

AIDS United 2018 Midterm Election Candidate Questionnaire

Q23. Right now, we are closer to ending the HIV epidemic in the United States than at any time in almost four decades. To better understand how Congressional candidates will work to build on the progress we have made and ultimately end the HIV epidemic, AIDS United has created this questionnaire. We ask that your campaign review and complete this survey by close of business on September 24th. This will allow us ample time to compile and release the results well in advance of the general election in November. We will publish the responses without edits. Thank you very much for your participation in this questionnaire.

Q1. Candidate First Name

Randy

Q20. Candidate Last Name

Auxier

Q2. State Where Candidate is Running

Illinois

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

12th

Q3. Party Affiliation

- Democrat
 Republican
 Independent
 Other

Q4. Name of Party Being Represented

Green

Q5. What are your views on the federal government's role in funding or supporting HIV research into potential treatment advances, prevention efforts, and attempts to identify a vaccine and a cure? What, if any, changes to the current HIV prevention and research agenda or funding levels would you propose?

I favor single-payer universal healthcare. Research into issues that affect public health must be a part of that plan. I have no problem with NIH's, AHRQ's, and the CDC's research, but the current administration seems set on destroying every government agency that helps people. So they especially under-fund HRSA. It almost seems like they want people to be sick and to die. They are not friendly to any agency, but they are friendlier to research than to helping anyone get the actual benefits of the research we have done and are doing. Obviously HIV research is part of this picture, and my principal concern would be expanding and simplifying access to the results of research. I would have to study the specific needs related to current HIV research to give any further details, but I doubt that the research funding is adequate (because the current administration is hostile to government programs of all kinds).

Q6. What is your position on the use of federal funds to implement evidence-based substance abuse prevention and treatment strategies to help address opioid addiction? For example, what is your position on the use of medication to combat overdoses (i.e. naloxone) or medication-assisted treatment (MAT) to treat opioid disorders? Syringe services programs and safer injection facilities?

As I said, I favor single-payer universal healthcare. That will include government oversight of the way prescription drugs are prescribed. I would remove the financial incentives that have corrupted some elements of the medical establishment and have led to its over-prescribing some drugs. I also favor the decriminalization of all drug use (not currently illegal drug sales), and I would make available, for no out-of-pocket cost, whatever drugs an addict may be addicted to, on condition that addicts attend counseling and treatment (also free to them). This will put drug dealers out of business, reduce crime, improve our chances of reclaiming such individuals for productive lives and as part of the workforce, reduce prison populations (and the enormous expense of incarceration, gradually remove the "moral" stigma of addiction (yes, it's a social problem, but foremost it's a medical problem), and move our public monies into constructive and helpful programs instead of policing, prosecuting, and incarcerating people who have fallen into addiction. Addiction is not a crime. Prosecuting addicts ought to stop. Drug companies will need to have the profit motive tamed. An addict is not an entrepreneurial opportunity and is not a "customer." We cannot have corporations profiting from the suffering of our people because it creates an incentive to produce that very suffering. That is what they have done and it must stop. Single-payer healthcare with no out-of-pocket expense for drugs can do that by having the federal government both regulate and negotiate reasonable prices for drugs, and by removing all incentives for doctors to prescribe one drug rather than another.

Q7. The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those 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. What is your view of the current funding levels allocated to the Ryan White Program? What changes, if any, would you make to the program and its funding?

I favor single-payer universal healthcare. This type of program would be folded into that service. Everyone will have on-going, permanent access to whatever healthcare is needed. Obviously there must be extensive funding for prevention, education (including appropriate sex education), and support services (e.g., free condoms in restrooms, public and easily available exercise equipment, public bicycle programs, and anything else that promotes healthier living) as related to all medical issues that fall under the category of public health --see my answer to the first question. Without these aspects of healthcare, the medical community is always in reaction/response mode. Dollars spent on prevention save many more dollars that would have to be spent on treatment. Individual (private) prevention must also be promoted and supported, but the question is related to public health.

Q8. What is your view of the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program, which provides funding for housing assistance and related supportive services for low-income people living with HIV and their families. What changes, if any, would you make to the HOPWA program?

