

RICHARD K. LIEBERMAN

0:00:01 Well, Dr. Joseph, thank you so much for your time.

DR. STEPHEN JOSEPH

0:00:04 Oh, this is wonderful. I'm really excited about this, and let me tell you why. I read your bios, and as my grandkids say, "Awesome, awesome." And I want to tell you something: three words – three words that I hope you will remember if you don't remember anything else about this. Three words: keep moving forward. You've got it. I read the bios, and I admire you, and I think most of you are going to do something. So keep moving forward.

RICHARD K. LIEBERMAN

0:00:49 Thank you so much. As you know, we've been studying the past years since September, and we've been looking at AIDS – both on the archives point of view and also interviewing people like Jo Ivy Bouffard and Dr. Simberkoff, and yesterday we were interviewing an activist, Sarah Schulman, and today you are our health commissioner.

0:01:13 You are the most senior person that we have talked to in the Koch administration, so it's a real thrill for us to be talking to you even though we're separated through this Skype connection. It's very exciting and important for us to be meeting you and talking to you about the city's reaction to the AIDS crisis.

0:01:34 The format that we've developed is each student has a question or two that they've prepared, and there'll be follow-up questions, and if we have time, we can just have a back-and-forth discussion.

0:01:47.9 So we usually like to start with you introducing yourself and briefly saying who you are and what role you were playing in the 1980s in the Koch administration.

DR. STEPHEN JOSEPH

0:02:02 Okay. And about your comments about doing it this – it feels very comfortable to me. I mean it doesn't feel artificial in any way. I think maybe that's because the group is small and we can be very informal about it.

0:02:18 So I'm Steve Joseph. I was commissioner from 1986 to 1990. It was a great job. At my swearing in, the second question I got asked by the press was, "Why would you want to be health commissioner of New York City?" It was a tough time, and everybody knew tougher times were coming between AIDS and crack and the fiscal situation in the city. And what I said to them,

I said, "You know, every professional wants to play in Yankee Stadium. And this is Yankee Stadium."

0:03:00 The New York City Health Department has always been the best public health job in the world, I think, and I don't know if you know it or not, but New York City had the first citizen board of health of any place in the world. 1866 the Board of Health was formed. And when it was formed – I think he was the chairman of the board – a guy named Steven Smith said something that really put it together. And it's very relevant with particular reference to AIDS. And he said in 1866, "The health department of a great commercial district which encounters no obstacles and meets with no opposition may safely be declared unworthy of public confidence." That's what he said in '66, a hundred years before.

RICHARD K. LIEBERMAN

0:04:07 We have questions that relate to the responsibility of the health department in the City of New York to its citizens, and Obi, I think you had the first question.

DR. STEPHEN JOSEPH

0:04:18 Could you give me your names, too, as you go ahead because I want to match it to what I have in my head from your bios.

OBIAZAM

0:04:25 Hello Dr. Joseph. I'm Obiazam. I'm a biology major here, and I'm hoping to go to medical school later on. My question to you is: what influenced you to change your mind on the needle exchange issue, and did the program ever go beyond the experimental stage involving only a few hundreds of drug addicts?

DR. STEPHEN JOSEPH

0:04:48 Well, I don't think I ever changed my mind about the issue. When I came to – are you losing me – when I came to the department, my predecessor, Dave Sencer, had floated the idea. There was no support to it, and I really hadn't thought it through. But as I did think it through, I became convinced in '87 that it was terribly important to do.

0:05:25 I think you've got a copy of this? [Holds up his book] So all the details are in there. But I became convinced that it was absolutely the most important and one of the very few things we could do to what was this burgeoning part of the epidemic among IV drug users and their sex partners. So I didn't change my mind.

