



RESEARCH REPORT

# Forty Years of Scientific Progress

Modern HIV prevention, treatment and harm reduction

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[modernhealthcode.org](https://modernhealthcode.org)

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**ABOUT THIS REPORT.** A review of what science has learned about HIV and sexually transmitted infections since 1985, the evidence that harm reduction is the foundation of combination prevention, and what that evidence means for New York.

**SUGGESTED CITATION.** New Yorkers for a Modern Health Code, *Forty Years of Scientific Progress: Modern HIV prevention, treatment and harm reduction* (Oct. 2026).

This report is published for public information and education. It is not medical advice or legal advice. Anyone with questions about their own sexual health should talk with a health care provider or visit a sexual health clinic.

## About this report

### SCOPE AND LIMITS

This report summarizes published research for a general audience. It is not medical advice and not legal advice. Anyone with questions about their own sexual health should talk with a health care provider or visit a sexual health clinic. New York City runs free and low-cost clinics in every borough.

This report explains, in plain language, what science has learned about HIV and sexually transmitted infections (STIs) since 1985, and what that evidence says about how to protect public health.

### Who wrote it

New Yorkers for a Modern Health Code (NYMHC) is a New York nonprofit working to update state health rules written at the height of the AIDS crisis, including the 1985 provision that effectively bans adult bathhouses. We have a point of view, and we say so. That is why every factual claim in this report is footnoted to its source, so readers can check our work.

### How we chose the evidence

We relied on peer-reviewed clinical trials, U.S. Food and Drug Administration (FDA) approvals, and guidance from the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), UNAIDS, and New York health agencies. Where the evidence is mixed or incomplete, we say that too (see Section 9).

Footnotes identify the sources relied on, and a full Source List with links appears at the end. Technical terms are explained in Appendix A.

# 1. Executive summary

## KEY FINDING

In 1985, New York closed its gay bathhouses because HIV was untreatable and nearly always fatal. Forty years later, HIV can be treated, prevented and kept from spreading, and the strongest public health results come from meeting people where they are rather than pushing sex out of sight.

## What science has achieved since 1985

1. **HIV is now a manageable condition.** Combination treatment arrived in 1996, and U.S. AIDS death rates fell by nearly 70% in three years. People diagnosed early and kept in care now live close to a normal lifespan (Section 3).
2. **Treatment stops transmission.** In four large studies of couples, there were no linked HIV transmissions while the partner with HIV was undetectable, including more than 76,000 acts of condomless sex among gay couples in PARTNER2. The CDC, New York State and New York City all endorse “Undetectable = Untransmittable” (Section 4).
3. **HIV can be prevented with medicine.** PrEP is now available as a daily pill, a shot every two months, or a shot twice a year. The twice-yearly option cut infections by 96% among men and gender-diverse people in its main trial (Section 5).
4. **Other STIs have new tools too.** A single antibiotic dose after sex (doxy-PEP) cut syphilis and chlamydia by more than 70% in trials, and two doses of mpox vaccine were 86% effective (Section 5). National STI rates fell for the third straight year in 2024 (Section 6).

## Why harm reduction is the foundation

The tools work only if people use them. Across drug use, sex education, sex work and HIV outreach, the evidence shows the same pattern: people protect their health more when they can get help openly and without judgment (Section 7).

- Syringe programs cut new HIV and hepatitis C infections by about half without increasing drug use.
- Abstinence-only programs do not delay sex or reduce sexual risk.
- The World Health Organization calls removing punitive laws an essential part of HIV prevention.

Harm reduction is not a substitute for testing, treatment or PrEP. It is the base of the “combination prevention” approach endorsed by UNAIDS and WHO, which lets every other tool reach the people who need it (Section 8).

## What still needs work

Progress in New York City has stalled. New HIV diagnoses rose 5.4% in 2024 to 1,791, and 86% of newly diagnosed New Yorkers were Black or Latinx (Section 6). An honest assessment of the evidence also points to new problems to address, including STI increases among some PrEP users and antibiotic-resistance concerns related to doxy-PEP (Section 9).

## What this means for New York

The 1985 rule that bans adult bathhouses is still in force, even though the science it rested on has changed. San Francisco and Minneapolis have replaced similar bans with regulation. New York should do the same, with licensing standards built around testing, prevention, education, and safety. (Section 10).

## 2. Where we started: 1985

### BOTTOM LINE

In 1985, an HIV diagnosis was close to a death sentence, and there was no medicine that could stop the virus. Public health officials had very few tools, and they made policy under deep fear and uncertainty.