I don't know much about this program. I see that it is under HUD, which probably creates some issues with communication among major branches of the federal government. But since it is a housing program, it makes sense to place it there. I support a guaranteed income law of the sort Bernie Sanders has discussed, and I am disgusted with the way thousands of agencies, companies and individuals ignore or violate the Fair Housing Act of 1968 and its related complex of regulations and laws. Everyone (including non-citizens living within our borders) must have access to decent housing and medical care. If HOPWA is working, then it should be supported. If it is not, it should be fixed. I would have to study the specific issue to learn the range of opinion about the program, but I support the idea.

Q9. The Affordable Care Act (ACA) has provided previously uninsured individuals with public and private health insurance. Please state your position on the ACA and outline your views on the best ways to expand coverage for people who cannot afford it or were denied coverage for some other reason (be it immigration status, pre-existing condition, etc).

The ACA isn't nearly enough. The Medicare for All Act (HR 676) is not enough either, although it is a step in the right direction. We absolutely must get the insurance corporations out of the healthcare business. Profiting from people's medical problems is immoral. Healthcare is a human right. Treating a human right as a source of profit is deeply, profoundly wrong. Single-payer removes that problem. As long as big corporations see profit in people's illnesses, we will not be able to correct our problem.

Q10. What is your position on work requirements for Medicaid enrollees? What changes, if any, would you make to the Medicaid program?

Healthcare is a human right. No one should be required to work in order to receive his or her HUMAN rights. Being a human being is the only requirement. I would eliminate medicaid for universal, single-payer healthcare.

Q11. Americans living with HIV are subject to outdated and stigmatizing criminal laws. Will you co-sponsor legislation in Congress calling for the review of all HIV criminal laws? What other steps, if any, would you take to help reduce HIV/AIDS stigma and discrimination in the United States?

I oppose all laws that stigmatize illness of any kind. The review sounds like a start. The 14th Amendment must be vigorously pursued. It is currently more of an ideal than a fact of our national life. State and local governments deprive individuals (including non-citizens) of their most basic rights on a widespread and continuous basis. That practice is what ought to be treated as criminal behavior. Retrograde laws, as well as all other laws inconsistent with our fundamental rights (which are not enumerated or limited by the Constitution) must be eliminated. I oppose all anti-sodomy laws and every form of persecution of persons on account of sexual orientation or gender identification.

Q12. Do you support the 340B Drug Pricing program? What changes, if any, would you make to the program?

I favor single-payer universal healthcare. I do not wish to try to fix half-way solutions to the problem of prescription drug prices. Regulating the price in this way does not solve the problem. Eliminating the privatized practices that drug companies exploit is the solution to the problem. If there is only one payer, i.e., the federal government, then that payer negotiates the price to be paid for drugs. You and I get them for no out-of-pocket cost. Then the issue is one of insuring that the federal government acts responsibly and does not over-pay for drugs with our tax money. It requires our vigilance, just like everything else related to the price of liberty.

Q13. What is your position on the criminalization of sex work?

It should all be legal and regulated and taxed. Constant monitoring, excellent healthcare, and certificates of STD-clean and HIV-free status should be mandatory for sex workers. People are going to have sex. Some people will sell, some will buy. It cannot be stopped. It can be regulated and taxed (Singapore does this, and Nevada has made some important progress here). There is no crime involved in transactions of this kind. The business carries its own social stigma and it always will. That is the best discouragement any society can offer. Treating this as criminal activity is counter-productive. It does not make our society more moral, it makes it less so, and adding the "forbidden" mystique to the activity is part of what attracts people to it. Treating it as a biological function eliminates the mystique. It is to be treated like going to the restroom. Everyone wants a clean restroom. That attitude on the part of government will do far more to decrease patronage of the sex industry than any other realistic course, while taking care of sex workers and improving public health.

Q14. More than 1 in 4 transgender women in the United States are living with HIV, and violence against transgender individuals is higher in 2018 than it ever has been. What do you think should be done to protect the rights and lives of transgender people living in this country?