- 0:05:47 It was, with all the many controversial things – going back to Steven Smith’s comment, that was the toughest battle. Everybody was against us. The cops were against us; the black community leadership was against us; the guy who was the publisher of the *Amsterdam Times*, [*Amsterdam Recorder* intended?] whose name I forget at the moment, said, “When the first needle is given out, Dr. Joseph should be arrested for murder.” The cops were against us; the communities were against us; the Orthodox Jewish community in Brooklyn was against us; the State Health Department was against us. Everybody was against us except Ed Koch. It took two years, and we had enormous battles around it, which you’ve read.
- 0:06:37 I also sent you, which I hope the school will keep, all the press clippings from those years, so you’ll see in it how bitter it was.
- 0:06:52 We finally were just about ready to start when one of the council members – because it was a big NIMBY issue – Not In My Backyard – one of the council members said – he looked things up, he said, “You know, you can’t sell liquor within 100 yards,” I think it is, “of a school. So if you’re going to do this dastardly needle exchange, you shouldn’t be able to do it within 100 yards of a school. Addicts are going to drop needles on the ground.” It was awful. And Koch had to give in to that. I mean that was a logical position.
- 0:07:36 So we were going to run these clinics in the city health clinics – health centers – they weren’t really health centers then – child health clinics, city health clinics. Well, where do you put health centers and health clinics? They’re all next to schools. So we suddenly found ourselves at a few minutes to midnight with no place we could go. And we couldn’t get in – the Corporation of Hospitals – I love Jo Boufford; I’ve known Jo Boufford for a long time. She was a great supporter, and she’s a great person. But she couldn’t do it. We couldn’t get in any of the private – we couldn’t do it, so we didn’t know – we’d come up this tremendous hill, and all of a sudden, it looked like we were down.
- 0:08:19 And one of my guys had an idea. He said, “Let’s put it in the health department.” And we cleaned out an old janitor’s closet, and we started the program in the health department. First day, two people showed up, and all the newspapers announced the death of our program. But they were wrong. And we had to keep going because had we not done this, nobody else in the country would have been able to do it. I mean the political situation – so we had to do something. So we did it. I was looking in the book last night – I think in the six months or nine months or something, we had maybe 200, 300, 400 people. We had statistics on them. The large majority went on into treatment, et cetera. So it was a demonstration in that sense. But that turned it around in the country.

0:09:13 When Dinkins came in, Dinkins was dead set against the program for a number of reasons, political and other reasons. As the first black mayor, with the attitudes in the black community, he couldn't do it. And the guy that replaced me was a guy named Woody Meyers who was a very competent health professional from the Middle West, also a black. And Woody said that he was theologically opposed to the needle exchange program. And Dinkins said, when he ran against Ed in the primary, first thing he was going to do is he's going to get rid of that health commissioner who wanted to give out free needles to addicts.

0:09:57 I think what we did was very important. And now, as you know, it's sort of standard practice. I could tell you a million stories about this and how it went and all the ups and downs. But I think probably of all the things we did in those years to try and be innovative and constructive and aggressive – because public health has got to be aggressive – in the AIDS epidemic, I think the needle exchange was probably the most significant. The second most significant thing we did was the smoking regulations. We were the first city in the country. And you know, that was Ed's idea. That wasn't my idea. That was Ed Koch's idea.

RICHARD K. LIEBERMAN

0:10:48 I think it's time to go to the next question. Waley?

WALEY LANG

0:10:51 Hi Dr. Joseph. My name is Waley Lang.

DR. STEPHEN JOSEPH

0:10:54 Hi.

WALEY LANG

0:10:54 I'm studying ecology and evolutionary biology. My question for you is –

DR. STEPHEN JOSEPH

0:11:02 I can't see you because you're around the corner. That's not you.

WALEY LANG

0:11:06 I'm Waley.

DR. STEPHEN JOSEPH

0:11:09 Yeah. But I can't see – I see, it's around the corner, so I can't see you, and I couldn't hear you. It's okay. I don't *have* to see you.

WALEY LANG

0:11:19 Can you see me now?

DR. STEPHEN JOSEPH

0:11:19 A little bit, but go ahead.

0:11:21 My question for you is about ACT UP. Yesterday we interviewed an ACT UP activist, and she claimed that the needle exchange program was due to ACT UP's effort, including a needle exchange initiative.

DR. STEPHEN JOSEPH

0:11:39 No. It's not true.

WALEY LANG

0:11:39 [Inaudible] impacts on your policy?

DR. STEPHEN JOSEPH

0:11:45 No, ACT UP really had nothing to do with the needle exchange, and they were not – now remember, we're talking about 25 years ago. ACT UP was not at all involved in the needle exchange. They were not negative, but they were not terribly supportive.

0:12:05 I'll tell you who was supportive; there was a woman named Yolanda Serrano – I don't know if she's still around – who ran a street addict's program in New York. She's a fabulous woman. And we funded her. And when it looked like we were going to go down the drain and not get our program approved by Axelrod in Albany or the thing with the schools, she said that if we went down, she was going to run an illegal street distribution program.

0:12:39 That would have killed us. I mean *us* in the generic sense, not just the department. And so I had the very unpleasant task of calling Yolanda and saying – I had to call Yolanda and say to her, "You know, Yolanda, I think you're a wonderful person, but if you do this, we're going to cut your money because you can't do this." And she didn't do it. And I felt like a worm about it, but it was what we had to do.

0:13:12 Now later, after Dinkins killed the needle exchange program that we had running – this little bitty program – ACT UP later decided they would run a street program illegally in New York City, and they did. They turned around and they started a program. And they got busted.

