

# 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

Jeffrey

Q20. Candidate Last Name

Kurzon

Q2. State Where Candidate is Running

New York

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

*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?

I support federal funding of HIV research. Research and prevention are a small fraction of the budget (9%) and I believe we should invest more funds to finding a cure and/or a vaccine, as well as improving treatment and prevention options.

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 the use of federal funds to implement evidence-based substance abuse prevention and treatment strategies for the opioid epidemic. I believe drug addiction should be treated medically and not criminally. I also believe in the decriminalization of marijuana and believe in states where it is legal, there is a lower use rate of opioids. The opioid crisis is related to the core message of my campaign - the government should be working for the people, not the corporate PACs and lobbyists - and that means creating an inclusive economy, as well as Medicare for All.

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 the Ryan White Act, however, I believe in Medicare for All, and if we have Medicare for All, then the provisions of the Ryan White Act could be incorporated into the new Medicare for All legislation, which would ensure treatment for persons living with HIV/AIDS, as well as training and prevention.

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 need to learn more. I believe housing is a human right.

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).

My campaign message is that Congress is working for the special interest and corporate PACs with their lobbyists, rather than working for the people. The ACA is a prime example. People still cannot afford healthcare. The law was written by the insurance industry for the insurance industry. I believe in Medicare for All, and that all persons (regardless of pre-existing conditions, immigration status, etc.) should be eligible. The main problem I see with the ACA is that it adjusts in price for income, but it is not a true means test. For example, someone making \$80,000 per year may be in debt and not able to afford \$500 per month. Also, the deductibles are so high as to make the insurance useless, except for catastrophes.

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

I am opposed. I believe work is human. A lot of work is unpaid work, such as domestic work or caregiving. I believe everyone should have healthcare guaranteed by the federal government (Medicare for All). It can be paid for through taxes, which would adjust based on income and net worth. Good quality healthcare should be available for everyone, such as in other developed nations.

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, I will co-sponsor legislation in Congress calling for the review of all HIV criminal laws. Discrimination is a form of ignorance. I would support federal funding to promote educational policies to help remove the stigma.

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

I do not trust the pharmaceutical industry. I have not studied the program, but I know that many people in my district have issues affording prescription drugs. I believe the federal government can negotiate a better deal if the lawmakers are not influenced by PAC and lobbyist donations from the pharmaceutical companies.

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

I support the decriminalization of sex work.

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?

More education is needed to protect all LGBTQ+ persons - to ensure that all persons are equal under the law. Laws can be strengthened to make it illegal to discriminate against someone because of their sex, gender or sexual orientation.

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?

Your survey has made me aware of it, thank you. I would be supportive of expanding access, but believe patients need to discuss with their doctors, as I understand it is not 100% effective.

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 support efforts to protect and provide substantial federal funding for family planning services. I oppose any rule change that would impede a woman's right to choose. I think family planning is essential: education and healthcare are key functions of government.

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 yes

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 do not believe an immigrant's health should be a factor in immigration-related decisions. It is a recipe for discrimination. Thank you for enlightening me with your survey and for the work you do to help people. - Jeff Kurzon, [www.JeffKurzon.com](http://www.JeffKurzon.com)