Transgender persons are citizens like everyone else. They should have the full rights of citizens and have all of those rights vigorously defended. No discrimination based on gender of any sort is acceptable. Since transgendered persons are especially vulnerable to such discrimination, extra protections are needed until attitudes among the public reach a more enlightened level (which I believe will happen in the next few generations).

Q15. Are you familiar with Pre-Exposure Prophylaxis (PrEP), the preventative use of antiretroviral medication for people who do not have HIV, but are at a high risk of infection? Would you be supportive of expanding access to PrEP?

I regard this as falling under preventive medicine and should be included in a single-payer universal healthcare program, at no cost to those who need the medication. It is simply common sense. If a person is at risk of getting a disease, and if preventive measures can be used to minimize that risk, then it is in everyone's best interest to take advantage of the prevention, whatever it may be. It makes no sense to charge money for it.

Q16. Similarly, are you aware of the recent scientific consensus around U = U, which stands for Undetectable = Untransmittable, that shows that a person living with HIV who is on antiretroviral medication & has an undetectable viral load cannot pass the virus to their partner? If enough people were able to achieve an undetectable viral load, the United States could begin to end the HIV epidemic in this country. Do you support expanding services to find and link as many people living with HIV as possible to treatment and to help people achieve an undetectable viral load through assistance with medication adherence programs?

I am not familiar with this concept. But it looks like something worth studying. This is a medical question first and foremost, not a political question. If this is the current scientific consensus, then that is reason enough to take common sense legislative and executive action, and to include such aims in a single-payer, universal healthcare plan. I am well aware that the scientific consensus at any given moment in history may well be off the track of the growth of knowledge (it was the scientific consensus in the 1950s that DDT was safe . . .), but science (done without a profit motive) is the best we have and we must be guided by it. I believe that removing the profit motive from research is very important and should be among our cherished goals for our future.

Q17. Do you support efforts to protect and provide substantial federal funding for family planning services? What is your position on the proposed rule change that would prohibit Title X funding recipients from providing their clients with a full range of medical options concerning their pregnancy, including abortion care, and increasing institutional capacity for HIV prevention services?

I support single-payer universal healthcare. That includes expanding Planned Parenthood and folding it into a much more comprehensive family healthcare program. I will never favor the use of Biblical or other religiously motivated requirements for the delivery of healthcare services. Healthcare is a human right. Caring for the sick in a merciful and humane manner is a moral requirement, and is taught by every religion I know about. Funding agencies that deliver healthcare is relevant to being a moral society, but requiring any agency to refrain from seeking knowledge or delivering care in order to receive governmental support is counter to the entire purpose of government. I will never support sacrificing care for the sick (and preventive care for the healthy) or the search for better scientific knowledge in order to serve some religious code. I am religious myself, but this nation is for everyone, not just the religious people, and our moral standards can be adequately determined by our secular legal framework and our dedication to our shared ideals. They require no religious basis. So it is wrong to impose such standards on agencies, whether private or public, which are doing the work of keeping people healthy or treating their illnesses.

Q18. 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. Do you believe that health care providers should be safe spaces for immigrants living with and affected by HIV to seek care?

All persons within our borders, including visitors from other countries, undocumented aliens, and everyone else, must have free and unlimited access to healthcare. Healthcare is a human right. I favor open borders and that would have a great effect on this issue. I do not favor deportation of anyone for seeking healthcare. There are certain kinds of healthcare issues which require reporting to law enforcement (stabbing and shooting wounds) or social services (suspicious bruising and breaks with children), but I favor decoupling immigration and naturalization services from the healthcare system, and also decoupling immigration services from law enforcement. It is a service, not a kind of enforcement.

Q19. 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 citizenship process should have no relation to the healthcare system. I favor open borders. That is good for business, but it is also good for sharing healthcare expenses with our neighbors. Canada’s system is much better than ours. Mexico has universal healthcare, although it is a patchwork mess. But many US citizens seek healthcare there because it is so much cheaper. An open border will provide opportunities for improvement of all three systems. Evidently Cuba’s system works very well. We can learn from them as well. None of this has anything to do with citizenship. Citizenship means taking on the responsibility of this nation individually. It is not done for benefits but as a commitment to our ideals. The benefits of being a citizen ought never to be the motive for becoming one.

