

**LaGuardia and Wagner Archives**  
**Koch Oral History Collection- Koch Scholars interview**  
**Dr. Michael Simberkoff\_04-07-2015**  
**08.100.0036V0036**

Revised once by Dr.Simberkoff. May no longer reflect audio/video.

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**RICHARD K. LIEBERMAN**

00:00:00:00 – for being with us today.

**DR. SIMBERKOFF**

00:00:01:12 Pleasure.

00:00:03:20 A little background – we’ve been studying the AIDS crisis in New York City in the 1980s. We’re quite interested in both the crisis and also the response to the crisis both from the medical community and from government. And we have already interviewed two people in government – Jo Ivey Boufford who was head of Health and Hospitals Corporation, as you probably know, and a council member who’s now a judge, Joe Lisa, who was a voice for education and was in the City Council in the 1980s and led the Council to be more proactive in the AIDS crisis.

00:00:49:05 The students here are LaGuardia Community College honor students. They’ve been studying this issue since September and have prepared questions, have reviewed the questions. And I guess the best place to start is for you to introduce yourself to the camera and to us and to tell us a little bit briefly about what you were doing in the 1980s in response to the AIDS crisis – so just with your name and your title and [inaudible].

**DR. SIMBERKOFF**

00:01:18:04 Sure. So I’m Mike Simberkoff. I’m currently the Chief of Staff of VA New York Harbor Healthcare System. In the 1980s, I was actually a member of the Infectious Disease staff of this facility. New York Harbor was actually formed by integrating the New York and the Brooklyn VAs in 1999. So in the 1980s, the New York VA was a separate facility, and we had separate medical staffs. I was a member of the Infectious Disease staff, and I was involved in treating patients with AIDS and doing some research to help improve the treatment of patients with AIDS.

**RICHARD K. LIEBERMAN**

00:02:23:13 Thank you very much.

**DR. SIMBERKOFF**

00:02:24:02 Okay.

**RICHARD K. LIEBERMAN**

00:02:25:07 The format is basically each one of the students has a question to ask. They may have a follow-up question. So we will go around – not literally around. We’ll go student to student in terms of their questions and then follow up, and then we can just open it up for more discussion.

**DR. SIMBERKOFF**

00:02:40:22 Sure. Okay. So who wants to start?

**RICHARD K. LIEBERMAN**

00:02:44:03 You're the first?

**WALEY LANG**

00:02:45:03 I'll go ahead first.

**DR. SIMBERKOFF**

00:02:45:02 Hi.

**WALEY LANG**

00:02:46:07 Hi, Dr. Simberkoff. My name is Waley Lang. I'm a biology student at LaGuardia Community College.

**DR. SIMBERKOFF**

00:02:51:09 Great.

**WALEY LANG**

00:02:51:20 I'm going to be continuing my education and my research in ecology and evolutionary biology and hoping to go on to get my Ph.D.

**DR. SIMBERKOFF**

00:02:59:13 Great.

**WALEY LANG**

00:03:00:16 So what I wanted to know is as a medical professional and as a researcher, what did you know about the ideology of HIV in the 1980s?

**DR. SIMBERKOFF**

00:03:10:21 Well, to start with, in the beginning of the 1980s, we had no idea what caused the disease. Actually, the first patient with Kaposi's sarcoma was seen here in 1979, actually before the '80s. And at that time and soon thereafter, other patients began to arrive here with Kaposi's sarcoma and then with very serious infections.

00:03:53:12 At the beginning of that period, we actually called the disease the *gay-related immunodeficiency disease*. All we knew was, at the time, that it seemed to be affecting a lot of patients who were gay, men who had sex with men, and that it was causing diseases that we had never seen before.

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00:04:27:06      So many of us in the Infectious Disease community began to get together on a regular basis to share experiences. We had meetings at the hospitals and also at the New York City Department of Health. And at the time, we knew very little about the disease other than it was a very terrible problem, and it was not only affecting lots of patients but many of them were dying despite everything that we could do for them.

00:05:10:10      Soon after the first groups of gay men started to appear with this disease, we began to see drug abusers, intravenous drug abusers. So it soon became apparent that this was not just a problem of gay men, but it wasn't until 1983 that a virus was actually discovered that caused AIDS, as it became known. And it was around the end of 1983 or early 1984 that blood tests became available so that we could actually look for the disease in patients and prove that the virus that we thought was causing this disease was present and begin to look at other people as well and see in some individuals, even before illness began, that they were infected with the virus.

