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.

There is no single strategy that is going to end the HIV epidemic, and we must utilize every tool available to tackle this critical public health issue. This includes robust funding for programs we know help get people services they need, such as the Ryan-White program to help low-income
individuals pay for medication. It also means providing strong resources for prevention. I recently introduced the PrEP Access and Coverage Act, which would require all private and public health insurers (including Medicare and Medicaid) to cover PrEP, including all required tests and follow-up visits, without a co-pay. Access to this preventive medication should never be determined by how much money someone has, which is why the bill would also support state and local programs that facilitate PrEP access for people who lack insurance. I will fight to pass this into law as president, along with my Medicare for All plan, which would also ensure that PrEP is covered. However, we must also take action to address the exorbitant cost of the drug directly, either by bringing down the price of PrEP through licensing the patent to competitors or by using the government’s authority under other intellectual property laws to increase the affordability of PrEP.

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?

I support increasing funding for federal HIV programs and research. In the current FY20 appropriations process, I advocated robust funding, including a funding increase for a number of important initiatives including CDC HIV Prevention and Surveillance, the Ryan-White HIV/AIDS program, the Minority AIDS initiative, and HIV/AIDS Research at the National Institutes of Health.

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?

Among other things, my Medicare for All plan would ensure that substance abuse treatment is available to everyone. But while we fight for Medicare for All we must take action to increase access to get a wide range of services in our communities, including naloxone to prevent overdoses and other treatments to help people in the many stages of their recovery. I am a co-sponsor of the Comprehensive Addiction Resources Emergency (CARE) Act which would provide state and local governments with $100 billion in federal funding over the next ten years to deploy those kinds of resources. The bill is modeled off the success of the Ryan White Act,
which empowers communities to make decisions about the best treatments and responses to help people in recovery. As president, I will fight to get that bill signed into law.

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, I have supported increased funding for the Ryan White program every year that I have been in the U.S. Senate. It provides critical assistance for individuals with HIV who need care and would otherwise have a difficult time affording it. Ryan White has made an enormous impact in the fight against HIV in this country, and as president, it will be my priority to build on it.

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.

Throughout my career, I have defended the ACA. As California Attorney General, I led efforts to defend the ACA in court and the right of states to fully implement it. In the Senate, I have stood up against Republican attempts to repeal the law. There is no doubt that the ACA has made coverage more affordable for many Americans.

I strongly believe affordable health care should be a right, not a privilege. But the truth is that today in America, the costs of health insurance, surprise bills, and prescription drugs are straining budgets and bankrupting families. We must do more to ensure affordable healthcare is a reality for every American. I believe the best way to do that is through Medicare-for-All. I have laid out a plan to get us to universal coverage, which will eliminate premiums and out-of-pocket costs and make sure that no one in this country lacks access to quality affordable health care.

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. I have supported robust funding for HOPWA in the U.S. Senate and will work with
Congress to increase funding for the program as president.

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?

I will fight to pass the Equality Act to ensure that discrimination on the basis of sexual orientation and gender identity is finally made illegal in this country. I am proud to be a co-sponsor of the bill and fighting to pass it will be one of my top priorities as president.

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?

Yes, I support reversing outdated laws that continue to stigmatize individuals with HIV. Furthermore, we need to ensure that we are enforcing laws already on the books that prevent discrimination against individuals on the basis of their HIV status.

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, I support lifting unnecessary restrictions that prevent people from serving in the armed forces.

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?

As president, it will be my priority to expand access to PrEP. I will fight to pass my PrEP Access and Coverage Act which would require all public and private health insurance plans to cover the
medication PrEP, as well as the test and visits associated with taking it, without a co-pay. The bill would also support state and local programs that facilitate PrEP access for people who lack insurance. The preventive medication has shown remarkable success in helping people prevent HIV transmission, though the Centers for Disease Control and Prevention estimates that only 7% of the 1.1 million Americans who could benefit from it actually use the medication.

