



What Happens in Vegas Shouldn't Stay in Vegas: Lessons from the HIV Frontlines

As leaders from Vegas and across the country, we believe that an end to the HIV epidemic is possible. And the path to get there is paved with lessons from Vegas.

August 21, 2025 By Leana M. Ramirez and Kelley Robinson

You don't vacation in Vegas, you live your dreams there. Nothing is more iconic than the Las Vegas strip. But the real gem of the city is beyond the strip: the people who call Clark County home. A community within the community. And for many LGBTQ+ Americans, the tale of that community is filled with unique stories of resilience and perseverance to save lives early in the HIV crisis. In a 24/7 hospitality town, care has always had to keep hospitality hours; prevention and treatment must meet housekeepers, dealers, bartenders, and performers when their day ends—not when a clinic does. That Las Vegas reality, and its broader fight against the HIV epidemic, are a microcosm of America's public health landscape – complex and layered, with progress fueled by moments of extraordinary community-driven success. It offers a blueprint of how to close the gaps and confront systemic inequities that limit our ability to move the needle forward. As leaders from Vegas and across the country, we believe that an end to the HIV epidemic is possible. And the path to get there is paved with lessons from Vegas.

While the country has made gains in the fight to end the epidemic, Las Vegas still records higher HIV prevalence and new-diagnosis rates than many U.S. cities. As a tourism hub (the city hosted 41.7 million visitors in [2024](#)), our testing volume and linkage work extend to visitors and a transient workforce, complicating continuity of care. Over [11,000 people are living with HIV in Clark County](#), and the slight rise in new diagnoses in 2023 illustrates a post-pandemic rebound in detection and transmission. Many tests done near the resort corridor are for nonresidents; diagnoses are assigned to a person's home jurisdiction, so local positivity can spike without a parallel rise in Clark County case counts. That churn also complicates linkage and partner services. In short, what makes Las Vegas unique also presents its public health challenges.

PrEP coverage also remains low. And while viral suppression remains steady, there's still work to do in Black and Brown communities. Black residents experience roughly six [times](#) the HIV incidence of White residents and are less likely to remain in care. Disparities are also pronounced in the LGBTQ+ community: sexual minority men account for more than half of new diagnoses, and

transgender women make up about 92% of transgender people living with HIV. When equity isn't the foundation of our HIV response, the inequities don't just persist—they grow. This hits hardest for people navigating unstable housing, financial stress, and a health system that offers short-term patches instead of durable, life-saving solutions.

In Clark County, there has been a [20%](#) increase in people experiencing homelessness, which has a detrimental impact on a person's ability to remain in HIV care, a reality closely linked to poorer retention in care and lower rates of viral suppression among people with unstable housing. At the same time, food insecurity has risen to about [14.6%](#) of Clark County residents, undermining adherence and clinic attendance. Many Las Vegans also work swing or graveyard shifts, a schedule pattern associated with lower use of preventive and ambulatory care—so care that keeps conventional daytime hours simply misses people. Medicaid is a critical safety net that is more than just a health insurance program; it is a lifeline that mitigates financial hardship and allows low-income Americans to receive timely medical attention. But proposed Medicaid work requirements place an even further strain on an already fragile health system that is deeply entrenched with stigma and bias.

Nevertheless, Vegas is up to the challenge. Urban centers aren't usually described as tight-knit, yet Las Vegas's HIV community is precisely that: clinicians, pharmacists, case managers, public health partners, and community organizations coordinating daily to move people from testing to treatment without delay. The LGBTQ Center is one of the city's key testing, treatment, care, and referral clinics, designed for affirming, come-as-you-are care—offering rapid linkage, same-day ART/PEP starts, warm handoffs to specialty services, and navigation that includes housing and benefits support through HOPWA and allied programs. The magic isn't just on the Strip; it's in this quiet, citywide teamwork. Providers call each other, share referrals, and align outreach in neighborhoods and nightlife so people can access care as their authentic selves, stay engaged, and thrive.

The show must go on—and so must the lessons Las Vegas offers. Vegas has always been a place of stories and spectacles, a city that showcases life in bold, beautiful ways and captures the imagination of people across the country. Much like the American story itself, the story of Las Vegas is one of lessons and throughlines that can deepen our understanding of who we are and inspire us to work together toward achieving our shared American dream – a future free of HIV. To move the country closer to ending the epidemic, we must operationalize equity in everyday public health practice. That means disaggregating data by race, gender identity, and ZIP code to provide responsive interventions, integrating medical case management that addresses housing and transportation, and scaling same-day PrEP and other low-barrier access models in neighborhoods with the highest unmet need. It also means sustaining the community infrastructure that funds and trusts frontline organizations serving those most marginalized. It means working together and meeting the community where it is.

Complacency will not get us closer to ending the HIV epidemic. Resolve will – backed by equity, data, and the everyday work that keeps people in care. It will require innovation and a tireless commitment to ensuring that people get the care they deserve. Las Vegas shows us that all of this

is not a far away dream – it's possible. What happens in Vegas shouldn't stay in Vegas; it should be replicated and scaled for other communities across the country so that we will end the HIV epidemic in our lifetime.

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