### The science in 1985

HIV had been identified as the cause of AIDS only two years earlier. In March 1985, the FDA licensed the first HIV antibody test, built mainly to screen the blood supply.<sup>1</sup> The first antiretroviral drug would not arrive until 1987.<sup>2</sup>

### The toll in New York

Court records from the time describe close to 200 new AIDS cases a month in New York State. About half of everyone diagnosed had already died, and there was no effective treatment.<sup>3</sup>

### The bathhouse rule

On October 25, 1985, the State Public Health Council adopted an emergency rule, now 10 NYCRR § 24-2.2. It declared any business offering space for “high risk sexual activity” a public nuisance, and defined that activity as anal intercourse and oral sex. The rule was made permanent in December 1985, and New York City used it to close the New St. Mark’s Baths that month.<sup>4</sup>

### The debate was real even then

Court records note that the City’s own former Health Commissioner had written that closing bathhouses would do little, if anything, to control AIDS. The bathhouse argued that it was educating patrons about safer sex and served as a link between health officials and gay men. The court did not decide who was right on the science. It ruled only that the state’s choice was not irrational, which is a very low legal bar.<sup>5</sup>

### Why this matters now

The 1985 rule was written for a world with no treatment, no prevention pills, and tests that took weeks. The rest of this report describes how much that world has changed.

<sup>1</sup> ELISA Turns 30, POZ, <https://www.poz.com/article/elisa-turns-30-26813-5862>.

<sup>2</sup> *Four Decades of HIV/AIDS—Where Do We Stand?*, eClinicalMedicine (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8176144/>.

<sup>3</sup> *City of New York v. New St. Mark’s Baths*, 130 Misc. 2d 911 (Sup. Ct. N.Y. Cnty.), *aff’d*, 122 A.D.2d 747 (1st Dep’t 1986), [https://biotech.law.lsu.edu/cases/stds/st\\_marks\\_i.htm](https://biotech.law.lsu.edu/cases/stds/st_marks_i.htm).

<sup>4</sup> *New St. Mark’s Baths*, 130 Misc. 2d 911; N.Y. Comp. Codes R. & Regs. tit. 10, § 24-2.2, <https://regs.health.ny.gov/content/section-24-22-prohibited-facilities>.

<sup>5</sup> *New St. Mark’s Baths*, 130 Misc. 2d 911.

### 3. From fatal to manageable: HIV treatment

#### BOTTOM LINE

HIV went from a near-certain death sentence in 1985 to a manageable condition with a near-normal lifespan for people diagnosed early and kept in treatment.

- **1987: the first drug.** The FDA licensed zidovudine (AZT) in March 1987. It lowered the amount of virus in the blood but gave only a modest survival benefit on its own.<sup>6</sup>
- **1996: combination therapy.** Protease inhibitors arrived in late 1995 and 1996. Taken together with older drugs, they could push the virus down to undetectable levels. That year, the number of Americans dying of AIDS fell for the first time since the epidemic began.<sup>7</sup> U.S. AIDS death rates fell by nearly 70% between 1995 and 1998.<sup>8</sup> One HIV physician recorded 37 patient deaths in 1995 and none in 1998.<sup>9</sup>
- **2000s–2010s: simpler and safer.** Early combination therapy meant many pills a day and harsh side effects. Today, most people can take a single daily tablet with far fewer side effects.<sup>10</sup>
- **2021: treatment by injection.** The FDA approved Cabenuva, the first complete long-acting HIV treatment, in January 2021. Since 2022 it can be given as few as six times a year instead of daily pills.<sup>11</sup>

#### A near-normal lifespan

A large 2023 analysis of cohorts in Europe and North America, published in *The Lancet HIV*, found that people on treatment with healthy immune systems have a life expectancy only a few years below that of people without HIV.<sup>12</sup> The same study found much worse outcomes for people diagnosed late. That is why fast, easy access to testing matters so much.

### 4. Treatment is prevention: Undetectable = Untransmittable

#### BOTTOM LINE

A person with HIV who takes treatment and keeps an undetectable viral load does not transmit HIV through sex. This is the single most important scientific finding for HIV prevention since 1985.

“Viral load” is the amount of HIV in the blood. “Undetectable” means treatment has pushed it so low that standard tests cannot find it (below 200 copies per milliliter in these studies). Four large studies tracked couples in which one partner had HIV and the other did not.

<sup>6</sup> *Four Decades of HIV/AIDS*, *supra* note 2.

<sup>7</sup> amfAR, *Snapshots of an Epidemic: An HIV/AIDS Timeline*, <https://www.amfar.org/about-hiv-aids/snapshots-of-an-epidemic-hiv-aids/>.

<sup>8</sup> Nat'l Bureau of Econ. Rsch., *New Drugs and HIV Mortality*, NBER Digest (Apr. 2005), <https://www.nber.org/digest/apr05/new-drugs-and-hiv-mortality>.

