Die Another Day

September 23, 2014 By Oriol R. Gutierrez Jr.

"I know my sexuality is not going to be the cause of my death," says Quentin Ergane, 38, a gay, HIV-negative, African-American caregiver in Seattle. His sense of certainty comes from his confidence in the HIV drug Truvada as pre-exposure prophylaxis (PrEP) to prevent transmission of the virus. After starting on PrEP this year, "I felt free, finally," he says.

Our cover guy Quentin is far from alone these days. Although PrEP was approved by the U.S. Food and Drug Administration in 2012, only recently has there been a steady uptick in buzz about this potential game-changer. Case in point, both the U.S. Centers for Disease Control and Prevention and the World Health Organization came out with PrEP recommendations in 2014.

Accompanying the new level of attention on PrEP from policy makers is the increasing glare of the media spotlight (us included). POZ contributing writer Tim Murphy upped the ante with his cover story on PrEP for New York magazine in July. He explored how PrEP has reawakened arguments about the sex lives of gay men.

Soon after that article was published, the AIDS Healthcare Foundation (AHF) launched a media campaign against PrEP as a public health intervention. Advocates in support of PrEP then came out against the AHF campaign. And so it goes. The controversy around PrEP just continues to grow in proportion to its increasing acceptance as part of the HIV prevention toolbox.

Written by POZ editor-at-large Benjamin Ryan, our PrEP cover story dives deep into the controversy. We also explore the effect of PrEP on gay men, but our goal is to broaden the conversation. As the article makes clear, PrEP isn't a silver bullet. So what is it? We look at all the arguments and then attempt to answer this question: Can personal choice and public health find common ground in PrEP?

As for me, I admit that my opinions about PrEP have evolved. Having now lived with HIV for more than half of my life, I have a strong bias in favor of expanding access to treatment. I'm undetectable and quite aware of my privilege in having attained that status. Too many around the world remain without even the hope of ever having HIV meds.

Unanswered questions about PrEP remain, but I now accept that PrEP isn't going to affect access to treatment. What matters most to me about PrEP at this moment is that all the data point to an undeniable consensus: At a personal level and with proper adherence, PrEP is highly effective at preventing HIV.

As the public policy debates unfold, I urge all involved in the PrEP discussion not to lose sight of that consensus. Had I been given the option when I was HIV negative, I don’t know for sure that I would have chosen PrEP. My decision would have depended on key factors (as it does now for those who have the choice). That said, I would have wanted the chance to have a choice. That much I do know.

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