0:13:35 I had a lot of interactions with ACT UP which were not terribly easy. The last year or so of my time in New York, it was very difficult between me and them. And they sat in, in my office, and I got the cops to throw them out,

and they got arrested because of that sit-in. And the judge, Laura Drager, who was the judge, sentenced them to community service. It was tough times between us. About two or three years later, when the – I was gone – when the program was killed, ACT UP started a street program.

0:14:14 So that woman, whose name I've never heard before, she was probably in grade school when this was going on, they started a program, and *they* got busted, and they were up before the same judge who had convicted them of disruption because of the sit-in in my office three, four years before. And their lawyer called me. I was living in Minnesota. And they said, "Would you come to New York and testify in support of what ACT UP is doing?" And I did. And I went down, and I saw these people, some of whom were my dear friends, some of whom were dead, and some of them who were adversaries of mine, and Drager, the same judge that had convicted them of the sit-in in my office, let them off on the needle exchange issue.

0:15:10 So that's ACT UP's – I don't think it was because of my testimony, but maybe. But that's their history of needle exchange. They were not helpful. They weren't negative, but they were not helpful in any way in the initial needle exchange.

RICHARD K. LIEBERMAN

0:15:29 Thank you. Carlos?

CARLOS COLENDO

0:15:31 Good afternoon. My name is Carlos.

DR. STEPHEN JOSEPH

0:15:33 Hi Carlos.

CARLOS COLENDO

0:15:33 I'm a [business education major](#) but focused [on](#) political science.

DR. STEPHEN JOSEPH

0:15:39 Okay.

CARLOS COLENDO

0:15:39.4 [Inaudible] what practice that helped [inaudible] state to promote education about HIV and AIDS?

DR. STEPHEN JOSEPH

0:15:51 You know some of the earliest public education, counseling centers in the country was done by the department actually before I got there, and we had set up counseling and access to testing and some public information stuff

before I got there. A woman named Peggy Clark was the head of that unit in the health department. She was very, very good. She was trained as a social worker.

- 0:16:27 We did a lot of stuff early on, and it was okay. It was okay. But as the epidemic worsened and tensioned, I want to tell you at some point in this – try to give you a sense of what it was like in those years in New York City around this epidemic – the fear, the anger, the frustration, and the ignorance. Some of it was honest ignorance; some of it was just stupidity.
- 0:16:56 But anyway, so we decided we were going to put out some hard-hitting stuff, and it wasn't going to be like just know your sex partners or wear condoms or something like that. And we got Saatchi & Saatchi, one of the big advertising firms in New York, to do it with us. And we put together a set with them of videos which I still have and I will send to you. You've got something that can run videotape? I will send it to you, and you'll see. And we put stuff together that was very different than anybody had put before.
- 0:17:31 The first one was – you know Eric Clapton's *Going Out? It's late in the evening* – It's a song from those long-ago days by a great jazz musician. And we had – the thing was a woman is sitting at her dressing table, and she's fixing herself up ready to go out, and Eric Clapton is playing this song. And she gets all through, and she gets up, and she starts to leave, and she remembers, and she turns around, she goes back to her table, and she picks up a package of condoms and drops it in her purse.
- 0:18:12 The second one was you're looking at the inside of a hearse. You're looking back through the hearse. And then you see a couple – an African American couple – and this is shot in a different time, and they're hugging and kissing, and then you see some guys carrying out a small coffin, and they slide it into the hearse, and the door slams.
- 0:18:40 One was an African American mother who's talking to her daughter, and she says, "I don't know what you do. I can't change what you do. But you are *not* going to get AIDS." And she holds up a condom for her daughter.
- 0:18:51 And then there's a Hispanic couple comes back from a date hugging and kissing in the hallway, and they're getting ready to go into her apartment, and she hands him a condom, and he says, "No, no, no, no, no, no, no." And she goes in, and she closes the door.
- 0:19:07 Well, we had intended to run these as public information things, and none of the networks would take the commercials – or the pieces – and we got it again from the religious leaders and everybody. This was bad stuff. So

what we did is we ran it as news. We gave it to the news broadcasts, and they all ran it because it was obviously hot news and controversial stuff.

0:19:42 So that must have been '88 or '89, and I think we lead the way in that. Then Surgeon General Koop came in, and he was a little more forthright than other people had been and did a really terrific job on that with the country. But this is the 1980s, and social attitudes about sex – this gets into the whole thing with the issues of the gay community and their advocacy efforts, which were fabulous and I think one of the things that also loosened up the way the public looked at AIDS education. But I think we did a good job with that, and Peggy Clark and others were terrific.

0:20:34 But again, there was a lot of opposition from citizen groups, opposition – you know in – some of you may know much better than I. The African American community in New York and elsewhere has some very conservative leadership on issues that are thought to be moral or on social issues, and that was a time when society was much stricter and closer and confining about what you say and how you said it. So we tried to bust that down a little bit, and I will send you the tapes. You can keep them, and you can see what you think. And write to me about them.