<sup>9</sup> *AIDS at 25: A Quarter Century of Medical Miracles* (2006), <https://pmc.ncbi.nlm.nih.gov/articles/PMC1785229/>.

<sup>10</sup> Global Citizen, *World AIDS Day: The Evolution of HIV Treatment Over Three Decades*, <https://www.globalcitizen.org/en/content/world-aids-day-the-evolution-of-hiv-treatment-over/>.

<sup>11</sup> *FDA Approves 2-Month Dosing of Injectable, Long-Acting HIV Treatment*, Healio (Feb. 4, 2022), <https://www.healio.com/news/infectious-disease/20220204/fda-approves-2month-dosing-of-injectable-longacting-hiv-treatment>.

<sup>12</sup> *People on Modern HIV Treatment Can Have a Near-Normal Life Expectancy*, POZ (2023), <https://www.poz.com/article/people-modern-hiv-treatment-can-nearnormal-life-expectancy>.

## The couples studies

| Study                                  | Published                    | Who took part                                          | What it found                                                                                                    |
|----------------------------------------|------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PARTNER2</b> <sup>13</sup>          | <i>The Lancet</i> , 2019     | 782 gay male couples, 14 European countries            | No linked transmissions across more than 76,000 acts of condomless sex while the positive partner was suppressed |
| <b>Opposites Attract</b> <sup>14</sup> | <i>The Lancet HIV</i> , 2018 | 358 gay male couples in Australia, Brazil and Thailand | No linked transmissions; about 12,400 condomless acts with an undetectable partner and no PrEP                   |
| <b>PARTNER1</b> <sup>15</sup>          | <i>JAMA</i> , 2016           | 888 couples (548 heterosexual, 340 gay)                | No linked transmissions while the positive partner was suppressed                                                |
| <b>HPTN 052</b> <sup>16</sup>          | <i>NEJM</i> , 2011 and 2016  | 1,763 mostly heterosexual couples, 9 countries         | Early treatment cut transmission by 96%; none seen once the virus was stably suppressed                          |

In PARTNER2, researchers estimated that about 472 infections would have been expected without treatment.<sup>17</sup> Some HIV-negative participants did acquire HIV during these studies, but genetic testing showed the virus came from someone outside the couple. Notably, Opposites Attract participants had high rates of other STIs and still saw no HIV transmission within couples.<sup>18</sup>

## Official recognition

In September 2017, the CDC stated that people who take HIV medicine as prescribed and stay undetectable have effectively no risk of sexually transmitting HIV.<sup>19</sup> The New York City and New York State health departments adopted the same position that year.<sup>20</sup>

## The limits

U=U applies to sexual transmission. It takes up to six months of treatment to reach an undetectable level, and staying there requires steady access to medicine and care.<sup>21</sup> U=U does not protect against other STIs.

## Why it matters for policy

The biggest risk of HIV transmission today comes from people who do not know they have HIV or are not in care. Anything that connects more people to testing and treatment prevents new infections.

<sup>13</sup> Alison J. Rodger et al., *Risk of HIV Transmission Through Condomless Sex in Serodifferent Gay Couples with the HIV-Positive Partner Taking Suppressive Antiretroviral Therapy (PARTNER): Final Results of a Multicentre, Prospective, Observational Study*, 393 *Lancet* 2428 (2019), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30418-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30418-0/fulltext).

<sup>14</sup> Kirby Inst., *Opposites Attract Study*, <https://www.kirby.unsw.edu.au/research/projects/opposites-attract>.

<sup>15</sup> Rodger et al., *supra* note 13.

<sup>16</sup> HIV Prevention Trials Network, *HPTN 052*, <https://www.hptn.org/research/studies/hptn-052>.

<sup>17</sup> HIV.gov, *Additional Evidence of the Effectiveness of HIV Treatment as Prevention Published in The Lancet* (May 2019), <https://www.hiv.gov/blog/additional-evidence-effectiveness-hiv-treatment-prevention-published-lancet>.

<sup>18</sup> *Published Opposites Attract Study Supports Preventive Power of Being Undetectable*, POZ (July 20, 2018), <https://www.poz.com/article/opposites-attract-draft>.

<sup>19</sup> *Virally Suppressed People Have “Effectively No Risk” of Transmitting HIV, Says US CDC*, *aidsmap* (Oct. 3, 2017), <https://www.aidsmap.com/news/oct-2017/virally-suppressed-people-have-effectively-no-risk-transmitting-hiv-says-us-cdc-how>.

<sup>20</sup> N.Y.C. Dep’t of Health & Mental Hygiene, *Letter to Health Care Providers on Undetectable = Untransmittable* (Nov. 28, 2017), <https://www.nyc.gov/assets/doh/downloads/pdf/ah/hiv-u-u-letter.pdf>.

