

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

Sarah

Q20. Candidate Last Name

Smith

Q2. State Where Candidate is Running

Washington

Q21. Congressional Chamber in Race

Senate

House

Q22. Candidate District

9

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 healthcare is a human right; therefore, it is the federal government's job to provide effective healthcare, including preventative care, for every single person in our country. To truly ensure every American has access to quality, affordable health care, we need to fight for a Medicare-for-all, single payer system. Until that happens, we must make sure insurance companies and providers are not discriminating against those with HIV/AIDS, including when it comes to drug coverage. It is the government's duty to pursue any and all avenues to assist in HIV prevention, research, and attempts to identify a vaccine/cure. In addition to unwavering support for research and prevention, I will work to expand the substance use and mental health services for people living with HIV/AIDS and at risk for HIV. We need to build on the implementation of President Obama's National HIV/AIDS Strategy by significantly expanding access to mental health and substance use disorder services by protecting and expanding community health centers, which provide key behavioral health and substance abuse services to more than 1.3 million patients. We must also support access to mental health services at community mental health centers. I support aggressively expanding the President's Emergency Plan for AIDS Relief (PEPFAR) and ending the AIDS epidemic. We need to fight to end the AIDS epidemic by doubling the number of people on HIV treatment worldwide by 2020. The President's Emergency Plan for AIDS Relief (PEPFAR) has been an incredibly successful program, currently supporting antiretroviral treatment for more than 9.5 million people. But that is only a fraction of those worldwide who need treatment. More than 22 million people with HIV/AIDS do not have access to the medicine and support services they need. Continued progress will require not only funding, but avoiding bad trade agreements like the Trans-Pacific Partnership that would substantially increase prices for HIV/AIDS drugs. A major reason why the fight against the disastrous Trans-Pacific Partnership (TPP) is important is because it would significantly increase prices for HIV/AIDS drugs for some of the most desperate people in the world. At a time when prescription drug prices are skyrocketing, the TPP would make a bad situation even worse by granting new monopoly rights to big pharmaceutical companies to deny access to lower cost generic drugs to millions of people.

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 treating the opioid epidemic as a public health crisis, and appropriating the funds necessary for urgent, stringent action to combat this urgent threat. I do not believe we should treat this crisis as a political or "moral" conversation; there are lives in the balance. I fully support evidence-based prevention and treatment strategies designed to reduce both opioid use rates and harm, including: - Requiring emergency and urgent care medical facilities to stock and train providers in the use of opioid overdose medications like naloxone - Expanding the availability of public medication-assisted treatment - Ensuring an end to re-use of needles through syringe services programs and/or public safer 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?

I will work to expand the highly successful Ryan White HIV/AIDS program. It was unacceptable that at the height of the Wall Street crash, many states had long waiting lists for the AIDS Drug Assistance Program; when so many people were losing their jobs and their life savings, people should not have had to wait for the life-saving treatment they needed. I will fight for increased funding for this vital 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 firmly support HOPWA and will fight to ensure it is fully funded and expanded as necessary to provide support for every single family who needs it. Housing is a human right, and those who need help most should be given that assistance with the utmost expediency.

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 believe the ACA, to be frank, was not strong enough legislation to achieve its stated goals. While millions of previously uninsured Americans now have the ability to purchase health insurance, our system is still financially inaccessible for many of the most vulnerable among us. I strongly believe that a universal single-payer healthcare system that guarantees healthcare as a human right to every person on American soil is the best route to addressing the still-existent gap in accessibility of care left by the ACA.

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

Work requirements for Medicaid enrollees are discriminatory and rooted in an ideological belief in criminalizing poverty and disability. While I believe Medicaid currently serves a vital role, under an effective federal single-payer system we would likely not need state-level healthcare administration operating outside the Medicare-for-all framework. In the current system, I will work to ensure Medicaid programs are funded, protected, and expanded as much as possible to achieve the goal of quality healthcare for all.

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 will absolutely co-sponsor legislation to review existent HIV criminal laws, which have absolutely been historically weaponized against members of the LGBTQ+ community. Additionally, I support expanding federal discrimination protections to include "HIV/AIDS status" as a protected class, and will fight to ensure that comprehensive HIV/AIDS education is included in health curriculum in all 50 states.