**WALEY LANG**

00:06:25:12      So other than testing – and I wanted to ask when did you start implementing the test at your hospital, and how else did your information, the new information, influence the treatment that you –

**DR. SIMBERKOFF**

00:06:38:06      So we were very lucky here at the New York VA. I actually worked on a research floor with a immunologist who's still here. Her name was Susan Zolla-Pazner. She's still working here in immunology. And she was the one, actually, who identified the fact that the lymphocytes of patients, with what we soon learned to be a HIV infection, became depleted very rapidly specifically the CD4 lymphocytes.

00:07:24:21      So even before we had a test for the virus, she set up a test that actually looked for lymphocyte depletion and CD4 lymphocyte depletion, and that was one of the ways which we would confirm that the patients that we were seeing had this terrible disease.

00:07:50:06      As I said, most of them had pretty far advanced illness by the time we actually saw them in the hospital, and many of them died soon after we started to treat them. So the 1980s were a pretty grim period both for the patients and the for the medical profession because we recognized that this was a terrible illness, but we really didn't know much about how to treat either the disease itself or the complications which were many.

**WALEY LANG**

00:08:35:23      Thank you.

**RICHARD K. LIEBERMAN**

00:08:37:18 Who's next?

**OBIAZAM**

00:08:38:09 Hello, **Dr. Simberkoff**. I'm Obiazam. I am a math and science major. I plan on going to medical school and becoming a physician eventually.

**DR. SIMBERKOFF**

00:08:46:15 Wonderful.

**OBIAZAM**

00:08:47:21 It should be fun.

**DR. SIMBERKOFF**

00:08:48:11 Yeah.

**OBIAZAM**

00:08:49:03 My question to you is were you faced with any budget restrictions?

**DR. SIMBERKOFF**

00:08:53:16 Well, that's a very good question. So the hospital itself, the Medical Center director, even though I was not part of the administration at that time, actually asked me to assist him in making sure that the resources that we needed to take care of patients were available. And to its credit, this facility and even the VA Headquarters formed an advisory committee to deal with AIDS. So the hospital director – his name was Sandy Garfunkel – and I were actually part of that advisory committee, and we would meet very regularly in Washington and advise the administration about this ongoing problem.

00:10:17:09 We were joined by personnel from other VA medical centers. But really, the purpose was to educate people in Headquarters about this brewing epidemic and to make sure that the resources that we needed were sent to the places where they were needed. And that included this facility.

00:10:44:19 To start, it was the facilities, really, on the East and the West Coast that were most affected. So New York, Miami, Los Angeles, and San Francisco were the sites in the VA where the largest number of AIDS patients were initially seen. So we got what we needed, and there was never a period where we were constrained in terms of the resources that were given to us to treat the patients.

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00:11:25:04      What we were constrained about was that, to start with, we didn't have any drugs to treat the underlying virus infection, and it took a while for us to learn which drugs were best for treating the complications of HIV that were the problem that was killing all the patients.

**OBIAZAM**

00:11:52:20      And also, in your opinion, how do you think the treatment that was given at your hospital was unique compared to perhaps other hospitals in the area?

**DR. SIMBERKOFF**

00:12:01:23      Well, as I said, we had a group of infectious disease doctors which met every Monday, still meets every Monday, and we go to all the teaching hospitals in New York City. So what was learned at Memorial Hospital or Columbia Presbyterian Hospital or Cornell was spread to all the infectious disease community. So cases were presented, cases which, to start with, many of us had never seen before. So we learned about not only Kaposi's sarcoma but pneumocystis carinii pneumonia and the fungal infections that occurred in AIDS, viral infections including progressive multifocal leukoencephalopathy. And we basically taught each other.

00:13:14:09      And so I think the care that we were able to give was reasonably state-of-the-art because there was great communication between all of the medical centers, and all of us learned together how best to treat the problems that we saw.

**OBIAZAM**

00:13:38:15      Thank you.

**DR. SIMBERKOFF**

00:13:39:02      So just to bring you up to date, the Intercity Rounds still exists. Every Monday, all the infectious disease doctors in all the teaching hospitals get together and see the best cases from all over the city. And it continues today.

**OBIAZAM**

00:13:59:23      Okay. Thank you.

**RICHARD K. LIEBERMAN**

00:14:01:09      Do you want to take a drink of water before we go to the next question?

