

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

Catherine

Q20. Candidate Last Name

Krantz

Q2. State Where Candidate is Running

TX

Q21. Congressional Chamber in Race

- Senate
- House

Q22. Candidate District

TX04

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?

Whatever it takes to end this disease. I welcome the opportunity to become better educated on the issues affecting research and prevention.

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 all evidence-based programs that actually solve problems in our communities. I believe in education and prevention and I believe addiction is a healthcare issue. At the crisis levels we are facing in America we need to do whatever it takes.

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 support helping those who need help. I also strongly support Universal Healthcare and Medicare for all, so it is my ultimate goal to ensure all Americans have high quality healthcare regardless of their income status or health status. I look forward to the day when access to medical care is not something charities have to fight for, but meanwhile these programs need our help and patients deserve care.

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 support affordable housing, and helping those who need it. I welcome the opportunity to learn more about these programs.

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).

I support the ACA. A healthy society benefits us all. My ultimate goal is Universal Healthcare, Medicare for all, but until that happens the ACA is a safety net for millions and must be protected.

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

I have not seen evidence of the wide spread abuses that people in favor of stricter work requirements often refer to. In my experience I see people who need help not getting it and people with health problems and disabilities wanting to work and needing to work and having trouble making enough to live while staying within the strict parameters of the program.. People who can't make enough to love ad yet worry of making too much and being kicked off benefits. A catch 22. We should encourage people who want to be as self-sufficient as they can be by setting realistic parameters, help those who want to work get jobs and training to do the jobs that they can and leave those too sick to work alone.

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?

Yes. Educating the public about people living with HIV/AIDS, putting a face on it would help, also showing the exciting progress we have made in combating it would be a good start.

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

Yes, and I support getting our outrageous drug price under control. Our healthcare system does not need to be for-profit and we need to have tighter controls on the prices drug manufacturers can charge. As many of these drugs were created with tax payer funded research and trials already, we should not be held hostage by ridiculously inflated for-profit prices. Universal Healthcare, Medicare for all, and requiring a harsher negotiation of drug prices would go along way to solving that issue.

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

I do not support exploitation of men, women or children, I believe in harsh penalties for human trafficking. No amount of sex workers rights progress can be made without addressing the very real issue of human trafficking. I am open to learning more about the issue, but i generally feel that people do not pursue sex work unless they have very few other options and if we address the other social issues that lead people to choose sex work – drug addiction, abuse, economic desperation – with education counseling and work opportunities, we can do more sex workers. Having said that, until we solve the problems that push people into sex work, we should at the least guarantee basic rights to address the realities facing sex workers. As far as decriminalization, it is my position that the person selling the person or buying the person is the criminal, the person being trafficked is the victim.

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?

Better education and exposure would go a long way to erasing the stigma. Once people have met a transgender person they are less likely to feel threatened by them. As painful as it is, these cultural wars going on in our state houses around or public schools and our bathrooms laws are doing some good in that they are forcing people to be exposed to transgender children and see them for what they are, just kids. I have seen my own thoughts change and evolve over time after meeting transgender kids, so it is a process and regrettably sad and slow, but exposure is the only way to educate people. That and harsh criminal penalties for hate crimes! Society needs to draw lines.

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?

Sounds great, if it works, I am all for it. We need to make our decisions about science and medicine based on science and medicine.

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.

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?

Yes. I am 100% supportive of expanded funding fro family planning.

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?

Yes, it benefits all of us to have a healthy society.

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?

Horrible. What's next penalizing US citizens? Debtors prisons? Is all a ridiculous and disgusting attempt to stigmatize and criminalize immigrants, that panders to a growing racist base in our country. But in reality it is about brutalizing the weakest members of society and none of us are safe. If we allow such systems to victimize immigrants, it is assured we will all be next. I am from a family that has used ACA subsidies and CHIPS so its personal to me!