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

Yes I do. 340B mandates that drug manufacturers sell out patient drugs to healthcare organizations at significantly reduced costs. However, without rule making ability, HRSA has not been able to effectively administer the program. I would introduce/ cosponsor legislation to give HRSA broad rule making authority that includes: establishing and implementing Administrative Dispute Resolution process for disputes regarding compliance with 340B program requirements; defining standards of methodology for calculation of ceiling prices.

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

We must decriminalize sex work and legally protect the rights of sex workers to organize. We must also create regulations that strongly protect sex workers from exploitation, abuse, and exposure to health risks.

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?

The United States has made remarkable progress on LGBTQ+ issues in a relatively short amount of time. But there is still much work to be done. Sadly, today there are many places where it is legal to deny someone housing for being gay or trans. In many states, it is still legal to fire someone based on their gender identity and/or sexual orientation. That is unacceptable and must change. We must pass Comprehensive Anti-Discrimination Protections. Currently, anti-LGBTQ discrimination is legal on a federal level, and its impacts are devastating. LGBTQ people can be denied healthcare, housing, and basic services, leading to disproportionate rates of illness, homelessness, and violence. Congress must pass comprehensive anti-discrimination protections to ensure that all Americans have equal access in all areas of life, regardless of gender or sexuality. More specifically, we must protect the privacy and peace of mind of trans Americans. Even within the LGBTQ community, transgender and gender non-conforming (GNC) Americans face disproportionate rates of discrimination. Reported homicides of transgender Americans are at an all-time high, with an estimated over 100 transgender Americans being murdered in 2016 based on FBI data. The 2015 U.S. Transgender Survey, which was conducted prior to the Trump presidency, found that transgender Americans face "pervasive mistreatment and violence," "severe economic hardship and instability," and "serious psychological distress" as a result of anti-transgender discrimination. Given these dangers, we must do everything in our power to protect the privacy of transgender Americans and ensure that all Americans are respected in their gender. Here are some steps we can take: De-gender documentation. Currently, it is difficult and in some states impossible for transgender Americans to change their gender marker(s) on official documentation. When possible, the process is only manageable if one has enough time to learn about the convoluted legal process, access to medical professionals, and can safely be out to the world. The costly and invasive process requires notarized affidavits from medical professionals, and in some states, mandatory gender affirmation surgery, which not all people want. With disproportionately high rates of homelessness, poverty, and healthcare discrimination in the transgender community, the process bars the majority of transgender people from actually being able to change their gender marker(s). The simple solution is to de-gender documentation so that gender markers are optional and the privacy of all Americans is protected. De-gender public facilities. Much of the anti-transgender hysteria plaguing our nation has revolved around public facilities, with anti-transgender legislators using bathrooms in particular to demonize and attack transgender Americans. Regardless of which bathroom transgender and gender non-conforming people use, they are at risk of violence and discrimination. For non-binary Americans, there is no appropriate choice for gendered facilities. This essentially bars transgender Americans to go out and freely participate in the public life. The simple solution is to de-gender public facilities. Provide mandatory training for public officials and employees. LGBTQ Americans face discrimination not only from in everyday encounters, but also interactions with the very public officials and employees meant to serve them. LGBTQ Americans endure rampant healthcare discrimination, which can lead to the denial of basic and necessary medical services. LGBTQ Americans also endure rampant discrimination in education, depriving them of yet another basic right. The lack of adequate protections promotes a vicious cycle which pushes LGBTQ members from education and health care, and subjects them to sub-par educational and healthcare access. Consequently, this perpetuates further poverty, mental illness, and social stigmatization in the LGBTQ community, which is totally unacceptable. We must combat this through mandatory training and inclusivity for all public officials and employees. Develop and implement LGBTQ-inclusive public education. Anti-LGBTQ school bullying is at an unprecedented high. According to a 2017 RTI International study, not only has anti-LGBTQ school bullying "not improved since the 1990's," some forms of victimization, particularly those affecting youth, appear to be worsening. Anti-LGBTQ school bullying can increase the likelihood of suicide fourfold, and LGBTQ students are up to three times more likely than their peers to be physically threatened or assaulted at school and 91% more likely to be bullied or harassed. An overwhelming 81% of transgender youth, 72% of lesbian youth, and 66% of bisexual and gay youth experience sexual harassment in school. It goes to follow that a majority of LGBTQ students feel safe simply being in school. This is an epidemic. No student should be prevented from having a good education simply because of their sexuality and/or gender identity. Lives are at stake here. We need to reform our public education system to ensure that LGBTQ students feel affirmed in their identities and can safely receive a good education. Providing resources to LGBTQ students. Schools should be prepared to support LGBTQ students by maintaining LGBTQ clubs such as GSAs and offering LGBTQ-specific school counseling. LGBTQ-inclusive classes. LGBTQ history and identities should be included in classes so that students are aware and accepting of LGBTQ identity. According to a GLSEN survey, only 12% of millennials learned about healthy same-gender relationships in school. Not providing LGBTQ students information about their identities robs them of the opportunity to know and accept themselves, which would help them stay healthy and happy, as confirmed by GLSEN's National School Climate Survey. We must mandate gender-inclusive language and education in classes and events. Community training. Students and administrators alike will, as Teaching Tolerance advises, guarantee that "all school community members [have] a thorough understanding of the part they play in making their school an environment that welcomes all students." De-gender dress codes. Gendered dress codes are restrictive and oppressive for transgender and GNC youth. Students of all identities should be able to express their gender as they see fit. Designate gender neutral facilities. As Teaching Tolerance writes: "Binary (women/men or boy/girl) restrooms aren't inclusive and can be unsafe spaces for transgender and intersex students." Therefore, we should provide gender neutral facilities where students of all genders can feel valid and safe. Guarantee transgender-affirming healthcare. Currently, transgender affirmation procedures are considered cosmetic, which is belittling and makes the necessary procedures needlessly expensive. Healthcare providers should cover gender affirmation procedures as reconstructive, as allowing transgender people who want to transition medically to do so improves their mental health and productivity. As a study published in the Psychology of Sexual Orientation and Gender Diversity found, "social, psychological, and medical gender affirmation were significant predictors of lower depression and higher self-esteem." Gender affirmation can help curb suicidal ideation, which is incredibly important given that over 40% of transgender Americans attempt suicide, according to a Williams Institute survey. Essential medical procedures are not "cosmetic," and transgender Americans deserve to be affirmed by their healthcare system. Ban "conversion therapy." Also known as "reparative therapy" and "ex-gay therapy," this is a dangerous and debunked religious practice designed to rid LGBTQ people of their true gender identity and/or sexuality. The practice is deeply harmful, causing mental illness, substance abuse, and even suicide. Yet almost 700,000 LGBTQ adults and 20,000 children ages 13 to 17 are victims of "conversion therapy," as it is entirely legal on the federal level. We must ban "conversion therapy" and instead affirm the identities of LGBTQ Americans. End "gay panic" murder excuse. Known as the "gay panic" or "transgender panic" defense, defendants in LGBTQ murder cases in the United States can legally claim that they were driven to violence because of the sexual orientation and/or gender identity of LGBTQ people. Homophobia and transphobia are not excuses for violence and it is outrageous that "gay panic" and "trans panic" defenses are still legal on the federal level. We must ban it.