<sup>21</sup> N.Y. State Dep’t of Health, *U=U Frequently Asked Questions* (Nov. 1, 2018), [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/docs/u=u/faq.pdf](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/u=u/faq.pdf).

## 5. A full prevention toolkit

### BOTTOM LINE

In 1985 the only prevention tools were condoms and avoiding sex. Today people who do not have HIV can take medicine that prevents it with very high effectiveness, and new tools also prevent bacterial STIs and mpox.

### Modern prevention tools

| Tool                                                 | What it is                                              | Key evidence                                                                                                                                                                                  |
|------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Twice-yearly PrEP (lenacapavir, Yeztugo)</b>      | An injection every six months that prevents HIV         | FDA-approved June 2025. In two large trials, 99.9% or more of participants stayed HIV-negative; PURPOSE 2, which enrolled men and gender-diverse people, cut infections by 96%. <sup>22</sup> |
| <b>Every-two-month PrEP (cabotegravir, Apretude)</b> | An injection every eight weeks                          | FDA-approved December 2021. In the HPTN 083 trial of gay, bisexual and transgender participants, 69% fewer infections than daily pills. <sup>23</sup>                                         |
| <b>Daily oral PrEP (Truvada, Descovy)</b>            | A daily pill that prevents HIV                          | FDA-approved July 2012. <sup>24</sup> The UK PROUD and French IPERGAY trials found an 86% drop in infections among gay men; protection is highest when taken consistently. <sup>25</sup>      |
| <b>Doxy-PEP</b>                                      | One dose of doxycycline taken within 72 hours after sex | CDC guidelines issued June 2024. Trials showed syphilis and chlamydia fell by more than 70% and gonorrhea by about 50%. <sup>26</sup>                                                         |
| <b>Mpox vaccine (JYNNEOS)</b>                        | A two-dose vaccine                                      | A CDC study during the 2022 outbreak found two doses were 86% effective against symptomatic mpox. <sup>27</sup>                                                                               |
| <b>At-home HIV testing</b>                           | An oral swab test with results in 20 to 40 minutes      | First over-the-counter test approved by the FDA in July 2012. <sup>28</sup>                                                                                                                   |

Tests can now detect HIV within days of exposure, compared with three to six months for tests in 1985.<sup>29</sup>

### The catch: tools only work if people use them

Long-acting PrEP has been slow to reach patients. Cabotegravir made up only 2.5% of U.S. PrEP prescriptions in 2023.<sup>30</sup> Each tool has to be offered where people actually are (Section 7).

<sup>22</sup> Press Release, Gilead Scis., Inc., *Yeztugo (Lenacapavir) Is Now the First and Only FDA-Approved HIV Prevention Option Offering 6 Months of Protection* (June 18, 2025), <https://www.gilead.com/news/news-details/2025/yeztugo-lenacapavir-is-now-the-first-and-only-fda-approved-hiv-prevention-option-offering-6-months-of-protection>; Jacqueline Howard, *FDA Approves Twice-a-Year Injection for HIV Prevention*, CNN (June 18, 2025), <https://www.cnn.com/2025/06/18/health/hiv-lenacapavir-fda-approval>.

<sup>23</sup> Press Release, ViiV Healthcare, *ViiV Healthcare Announces FDA Approval of Apretude* (Dec. 21, 2021), <https://viivhealthcare.com/hiv-news-and-media/news/press-releases/2021/december/viiv-healthcare-announces-fda-approval-of-apretude/>.

<sup>24</sup> N.Y. State Dep't of Health, *Dear Colleague Letter on FDA Approval of Truvada for Pre-Exposure Prophylaxis* (2012), [https://health.ny.gov/diseases/aids/providers/standards/docs/truvada\\_approval.pdf](https://health.ny.gov/diseases/aids/providers/standards/docs/truvada_approval.pdf).

<sup>25</sup> *Pre-Exposure Prophylaxis for HIV Prevention: Safety Concerns*, Drug Safety (2017), <https://link.springer.com/article/10.1007/s40264-017-0505-6>.

<sup>26</sup> Laura H. Bachmann et al., *CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024*, 73 MMWR Recomm. & Reps. 1 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11166373/>; Phila. Dep't of Pub. Health, *Updated Guidance from CDC on the Use of Doxycycline for Chemoprophylaxis of Bacterial STIs* (July 2, 2024), <https://hip.phila.gov/health-alerts/updated-guidance-from-cdc-on-the-use-of-doxycycline-for-chemoprophylaxis-of-bacterial-stis/>.

<sup>27</sup> Ctrs. for Disease Control & Prevention, *Estimated Effectiveness of JYNNEOS Vaccine in Preventing Mpox: A Multijurisdictional Case-Control Study—United States, August 19, 2022–March 31, 2023*, 72 MMWR (2023), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10205167/>.