In addition, I will take executive action as president to hold pharmaceutical companies accountable if they engage in price gouging and fight to give the Department of Health and Human Services the authority to set ceilings for prescription drug prices to put them in line with countries such as Canada and Germany. We simply must get a handle on the skyrocketing cost of prescription drugs in this country and, as president, I won’t wait to bring relief to people who are currently struggling to pay for their medications. If these efforts are not successful, I will address the prohibitively high cost of drugs like PrEP by using existing authority under the Bayh-Dole act to “march-in” and license a drug company’s patent to a competitor, as well as laws like 28 U.S.C. 1498, which permits the government to produce or allow other manufacturers to produce patented drugs, in certain circumstances.

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, I would support a reinterpretation of Section 1557 of the ACA to make sure that transgender individuals are fully protected under the law. And yes, I am proud to be a cosponsor of the Equality Act. Fighting to get it passed and signed into law will be one of my top priorities as president. All transgender people deserve to be treated equally under our laws.

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?

The proposed changes to the “public charge” rule are hateful and discriminatory. As president, I will never support a proposal that denies people public education, public safety or public
health. Right now we treat everyone in our country, we just treat them in emergency rooms when it is very expensive and often too late.

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?

As president, I will fight to make sure everyone who needs it has access to the full range of reproductive healthcare services including safe and legal abortions. That’s why I will protect Planned Parenthood from Republican attempts to defund essential health services, fight to repeal the Hyde Amendment, and reverse the Trump Administration’s attempts to cut evidence-based Teen Pregnancy Prevention Program grants. And I am calling for a Reproductive Rights Act that I will fight to sign into law as president. Under this plan, states with a history of unconstitutionally restricting access to abortion will be required to pre-clear any new law or practice with the Justice Department before it can be enacted. We have to fight back against this all-out assault on reproductive rights. My administration won’t leave anyone to fight alone.

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?

As president, I will fight for end-to-end criminal justice reform. This includes prioritizing rehabilitation over incarceration, and making sure that we are supporting individuals who are going through the re-entry process. Some of my proudest accomplishments both as DA and Attorney General were the Back-on-Track programs I started. The program in San Francisco was one of the first re-entry programs in the nation to direct young people arrested for drug crimes into job training and counseling programs instead of jail, and the program in Los Angeles focused on providing participants with comprehensive services, including health services, along with individualized case management. These programs were national models for how communities can reform their criminal justice systems and strengthen re-entry programs. As president, I will fight to expand this model across the country.

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. The U.S. must take a leading role in fighting the HIV epidemic worldwide. President Trump’s recommendations to cut funding for the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS were reckless and short-sighted. Instead of cutting funding for important programs that cement our leadership in that fight at home and abroad, my budgets will focus on increasing funding so that we can reclaim our leadership role in this important worldwide effort.

Organizations Supporting This Questionnaire

A Family Affair AIDS Action Baltimore AIDS
Alabama AIDS Foundation of Chicago
AIDS Vaccine Advocacy Coalition (AVAC)
Amida Care APLA Health Aliveness Project
Brotherhood, Inc.
Callen-Lorde Community Health Center Capitol Area Reentry Program, Inc.
Cempa Community Care Center for Popular Democracy CenterLink: The Community of LGBT Centers Cero VIH PR Clare Housing Comprehensive AIDS Network Comprehensive Care Center of SWLA/Southwest Louisiana AIDS Council CrescentCare DC Fights Back Desert AIDS Project Fenway Health Full Circle Recovery Center Hawaii Health & Harm Reduction Center Hepatitis C Allies of Philadelphia (HepCAP) Howard Brown Health Intercambios Puerto Rico Legacy Community Health Mazzoni Center Mississippi Positive Network National Equality Action Team PITCH (Positive Iowans Taking Charge) Positive Women’s Network - USA - Ohio Chapter Prism Health North Texas Region II Consumer Action Coalition Sexuality Information and Education Council of the United States (SIECUS) The Well Project Thrive Alabama Thrive SS TransSOCIAL, Inc Twin City Harm Reduction Collective

Click Here to See The Individual HIV Advocates Supporting This Questionnaire