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?

I support rapid introduction of programs to increase the availability of education materials about PrEP and PrEP medications themselves. I will ensure any incamation of improved Medicare for All that I support includes PrEP in coverage.

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 will strongly 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. Evidence-based measures to combat the HIV epidemic deserve our full support and attention.

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 support all efforts to protect and provide funding for family planning services. I began my community service as a Planned Parenthood defender, and I understand how critical these services are to the health of America's most vulnerable communities. I will strongly oppose any effort, including the Title X funding rule change, that acts as a thinly-veiled attack on the human rights of women and the economically vulnerable. These attacks on public health institutions are cheap, politically-motivated digs made for deeply wrong, reactionary reasons, and must be opposed at all costs.

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?

I absolutely believe that all health care providers should be safe spaces for immigrants, including but not limited to patients with HIV. Additionally, I strongly believe that all immigration must be decriminalized and that institutions like ICE that threaten the well-being of our immigrant communities must be abolished.

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?

The "public charge rule" is another cheap and frankly racist political ploy, designed to punish the most vulnerable among us for their lack of economic enfranchisement. In the wealthiest country in the history of the world, those who need health benefits should be able to access them, regardless of their place of birth or citizenship status. This is a moral question, one upon which our nation has failed for far too long.

Q24. Thank you for your time. Click the arrow below to submit your responses.

