

# 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

Robert

Q20. Candidate Last Name

Crook

Q2. State Where Candidate is Running

New Jersey

Q21. Congressional Chamber in Race

- Senate  
 House

Q22. Candidate District

11th

Q3. Party Affiliation

- Democrat  
 Republican  
 Independent  
 Other

Q4. Name of Party Being Represented

*This question was not displayed to the respondent.*

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?

This is currently funded by HHS in the FY 2018 budget. I agree with the continued funding.

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 agree that federal funds should be used to implement evidence based substance abuse prevention and treatment programs to address opioid addiction. Recovery programs such as Narcotics Anonymous are not enough to fight this crisis.

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?

The Ryan White program is an excellent program, but bullying still exists and we need to stop bullying at all levels in our country. Besides HIV, we need to study how bullying may lead to gun violence and drug abuse.

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 agree that there is a stigma surrounding people with HIV/AIDS. Besides providing short-term housing and medical assistance, they need access to counseling for rehabilitative services as many also fall victim to drug and alcohol abuse due to the stigma and discrimination associated with the disease. If services are provided, they need to treat the entire physical well being of the person so they become a fully functioning person living with HIV in our community, which many do today because of medical advances. They need complete support to recover.

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 needs to be fixed not replaced. All taxpayers, greencard holders and citizens of the US deserve healthcare regardless of income status. I believe that illegal immigrants that have been paying taxes should be given amnesty and a path to citizenship and begin to receive ACA benefits, provided it is verified that have paid into the system.

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

Medicaid is for the poorest among us and the unemployable. I believe that if a person is employable they should work and pay a pro-rata share of their medical benefits. For the long term unemployed, we as a country need to develop a jobs program to assist them in finding work. This is a problem that is currently not being dealt with, leaving many without health insurance and subject to the ACA exchange system. If after 2 years a person is still not employed, a jobs training program should be instituted, not Medicaid.

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 agree that a review of laws relating to HIV/AIDS need a complete review and I would co-sponsor legislation. All discrimination is unconscionable and needs to stop. I support legislation that stops all types of discrimination.

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

I fully support the program. I support a fully compliant program as an auditor and CPA. If providers are not in compliance with the mandated discounts, fines should be levied and paid to the government to lower the costs of providing healthcare as was promised under the ACA.

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

Studies in Europe have shown that decriminalization of sex work may reduce the incidence of STI/HIV occurrence and criminalization may increase sex trafficking. Given the current political climate in the US, between the extreme left and right, I do not anticipate a civilized discussion on this topic for many years to come. I am an independent, not left, not right trying to get people to work together to fix problems and get the government working for the people again.

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?

I believe in strong anti-discrimination laws for all including the LGBTQ and HIV infected communities and will work to sponsor legislation to that effect.

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 am familiar with PrEP and TRUVADA. I believe that there should be more education about HIV combined with expanding access.

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?

Yes, I support this initiative.

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 family planning services and oppose the proposed changes above.

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?

I believe that illegal immigrants that have documentation that they have paid into our system should be verified and be given medical services. No one should be discriminated against because they are infected with HIV. All are created equal and this includes all that are HIV positive and they should be allowed the same track to citizenship, as any other immigrant who follows our laws. Health providers that obtain reimbursement from federal and state funding need to follow the laws of the federal and state government for reimbursement. Fraud is not acceptable and should be taken seriously. See below as well.

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 disagree with the proposal as it relates to children that were born to illegal immigrants here in the US. The immigration status of these family members needs to be addressed. We can not deport these illegal immigrants, that have been estimated at 11 million. We must begin to secure our borders, and begin a path for those here to obtain citizenship, pay taxes and obtain all benefits provided to citizens of the US.

Q24. Thank you for your time. Click the arrow below to submit your responses.