ADAMERE COSTANO

0:21:16 My name's Adamere and I am a liberal arts major –

DR. STEPHEN JOSEPH

0:21:22 Could you speak a little louder and a little slower?

ADAMERE COSTANO

0:21:26 Adamere Costano. I'm a liberal arts student, and I'm transferring to a four-year college, and I plan to study philosophy. And my question for you today is how did you seek to protect the confidentiality of AIDS test results, and where did the opposition to testing come from?

DR. STEPHEN JOSEPH

0:21:47 Well, a lot of detail is in here. I was reading this book over last night, and a lot of the detail I don't need to do now. Read that stuff in there. But I think there was a lot of confusion, a lot of ignorance about what various things meant. From the very earliest days, I was a strong believer in as many people being tested as possible. Okay, that wasn't too controversial an issue, only you got to remember in '87, '88, there was still controversy, especially in the press, but also the quasi-scientific community. Was there heterosexual transmission of AIDS in New York City? Some people said no. Could you get AIDS if you used a towel? As I said in the book, several of the radio and TV interviews that I did, the technicians in the studios would not

touch any of the equipment if somebody who was suspected of having AIDS had been interviewed before. I mean it was a very different time.

0:23:11 Well, I believed, and I still believe, that the first duty in an epidemic – the first duty in an epidemic – is to protect the uninfected. That is not antithetical to preserving and enforcing the civil rights of other people, but the first duty is to protect the uninfected. So I was in favor from the very beginning of as much testing as possible and of confidentiality around the identities of the people who were being tested. And I was also in favor from the very beginning of public health partner notification – contact tracing.

0:24:03 You can imagine what that meant to some people, that the health police were going to come in a gay community, in particular, who had just begun to come out and to feel their power and to feel safer in society. I mean the world we live in today is nothing like that world was then. But I believed it was terribly important that we have as many people get tested as possible, keep it voluntary where you could, keep the names confidential – except the identities needed to be with the health department so that you could do partner notification of the contacts who might either be the people who infected the person who just got tested or who might have been infected by them. I mean that’s a standard, traditional, effective, important, tool in public health. And there was enormous opposition to it.

0:25:05 And that wasn’t really the reason for the break between the gay community groups and particularly ACT UP and myself. We get in what the real break came from. But that was the source of tension between us over those years.

0:25:25 You know I lived with police protection the last year-and-a-half, two years I was commissioner because of that situation. I mean my house was attacked, all that kind of stuff. But it was mostly around those issues of reporting and contact tracing both of which I think were terribly important to do. It sounds like a no-brainer now, but in those years it was not.

0:25:56 I don’t know if I’ve answered that question enough.

ADAMERE COSTANO

0:25:58 [Inaudible] I have a follow-up [that might help](#). I want to know how the super confidential – if you thought that super confidentiality of [inaudible] and the New York State Code and health code in 1988 was effective.

DR. STEPHEN JOSEPH

0:26:17 You know if I’m being honest, I can’t tell you now too much about the specifics. There’s a section in the book that talks about what the New York State Legislature did, and I remember there was something about it that left

it fairly inadequate, but I can't – I think what it was is that I believe that that – I could be wrong, but I believe what that legislation did was to allow a *permission* to inform, and what we wanted was a *duty* to inform. We wanted the physician to have a duty – we wanted as many physicians to do as much testing as possible – and we wanted the physicians to have a duty to inform the health department of those people who tested positive. And we would keep that information confidential, and then we would use it for partner notification or statistics or whatever – a very standard public health approach.

- 0:27:25 But that was very threatening to a lot of people, not just in the gay community. You know I've said in a lot of places, the confusion in those early years was that the AIDS epidemic was a critical public health problem with terribly important political and civil liberties aspects; it was not a critical policy and civil liberties problem with important public health aspects. And that tug of war over which was the horse and which was the cart underlines most of the stuff we're talking about.
- 0:28:22 I think I gave you an answer to what the specific New York State – we had a hell of a time in New York State. Axelrod was a great commissioner in terms of the financing and organization of health care. He was really a great commissioner. But he was not helpful to us on AIDS. They were much more skittish; they were much more hesitant; they were much more politically correct than we were. And why? Because of Ed Koch.
- 0:28:55 Koch was a fabulous chief executive to work for. Why? One, because of his fire and passion and conviction and determination, but that wasn't the real reason. The real reason was his management style. He picked very good people with some exceptions. Stan Brezenoff, who was the first dep when I was commissioner, was a great first deputy mayor. That's the guy that runs the inside; the mayor runs the outside. That's probably still true. But Koch's style was: if he had confidence in you – in his commissioners – if he had confidence in you, you could take as much rope as you wanted and run with it. In my years as commissioner, this was a very controversial, activist, confrontational time. And he's the guy who's at the end of the line. It's going to be his responsibility in the end.
- 0:30:03 I was on the tube and in the papers every night I was commissioner during those years. I mean that's how busy it was. And it was about AIDS and [inaudible]. I never had to clear a single statement or speech or article with the mayor's office. Never. Koch would give you the room to run. And then, when you got over the line and became a liability, then you were gone. And everybody understood that. You had all the room you wanted to be as

aggressive as you wanted, and if you stepped over the line where you became a liability to him, that was it.