**DR. SIMBERKOFF**

00:14:04:20      Thank you.

**RICHARD K. LIEBERMAN**

00:14:04:20 You're under the lights.

**DR. SIMBERKOFF**

00:14:06:09 I'm good. Go ahead.

**RICHARD K. LIEBERMAN**

00:14:07:21 All right. Next question.

**CARLOS COLENDO**

00:14:09:01 Good afternoon, Dr. Simberkoff. My name is Carlos Colendo.

**DR. SIMBERKOFF**

00:14:11:10 Hi, Carlos.

**CARLOS COLENDO**

00:14:12:06 I'm currently a business administration major and a prospective political science major. So you briefly just mentioned that initially, this virus was known as a gay-related disease, and then it made its transition to a drug-related disease. But can you go into more detail in the demographics of patients you were treating at the time?

**DR. SIMBERKOFF**

00:14:33:19 Well, it's a little hard to remember in terms of demographics. The VA Hospital, because we treat veterans, treats a somewhat older population than some of the other hospitals in New York City. We don't have children, and we don't have teenagers or the very young adults before they've had a chance to serve in the military. But it's a very racially-balanced population, so we had plenty of patients from all ethnic groups. I'd say the only difference between the population that we treated here in the VA and let's say the population that was treated at Bellevue or Tisch or Cornell or Memorial was that our patient population was a bit older, and of course, we didn't have any children or very young adults to treat.

**CARLOS COLENDO**

00:15:50:11 Right. So to follow up, in your opinion, what was the main source of transmission of HIV?

**DR. SIMBERKOFF**

00:15:57:20 Well, in the beginning of the epidemic, it wasn't just we were to figure this out. The Centers for Disease Control designated four groups of patients that they thought this disease was very prevalent. The first were individuals who had – men who had sex with men, gay men. The second were intravenous drug abusers. The third group were patients who had received blood transfusions. You have to remember that before a test for HIV became

commercially and widely available, the blood supply was basically unprotected. So a lot of blood transfused patients began to come down with this disease, and it's a real tragedy that most of these patients died.

00:17:15:04 A particularly vulnerable group were the young adults and even children who had hemophilia because they had to receive lots and lots of blood transfusions and people who had trauma, lost blood, and had to get blood transfusions. So a very, very tragic part of our history is that many of those individuals who got blood transfusions died. So that was the third group.

00:17:50:16 And then, as the disease progressed, it became apparent that the sexual contacts of men who had acquired the virus also became infected. So heterosexual transmission became a risk factor as well. But we knew that those patients who had had sex with – men who had sex with men, those who had been intravenous drug abusers, and those who had received multiple units of blood were particularly vulnerable. And then the female patients began to appear, those who have had sex with men who had a HIV infection.

**CARLOS COLENDO**

00:18:44:15 Thank you.

**OLIVIA FEAL**

00:18:48:04 Do you want – no?

**UNIDENTIFIED MALE**

00:18:48:24 No.

**OLIVIA FEAL**

00:18:50:05 Hi. My name is Olivia Feal. I'm a art history major, or I'm a liberal arts and social sciences major at LaGuardia. I'm going to be transferring to Smith College in the fall where I will be an art history major.

**DR. SIMBERKOFF**

00:19:04:10 Okay. Wonderful. Wonderful.

**OLIVIA FEAL**

00:19:07:04 Right. So as an AIDS researcher, did you experience any stigmatization or pressure from the medical community?

**DR. SIMBERKOFF**

00:19:19:04 Well, let's say that there was a period when, even in this hospital, there were providers, even some physicians, who were very uncomfortable working around patients with what we now call AIDS. And that included not just

doctors but some of the other people that worked here. I don't think that it affected me as a researcher because people in research understand that the purpose of research is to answer important questions. So I wasn't stigmatized at all because I was doing research in that area. I think that, so some extent, my patients and even the clinic that we opened up was somewhat out of bounds to some people. They were not happy to share clinic areas with our patients.

00:20:50:00 And I do remember, at the very beginning of the epidemic, that there were times when we would find that the food trays of patients with AIDS would be left outside the room and that a nurse or a doctor would actually have to bring the food tray in and out. The people who worked in the food delivery service and even some of the other individuals needed to be educated. And you couldn't educate them until you knew what the cause of the disease was and the way it was transmitted.