<sup>28</sup> *FDA Approves First At-Home HIV Test*, Medscape (July 3, 2012), <https://www.medscape.com/viewarticle/766839>.

<sup>29</sup> The White House, *The HIV Test at 30: More Essential than Ever* (Mar. 3, 2015), <https://obamawhitehouse.archives.gov/blog/2015/03/03/hiv-test-30-more-essential-ever>.

<sup>30</sup> *Why Is Roll-Out of Long-Acting PrEP Agents So Slow?*, Current Opinion in HIV & AIDS (Jan. 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11879253/>.

## 6. Where we are now

### BOTTOM LINE

The tools work, but progress in New York City has stalled. The gap is no longer scientific; it is about whether the tools reach the people who need them.

### New York City

New HIV diagnoses fell more than 70% between 2001 and 2024. But in 2024, 1,791 New Yorkers were newly diagnosed, up 5.4% from 2023, and estimated new infections rose 17%. Diagnoses have risen or held flat for four years in a row.<sup>31</sup>

### Who is being left behind

In 2024, according to the NYC Health Department:<sup>32</sup>

- 86% of people newly diagnosed were Black or Latinx.
- Among new diagnoses with a known route of transmission, 65% were men who have sex with men, and 82% of those men were Black or Latino.
- 42% lived in high- or very-high-poverty neighborhoods, which hold 32% of the city's population.
- Of newly diagnosed people interviewed, 48% lacked health insurance and 37% had unstable housing.

The Department names stigma, distrust of the health system, and people underestimating their own risk as reasons for the stall. PrEP use in the city has grown 14-fold since 2014, but uptake is lower among people in their twenties, women, and Black and Latino New Yorkers.

### The United States

The CDC estimated 31,800 new HIV infections nationally in 2022, a 12% drop since 2018. Gay and bisexual men made up 67% of new infections.<sup>33</sup> About 1 in 8 Americans with HIV do not know they have it.<sup>34</sup>

### Other STIs are falling

Provisional CDC data show reported chlamydia, gonorrhea and syphilis fell 9% combined from 2023 to 2024, the third straight annual drop. The most infectious stages of syphilis fell 22%. The CDC credited greater awareness and wider use of tools such as self-tests and doxy-PEP.<sup>35</sup> Congenital syphilis, passed from mother to newborn, still rose for a 12th year. These figures are provisional and national only.

### Funding risk

In December 2025, the NYC Health Department warned that a proposal to eliminate CDC's HIV prevention division would cost the city more than \$41 million a year for testing, care, and free safer-sex supplies.<sup>36</sup>

<sup>31</sup> Press Release, N.Y.C. Dep't of Health & Mental Hygiene, *New York City Health Department Releases New HIV Surveillance Annual Report* (Dec. 1, 2025), <https://www.nyc.gov/site/doh/about/press/pr2025/nyc-health-department-releases-2024-hiv-surveillance-data.page>.

<sup>32</sup> *Id.*

<sup>33</sup> Ctrs. for Disease Control & Prevention, *Fast Facts: HIV in the United States*, <https://www.cdc.gov/hiv/data-research/facts-stats/>.

<sup>34</sup> Press Release, Ctrs. for Disease Control & Prevention, *HIV Declines Among Young People and Drives Overall Decrease in New HIV Infections* (May 23, 2023), <https://cdc.gov/nchhstp/newsroom/releases/2023/2021-hiv-incidence.html>.

<sup>35</sup> Ctrs. for Disease Control & Prevention, *CDC Reports Latest National Data on Syphilis in Newborns and Sexually Transmitted Infections (STIs)* (Sept. 24, 2025), <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-latest-national-data-on-syphilis-in-newborns-and-sexually-transmitted-infections-stis.html>.

<sup>36</sup> N.Y.C. 2024 Surveillance Release, *supra* note 31.

## 7. The science of harm reduction for sexual health

### BOTTOM LINE

People are far more likely to protect their health when they are offered practical tools without judgment than when they are told to stop or are punished. That finding holds across drug use, sex education, sex work and venue-based HIV outreach.

### What harm reduction means

Harm reduction is a practical, person-centered approach that lowers the damage linked to a behavior without requiring people to give it up and without relying on punishment.<sup>37</sup> For sexual health, it means offering testing, treatment, PrEP, condoms, vaccines and honest information to people where they are, instead of only telling them to have less sex.

#### 7.1 It worked for drug use

Syringe services programs, which give people who inject drugs clean equipment and links to care, are associated with about a 50% drop in new HIV and hepatitis C infections. Nearly 30 years of research show they do not increase drug use or crime.<sup>38</sup> People who use these programs are five times more likely to enter drug treatment.<sup>39</sup> Reaching people without demanding they stop first led more of them to change.