0:30:42 I got pretty close one time, which is another story, but that gives your managers at the departmental level enormous incentive, enormous confidence to go and to move. I don't know about later administrations or later mayors – I don't know anything about New York now – but that was Koch's, in my view, his greatest strength.

RICHARD K. LIEBERMAN

0:31:13 We have another question from Olivia.

OLIVIA FEAL

0:31:12 Hi.

DR. STEPHEN JOSEPH

0:31:14 Hi.

OLIVIA FEAL

0:31:16 [Inaudible]

DR. STEPHEN JOSEPH

0:31:16 I can't hear you.

OLIVIA FEAL

0:31:20 My name is Olivia Feal. I'm a senior at La Guardia, and I'm going to be transferring to Smith College to major in Art History.

DR. STEPHEN JOSEPH

0:31:28 Yeah. You're the one that's interested in Tibetan art.

OLIVIA FEAL

0:31:31 Yeah.

DR. STEPHEN JOSEPH

0:31:31 Yeah, good for you. I spent two years in Nepal and some time around that, so maybe we'll talk about it sometime.

OLIVIA FEAL

0:31:43 Yeah. So my question is in May, 1988, the department of health estimated that there were approximately 400,000 city residents infected with AIDS, and in July, 1988, that number was reduced to 200,000 so solely by reducing the count of gay and bisexual men from 250,000 [crosstalk]. I kind of wanted to

know – I know that it's a long time, but how did you [crosstalk] this discrepancy?

DR. STEPHEN JOSEPH

- 0:32:24 Sure. And this is the greatest story, Olivia, because we had these numbers and then appointed a committee with Martin [Treteski](#) and Dave Rogers, some really important people, to think about what was going to happen to the city. I mean there was reason to fear that we were going to run out of hospital beds. Should there be AIDS hospitals? Would that be discriminatory?
- 0:32:48 Okay, so here's New York sitting with this enormous number of estimated infections – a number which was – the estimate was made before I got to New York. They're in Dave Sencer's time. Dave is a real good public health guy. I don't know if he's still alive. He's the one that got burned out of the CDC on the swine flu, a good solid guy. And his people had made this tremendous estimate, and we're going along, and we're trying to figure out how is the city going to cope with this plus all the political and policy and moral and legal and financial issues that we're talking about here, and I keep saying to myself, "It can't be that many. Either that or there are four or five times more outwardly gay people in New York City than we think, and that can't be true, especially by the '80s."
- 0:33:46 So there's something wrong with the numbers. And we're trying to figure out how we're going to cope in resource terms. And so I asked the guy, Steve Schultz, who's deputy commissioner for infectious diseases and a couple of really good epidemiologists that he had – very good people, I said, "Dave, where did these numbers come from," because this was before my time. And he said, "Well, we took the San Francisco method and we applied it to New York." I said, "That doesn't make a lot of sense; there's some very major differences whether within the gay community or across the minority in poverty community and gay community in New York." I said, "We've got to have a method of our own that takes account of New York." And so these guys put one together, and they came out with a much reduced number.
- 0:34:39 Well, I thought that was wonderful news. I mean it seems to me logical that that is wonderful news. And I was very stupid. We got the final estimate just a week or two before the annual AIDS conference, which was going to be held in Montreal. And at this time, my relationships with the gay community weren't bad. They weren't too bad by then.
- 0:35:07 They had some terrific leadership, a guy named Tom Stoddard, who ran [Lando](#) Legal Defense Fund, a guy named – it'll come to me – who was the gay men's health crisis leader. They were very solid people. A lot of them

were sick by then. A lot of them are dead now. And we had a pretty good relationship. We had differences on things like mandatory reporting, blah, blah, blah. We had a pretty good relationship. And I figured this would be great news. So I called a meeting in my office, and they all came in, and I said, "We've made some new estimates. We're quite sure there's science behind it, and the numbers of infected people, particularly gay men in New York City, are much less than we have said all along. Isn't that terrific?" And nobody said anything.