00:21:43:10 And so until we had a test for HIV and until we had a better understanding of how the disease was transmitted and what you could do to prevent it from being transmitted, we had a pretty formidable task in just making sure that people did the right thing for the patients, and sometimes we had to do them ourselves. So one of the things I learned is if you want to get things done, sometimes you do have to do it yourself. So if a food tray wasn't brought in, then one of us would bring it in, or one of the nurses would bring it in. If people didn't want to transport patients to X-ray or do blood tests on them, then we did it.

00:22:38:14 One of the problems of drug abusers is it's not always easy to get blood from them because they scar up their veins. And so we would often have to do the blood draws ourselves because the personnel who were assigned to do blood drawing didn't want to do things which they, one, weren't trained to do and two, considered somewhat risky because there was concern that the virus, when it became known to be a virus, could be spread.

**OLIVIA FEAL**

00:23:28:16 Kind of on the opposite spectrum, I want to know how or if any activism that was going on outside the medical community impacted your research.

**DR. SIMBERKOFF**

00:23:43:16 We were all affected by activism to a greater or lesser degree, and certainly I was. I remember first of all, going to meetings. So in addition to the meetings that were held here in New York City and the regular infectious disease rounds, there were, at the beginning of the epidemic, some national and international AIDS conferences at which activists appeared. And I remember going to meetings where activists would actually stand up and



protest at meetings and demand that we get more progress in learning how to treat the infections and the underlying disease.

00:24:38:21 And to be honest with you, I think all of us were very sympathetic to those who were protesting because we saw – I mean when any patient dies, it's a loss of the people that are taking care of them. And none of us want to see people die particularly relatively young individuals who are dying of diseases that we couldn't figure out why they were getting. So all of us were very sympathetic to the activists, and we all wanted to progress as quickly as we could.

00:25:24:07 There are certain rules in medicine about how trials are conducted which we had to follow. But we were very engaged and sympathetic to what was called the *compassionate use* of drugs as soon as they became available which both the FDA and the federal government allowed.

**OLIVIA FEAL**

00:25:55:01 Thank you.

**ADAMERE COSTANO**

00:25:57:09 Hello. My name is Adamere Costano, and I'm a liberal arts, math, and science major. I'm going to be a philosophy major when I transfer, and I also want to research [policies](#).

**DR. SIMBERKOFF**

00:26:08:20 Okay. Wonderful.

**ADAMERE COSTANO**

00:26:09:19 My question for you today is what was your assessment of the Koch Administration's response to HIV?

**DR. SIMBERKOFF**

00:26:17:19 That's a good question because I'm not sure I actually thought about the mayor's administration. I mentioned the fact that the New York City Department of Health orchestrated meetings on a regular basis to share information about HIV, and that was really the extent to which I was aware of what the Koch Administration was doing. I trained at Bellevue, and I'm on the faculty at the medical school, so I also worked with my colleagues at Bellevue to help set up AIDS teaching units. I don't think Bellevue ever lacked resources for treating HIV, either. I think they were always at the forefront of providing care to patients with HIV.

00:27:33:18 And that was my extent of the knowledge of what the mayor and the mayor's office did. As far as I was concerned, if they were allowing the

Department of Health and the Health and Hospitals Corporation to provide the best care possible, that seemed to me to be great.

**CARLOS COLENDO**

00:27:57:11 And another question I have is where did AIDS rank in importance compared to other public health issues that are [inaudible]?

**DR. SIMBERKOFF**

00:28:07:16 Where did AIDS – so AIDS was one of the most important problems that we faced, and I told you that, with the help of the director at the time, Mr. Garfunkel, and Central Office, we got lots of resources which helped us build an AIDS treatment unit – actually two different AIDS treatment units in this hospital – and to buy all the drugs and get all the funding that we felt was necessary to take care of patients with HIV infection. And we also were allowed to spread the knowledge that we had accumulated in New York City to other VAs and to encourage them to develop similar resources.

00:29:13:07 So I think AIDS was actually a very good – the VA did a very good job in responding to the AIDS/HIV crisis, and I think our facility got what it needed.

**CARLOS COLENDO**

00:29:37:09 Thank you.

**RICHARD K. LIEBERMAN**

00:29:42:23 Who's next?

**MEHIN WOCAM**

00:29:44:08 I am.

**DR. SIMBERKOFF**

00:29:44:17 Yes. Hi.

