

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

Mahmoud

Q20. Candidate Last Name

Mahmoud

Q2. State Where Candidate is Running

New Jersey

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?

- Reductions in HIV funding have put many restraints on prevention programs. The most prevention strategies known to be effective are HIV testing, voluntary medical male circumcision (VMMC), and prevention of mother-to child transmission (PMTCT). Product development and proof-of-concept studies are important areas in the search for HIV vaccines and a cure. Many vaccinations, gene therapy, or gene transfer technology have shown promising results, but these projects require more funding to complete their research. - I fully support the research for a vaccine, cure, prevention efforts and treatments to finally eliminate HIV. I would propose more funding for HIV prevention and research. I would work with leaders in the HIV field to be able to provide all types of assistance needed. I was an executive member of Alicia Keys' Keep A Child Alive foundation which focused around the HIV/AIDS Epidemic and providing treatment for individuals with HIV/AIDS and more.

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?

- Naloxone is a synthetic drug that is used to treat narcotic overdoses in emergency situations by blocking opiate receptors. MAT uses medications that are FDA approved and behavioral therapies to treat opioid disorders. Syringe services programs are community-based programs that provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes to help stop the spread of HIV. Safer injection facilities are facilities which allow drug users to use narcotics under the supervision of medical professionals to help improve injection hygiene and combat overdoses. - I would like to increase the use of Naloxone to combat opioid related overdoses. I would like to use federal funds to implement substance abuse prevention and treatment strategies to help address opioid addiction. I would also provide federal funds for safe syringe services programs and injection facilities

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?

- When the program first began, funding continued to grow each year, but in recent years, funding has grown at slower rates. Annual funding has leveled out, and it has not grown to meet the expenses of new HIV prevention techniques. In 2016, federal funding was \$2.3 billion dollars. Most of this funding is allocated to states, while funding that goes directly to organizations is not as much. - I would be vocal about increasing funding to the program to where the funding used to be. We need to make sure that we are investing all resources to address both the prevention and treatment of HIV/AIDS.

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?

- To qualify for HOPWA, one must make less than 80% of the average income in that area. HOPWA remains sorely underfunded relative to the immense need. - I fully support the HOPWA program and would advocate for an increase in funding.

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).

- Monthly premiums for Obamacare have skyrocketed in recent years, making it very hard for many families to afford it. However, it does have an element that protects people who have pre-existing conditions from being denied insurance. The ACA makes it possible for legal immigrants to receive insurance, but Medicaid is not available to recent immigrants until they have been lawfully in America for five years. - I believe that healthcare should be universal to all citizens, and legal residents in the United States.

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

- This presents challenges to individuals who live below the poverty line, and who do not possess the education to find decent work. Since one in three Medicaid adults never use a computer or the internet and four in ten do not use email, many enrollees would face barriers in complying with work reporting requirements to maintain coverage (according to the Henry J. Kaiser Family Foundation). - By making healthcare universal for all we would negate these barriers and assist adults and individuals who live below the poverty line.

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?

- People diagnosed with HIV are subject to a particular set of criminal laws. For example, in some states, if a person with HIV spits that could be considered a criminal act. It could be argued that these laws cause unfair discrimination and stigma against people with HIV. (see article: https://www.huffingtonpost.com/chris-coons/outdated-laws-protect-hi_b_4419360.html) - I would absolutely call for a review of all HIV criminal laws. I would be vocal on calling for the equality of all people and be vocal on ensuring that no human being is discriminated against.

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

- The 340B Drug Pricing program is a program created by the federal government in 1992 that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. It allows individuals receiving Medicaid to gain access to drugs they need at lower prices. - I fully support ensuring that individuals receive the proper treatment and medication they need at lower costs, to prevent them from being taken advantage of by the drug companies.

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

- Sex work is the consensual provision of sexual services for money or goods, and it is a criminal offense in many states. In New Jersey, a conviction of sex work can include jail time and registration as a sex offender. - I don't support decriminalizing 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?

- In New Jersey, the law does not allow transgender people to change their birth certificates to reflect their gender unless they have sexual reassignment surgery. Transgender people face a different type of discrimination than the rest of the LGBTQ community, and they face a bigger risk of violence, depression, and suicide. - I support allowing transgender people to change their birth certificates without having a sexual reassignment surgery. There should be a zero tolerance against any forms of discrimination in the workplace, schools, public and private places against transgender persons. The repercussions of discrimination or violence against transgender persons should be treated swiftly and strongly.

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?

- Pre-exposure prophylaxis (PrEP) is a course of HIV drugs taken by HIV-negative people to reduce their risk of HIV infection. Truvada is currently the only drug approved for use as PrEP. Truvada is a single pill that is a combination of two anti-HIV drugs, tenofovir and emtricitabine. - I am supportive of expanding access to PrEP.

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?

- U = U is based on scientific evidence based on gay and straight couples. There has not been a case of transmission during the trials for evidence. - 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?

- Family planning services are educational, medical, or social services that allow individuals to freely determine the amount of children they would like to have and at what time. They could include FDA approved birth control methods, emergency contraceptive services, follow-up care, and sterilization. Title X is a federal family planning and grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. - I fully support Title X.

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?

- Black individuals are more affected by HIV than any other ethnic group. Late testing is common among immigrants from sub Saharan Africa and the Caribbean. Among Black individuals, immigrants tend to be diagnosed with more advanced infection than native born individuals, suggesting a long lag time between initial infection and diagnosis. Though little attention has been focused on HIV in non-U.S. born Black individuals, this subpopulation has a higher rate of HIV infection than native born Blacks. - Yes, I believe that immigrants, whether undocumented or not, should be able to seek care to receive treatment. At the end of the day, if that individual is cured and receives treatment then the spreading of HIV would lessen.

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?

- A public charge can be defined as a person who is primarily dependent on the government for more than half of their personal income. New potential changes to the rule would substantially expand the definition of a public charge to include any immigrant who uses or receives one or more public benefits from federal, state, or local governments. Under longstanding federal law, immigration authorities must determine whether an individual who is seeking lawful admission to the United States and whether an immigrant who is seeking to adjust to become a lawful permanent resident is or will likely become a public charge. - I don't support expanding public charge. I don't support equating immigrants as individuals who are dependent on the government. I believe government support should be available to individuals who are trying their best to find work and be contributors to society. However, they are in difficult life circumstances and therefore should be supported. For example, an individual who lost a job, was laid off, fired, underemployed, working several jobs, etc.

