

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

Richard

Q20. Candidate Last Name

Castaldo

Q2. State Where Candidate is Running

Oklahoma

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

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Q3. Party Affiliation

- Democrat
 Republican
 Independent
 Other

Q4. Name of Party Being Represented

Libertarian

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 would propose fewer restrictions and red tape on research and those in the medical and scientific communities as well as nonprofit organizations seeking to provide solutions and support. Government bureaucracy is one of the biggest obstacles and I would seek to limit its involvement other than investment. I would also propose abolishing the FDA and replacing the department with a Congressional oversight committee that would provide accountability, but not direct authority over healthcare and the free market of medicine and physician care in the United States.

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?

I would largely prefer to get the federal government out of the way so that states and communities can implement their own ideas as solutions to the opioid crisis. The federal government could provide emergency services and research, but should not interfere. Individuals should be allowed to seek treatment without fear of criminal repercussions no matter what their substance addiction is. We should stop prosecuting victimless crimes and we should focus on rehabilitation, not incarceration or offense registries. We should completely deschedule cannabis and use it as a treatment for all kinds of addiction. I do not support safe injection facilities sponsored by the government and federal tax dollars. However, communities should be authorized to install and fund these facilities if voters approve.

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 have not considered making changes to the amazing program. However, I would support providing incentives to corporations such as Google and Wal-Mart to match federal funding through corporate financial donations. We should not raise taxes or increase federal spending. We must bring down pharmaceutical prices across the board by creating a more competitive, open market. The treatments and medications involved in caring for HIV/AIDS patients are absurdly high and too often the government has been playing ball for the pharmaceutical companies instead of healthcare patients and caring providers. That needs to stop. Government should always be on the side of the individual.

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?

Again, I think more funding is always a necessity but the increase should not come from tax revenue. Instead, the increase in funding should be through matching donations from businesses interested in investing in society, through public awareness, education and fund-raising, and through charity organizations. I would consider localization of the program so that states and communities, those closest to the individuals in need, can have the most influence.

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).

We should repeal and not replace the ACA. The reason insurance companies have gotten away with discrimination against pre-existing conditions or health crises like HIV is because they have had the federal government on their side. We should deregulate the healthcare market including the insurance industry, allow for increased competition, allow out of state insurance purchases, unleash individual charities from red tape, and end occupational licensing. Government has been the problem and every time they try and make themselves a solution things get worse; there's discrimination, waste and fraud. Localization and privatization of insurance will provide for the most people, especially those in need and experiencing health or financial crisis.

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

I do not support support work requirements for Medicaid enrollees. There is inherent dignity in work, but if someone is on Medicaid they have proven their need. In the long run we should incrementally abolish the entire welfare state and allow individuals and communities to take care of one another. However, in the meantime we should keep our promises and provide assistance where we can. Medicaid helps millions of people and adding on work requirements only makes their situation more of a challenge. States should be authorized to decide for themselves, but on a federal level I don't support work requirements.

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 would wholeheartedly co-sponsor legislation that would review all HIV criminal laws. The stigma and discrimination from government has been horrid against HIV and AIDS patients. I don't even like to call them that because they should never be identified or labeled by their illness. I support the decriminalization of every offense where there is no direct victim, including sex work. We should demand Congress take action immediately to criminalize discrimination from government agencies who have abused their positions of power by trampling on the rights and dignity of individuals effected by HIV. One way the government has persecuted AIDS/HIV patients is by demanding their names be added to a registry and they report their private habits. We should provide care, not control.

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

I support the current program and would not add further regulations. However, I would propose abolishing the FDA who has been in the pocket of greedy pharmaceutical companies more often than not. 340B Drug Pricing is providing some needed relief, but there are other solutions that could accompany it, such as removing restrictions from online providers, Canadian medications being welcome to cross the border if an individual chooses, and natural medicines such as cannabis being decriminalized.

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

I am staunchly against the criminalization of sex work. If we protected sex workers and their industry then we could truly uncover the black market of sex-trafficking and child endangerment. There is a difference between sex work and sex-trafficking but Congress has decided to use sex-trafficking as a justification for the persecution, discrimination and prosecution of consenting adults. The closure of the personals section of Craigslist is an example of government sticking its nose where it doesn't belong. Every day there are stories of strip clubs, prostitution rings, and massage parlors being targeted by Law Enforcement when they should be going after non-consensual offenses. There are studies that show decriminalizing sex work actually creates a more transparent industry where sex-trafficking and underage sex are easier to find and end.

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?

The inherent dignity of every individual including transgender women should be honored by every level of government. In Congress I would fight every piece of legislation that discriminates against them and/or excludes them from the same protection that the Bill of Rights affirms for every individual regardless of race, sexual orientation, gender identity, religion, political ideology, or financial means. Violence is always a criminal offense unless in direct self-defense and should be prosecuted. Hate crimes involving violence are especially heinous and we should have public awareness campaigns in schools, churches, and across the political spectrum that demonstrate the effects of such hate.

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 support the use of PrEP for people who have consulted with their physicians. I would support expanding access to it, but would not endorse government involvement or interference.

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 would support such expansion and assistance programs in order to achieve undetectable viral loads and prevent transmission through such treatment. My support would not include an increase in federal tax revenue being used for this purpose, but there are several ways Congress can and should help in the effort.

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 do not support any federal funding to be used for family planning services, including birth control or medical procedures such as abortion. The best way to eradicate HIV/AIDS is through scientific research, ethical medical advances, and public awareness, not through government-funded birth control and family planning services. I support the rule change that prohibits Title X funding recipients from providing life-threatening "healthcare" because I believe preborn individuals also have inherent dignity and the right to life. If people want those medical options that not provided by those recipients then they can find them from privately funded institutions, but tax dollars should not be used.

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?

Healthcare providers should absolutely be safe spaces for immigrants living with and affected by HIV. The only individuals who should be deported anyway are those prosecuted and found guilty of violent offenses. Anyone seeking medical care, whether for physical or mental health, should have complete privacy and security.

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?

I don’t support the public charge rule and in the long term we should hope to abolish the welfare system and transition to a system of total voluntarism and individual charity. The use of welfare programs should not hurt an immigrant’s chances of becoming a citizen.