0:35:58 Nobody said anything. I mean I was so dumb, I wasn't thinking politically; I was thinking in public health terms. They saw that as a threat not only to their interests in funding and the rest, but they also – there was a lot of paranoia in New York around AIDS. They saw it as perhaps a deliberate thing that these bad guys, Koch and Joseph, have cooked up to downplay the importance of the epidemic. That was – remember I said at the beginning of this discussion that the real issue that broke the tie between the gay community and myself was *this* issue because I went to Montreal and was speaking at the conference, and I said this: I said, "Here's what we found. The numbers were wrong; the numbers are really less. That doesn't mean this is not important. It doesn't mean we need to cope with all these other problems. But that's good news."

0:36:57 And boy, they stood up. They had a whole bunch of people stand up in the front row with watches ticking and booing. My daughter came from Philadelphia to visit me a week later, and she got to my house, and she said, "Dad, I saw the strangest thing. There's a public health service announcement in the New York subways." You know how – they probably still have them, right? PSA. "And it's a picture of you, and it says, 'Deadlier than the virus, Stephen C. Joseph, Health Commissioner.'" That was the break, and it's tragic.

0:37:32 They were wrong. There was no conspiracy between Ed and myself to diminish the significance of the epidemic. And we were right; it was good news. But I handled it very poorly. I should have taken more time, talked to people one-on-one. I mean Tom and Richard – Richard, the guy from Gay Men's Health Crisis – we were friends, and after that we weren't friends anymore. And that's when the civil disobedience stuff – there was a lot of personal threats, et cetera., that started at that point. That was the break. And it's stupid because it wasn't a difference in heart or approach. I should have understood how threatening that would be to them. To me, it was great news.

0:38:30 The numbers were right. The numbers were right. I think the only thing is if you look at this again – I was looking last night, and I don't really know

what the numbers are now, but I think we over-estimated the drain on the city, not only in money terms because when I first came as commissioner, there was no treatment. There was no AZT. Tony Fauci broke the code on the study that was going on at NIH about six months after I came. There was no treatment.

0:39:11 What AIDS meant was that a young gay man would roll into Bellevue at 2:00 o'clock in the morning on a Sunday morning, and by 8:00 in the morning, he'd be dead of pneumocystis pneumonia. That was AIDS. We were starting to talk about *full blown AIDS*. We didn't understand this illness. We didn't know that these people had been sick for three to five years before they became ill. There was tremendous ignorance then.

0:39:33 As I said in the book, and I forgot and I said what's really remarkable about the AIDS epidemic, not just in New York, is how quickly the biomedical establishment, the research establishment, the clinical people, the pharmacologists, the clinicians – how quickly in this time we got on top of it. And think about Ebola. Think about what you read in the last six months about Ebola – how quickly the bioscience and medical establishment were able to move.

0:40:04 The tragedy was – for all sorts of reasons – some of it the fault of the public health people and some of it the fault of others, we were not able to move at the same pace with public understanding and education and the public health activities that needed to be in. That's a real tragedy of the epidemic.

RICHARD K. LIEBERMAN

0:40:25 Thank you. The last question is from Waley.

WALEY LANG

0:40:30 Hi Doctor Joseph. When we first interviewed Dr. Boufford, she mentioned that the communication between Washington and the Reagan administration was not ideal on AIDS research. Did you feel like you were –

DR. STEPHEN JOSEPH

0:40:42 No. I think that was back in Dave's time, not so much mine. The best public health job in the world is to be a local health officer, and one of my mentors once said that to me: "You won't ever understand public health until you've been a public health officer, whether it's in a small town or a big city." And there are always tensions between the health commissioner of wherever and the CDC – always tensions between them.

0:41:21 But basically, in those early years of the epidemic – first ten years of the epidemic – there was very good cooperation and collaboration. There was one guy who was the head of the AIDS thing at the CDC – Jim – it’s an Irish name – Jim – and the communication was very easy and positive. They were very helpful to us. We didn’t think they moved fast enough in Washington. They maybe thought we were cowboys sometimes in New York. But basically, it was quite good.

0:41:57 I think what you’re referring to, what Jo was talking about, was probably in the very beginning years when Dave was there, and I never had that sense. With Albany, yes; they were very difficult to deal with.

0:42:16 There’s two kinds of public health people at institutions: one kind is very concerned with protecting their position, and the other kind is the kind who wants to go out and attack the problem. And the New York State Health Department, at least in those years, was very concerned with protecting their position. Part of it had to do, I think, with the Cuomo-Koch relationship; part of it had to do with Axelrod’s character. I mean he’s a smart - I don’t know where he is now – but he’s a smart guy. He was very cautious, and the state health bureaucrats were very – I mean I did not try to run a bureaucratic agency. The state health department was that way.