**MEHIN WOCAM**

00:29:46:10 Okay. My name's Mehin Wocam. I'm currently a history major, and I plan to go –

[Break in audio]

**DR. SIMBERKOFF**

00:29:50:15 One of the things that I was able to do was set up a clinical trial with the first drug that became available for treating HIV. And the only drug that was actually licensed in the 1980s was what we called AZT, but it's now known as zidovudine. It was a drug that was made by Burroughs Wellcome. And the VA actually set up a trial to treat patients with HIV. It was conducted here

and at several other VAs including those in Miami and Los Angeles and San Francisco and Washington, D.C.

00:30:46:04      And some of the patients lived a little bit longer after getting AZT, but it was not a great drug. And to be honest with you, the way we used it, to start with, was with a lot of drug which was not well tolerated by the patient. So I do remember young men and not-so-young men who I took care of who unfortunately died. And every one of them I can still remember.

00:31:32:06      It wasn't until much later that we were able to develop better drugs and more effective combinations, and patients began to live what now is beginning to approach an almost normal life expectancy. But a lot of the patients died, and many of them were very painful deaths for them and for those that were taking care of them.

**MEHIN WOCAM**

00:32:09:23      Thank you. My next question is if you had the opportunity to correct one decision that you had made, what would it be?

**DR. SIMBERKOFF**

00:32:23:18      Well, we made some pretty bad decisions about how to treat patients with pneumocystis. Now we know that a fairly simple antibiotic works to treat pneumocystis. Pneumocystis is now considered to be a fungal infection. In the 1980s, the cause of it was actually thought to be a parasite, so we used a drug which is called pentamidine. It was an anti-parasitic agent which may have had some benefit. We gave it intravenous and by inhalation to patients to try to prevent – we had a booth set up where we would give it by aerosol to patients.

00:33:21:21      It turned out that a drug that had been around almost from the 1930s, a combination of sulfa and trimethoprim, called Bactrim, worked perfectly fine against pneumocystis. So we gave this pretty toxic and ineffective anti-parasitic drug to lots of patients – probably saved a few, but for the most part, the patients did not do well. And I would have much rather, now, in retrospect, treated them with Bactrim and had them go through much less side effects and much better chance for cure.

**MEHIN WOCAM**

00:34:18:04      Thank you.

**RICHARD K. LIEBERMAN**

00:34:20:15      So we can now open it up to anything on your mind that you want to do a follow up. Anybody else have another question?

**MEHIN WOCAM**

00:34:33:07 The question that I have for you is the disconnect between the medical community, what they were discovering in regards to AIDS and HIV, and how it was being reported, why do you think that there would seem to be that disconnect between the media and the medical community?

**DR. SIMBERKOFF**

00:35:01:05 That's a terrific question. There are several reasons for a disconnect. First of all, the way that we report disease and report the results and clinical trials in medical journals is a fairly cut-and-dried formula which has evolved over years. It allowed the information about what we're doing, how we're doing it, why we're doing it, what population we're treating, and we think that Treatment A is either better or not as good as Treatment B. Sometimes, one of the treatments is placebo; sometimes, we're comparing one drug to another.

00:36:05:14 So the process for actually reporting that is fairly cut-and-dry. What you hear in the radio or television and what you read sometimes in newspapers or magazines is a very much hyped-up version of that same information. And sometimes, the information is hyped-up more than it should be, and sometimes the wrong emphasis is put on the point.

00:36:50:20 So keeping the public informed about what's going on in medical science is a real challenge. It's very important – I think we need to make sure that people understand what we're doing and why we do things, and obviously, the public has to be assured that money that's spent – here in the VA, it's government money, or if the NIH is spending money for trials, that's government money as well – that the government money is being well spent.

00:37:29:22 But in order to do that, doctors have to learn how to translate their way of communicating to a way which the public better understands. And many of us didn't take that course in medical school, and we have to learn to do a better job. So I think that it's the scientific community's responsibility to do a better job of communicating effectively.

**MEHIN WOCAM**

00:38:14:12 Thank you.

**ADAMERE COSTANO**

00:38:17:16 What would you say was your greatest personal contribution during this [inaudible] period?

**DR. SIMBERKOFF**

00:38:24:12 Well, first of all, I'm very proud of the fact that I was part of a VA Cooperative study, and I actually helped describe a number of the AIDS complications that are now well known in the literature. I think those of us who lived in New York City had a unique experience and a unique opportunity to be able to tell the story of our patients by reporting their illnesses and reporting what we did to make them better, if we didn't make them better, and reporting what didn't work which sometimes happened as well.

