

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

Paul

Q20. Candidate Last Name

Walker

Q2. State Where Candidate is Running

Kentucky

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?

Federal government funding of healthcare research is critical. It is a source of funds that should have no predetermined agenda.

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?

Opioid abuse, like any complex challenge, is multi-faceted. No silver bullet exists, and therefore we need to support an assortment of solutions. Some of the solutions will be aimed at the symptom of the problem - for example naloxone for overdose; regional treatment centers to reduce drug relapses - and some will support root causes - increasing access to trauma-informed care and mental healthcare; holding pharmaceutical companies to account for the marketing of narcotics. The key to driving conversations about solutions is bring together all the stakeholders impacted by the problem - healthcare providers, addicts, social services, community based organizations. If our solutions are left to only those with enough money and lobbying power, we won't identify and fund good ideas.

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 a single-payer healthcare for all system. Through such a system, no American should find themselves uninsured or underinsured. Having said that, as America moves from a multifaceted healthcare support system, we need to transfer the knowledge gleaned from the Ryan White program, such that the reasons for successfully supporting people with HIV and reducing transmissions continues. This would include the support for technical assistance and training to healthcare providers, and supporting innovative models of care.

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 support housing assistance for low income populations. I support HOPWA, and would continue to hold HUD accountable to issuing and overseeing grants to local and state entities to ensure housing is available to low income residents with HIV/AIDS.

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).

The ACA was a good start towards promoting more equitable healthcare across our country. I support expanding the ACA into a single-payer healthcare-for-all system. This would ensure no one is denied coverage, while also reducing the overall cost of healthcare.

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

Americans overwhelmingly want to work. But, they also want to be able to live and provide basic housing and food to their families. We need to bring good jobs that offer the prevailing community wages to all communities in Kentucky's first district. Then, with a healthcare for all system, workers won't be tied to one job for benefits - they will be free to move between employers. Finally, small businesses won't be overburdened with the costs of supporting a smaller pool of people.

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 agree that the stigma on HIV/AIDS is prevalent. Change is needed within government and a more broad cultural change. A review of the existing laws is a good start, but a broader social program aimed at educating the public would also reduce unfounded fear.

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

The 340B Drug Pricing program has an important outcome - ensuring low income patients are not priced out of quality care. We need to continue to support that outcome. With a healthcare for all system, ensuring drugs are available to vulnerable community members would be rolled into a broader program that oversees provision of care.

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

This is a complex issue -- I do not support arresting and prosecuting women or men who are being exploited by others to do sex work, neither do I support allowing the abuse of sex workers. I would ensure that we have task forces who can investigate the breadth and depth of sex work through openness and sincerity to ensure that exploitation and abuse are eradicated in a way that allows for liberation.

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 support protecting them in the same way we protect any population. And to increase the educational push for respect for everyone in order to decrease the fear and stigmatization of trans people so that at every level, from gender neutral restrooms to prosecuting hate crimes, no one feels targeted or discriminated against.

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'm not familiar, but it sounds like a promising program.

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, I would support expanding services.

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 federal funding for family planning services.

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, healthcare providers should be a safe space, free from threat of DHS enforcement action.

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 support this rule change.