0:43:01 And the CDC was very aggressive, and I think Jim Mason was the head of the CDC in those years. And they were very good. The politicians and the Congress people – that was a different story. But the professionals in Washington I never had any problem with. Jo probably had more problem with them because of the money.

RICHARD K. LIEBERMAN

0:43:24 Thank you. Our next question is Adamere?

ADAMERE COSTANO

0:43:26 Me again. So my question for you is [inaudible] council member Joseph Lisa? He talked about –

DR. STEPHEN JOSEPH

0:43:33 [Laughs] Go ahead.

ADAMERE COSTANO

0:43:35 He talked about the advantages of quarantining AIDS patients who were engaging in unprotected sex.

DR. STEPHEN JOSEPH

0:43:43 Right.

ADAMERE COSTANO

0:43:43 How would Richard Dunn have known what was your position –

DR. STEPHEN JOSEPH

0:43:45 Richard Dunn – that’s the guy I was trying to think of. Richard Dunn with Gay Men’s Health Crisis. Is he still alive, do you know?

ADAMERE COSTANO

0:43:54 No.

DR. STEPHEN JOSEPH

0:43:54 No. Those two guys were terrific: Dunn and particularly Stoddard – Tom Stoddard. Anyway, Joe Lisa was a typical New York Irish-Italian Outer Borough pall. Nice guy. Maybe not the smartest guy on the block and concerned with the welfare of his constituents in the City. So he would sometimes be very helpful to us. And he would sometimes get out a little ahead of the data if you know what I mean. And when he did, he never would really kind of – he would never kind of give us a really hard time about it, but he would do things like take two steps too far. Like “We ought to quarantine all these people who are having unprotected sex.” And then he’d kind of realize it, and he’d calm down, and he would come back down. And I would say among the city council members on a number of issues, he was the most helpful to us. He’s a very nice guy. But he would get out ahead of what he knew, would be the problem.

0:45:16 That you will find, as you go on in life, is a rather characteristic trait of politicians. If you don’t believe me, read the newspapers today. But if you know him and see him, say hi for me. A good guy.

ADAMERE COSTANO

0:45:37 I just wondered if you could give me what your opinion would be on quarantine.

DR. STEPHEN JOSEPH

0:45:41 Oh, well there was no need for quarantine in the AIDS epidemic. As I say in the book, quarantine is an important and accepted part of protecting the uninfected. I probably quarantined a half-dozen people, while I was commissioner, who had active tuberculosis, who would not take their medicine; and so you put them in the hospital, and they would stay until they would take their medicine until they were not infectious. That’s not a bad thing. There was no need for that in the AIDS epidemic.

0:46:10 A part of the paranoia of those early years were that particularly politically conservative people saw everybody around the corner – around the corner is that – I like the example: the tennis pro at the country club who is bisexual and who's infecting your daughters and won't stop. There was a lot of paranoia about that. People believed that was going to happen. You know Masters and Johnson, the sex therapy people? They came out, and they said, there's no need for protection against AIDS. This is all – and Germaine Greer, I guess, said this is a male plot to enslave women's – it was crazy stuff going on. But there was no need for quarantine.

0:46:59 If you think about what's happened in 25 years, how many times have you heard about some bad person who's infected 20 people and won't stop? There've been a couple of strange – I mean there are psychopaths everywhere, and there have been a couple of cases. There was one in Upstate New York 10 years ago. But people were not deliberately infecting their partners. Gay people were not doing that. Drug addicts were not doing it. They were doing it because in one way or another, they were not smart enough *not* to do it. So the thing to do is you help them get smart to do it. Quarantine would have been –

0:47:38 I wrote an op-ed to the New York Times six months ago – which didn't get published, by the way – where I was in favor of quarantine of health workers who'd been in Africa and were coming back into the states while the Ebola epidemic was rising. I said they should be segregated, not imprisoned – segregated until it was clear that they were not incubating Ebola.

0:48:06 A lot of people don't agree with me, but I think quarantine is a useful measure at certain times. It was never a useful measure in the AIDS epidemic. And it would have destroyed everything the public health system was trying to do.

RICHARD K. LIEBERMAN

0:48:22 Olivia?

DR. STEPHEN JOSEPH

0:48:22 But there was fear. You see, there was fear that if you give Joseph mandatory reporting, and if you give him contact tracing, the next step he's going to be locking up gay people. And of course, that lead to the whole business about closing down the pornographic theaters – the porno theaters – which we did, and which the court supported us to do. Okay.

OLIVIA FEAL

0:48:54 Dr. Simberkoff talked about the Monday meetings for doctors. Were you or a member of your staff a part of these medical Monday [events](#)?

DR. STEPHEN JOSEPH

0:49:07 I don't know what you're talking about, but Dr. who?

OLIVIA FEAL

0:49:11 Dr. Simberkoff. He was [part of the](#) – chief of staff of the VA in New York.