#### 7.2 “Just say no” does not work for sex

A 2017 expert review in the *Journal of Adolescent Health* found that abstinence-only-until-marriage programs do not delay first sex or reduce sexual risk. A 2007 Cochrane review found abstinence-only programs ineffective for preventing HIV.<sup>40</sup> The review’s lead author concluded that abstinence-only approaches should be abandoned as a basis for health policy.<sup>41</sup>

#### 7.3 Punishment and stigma drive people away from care

The World Health Organization’s 2022 guidelines for gay and bisexual men and other key populations list removing punitive laws, policies and practices as an essential part of HIV, hepatitis and STI prevention.<sup>42</sup> A 2014 *Lancet* modeling study estimated that removing criminal penalties on sex work could prevent 33–46% of new HIV infections among sex workers and clients over ten years, mainly by reducing violence and opening safer indoor spaces.<sup>43</sup> The NYC Health Department cites stigma and distrust of the health system as reasons progress has stalled.<sup>44</sup>

<sup>37</sup> Ctr. for Health Care Strategies, *Harm Reduction for Drug and Alcohol Use*, <https://www.chcs.org/resource/harm-reduction-for-drug-and-alcohol-use/>.

<sup>38</sup> Ctrs. for Disease Control & Prevention, *Viral Hepatitis Among People Who Use or Inject Drugs*, <https://www.cdc.gov/hepatitis/hcp/populations-settings/pwid.html>.

<sup>39</sup> HIV.gov, *Syringe Services Programs*, <https://www.hiv.gov/federal-response/other-topics/syringe-services-programs>.

<sup>40</sup> Soc’y for Adolescent Health & Med., *Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine*, *J. Adolescent Health* (Sept. 2017), [https://www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](https://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext).

<sup>41</sup> Columbia Univ. Mailman Sch. of Pub. Health, *Abstinence-Only Education Is a Failure* (Aug. 22, 2017), <https://www.publichealth.columbia.edu/news/abstinence-only-education-failure>.

<sup>42</sup> World Health Org., *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations* (2022), <https://www.ncbi.nlm.nih.gov/books/NBK586604/>.

<sup>43</sup> Kate Shannon et al., *Global Epidemiology of HIV Among Female Sex Workers: Influence of Structural Determinants*, *Lancet* (published online July 21, 2014), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60931-4/supplemental](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60931-4/supplemental).

<sup>44</sup> N.Y.C. 2024 Surveillance Release, *supra* note 31.

## 7.4 Venues reach people clinics miss

A pilot program at two New York City bathhouses tested 493 men who believed they were HIV-negative. Twenty (4%) had HIV, and 8 of those 20 had been infected very recently, when people are most likely to pass on the virus. The program reached men often missed by regular medical care, including men who had not told their doctors they had sex with men. It became a permanent clinic service run with Bellevue Hospital.<sup>45</sup> A CDC project in seven cities found bathhouses were among the venues with the highest share of new HIV diagnoses.<sup>46</sup> Offering testing on site did not reduce bathhouse attendance.<sup>47</sup>

## 7.5 Prevention medicine works best when comprehensive

Every participant in the landmark iPrEx PrEP trial received testing, counseling, condoms and STI care alongside the study drug. Among those with detectable drug levels, HIV risk fell by 92%.<sup>48</sup> Biomedical tools and harm reduction work together, not in competition.

### THE COMMON THREAD

Each of these findings points the same way: health improves when people can get help openly, and it suffers when the behavior is pushed out of sight.

<sup>45</sup> Demetre Daskalakis et al., *Implementation of HIV Testing at 2 New York City Bathhouses: From Pilot to Clinical Service*, 48 *Clinical Infectious Diseases* 1609 (2009), <https://academic.oup.com/cid/article-abstract/48/11/1609/348241>.

<sup>46</sup> *Implementing Rapid HIV Testing in Outreach and Community Settings: Results from an Advancing HIV Prevention Demonstration Project Conducted in Seven U.S. Cities*, Public Health Reports, <https://pmc.ncbi.nlm.nih.gov/articles/PMC2567007>.

<sup>47</sup> David M. Huebner, Diane Binson, Lance M. Pollack & William J. Woods, *Implementing Bathhouse-Based Voluntary Counselling and Testing Has No Adverse Effect on Bathhouse Patronage Among Men Who Have Sex with Men*, *Int'l J. STD & AIDS*, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3353729>.

<sup>48</sup> *PrEP in iPrEx: 92% Fewer Infections in Those With Detectable Drug Levels*, POZ, <https://www.poz.com/article/hiv-prep-iprex-20876-5904>.