00:39:16:13 And I'm part of a very large group of doctors in New York who basically came of age treating patients with HIV, and I think we did a reasonably good job of both spreading the word in the medical community and taking care of our patients.

**JOHN CHAFFEE**

00:39:45:22 Hi. I'm John Chaffee, [inaudible] member at LaGuardia. We understand that there was discussion and controversy over the issue of quarantining certain patients particularly those who were thought to pose a direct and immediate threat to the public health. Can you talk a little bit about that in your own [inaudible]?

**DR. SIMBERKOFF**

00:40:04:06 Yeah. Once it became known how the disease of HIV was spread, the issue of quarantine, I think, faded. But I think that the fear that a lot of people had at the beginning of the epidemic, the uncertainty as to how the disease was spread from one individual to another, probably did lead to some people being concerned about quarantine. As far as I know, quarantine did not occur. It certainly didn't occur in this hospital. It didn't occur in the hospitals in New York City. But there certainly were parts of the world and parts of maybe even in the United States where patients were certainly shunned and I believe where quarantine was set up.

00:41:26:07 I mean blood-borne – so the secret to understanding HIV is to understand that it's a blood-borne pathogen, and it's spread by contact with blood, basically, and infected body fluids. Usually, the body fluids are contaminated with blood in order to get them infected. But if there's no transmission of blood from one person to another, whether it's by needle, by transfusion, or by sexual contact – and sexual contact is clearly the largest culprit – then HIV isn't spread. And once that's understood, then any concern about quarantine, I think, becomes pointless.

**JOHN CHAFFEE**

00:42:28:17 Well, one of the people we interviewed actually had the concern of people who were sexually active and had every intention of continuing to be sexually active with AIDS whether they were prostitutes or other types of people. And he felt that a group like that it was appropriate to consider [inaudible].

**DR. SIMBERKOFF**

00:42:49:12 Well, here's something for the activists. What the activists urged us to do was to actually, one, provide condoms for patients. So I remember when you couldn't get condoms in this hospital. You could buy cigarettes. You could even buy filtered cigarettes, but you couldn't buy or receive condoms. Now if you go to the ID clinic, we have a bowl full of condoms sitting there, and they're available; you just pick them up and take them. And we regularly prescribe condoms for the patients who say they are sexually active.

00:43:52:22 Now, are there people who don't use condoms who are willingly spreading HIV infection? I think there are. How do you protect yourself against them? One is by education. So you try to educate everybody including young people, people of your age and younger. I had kids, so I educated them as well. If you're going to have sexual contacts with somebody that you don't know, be sure you use some sort of barrier protection. And there are female condoms; there are male condoms, and that's one way of protecting yourself. The other way, of course, is to not have sexual contact with people that you don't know. That may be a somewhat harder sell in some instances.

00:45:00:03 But I think quarantine is not the right solution – using appropriate barrier precautions. Another great thing that the city did – and I'm not sure under which administration it was, but it started a needle exchange program. So drug abusers very soon learned that could get free needles; they didn't have to go to areas to share needles with other drug abusers. And that cut down on the transmission of HIV.

**RICHARD K. LIEBERMAN**

00:45:44:22 That was under the Koch Administration.

**DR. SIMBERKOFF**

00:45:46:02 Yeah. So that's a wonderful thing that was done.

**RICHARD K. LIEBERMAN**

00:45:50:13 I had a question about comparing New York to San Francisco. In the literature in the books we read, San Francisco is always highlighted as they did the most; they accomplished the most; they were ahead of the curve,

and New York was sluggish; New York didn't do enough. San Francisco's always held up –

**DR. SIMBERKOFF**

00:46:09:22 So the first published – not in the CDC – but the first peer-reviewed publication about HIV came from New York. It actually included patients – one from this hospital, a couple from Bellevue, and a couple from Cornell with Kaposi's sarcoma. So that paper was rejected by the *New England Journal* as "utterly improbable" and was published in *Lancet*.

00:46:52:17 So to your point, did San Francisco do more than New York City? I think they publicized themselves better. [Laughter] And there's a real talent in doing that. But I think the scientific community of New York did every bit as much as the scientific community in San Francisco to deal with the AIDS crisis.

**OBIAZAM**

00:47:31:00 Was there ever a feeling of helplessness?

