

2020 Presidential Candidate HIV Questionnaire

Presented By The Act Now: End AIDS Coalition, AIDS United, GMHC (Gay Men's Health Crisis), Health GAP, Housing Works, The International Association of Providers of AIDS Care, LAMBDA Legal, Positive Women's Network-USA, Prevention Access Campaign, Sero Project, Transgender Law Center, The US People Living With HIV Caucus, and 41 other community based organizations

The Presidential candidates in 2020 have a unique opportunity to make history. For the first time since the Centers for Disease Control originally reported a few HIV cases in its Morbidity and Mortality Weekly Report 38 years ago, **we are able to end the HIV epidemic in the United States**. Scientific advances and groundbreaking HIV research have shown us that it is not only possible for people to live long, healthy lives with HIV, but that people on antiretroviral medication who have achieved (and maintain) an undetectable viral load cannot transmit the virus to others (commonly referred to as "undetectable equals untransmittable," or U=U). Period. This knowledge is powerful, yet there is much more needed to affect the change we need.

Over one million Americans are living with HIV, and annual HIV diagnoses continue to hover around 40,000 new HIV transmissions each year due in part to increases in injection drug use across the country that are resulting in new HIV outbreaks, especially in areas with scarce public health resources. It is only through significant federal investment in the following programs and an unyielding commitment to providing access to the support services needed to ensure populations impacted by HIV adhere to their care and treatment that we will be able to end the HIV epidemic

To better understand how presidential candidates will take advantage of the moment to seek an end to the epidemic, many organizations within the HIV/AIDS community have signed on in support of this questionnaire. We ask that your campaign review and complete this survey by close of business on Friday, July 12th. This will allow us to compile and release the results in the early stages of the primary campaign. We will publish the responses without any editing. Thank you very much for your participation in this questionnaire.

1. Earlier this year, the Trump administration introduced their plan for ending the HIV epidemic in the United States by 2030. While the HIV community welcomes the increased financial resources and attention being paid to HIV by the administration, we also understand that to end the HIV epidemic we must address the social determinants of health and inequities that have led to a high-burden of transmission for HIV, STDs, and associated illnesses within vulnerable populations. Please describe what you would do to increase access to HIV prevention and treatment services, and outline your approach for addressing the social determinants of health and promoting racial justice.

We must act decisively to beat this epidemic, which is affecting over one million Americans. I would pursue a number of strategies to do so, including:

- Working with Congress to implement and pass comprehensive sex education legislation - like my *Real Education for Healthy Youth Act* - that is inclusive of all youth and provides information on a range of topics, including preventing STIs.
- Immediately halting all administration attacks on the Affordable Care Act and on Medicaid - two programs that have been critical for HIV prevention and for people living with HIV - and work to reverse the harm that has been done to these programs and the people who depend on them. I would also work to expand comprehensive, affordable health coverage through a Medicare for All program.
- Protecting and fully implementing programs that are important for those living with HIV and for preventing HIV, including the Ryan White AIDS program and the 340B program.
- Rescinding the Trump Administration's harmful rule that makes it easier to discriminate against certain patients, including LGBTQ patients.
- Immediately filling vacancies on the Presidential Advisory Council on HIV/AIDS and seek advice and recommendations from the council on strategies for prevention, treatment, and research for HIV. When appointing members of the council I would seek leaders who would center the needs of communities that are disproportionately impacted by HIV, including LGBTQ communities and communities of color.
- Increasing uptake of PrEP, including by increasing access to health coverage and addressing cost and other barriers that prevent many from accessing PrEP today.

2. U.S. HIV research investments have saved millions of lives, prevented countless new transmissions of the virus and placed us on a potential path to end the HIV epidemic. Do you support increasing dedicated HIV research funding to promote treatment advances, prevention efforts, and attempts to identify a vaccine and a cure?

What, if any, changes to the current HIV prevention and research funding levels would you propose?

Investments in HIV/AIDS research over the last 40 years are largely responsible for the dramatic transformation of HIV from a lethal disease to a manageable one that can be successfully treated. We need to increase funding for HIV/AIDS at the NIH to continue our progress, expand research for low-income communities and communities of color, and protect programs like the Ryan White AIDS program.

