition to his research on this topic, he maintains an emergency contraception website (not-2-late.com) and designed and launched a toll-free emergency contraception hotline (1-888-NOT-2-LATE). Dr. Trussell received his BS degree in mathematics from Davidson College, a BPhil in economics from the University of Oxford, and a PhD in economics from Princeton University. He is a senior fellow at the Guttmacher Institute, a member of the National Medical Committee of Planned Parenthood Federation of America, and a member of the board of directors of NARAL Pro-Choice America and the Society of Family Planning. He is a deputy editor of C*ontraception*. As a Senior Co-Investigator on this project, Dr. Trussell contributed to the implementation of the study, analysis of the results, and dissemination of the findings.



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