**DR. SIMBERKOFF**

00:47:33:09 Yes. Absolutely. The 1980s were a very dismal period because even after we knew what caused the disease, we had terrible drugs that were very toxic. We extended the lives of patients months instead of years, and a lot of patients died despite everything that we did. So we certainly were not – as a doctor, you don't go into medicine if you're not, by nature, an optimist. But every time that a patient dies, it makes you feel bad.

**WALEY LANG**

00:48:31:19 I had a question about the weekly meetings that you had –

**DR. SIMBERKOFF**

00:48:34:22 Yeah, the rounds.

**WALEY LANG**

00:48:36:02 – Intercity Rounds where you taught each other. To your knowledge, did that happen amongst the HHC hospitals?

**DR. SIMBERKOFF**

00:48:43:00 Yes. Oh, sure. So everybody was there.

**WALEY LANG**

00:48:46:20 Oh.

**DR. SIMBERKOFF**

00:48:53:14 The VA is the NYU site at which Intercity Rounds is held. But cases were presented from Bellevue, from our hospital, from Tisch Hospital. Every one of the HHC hospitals that had to ID people both participated and presented at those rounds and still does – still does.

**WALEY LANG**

00:49:22:00 The reason I ask is because one of the greatest criticisms from activists is that the information shared at those weekly meetings wasn't disseminated amongst the communities that were affected by AIDS. What do you feel could have been done about that?

**DR. SIMBERKOFF**

00:49:36:06 Okay, yeah. The Intercity Rounds are really case discussions. A patient is presented, and basically, we're asked to, "Make a diagnosis. Guess what the diagnosis is." So that's how we learned that pneumocystis causes an interstitial infiltrate with a high LDH and that you could make a diagnosis by bronchoscopy. And that's where we also learned that pneumocystis can involve the ear drums, can involve the eye, can involve the adrenal glands because different patients with different manifestations of the disease would be presented. And they would show the pathology, and we would see the organism. And I remember going to Beth Israel and seeing a case of pneumocystis of the adrenal glands or a patient at Memorial where they would show pneumocystis involving the otic canal.

00:51:02:14 And that's the way you learned, and that's the way you learned to look in your patient to see if that's involved in it. And you learned to do the appropriate physical examination and blood tests by sharing the information and getting it from your colleagues. And that's also how we learned how better to treat the infection.

00:51:30:00 But was that information shared with the activists? Well, that, no.

**WALEY LANG**

00:51:36:06 It should have been.

**DR. SIMBERKOFF**

00:51:37:01 It should have been. Well, I'm not sure because what we're talking about is basically medical, learning new things about medical care. And it's true that the activists are often the people who are getting these illnesses, but it's not them that have to diagnose it. It's we, the doctors, that have to make the diagnosis and we, the doctors, that have to treat them. So you can say that maybe some of that information should have been opened up to the wider community, but our ability to hold these rounds is dependent upon our



ability to freely communicate in relatively small meetings. It's not that we're trying to hide things. It's that we're all trying to learn.

**RICHARD K. LIEBERMAN**

00:52:44:06 On the topic of information, Dr. Boufford mentioned that – she was head of Health and Hospitals [inaudible] – in the early '80s, under President Reagan, it was difficult to get information out of the CDC. In fact, she pointed to Dr. Sencer; before he came here, he was at the CDC, and he had bucked the trend of even identifying AIDS and getting information out from the [students](#), that there was a reluctance that we all lived through, actually, until 1985 from the federal government even recognizing AIDS. Do you have memory of that reluctance in the early 1980s?

**DR. SIMBERKOFF**

00:53:26:13 Well, Jim Cierrad, MD – from the CDC came every month to the New York City Department of Health meetings, and he participated in those conversations. I've forgotten his last name. So the CDC was there. What can I say? Was it the official government policy to suppress information? I can't answer that question. All I can say is that, as far as I can tell, the CDC was our partner. They were learning about the disease just like we were because New York was one of the true epicenters of the disease. I'm sure they went to meetings in San Francisco as well.

00:54:40:17 I remember a AIDS conference held in Atlanta very early in the epidemic. Somebody mentioned [Larry Auburn](#). Larry was at that meeting, and everybody that I knew from the CDC was there as well – was at the Convention Center in Atlanta. So as far as I could tell, the CDC was busy learning about the disease, and they, I think, helped spread information as well.

**RICHARD K. LIEBERMAN**

00:55:24:06 Thank you.