## 8. Combination prevention: how the pieces fit

### BOTTOM LINE

No single tool ends HIV. Public health agencies use a strategy called combination prevention, and harm reduction is the foundation that lets each tool reach the people who need it.

UNAIDS defines combination prevention as rights-based, evidence-informed, community-owned programs that mix medical, behavioral and structural approaches, tailored to the people most affected.<sup>49</sup> “Structural” means changing the conditions people live under, including removing punitive laws that block the HIV response.<sup>50</sup>

### The combination prevention model

| Goal: fewer new HIV and STI infections                                                |                                                                    |                                                           |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|
| Test                                                                                  | Treat                                                              | Prevent                                                   |
| Clinic, home and venue testing finds HIV early and links people to care.              | Medicine suppresses HIV. Undetectable means untransmittable (U=U). | PrEP pills or injections, doxy-PEP, vaccines and condoms. |
| About 1 in 8 people with HIV do not know it.                                          | No linked transmissions in the couples studies.                    | Twice-yearly PrEP cut HIV infections by 96%.              |
| Foundation: harm reduction. Meet people where they are, without stigma or punishment. |                                                                    |                                                           |

Testing finds people with HIV, treatment makes them unable to pass it on, and PrEP, doxy-PEP, vaccines and condoms protect people who are negative. All three pillars fail if people stay away because they fear judgment, exposure or punishment. That is why harm reduction is the base of combination prevention, not a replacement for any of its tools.

<sup>49</sup> Pan Am. Health Org., *Combination HIV Prevention*, <https://www.paho.org/en/topics/combination-hiv-prevention>.

<sup>50</sup> UNAIDS, *Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections* (2010), [https://www.unaids.org/sites/default/files/media\\_asset/JC2007\\_Combination\\_Prevention\\_paper\\_en\\_o.pdf](https://www.unaids.org/sites/default/files/media_asset/JC2007_Combination_Prevention_paper_en_o.pdf).

## 9. Counterarguments and honest limits

### BOTTOM LINE

The evidence for harm reduction is strong, but it has limits, and critics raise fair points. An honest assessment must address the concerns directly.

### “PrEP leads to less condom use, so other STIs go up”

There is real evidence for this. In an Australian study of nearly 3,000 PrEP users published in *JAMA* in 2019, STI rates rose 41% after people started PrEP among participants with earlier test records, or 12% after adjusting for factors such as how often people were tested. But infections were concentrated in a small group of participants, and more frequent testing on PrEP explains part of the rise.<sup>51</sup> A Danish study found STI rates began climbing before people started PrEP, which questions whether PrEP caused the change.<sup>52</sup> The public health answer has been more harm reduction, not less: regular STI testing for PrEP users and doxy-PEP. National STI rates have now fallen three years in a row (Section 6).

### “Doxy-PEP will breed antibiotic resistance”

This is a genuine concern. In the main U.S. trial, tetracycline-resistant staph bacteria rose from 5% to 13% of carriers over a year, and one local analysis found tetracycline resistance surged after doxy-PEP guidelines were introduced.<sup>53</sup> The CDC recommends doxy-PEP only for people with a recent bacterial STI, paired with regular screening.<sup>54</sup> Resistance needs ongoing monitoring.

### “Sex venues concentrate risk”

They do. The 4% HIV rate found in the New York City bathhouse testing pilot is far higher than in the general population (Section 7). The question is what to do about it. Closing venues does not erase the behavior; it moves it to private sex parties where outreach workers cannot reach people. We found no study showing that closing bathhouses lowered HIV or STI rates. That is an absence of evidence, not proof that closure had no effect, and good data from the 1980s are scarce.

### “Venues raise other safety problems: drugs, consent, exploitation”

Critics of Minneapolis’s 2026 repeal argued that sex venues can enable sexual exploitation.<sup>55</sup> Problems like these exist in unregulated private settings too. Licensing creates a way to set and enforce rules on age checks, security, drug harm reduction and emergency response, which a ban does not.<sup>56</sup> How well those rules work will depend on how they are written and enforced.

<sup>51</sup> *Bacterial STIs Increase Among PrEP Users*, Medscape (Apr. 10, 2019) (reporting Michael W. Traeger et al., *Association of HIV Preexposure Prophylaxis with Incidence of Sexually Transmitted Infections Among Individuals at High Risk of HIV Infection*, 321 *JAMA* 1380 (2019)), <https://www.medscape.com/viewarticle/911592>; *Increase in STIs in PrEP Users Is Concentrated in a Minority of Men and Is Partly Due to More STI Screening*, aidsmap (Aug. 2018), <https://www.aidsmap.com/news/aug-2018/increase-stis-prep-users-concentrated-minority-men-and-partly-due-more-sti-screening>; *PrEP Use and Increasing Incidence of STIs: Addressing the Syndemic*, Healio (June 11, 2019), <https://www.healio.com/news/pediatrics/20190611/prep-use-and-increasing-incidence-of-stis-addressing-the-syndemic>.