3. The opioid and HIV epidemics are two of the most pressing public health challenges of our time and they are increasingly intertwined. With 41,000 new cases of hepatitis C in the United States in 2016, of which, up to 70% occurred among people who use drugs, injection drug use

is continuing to be a major factor fueling the domestic HIV epidemic. Do you support the use of federal funds to implement evidence-based substance misuse prevention and treatment strategies, including federal funding for the syringes provided at syringe exchange programs, to help address opioid addiction? What will your strategy be to extend medication to combat overdoses (i.e. naloxone) and medication-assisted treatment (MAT) to reach everyone experiencing opioid disorders?

Yes. As Mayor of Newark, I fought for and helped open the city's first needle-exchange center and saw firsthand how effective they could be. In the Senate, I helped write the bipartisan *SUPPORT for Patients and Communities Act*, which enhances patient access to non-opioid treatment options and directs Medicaid to conduct a study on utilization management controls applied to medication-assisted treatment options in both fee-for-service and managed care Medicaid programs.

4. The Ryan White HIV/AIDS Program provides care and treatment for people living with HIV in the United States who are uninsured or underinsured and has demonstrated its success at linking and retaining people in care, improving both individual health outcomes for enrollees, and a reduction in new HIV transmissions. Do you support increased funding for the Ryan White Program and for networks of people living with HIV that provide peer support and combat stigma? What changes, if any, would you make to the program and its funding?

Yes. We need to continue supporting evidence-based programs that we know work, which is why I support increasing our investments into the Ryan White Program and for networks of people living with HIV that provide peer support and combat stigma.

5. Although millions of individuals have been insured through the implementation of Medicaid expansion and the Affordable Care Act, lack of access to healthcare is still a major driver of the HIV epidemic. If elected, how will you ensure that all people living with and affected by HIV have access to affordable healthcare? Please state your position on the ACA, and outline your views on the best ways to extend high-quality, low-cost healthcare to everyone, regardless of age, income, immigration status, or pre-existing condition--including in states that have not expanded Medicaid.

We need to expand comprehensive, affordable health coverage through a Medicare for All program. Health care is a fundamental human right, regardless of someone's immigration status, age, income or whether they have a pre-existing condition. I have spent my career working in a community that has suffered because of the disparities that persist throughout our healthcare system -- those same disparities that contribute to the disproportionate impact of the HIV epidemic on low-income communities and communities of color. As President, I will fight for bold progress on the road to Medicare for All, starting by ending the sabotage of the Affordable Care Act and fighting to lower the age for Medicare eligibility.

6. The Housing Opportunities for Persons with HIV/AIDS (HOPWA) program is the sole dedicated funding source for housing assistance and related supportive services for low-income people living with HIV and their families. Currently, HOPWA remains chronically underfunded despite the fact that housing has a greater impact on health outcomes for people living with HIV than any other factor, including demographics, substance use, mental health, or access to social services. Do you support increased funding for the HOPWA program and other programs that provide housing for people living with HIV?

Yes. Over 20 years ago, I moved to the Central Ward of Newark to fight slumlords and help families stay in their homes. When I became Mayor, we tackled the affordable housing crisis head on — doubling the rate of affordable housing production. Over 300 new homes and apartments for special needs populations were built during my tenure. Programs like HOPWA aren't just about housing--they are about healthcare and education and economic opportunity, among others. When housed, people living with HIV are far more likely to gain access to treatment and adhere to treatment.

You can read more about my housing plan [here](#).

7. What will you do to prohibit discrimination based on sexual orientation, racial and gender identity in housing, healthcare, the workplace, the legal system, privately-owned businesses, and access to federal benefits?

This issue is personal to me. My parents had to fight racial discrimination just to move in to the home I would eventually grow up in. If we are going to live up to the ideals of our country, we cannot afford to be a country that discriminates against people based on the color of their skin, their gender identity, or their sexual orientation. In the Senate, I co-sponsored the *BE HEARD Act*, which would strengthen and expand workplace protection policies so that they include all workers, including contractors, interns and trainees. The bill would also promote transparency and eliminate blanket non-disclosure agreements. I am also a co-sponsor of the *Equality Act*, which would protect LGBTQ people from discrimination in housing, the workplace and public accommodations.