**OBIAZAM**

00:55:24:23 Thank you.

**OLIVIA FEAL**

00:55:28:17 It's geared more towards education because you've mentioned it a lot as one of the main things that needed to happen on the administration's side. And as a researcher, I wanted to know a little bit about when it became the time for you decide to release this information –

**DR. SIMBERKOFF**

00:55:51:11 [Laughs]

**OLIVIA FEAL**

00:55:51:21 – to the public for education and when it was still learning. Does that make sense because [inaudible] been talking about this [inaudible]?

**DR. SIMBERKOFF**

00:55:58:19 Yeah. Well, again, research data has to be analyzed and put into an appropriate format for reporting. But we held press conferences when research data were published or released. There was a caveat. A lot of data was presented at scientific meetings prior to its formal publication. And there were some constraints about holding press conferences based upon preliminary research data reported at meetings because that data had not been peer-reviewed.

00:57:10:20 But I remember very clearly when the VA cooperative study was published, there was a press conference held, and I actually participated in the press conference. And I think we did a pretty good job of explaining what we did.

**RICHARD K. LIEBERMAN**

00:57:38:17 Well, I'll ask the final question.

**MEHIN WOCAM**

00:57:39:08 Thank you.

**RICHARD K. LIEBERMAN**

00:57:40:14 Or is there someone over there wants to ask the final question. Go ahead.

**MEHIN WOCAM**

00:57:43:18 No, I have another follow-up.

**RICHARD K. LIEBERMAN**

00:57:45:19 Go.

**DR. SIMBERKOFF**

00:57:46:11 Go.

**RICHARD K. LIEBERMAN**

00:57:46:21 We've got time for one more.

**MEHIN WOCAM**

00:57:47:14 All right. Thank you. My question is you mentioned that people in the medical field were testing different drugs for AIDS. During the AIDS crisis, can you recall or do you know of any physician that was prescribing all prescription drugs for patients for the treatment of AIDS?

**DR. SIMBERKOFF**

00:58:10:07 Well, there were a lot of drugs that didn't work, and there were a lot of drugs that were touted as being effective against HIV that were quickly discredited. But there's now something like 30-some-odd drugs that are used to treat HIV including the one that was developed in the 1980s or approved in the 1980s. And we do a much better job treating patients now by using FDA drugs which are approved for the purpose.

**WALEY LANG**

00:59:06:11 Thank you.

**MEHIN WOCAM**

00:59:07:03 Thank you.

**RICHARD K. LIEBERMAN**

00:59:07:17 Well, Dr. Simberkoff, on behalf of everybody here, let me just thank you for a fabulous hour of information. [Inaudible].

**DR. SIMBERKOFF**

00:59:15:00 So thank you.

[Applause]

**DR. SIMBERKOFF**

00:59:19:12 So let me thank the students. Your questions were great, and I appreciate the fact. And again, I was very pleased to see that there's a very broad spectrum of both interest as well as career paths that are being pursued here. I heard from your professors that you are a very special group of students which the college is very, very proud of. And I can tell you that after this meeting with you, I would be very honored to be among your group.

**GROUP**

01:00:06:22 Thank you.

[Applause]

**RICHARD K. LIEBERMAN**

01:00:10:20 Before we end, let me just personally thank [Claudia](#) [Inaudible] for arranging all of this, providing us [inaudible] this fabulous [inaudible]. Claudia, thank you so much.

**CLAUDIA**

01:00:18:13 Thank you.

**RICHARD K. LIEBERMAN**

01:00:20:00 Do you have time for a picture with all of us?

**DR. SIMBERKOFF**

01:00:21:04 Sure. I think I need to get rid of this –

**RICHARD K. LIEBERMAN**

01:00:25:00 Yeah.

**DR. SIMBERKOFF**

01:00:26:01 – before I break something.

**RICHARD K. LIEBERMAN**

01:00:29:00 Well, now that we've all seen the [Durst](#) movie, you have to take that off, right?

**DR. SIMBERKOFF**

01:00:32:13 Yeah.

**RICHARD K. LIEBERMAN**

01:00:39:05 Where should we stand? By the flag?

**DR. SIMBERKOFF**

01:00:39:15 Yeah. Great idea.

**RICHARD K. LIEBERMAN**

01:00:41:03 All right. Everybody by the flag. Who's got a camera? Come on, [Carl](#) and John.

**[End of audio]**

**Duration: 61 minutes**