

2016 Presidential HIV/AIDS Questionnaire

Senator Bernie Sanders

According to the Centers for Disease Control and Prevention (CDC), 1.2 million people are living with HIV in the United States and approximately 40,000 people are newly diagnosed annually. Although HIV was once considered a life-threatening illness, as a result of scientific advances, today people living with HIV can live a normal lifespan. Despite this progress, significant work lies ahead to ensure quality care for people with HIV, reduce new HIV infections, and protect the human rights of those affected by the epidemic. **The next five years provide an incredible window of opportunity to fast-track the response and end the HIV epidemic.**



To better understand how presidential candidates will take advantage of the moment to seek an end to the HIV epidemic, a coalition of organizations sent a survey to all of the candidates who were running for president at that time. Candidates responses have been published without edits. As of right now, the candidates who responded to the survey and their responses are published below. The coalition producing the survey has sought to review campaign literature, speeches or other positions of the candidates who have not responded to determine their positions. However, we have not found information that is directly related to the issues of HIV/AIDS discussed in the survey. As such the positions of the candidates who have not answered, in our opinion, are either unclear or undetermined. We urge all remaining candidates to complete the survey and the coalition will publish responses from the other presidential candidates as they are sent in.

The survey is intended to assess the positions of all candidates running for President concerning HIV/AIDS regardless of party. The ultimate goal is to learn where candidates stand on critical issues in the epidemic, and to educate the hundreds of thousands of individuals who care deeply about ending the loss and suffering caused by HIV/AIDS. The non-partisan coalition of organizations that created this survey (listed below) do not endorse any candidate or political party.

Senator Bernie Sanders' Responses:

U.S. HIV research investments have saved millions of lives and prevented countless new infections.

- 1. Do you support continued robust HIV research funding to promote treatment advances and efforts to identify a vaccine and a cure? Yes or No.**

Yes.

- 2. What, if any, changes to the current HIV research agenda or funding levels would you propose?**

First, we need to make significant investments in health research, including robust HIV research funding. I strongly support additional funding for NIH. I also believe that a comprehensive health research agenda should include not just the necessary financial support for disease-specific research, but must also consider our long-term investments in science education and how we can broadly support the next generation of scientists tackling some of the greatest medical challenges of our time. I have introduced legislation in the past to create a prize model to spur innovation for new HIV/AIDS medications. Essentially, a company bringing a truly innovative HIV/AIDS treatment to market would receive a cash prize instead of patent protection; the treatment would then be placed in the public domain, allowing generic versions to come onto market quickly. This ensures companies are still compensated for their research and development, while keeping drug prices affordable for all patients. We have seen absolutely incredible advancements in HIV/AIDS treatment over the last thirty years, but the disease can only be managed if patients can afford their medications.

The misuse of and addiction to opioids, such as heroin and prescription pain medications, is a serious and national public health problem with the potential to worsen both the HIV and hepatitis epidemics. Last year this issue became a national news story with one of the worst HIV outbreaks ever recorded in North America among people who use drugs in Indiana in part because their area at the time lacked a comprehensive syringe access program.

- 1. Do you support increased federal funding to implement evidence-based substance abuse prevention and treatment strategies to help address opioid addiction? Yes or No.**

Yes.

- 2. Which, if any, of the following do you support to address the opioid addiction epidemic:**
 - a. Better prescription practices**
 - b. Deployment of medication to combat overdoses (such as naloxone)**
 - c. Medication-assisted treatment (MAT) to treat opioid use disorders**
 - d. Syringe access**

Support all of above options.

- 3. Additional Comments:**

Substance use prevention and treatment are critical in HIV prevention efforts. We must make it easier for people to get substance abuse services when they need them. Our system is failing many of those who need treatment for addiction. When individuals are in crisis, they need help today, not to be put on a waiting list to be seen a year from now. We must work with health care providers to reduce the number of opioid prescriptions, we must ensure that states, local health departments, law enforcement and emergency services personnel have access to affordable medication to treat overdoses, like naloxone, and we must expand funding for medication-assisted treatment to treat opioid use disorders. A combination of medication and counseling has shown to be effective, but states need more resources, including more trained health care providers, to address this crisis.

The current National HIV/AIDS Strategy (NHAS or the Strategy) provides a roadmap to guide our collective response to the U.S. HIV/AIDS epidemic from 2015 through 2020. Its goals are to: reduce new infections; increase access to care and improve health outcomes for people living with HIV; reduce HIV-related health disparities and health inequities; and achieve a more coordinated national response to the HIV/AIDS epidemic.

- 1. Do you support the continued implementation of the current Strategy?**

Yes or No.

Yes.

- 2. What additional steps, if any, would you take to advance the Strategy further?**

The current strategy is a good blueprint. And we are seeing progress in many areas—the CDC recently announced the rate of new HIV diagnoses has dropped significantly since 2005. The Affordable Care Act has increased access to health insurance and care, but as we have seen, some insurance companies are still not fully compliant with the nondiscrimination provisions. So even though we are really only in Year 2 of the Strategy, I want to look forward at the 2021-2025 Strategy. Where do we want to be in five years?

The White House Office of National HIV/AIDS Policy (ONAP) serves as a liaison between the HIV/AIDS community and the Office of the President. It is the office that primarily develops NHAS and holds agencies accountable for meeting NHAS's goals.

- 1. Are you committed to maintaining ONAP within the Executive Office of the President? Yes or No.**

Yes.