8. Americans living with HIV continue to be subject to stigma and discrimination, and many are subject to outdated and stigmatizing criminal laws where they are susceptible to enhanced sentencing based upon their HIV status. These laws violate the human rights of people with HIV, sometimes imposing extremely severe punishments on people with no intent to harm and behaviors that pose no risk of HIV transmission. Moreover, these statutes discourage those at risk from learning their HIV status and subsequently beginning treatment to extend their

longevity and quality of life. Will you work to pass a law that ends the criminalization of HIV status? Will you work to extend federal protection from discrimination based on HIV status? What other steps, if any would you take to help reduce HIV/AIDS stigma and discrimination in the United States?

Discrimination on the basis of HIV status has no place in our country. As President, I would work to extend federal protection from discrimination based on HIV status and fight to provide the resources they need to be successful in our society. That's why I am an original co-sponsor of the *Health Equity and Accountability (HEAP) Act*, which would provide targeted approaches for improving awareness, health outcomes, early detection, linkage to care, and treatment for conditions that significantly impact racial and ethnic minorities.

9. Given the advances in medical treatment available to all servicemembers for over two decades, do you support lifting unnecessary restrictions that prevent individuals living with HIV from enlisting, being commissioned as an officer, or deploying in the Armed Forces of the United States?

Yes.

10. Despite the existence of antiretroviral medications that can render the viral load of a person living with HIV undetectable (and therefore untransmittable), and prevent transmission of the virus through pre-exposure prophylaxis (PrEP) many people in need of such medications cannot access them because of their high cost. In other instances, our insurance premiums go up, and/or taxpayers are stuck holding huge costs. If elected, how will you reduce excessive drug prices in the United States, through executive action, as well as legislation? Will your plan make use of government purchasing power to negotiate lower prices and work towards policies similar to all other developed countries to limit abuses of the patent monopoly system?

Too many Americans put aside life-saving drugs because they cannot afford them. We can drive those prices down doing common sense things that even Republicans talk about but we're not getting done. We need to increase access to health coverage and address cost and other barriers that prevent many from accessing PrEP. We need to use Medicare's bargaining power to drive down the costs of prescription drugs and import drugs from Canada and other countries. We also need to pass the *Prescription Drug Price Relief Act*, which would lower drug prices in the U.S. by 50 percent and take patents away from drug companies that sell the same medication for less in other countries. And, we need to impose a tax on prescription drug companies that unfairly raise the price of their drugs.

11. According to the CDC, an estimated 14% of transgender women are living with HIV, with an estimated 44% identifying as Black/African-American, 26% Hispanic/Latinx, and 7% White. The number of transgender people who received a new HIV diagnosis was 3 times the national average. If elected, would you support a reinterpretation of Section 1557 of the ACA as covering transgender people and champion the passage of the Equality Act? How would you protect the rights, well-being, and lives of transgender people living in this country, while ensuring that they receive the healthcare and housing necessary to be virally suppressed?

Yes. It is a moral failure of this President and his administration that they rewrote Section 1557 of the ACA -- a section that barred discrimination in health care -- to explicitly exclude transgender Americans. Housing and health care are human rights, and my administration will treat them as such. As President, I will fight to pass the *Equality Act*, which would protect LGBTQ people from discrimination in housing, the workplace and public accommodations.

12. Many documented and undocumented immigrants living with and affected by HIV are refraining from seeking out HIV and general medical care due to fear of deportation or denial of citizenship. Please state how you would encourage this population to be screened for HIV and initiate treatment if diagnosed, and how to ensure healthcare spaces are safe spaces for immigrants and health providers from immigration enforcement? What are your views on potential changes to the "public charge" rule that would make any use of a very wide range of benefits (including healthcare programs such as the Affordable Care Act marketplace subsidies, Children's Health Insurance Program and potentially some Medicaid benefits) detrimental to an immigrant's chances at becoming a U.S. citizen?

