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# Opinion

## Stay True to the National HIV/AIDS Strategy

By *Judith Auerbach, Robert Bank, Chris Collins, JD Davids, Rebecca Haag, David Ernesto Munar, Dana van Gorder, Phill Wilson and A. Toni Young (Original Conveners of Coalition for a National AIDS Strategy)*

Ten years ago, hundreds of organizations and individuals signed a petition calling on all presidential candidates to create a national AIDS strategy. We knew the approach to HIV in the U.S. had to change. If you read about AIDS in the paper, then it was likely about the horrifying scale of the global epidemic; the epidemic at home had largely become invisible. The national HIV response we saw was a patchwork: uncoordinated, without clear goals, underinvested where the challenge was most acute, with interventions delivered well below the scale necessary for impact. And the science of HIV prevention was changing dramatically without sufficient efforts to put it into practice.

By the end of 2007, most presidential candidates, including John McCain, Hillary Clinton and Barack Obama, had accepted the challenge to create a strategy. In June 2010, President Obama issued the first comprehensive National HIV/AIDS Strategy for the United States.

### Five Things We Learned From Implementation of the National HIV/AIDS Strategy

1) A commitment to being strategic provides political

cover to do tough things.

The Strategy itself was full of smart analysis of the epidemic and laudable goals, but its real impact came in how it was used. With strong leadership by Jeff Crowley, head of the White House Office of National AIDS Policy (ONAP), and his deputy Greg Millett, a series of epidemiologically necessary but politically challenging policy innovations were undertaken, each justified by the new Strategy.

This included:

- Increased investment in

“The science of HIV prevention was changing dramatically without sufficient efforts to put it into practice

HIV prevention for gay men, which had been seriously under-financed relative to that population's share of the epidemic.

- A new, “high impact” approach to HIV prevention emphasizing evidence-based programming at scale.
- Reallocation of funds to areas of the country most affected by HIV.
- Streamlining of data reporting to track progress more effectively.

A new emphasis was placed on federal agency coordination that has shown some success and remains a work in progress, as well on the most affected communities, which are now at the leading edge of

progress in the U.S. response.

2) Changing the conversation is important, and it's just the first step.

The Strategy helped put the domestic epidemic back on the radar and galvanized the AIDS services community around a new approach to tackling the epidemic focused on epidemiologic impact. Beyond assuring the availability of services, the focus shifted to outcomes, and people asked how a policy would lead to accomplishing the Strategy's prevention and treatment

House to own the Strategy because we wanted the government to be responsible for follow-through. But it all started with the community. And that meant that AIDS service organizations were ready to engage creatively with the government when the nation embarked on a more outcomes-oriented approach full of hard choices. As the Strategy said, “The job ... does not fall to the Federal Government alone. ... Success will require the commitment of all parts of society[.]”

4) It takes amazing science and the commitment to deliver its results to everyone.

The outcomes of HIV/AIDS research have been phenomenal, turning a deadly disease into a chronic, manageable condition in the space of a couple decades. When we were working on the strategy effort, we had inklings of the potential efficacy of “treatment as prevention” and pre-exposure prophylaxis (PrEP) to prevent both transmission and acquisition of HIV.

When rigorous, multi-site clinical trials proved these approaches did work, it changed what was considered possible, and scientific and policy leaders in the U.S. and around the world now said we had the opportunity to “end AIDS.” Soon, in places such as New York and San Francisco, activists, scientists and officials took up the challenge.

targets. Conversely, observing that an approach would fail to advance the Strategy's goals was now a tool to fight bad policy. Using the “care continuum” as a framework for assessing service delivery helped bring focus to the Strategy goal of greater equity.

All of these were advances, but they only took us so far. The Affordable Care Act (ACA) – which led to a marked increase in Medicaid coverage among people living with HIV – as well as increased investments in appropriate services expanded access to lifesaving and infection-preventing measures.

3) It matters that the effort grew from the community.

We wanted the White

Read the rest of this commentary at  
[TheSkanner.com](http://TheSkanner.com)

## Climate Change Is Creating Climate Refugees

Have you ever heard of the Marshall Islands? They are 1156 islands that constitute a republic in the South Pacific. Major battles during World War II were contested on those islands and, following the war, nuclear tests were conducted on there, too, from which there was significant radioactive fallout. The capital city is only three feet above sea level.

I have never been to the Marshall Islands, but during the People's Climate March in Washington, D.C., on April 29, I met and interviewed a woman from that republic. She is a student in the United States. She and I spoke on the air (WPFW-FM, part of the Pacifica Network) about what the climate crisis means for her people.

Climate change has a direct impact on the future of the Marshall Islands. At three feet above sea level, the Marshall Islands do not have much room to maneuver. With extreme environmental



Bill Fletcher Jr.

*The Global African*

changes, particularly with damaging storms, the islands have faced severe floods. She described roads cut off as a result of high water and the inability of the people to leave their homes.

“There is a global necessity to address the future of islands that may become submerged

My co-anchor – the great sportswriter Dave Zirin – and I asked, almost at the same time, what did she think would happen as sea levels rose? What would the people do?

In some respects, our question may have seemed odd or simplistic. The people of the Marshall Islands would do

what they needed to do to survive. And one route to survival will inevitably be migration unless there is some sort of creative infrastructure work that can preserve life in the Marshall Islands.

And it is this matter of climate migration that is rarely discussed in mainstream circles. Certainly, the environmental movement is addressing it, but in the 2016 U.S. elections, for instance, in all of the xenophobic discussions concerning immigra-

tion, there was no discussion about the fact that island nations across the planet will be disappearing and that their populations will need to migrate somewhere.

The woman from the Marshall Islands that Dave and I interviewed wants to return to her home. She is trying to be optimistic about the future

of that island republic, but she was clearly frightened by the possibility that those islands and their history will disappear beneath the ocean waves forever.

The debate concerning the environment and the debates around immigration must be joined together. There is a global necessity to address the future of islands that may become submerged. Many of these islands were once—or continue to be—possessions/colonies of Europe, Japan and/or the United States. In that sense, there is a historic obligation that is owed to these islanders by the so-called “Global North.” The Global North left many of these territories “underdeveloped”—to borrow a phrase from the late Walter Rodney—and now the bill has come due. That means that, in addition to assisting in preventive measures, and in addition to addressing climate change, immigration policies must be changed, so that space is created for these climate refugees.