The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV. The program fills gaps in primary medical care and essential support services not met by other payers. The program is highly successful at linking and retaining people in health care resulting in both improved individual health outcomes and reduction in new HIV infections.

1. Do you support current levels of funding of the Ryan White HIV/AIDS Program necessary to address gaps in care and essential services?

Yes or No.

Yes.

2. Would you consider increases in the future? Yes or No.

Yes.

3. Will you pledge to work with the HIV community to continue to enhance and adapt the Ryan White Program to support its maximum effectiveness?

Yes or No.

Yes.

4. Are there specific changes to the Ryan White Program that you would seek to implement?

Not a change, necessarily, but I found it outrageous that at the height of the recession, many states had long waiting lists for ADAP. Especially at a time when so many people were losing their jobs and savings, we should not have waiting lists for treatment.

Housing Opportunities for Persons with HIV/AIDS (HOPWA) currently provides funding for housing assistance and related supportive services for tens of thousands of low-income people living with HIV and their families. Stable housing is widely recognized as a necessary prerequisite for successful adherence to complex HIV/AIDS drug therapies.

1. Do you support ongoing or increased levels of HOPWA funding? Yes or No.

Yes.

2. Would you change the HOPWA funding formula so that it is based on the numbers of persons currently living with HIV/AIDS in a particular area rather than on cumulative AIDS cases? Yes or No.

Yes.

3. Are there changes to the HOPWA program that you would seek to implement? Yes or No.

Yes.

4. Additional Comments:

I am pleased that HUD and DOJ are working together to address the needs of survivors of domestic violence who have HIV/AIDS. If the demonstration project is successful, we would certainly look at continuing that program on a permanent basis. It is

unacceptable that so many women with HIV/AIDS are at risk of homelessness and violence.

The Affordable Care Act (ACA) has provided previously uninsured individuals with public and private health insurance.

1. Do you support the full and continued implementation of the ACA?

Yes or No.

Yes.

2. If not, what steps would you take to provide health care coverage to those newly insured under the ACA? If you do support the ACA, how would you build upon advances of the ACA to extend health care coverage to those who remain uninsured?

Health care is a right, not a privilege. The Affordable Care Act was a milestone on the path towards real health reform, and has made some real advances—banning discrimination based on health status; eliminating preexisting condition bans; making health insurance affordable and accessible for millions who did not have it before. But we still have 29 million Americans without health insurance, and millions more who are underinsured. Those with HIV or other chronic conditions are all too familiar with fighting with an insurance company who will not cover a needed medication, or your preferred doctor; with having to change insurance plans because you changed jobs, and not knowing if the new plan will cover your care; with ultimately spending thousands of dollars out of pocket for prescriptions and cutting pills in half or forgoing other necessities. This is why I strongly believe we must move to a Medicare-for-all single payer system. Providing comprehensive health insurance to all residents will mean peace of mind, and thousands of dollars in savings, to millions of Americans. Other nations manage to cover all their residents while spending far less than we do per capita, and achieving better health outcomes. We must finish the job of the Affordable Care Act and achieve universal coverage. Until that happens, we can safeguard and expand upon the important protections of the Affordable Care Act. I made sure there was \$11 billion for community health centers in the ACA, and I strongly believe we should increase that funding in the years to come. Community health centers are a vitally important part of ensuring access to underserved communities. We also must make sure insurance companies and providers are not discriminating against those with HIV/AIDS, including when it comes to drug coverage.

The World Health Organization, UNAIDS, and PEPFAR have demonstrated that if the world doubles the number of people on HIV treatment by 2020, we could end the AIDS epidemic by 2030. To achieve this goal, the United States would need to provide an estimated annual increase of \$450 million for our bilateral HIV programs for each of the next 4 years. However, these programs have been flat-funded since 2011.

1. Will you commit to ensuring the necessary funding to double the number of people directly supported by the U.S. on life-saving HIV medicine by 2020? Yes or No.

Yes.

Americans living with HIV are subject to outdated and stigmatizing criminal laws.

1. Will you support current bipartisan legislation in Congress calling for the review of all HIV criminal laws? Yes or No.

Yes.

2. Would you take Executive action to end the criminalization of Americans based on HIV status? Yes or No.

Yes.

3. What other steps, if any, would you take to help reduce HIV/AIDS stigma and discrimination in the United States?

We should continue and expand the policies that are working. The United States has clearly come a long way in its attitudes towards sexual orientation, gender identity, and health status, but there is still a long way to go. We must ensure that health providers, social services, law enforcement, and all other entities have proper resources and training to handle the varying needs of the community they serve. Schools must be giving students age-appropriate, comprehensive sex education. I echo the Strategy's recommendation that all Americans should have access to scientifically-accurate information regarding HIV infection. For starters, I would direct FDA to update its blood donation policy. The recent update was a step in the right direction, but a blanket one-year ban is still not supported by science. I have joined other Members in asking FDA to implement a risk-based policy for all donors.

Military Service

1. As President and Commander in Chief of the Armed Forces, will you follow suit with our allies/partners such as Israel and South Africa removing the ban to service in the U.S. Armed Forces for people living with HIV and allow all qualified volunteers to serve their Nation regardless of HIV status?

Yes or No.

Yes.

For more information, [CLICK HERE](#):

[http://www.aidsunited.org/Policy-0024-Advocacy/2016-Presidential-HIV002FAIDS-
Questionnaire.aspx](http://www.aidsunited.org/Policy-0024-Advocacy/2016-Presidential-HIV002FAIDS-Questionnaire.aspx)