Health care is a human right, regardless of someone's immigration status. I support Medicare for All, including for immigrants residing in this country. I have also introduced an aggressive plan to use executive action to begin reforming our immigration system, which includes restoring and expanding policies that provide protection to Dreamers, their families, individuals with TPS, and those with DED status, and promoting opportunities to help beneficiaries pursue available pathways to citizenship. My plan would also rescind the proposed public charge rule that targets immigrant families for deportation if they use programs that reduce hunger, poverty, and sickness, forcing families to choose between basic needs or keeping their family together.

You can read more about my plan to begin reforming our immigration system through executive action [here](#).

13. The escalating pace of the introduction and passage of federal and state bills that restrict legally protected health care services, including abortion and some forms of contraception, is already having adverse effects on young people, women, and people living with HIV. How will

you ensure people of childbearing potential that, regardless of income, geography, or any other stigmatizing restriction, they will have unfettered access to all of their needed sexual and reproductive health services? Additionally, how will you communicate the government's full support of sexual and reproductive health, rights, and justice of all people living with HIV and those who may be vulnerable to contracting HIV?

Abortion care is health care, and health care is a human right. As President, I will only nominate judges who are committed to upholding reproductive rights, and I will work with Congress to pass legislation that will codify the protections of *Roe v. Wade*. And the first budget I send will not include the Hyde Amendment. But I will also take executive actions to make sure that all Americans have access to the abortion care. Beginning on Day One of my presidency, I will immediately and decisively take executive action to respond to the relentless efforts to erode Americans' rights to control their own bodies. That includes creating a White House Office of Reproductive Freedom, charged with coordinating and affirmatively advancing abortion rights and access to reproductive health care across my Administration — addressing all barriers to full reproductive autonomy, such as access to health care, including maternal and infant health, quality, affordable child care, and comprehensive paid family leave. It also means guaranteeing access to employer-covered contraceptive care, and ending the global and domestic gag rule.

You can read more about my reproductive justice plan [here](#).

14. In recent years, the need for comprehensive prison and justice system reforms that focus on rehabilitation and the wellbeing of those who are incarcerated rather than punishment has become clearer than ever. What will you do to ensure that incarcerated people living with HIV and those who may be vulnerable to contracting HIV receive uninterrupted, unfettered and fully funded access to healthcare and medications for treatment both while they are in prison or jail, and when they are released for re-entry into their communities?

The fight to fix our criminal justice system is personal to me. Our criminal justice system should be keeping us safe, but instead it has been shuffling our most vulnerable citizens -- the poor, the mentally ill, and those with addiction problems -- into cages and coffins. I have seen firsthand how our criminal justice system preys on lower-income Black and Brown communities like the one I call home. People living with HIV/AIDS, who are disproportionately people of color, are also disproportionately incarcerated.

Our country makes up 5 percent of the world's population but 25 percent of its incarcerated population. As president, I would immediately get to work reducing the number of people who are serving excessive and unjust sentences due to the failed War on Drugs. Earlier this year, I released my plan to initiate the clemency process to the more than 17,000 Americans currently serving time for nonviolent drug-related offenses.

We also have a moral obligation to ensure that those who are incarcerated receive the tools they need to be successful upon their release. We must improve access to health care and medications for incarcerated Americans and ensure that access continues upon their release. My *Next Step Act* would also remove barriers to employment for those with criminal convictions by allowing them to receive occupational licenses for jobs like hairdressers and taxi drivers, as well as prohibiting federal employers and contractors from asking job applicants about their criminal history until the final stages of the interview process.

15. Ending the HIV epidemic in the United States is also dependent on ending the HIV epidemic across the globe. Traditionally, the US has taken a leadership role in funding for both PEPFAR and The Global Fund, but recent years have been characterized by flat-funding and the threats of massive cuts in funding for fighting these pandemics. Would you commit to launch a stepped up effort to end the deadliest pandemics, including AIDS, and prepare for and prevent epidemic threats of the future with expanded results-oriented programming, doubled US investment in fighting pandemics, and US leadership to rally the world to join us in this effort?

Yes. As President, I will restore America's place as the world's global and moral leader. To do that, we need to get back to working with our allies around the world to tackle pandemics like HIV/AIDS, including through increased investments in successful programs like PEPFAR and The Global Fund.