

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

Thomas

Q20. Candidate Last Name

Oh

Q2. State Where Candidate is Running

Virginia

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

Virginia's 8th Congressional District

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 believe that the federal government has a role in supporting efforts to treat, cure, and prevent HIV. I would ensure that funds are used properly and funds that are not used properly in other government programs would be reallocated to programs such as HIV research.

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 it to prevent the spread of diseases and to treat addiction.

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 am not fully aware of the funding levels or the exact details. I would love to sit down with a subject matter expert to learn more. In general, I support the Ryan White HIV/AIDS Program.

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 would make sure housing opportunities are not discriminated and incorporate those with HIV in the same housing program and credits with the Treasury Department and HUD.

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 am against the ACA and I believe it does not do enough to help people and make health care affordable. There needs to be more transparency and patients need to know what they are actually paying for ahead of time, rather than getting a huge bill a month later. Third party billing needs to be reformed to become more cost efficient and overhead costs are too high.

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

If they are physically and mentally capable of working they should work or at least try to do their best to find work. It's humane to help others when they need help but it's only right to make sure everyone does their part to help others as well.

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 be glad to review any of these laws to see if there needs to be amendments or changes.

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

I support the 340B Drug Pricing program.

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

I believe sex work should be criminalized and more needs to be done to stop human sex trafficking.

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?

There needs to be more advocacy with the police force to communicate for and represent the LGBT community.

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?

It is prescription pill to help prevent HIV infection. It sounds like a positive decision but I would have to first see the statistics and weigh the option against other alternatives that might be better for those at risk.

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?

I support efforts to help cure and prevent HIV.

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 do not support expanding planned parent hood. HIV is a separate factor but I think there need to be more programs to support women who choose to have a child and still be able to progress in their careers or education.

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?

The only role that health care providers should perform is to provide health care and treat patients. Whether someone is documented or undocumented should be irrelevant.

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 am Korean American so I understand the issues of immigration. The real problem is rule of law and it is not fair for those immigrants who immigrated properly when compared to those who come undocumented. If people are undocumented, we should help them immigrate properly. However, there is an issue with funding that is not sustainable. I support the public charge rule because it's not fair for someone who immigrates at 55 years old and receive all the benefits that a Korean American like myself has had to pay taxes for his whole life.

