

Why Don't More Folks Take PrEP Where It's Needed Most?

A closer look at the Deep South's HIV prevention problem

March 13, 2019 By [Trent Straube](#)

As POZ readers well know, the Deep South is our country's ground zero for HIV. In fact, nearly 52 percent of the 38,739 new HIV cases in 2017 occurred in Southern states, and the groups at greatest risk of contracting the virus include young gay, bisexual and transgender people of color. And yet one of the most effective modes of HIV prevention—the daily pill Truvada as PrEP, or pre-exposure prophylaxis—is underutilized in the South. Why is that?

As a [Washington Post article](#) seeks answers, it notes that making PrEP more easily available in the South would go a long way toward meeting President Trump's stated goal of reducing HIV transmissions by 75 percent in five years and by 90 percent by 2030.

Given that half of Black men who have sex with men are expected to contract HIV in their lifetime, why isn't PrEP use more prevalent? Of course, cost, insurance and health care access are issues. But in the South, even if you have great health insurance, finding a doctor knowledgeable about PrEP can be a challenge—finding a doctor (or pharmacy that stocks the drug) near you can be even harder. Case in point: One man profiled by the newspaper drives three hours to get to the Open Arms Healthcare Center in Jackson, Mississippi, for his PrEP.

People in the South also face stigma, homophobia and racism, which can deter them from seeking care.

Privacy, especially in rural areas, is a concern. "If you're in a small town, it may be that at that primary-care provider, one of your cousins or one of your aunts may be working in that practice," Patrick Sullivan, PhD, DVM, of Emory University in Atlanta who has published studies about PrEP, tells The Washington Post.

If you're experiencing unemployment or homelessness or food shortages, taking a daily Truvada tablet can become a low priority, especially if getting the med requires you to complete complicated paperwork and visit a clinic every three months.

"The path to PrEP is full of little bumps," Leandro A. Mena, the medical director at Open Arms, tells the Post. "And each little bump is an opportunity to drop off PrEP."

Check out the [Post article](#) for more insight.

And to learn about one possible solution to the problem of not having a PrEP doctor or pharmacy nearby, read "[You Don't Have to Visit a Doctor to Get PrEP, Thanks to Nurx](#)," about the telemedicine company that delivers PrEP (and birth control) right to your door.

In related news, Trump's proposed 2020 budget for the United States includes \$50 million specifically for providing PrEP (along with trillions of dollars to be cut from nondefense programs such as Medicare and Social Security). For more about that, read "[How Trump's 2020 Budget Proposal Affects HIV Efforts](#)."

The 2016 POZ 100 celebrated advocates living and working in the South and making a difference in the fight against HIV/AIDS. To get inspired by them, click [here](#). And for a roundup of related articles, click [#South](#) and [#PrEP](#).

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