

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

Pat

Q20. Candidate Last Name

Elder

Q2. State Where Candidate is Running

MD

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

5

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?

The United States government has its priorities all wrong. I look at federal spending and see two military programs right off the bat – the F-35 and the nuclear modernization program costing all of us \$2,500,000,000,000 within the next generation. (I put in the zeroes for good measure) That's \$2.5 trillion. We need to cut this out and move the decimal place to the right for AIDS funding. We can end this nightmare of suffering with vision. Funding for the Ryan White Care Act has been stuck at \$2.3 Billion for the past five years. I call for substantial increases in this funding. I would immediately restore funding for AIDS Education Training Centers and the visionary Special Projects of National Significance program. I would restore funding to the Housing Opportunities for People With AIDS program and the Secretary's Minority AIDS Initiative Fund (SMAIF), along with the Substance Use and Mental Health Service Administration's Minority AIDS Fund. Just when we think we're turning the corner on this scourge, The Trump administration is heading in the wrong direction. How many tens of thousands across the country who are HIV positive don't have access to viral suppression remedies through treatment programs?

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 support legislation to hold opioid manufacturers accountable for their role in the epidemic and to force them to help pay for the crisis. We should ban marketing that falsely suggests an opioid does not have addictive qualities. I support vigorous federal funding for Naloxone programs throughout the US to save precious lives. I support the legalization of safe injection sites to provide a place for the consumption of pre-obtained drugs, to provide sterile needles, and to administer first aid as needed. Many courts still fail to understand that addiction is foremost a disease. Judges continue to send pathetic souls to county detention facilities. I taught GED at a county detention center and I worked with men who were incarcerated for nonviolent drug offenses. They are caught in an atrocious revolving door of arrest, incarceration, release, and re-arrest. They desperately need intensive drug therapy and job training. We must institute universal healthcare that includes addiction therapy and counseling. There is a clinical aspect to the crisis that calls for increased non-threatening contact between addicts and health and law enforcement officials. Drug therapies like Suboxone should be made available as free prescriptions to addicts. They reduce symptoms of opiate addiction and withdrawal. Twelve-step programs are a proven mechanism to aid in the recovery process, although patients must be willing to work the first step: "We admitted we were powerless over opioids — that our lives had become unmanageable." This is the tough part. Recovery requires love, family, and a nurturing community — things in short supply.

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?

Everyone should be insured! I'm in favor of a publicly funded health system for all. I will be a co-sponsor of HR676, The Expanded and Improved Medicare for All Act. People in the United States are entitled to comprehensive lifetime benefits, including dental, vision, mental health care, substance abuse treatment, medication coverage, and hospice and long-term care. We must expand and improve Medicare! Everyone will receive these lifetime benefits. It's overdue. Where's our indignation? Under improved Medicare for all, people will be able to choose from any healthcare provider in the United States, greatly increasing their choices and put decision-making into the hands of patients with their providers. Portability of coverage will be guaranteed regardless of geographical location or employment. There will be a much greater emphasis on providing free, universal, first-rate mental health services. The system will safeguard human dignity, respect individual autonomy, and protect informed consent. Fair and full reimbursement will be guaranteed to providers for their services.

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?

HOPWA is crucially important! The program represents sound social policy. It is only lacking the necessary funding! Cuts to HOPWA are likely to result in tens of thousands of people losing housing support services. Why should it be that folks living with AIDS throughout most of the civilized world aren't threatened like this? What kind of nation have we become? What's the plan? Throw people out on the street and watch them die and watch their families suffer?

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 Affordable Care Act must be scrapped in favor of a publicly funded health system. I will be a co-sponsor of HR676, The Expanded and Improved Medicare for All Act. People in the United States are entitled to comprehensive lifetime benefits, including dental, vision, mental health care, substance abuse treatment, medication coverage, and hospice and long-term care. We must expand and improve Medicare! Everyone will receive these lifetime benefits. It's overdue. Where's our indignation? Under improved Medicare for all, people will be able to choose from any healthcare provider in the United States, greatly increasing their choices and put decision-making into the hands of patients with their providers. Portability of coverage will be guaranteed regardless of geographical location or employment. There will be a much greater emphasis on providing free, universal, first-rate mental health services. The system will safeguard human dignity, respect individual autonomy, and protect informed consent. Fair and full reimbursement will be guaranteed to providers for their services. Because of these measures, the market will largely disappear for health insurance companies. Programs must be implemented to provide transitional services and retraining of their choice for employees in the health insurance industry.

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

I favor a publicly-funded health system for all that would guarantee first-rate health care services for all. The Centers for Medicare & Medicaid Services (CMS) guidance issued earlier this year allows states to take Medicaid coverage away from people not working a minimum number of hours per month. Several states have already approved work requirements and more are likely to follow. It is regrettable. CMS argues that work requirements will "promote better... health" because they will increase employment and thereby improve health and well-being. It's not true. Work requirements will make it harder for most adult beneficiaries to keep health coverage. Many of the folks are already working to the extent possible. Some are sick and disabled and some are caregivers, or they're in school. Work requirements are unlikely to promote employment and may be counterproductive. Work requirements will lead to less access to care, deteriorating health, and less financial security.

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 certainly co-sponsor legislation calling for a review of all criminal laws regarding HIV. I've worked for a generation attempting to influence high school curricula throughout the US regarding misinformation contained within the Junior Reserve Officers' Training Corps (JROTC) program because I have come to the realization that fighting war requires getting into the classroom where dangerous biases are cultivated. These mistruths carry on throughout American social and political culture. The same, I believe, is true with HIV/AIDS instruction. We must examine state middle and high school curricula to see how biases are perpetuated and then we must fight to change it.

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

I wouldn't change anything. Allow me to understand this. The pharmaceutical industry is crying poor for lost dollars accounting for less than 1% of their total revenues because of discounts they were forced to give 340B providers?

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

We should stop the stigmatization and criminalization of these means of survival. We must address discriminatory practices that deny opportunities to marginalized people. Of course.

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?

Let's duplicate the success enjoyed by the trans community in states like California, Vermont and Washington. Too often, we think in terms of national fixes, but so much can be accomplished at the state and local level. In a nutshell we must pass state laws that protect trans workers and students from discrimination. We must guarantee access to insurance that covers trans-related health care, and hospitals, and we must pass hate-crime laws that include gender identity.

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?

Gotta be honest here. I have been tracking this issue because of a loved one, but I was not familiar with PrEP. But now, I am a google-expert and I support its subsidized availability. The last time I checked, all human life is sacred, so this is a no-brainer. You are teaching me.

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?

Thanks again for educating me. I 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.

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?

Title X recipients won't have to worry if hell freezes over and I'm elected.

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?

Absolutely. This should be the safest of all space because these are the most vulnerable people. No population is more deserving.

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?

We must look to many European states and provide high quality universal health care to all human beings within our borders - every minute of every hour of every day.