<sup>52</sup> *Questioning Risk Compensation: Pre-Exposure Prophylaxis (PrEP) and Sexually Transmitted Infections Among Men Who Have Sex with Men, Capital Region of Denmark, 2019 to 2022*, 29 *Eurosurveillance* (2024), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10979528/>.

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<sup>54</sup> Bachmann et al., *supra* note 26.

<sup>55</sup> *Minneapolis Bathhouse Ordinance Opens a Door to Sexual Exploitation*, MinnPost (July 2026) (op-ed), <https://www.minnpost.com/community-voices/2026/07/minneapolis-bathhouse-ordinance-opens-a-door-to-sexual-exploitation/>.

<sup>56</sup> *Freedom for All Americans, After 40 Years, New York’s Gay Bathhouses May Be Back* (Aug. 2026), <https://freedomforallamericans.org/new-york-gay-bathhouses-return/>.

## Where the evidence is weaker

Some findings in this report come from modeling rather than real-world trials, such as the 2014 *Lancet* sex work estimate. Much of the venue-testing research dates from the 2000s, before PrEP and U=U. And U=U does not prevent other STIs. New, venue-specific evaluations in a modern regulated setting would strengthen the case, and any licensing framework should build that evaluation in from the start.

### WHAT DOES NOT CHANGE

None of these limits overturns the core findings: treatment prevents HIV transmission, PrEP prevents HIV acquisition, and people use these tools more when they are offered without stigma.

## 10. What this means for New York

### BOTTOM LINE

New York should replace its 1985 bathhouse prohibition with licensing standards that turn venues into partners for testing, prevention and education. That is what the science of the last 40 years supports.

### The rule is still on the books

10 NYCRR Subpart 24-2 still treats any business that offers space for consensual sex as a threat to public health. The original rule named anal and oral sex; vaginal intercourse was added about a decade later.<sup>57</sup>

### Other cities have already changed course

San Francisco moved in 2020 to rewrite the health standards that had required staff to monitor patrons' sexual activity, ending its de facto ban.<sup>58</sup> In June 2026, Minneapolis repealed its 38-year ban by a 9–2 council vote, and the mayor signed it.<sup>59</sup>

### A bill is pending in Albany

The Public Health Modernization Act (S10673 / A11663), introduced in August 2026 by Senator Erik Bottcher and Assemblymember Tony Simone, would direct the state Department of Health to repeal Subpart 24-2. In its place, the Department would write licensing rules with minimum health and safety standards focused on wellness education and harm reduction. As of August 3, 2026, the Senate bill was in the Rules Committee.<sup>60</sup>

New Yorkers for a Modern Health Code will also petition the Department of Health to repeal 10 NYCRR § 24-2.2 through rulemaking.

<sup>57</sup> S. 10673, 2025–2026 Leg. Sess. (N.Y. 2026) (Public Health Modernization Act) & sponsor's mem., <https://www.nysenate.gov/legislation/bills/2025/S10673>.

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<sup>60</sup> S. 10673.

## What evidence-based licensing standards could include

Each item below draws on findings in this report:

1. **On-site or partnered HIV and STI testing**, building on the New York City bathhouse pilot that found new and very recent infections among men missed by clinics (Section 7).
2. **PrEP, doxy-PEP and treatment navigation**, connecting patrons to the tools in Section 5 and to care that keeps people with HIV undetectable (Section 4).
3. **Free condoms, lubricant and plain-language education**, including U=U and the limits of each tool.
4. **Vaccination outreach**, such as mpox vaccine clinics, which showed strong protection in 2022 (Section 5).
5. **Safety rules** on age verification, consent, security, drug-related emergencies and staff training, addressing the concerns in Section 9.
6. **Built-in evaluation**, with anonymous data that let the Department measure whether venues increase testing and prevention uptake, closing the evidence gaps in Section 9.

### PROTECT THE FOUNDATION

Licensing venues will help only if testing, PrEP and treatment remain affordable. New York should guard the city and state funding that pays for free testing, sexual health clinics and safer-sex supplies, especially if federal HIV prevention funding is cut (Section 6).

## Source list

Citations follow Bluebook conventions adapted for a public report. Sources were consulted in October 2026; online pages may change, so figures and dates should be verified before reliance. Where an author, volume, or page could not be confirmed, it has been omitted rather than guessed. "First cited" gives the footnote where each source is first cited in full.

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## Counterarguments and limits

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