

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

Marvin

Q20. Candidate Last Name

Sandnes

Q2. State Where Candidate is Running

Oregon

Q21. Congressional Chamber in Race

Senate

House

Q22. Candidate District

District 5

Q3. Party Affiliation

Democrat

Republican

Independent

Other

Q4. Name of Party Being Represented

Pacific Green Party

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?

Health is a RIGHT. There is no better use for federal tax funds than providing research/treatment for health.

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?

Completely support every approach to addiction treatment including every option and every addiction. I am quite active in the awareness campaign of the opium being sent into this country from Afghanistan, where 93% of the planet's opium is grown.

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?

Fund this program 100%.

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?

Fund the program 100%. Again, Health is a RIGHT and all avenues of treatment must be provided, including housing.

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 advocate discontinuing ACA and substituting "Single Payer" medicaid for all, - ALL - if you present a health issue within the US, you are provided treatment.

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

Medicaid for all. Health is a RIGHT.

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?

Disease cannot be criminal. In Oregon, disease is not criminal. If we have a federal health program, medicaid for e.g. I would certainly insist and sponsor legislation to remove every association with crime.

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

I don't know what that is. Health is a RIGHT and this includes are medications.

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

I think prostitution must be decriminalized.

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?

I don't think transgender people need or deserve special status under the law.

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?

Yes

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?

This question is over my head. But, I will tell say, any measures which accept sexual behavior and sexual expression as simple as nutrition and breath must be encouraged. At the same time, those infected must accept the primary responsibility for treatment and stopping the transmission of the virus.

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?

Health, every aspect of health is a right. I accept that human life begins approx. at conception, I do not want government involved in the relationship of a mother and child or fetus. I also think those morally oppose to abortion can restrict their tax dollars from those whose provide abortion. I also think those opposed to bombing and wars in 3rd world countries can withhold their tax dollars from those practices.

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.

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?

Health is a RIGHT; medical treatment has nothing to do with any other due-process.