DR. STEPHEN JOSEPH

0:49:17 The VA in New York? And a Monday meeting?

OLIVIA FEAL

0:49:21 Yeah. Apparently there were doctor meetings on Mondays, and also they said that the case studies that were interesting of that they hadn't solved yet from –

DR. STEPHEN JOSEPH

0:49:34 That's a traditional technique, yeah. And this was going on in the '80s? It certainly might be. They were probably like clinical conferences. In the early years, there were some terrific AIDS clinicians in New York. There was a woman named Maggy Haggerty who was at Harlem Hospital. Harlem Hospital was afraid it was going to go under because of the so-called border babies. I mean the number of minority and poverty infants with AIDS, as that started to rise in '88 and '89, there was real trouble. And also, in those years, you know people didn't know about what many of the risks were, and there was a lot of paranoia about it. There were some great clinicians who hung in there.

0:50:18 About Monday meetings, I'm sure there were. I'm sure every hospital in the city had a clinical conference at some – I don't know if we participated in any or not. I mean we sure as hell knew what was going on, but no, I don't know what that – and the name Simberkoff kind of rings a vague bell, but I'm not sure who [inaudible].

RICHARD K. LIEBERMAN

0:50:43 Carlos?

CARLOS COLENDO

0:50:45 Yes. Doctor Joseph, in our interview with Dr. Bufford, she stated that there was a lot of new money coming earmarked for AIDS at a time when there was not much more money coming into the [Health and Hospital](#) Corporation for other health hazards. "We tried to engage [heavy money](#) to create a

structure that would strengthen the system for everybody else. We wanted to design a comprehensive care [report](#) for HIV/AIDS patients.” So do you think the city succeeded in doing this?

DR. STEPHEN JOSEPH

- 0:50:55 In those years – I’ve said how much I admire Joe – in those years, nobody in the clinical system succeeded in doing anything. There was such pressure on the resources in the public health system and other parts of the clinical system with AIDS, with crack, that the clinical services in New York City and elsewhere in the country were under tremendous stress. And as we looked out ahead and didn’t know how bad this was going to get, it was very, very difficult. Fortunately, it didn’t end up being quite as bad, if you understand what I mean, as we feared.
- 0:52:13 But I don’t think – Axelrod did some good things to free up resources and reduce strictures within the health and hospital system in New York City, as opposed to the public health system, but I don’t think anybody could have said they were on top of the game. That’s why we had that commission that Ed set up to think about what was going to happen to the New York City health and hospital system in the next years.
- 0:52:41 I want to throw in one more thing about confidentiality because it’s a story I love because it makes me look good, but it’s a true story, and it shows this business about paranoia.
- 0:52:51 There was a doc in the Health and Hospitals Corporation system, a young doc, female, and I won’t say what hospital it was in, but it was in Brooklyn. And it was in the hospital in which I had been born many years before. And she developed HIV disease, and she brought a lawsuit against the city saying that the city had not adequately protected her from becoming infected by needle stick. Now we had her card because when she was tested, we got her card. We knew her name, et cetera. So the corporation counsel comes to me and says, “Look, this woman is suing the city for a lot of money, and you have in your file, if I understand it right, you have a presumed risk factor.” We did. “So we want to know,” says the corporation counsel, “we want this person’s data because that’s our only way to defend against the case.” I said, “I’ll get back to you.”
- 0:54:06 So I call on Steve Schultz. I said, “Steve, I want you do something for me, and I don’t want you to ask me any questions about it. I don’t want to talk about it. I just want you to do it. I want you to go back to your office. I want you to pull the card on Dr. X. I want you to bring it to me and give it to me. I guarantee you I won’t destroy it. I’m going to put it somewhere; I will know where it is, but nobody else will know where it is. And *you* won’t

know. Most important, they can't pressure you because you won't know where it is." So I called back [Gobstein](#), and I said, "You know, we can't give you this information. He said "Blalalalalah." I said, "I'm, sorry. We can't give you this information." He said, "I'm going to talk to the mayor." I said, "You go talk to the mayor, but you can't have that information. I don't care how much money it costs the city. If we give you that information, our whole AIDS program is down the drain." And he did; he called Ed, and Ed backed me up, and they never got the information. And I know what the risk was, but I won't tell you.

RICHARD K. LIEBERMAN

0:55:12 Obie, do you have a question?

OBIAZAM

0:55:12 Yeah. So again, Dr. Michael Simberkoff, [inaudible] chief of staff at the VA, but the reason we interviewed him was because he was one of the areas HIV researchers in New York, plus he was treating AIDS patients in the beginning. We asked him to compare New York City versus San Francisco because there was this notion that San Francisco did more than we did, and he stated that San Francisco had a better PR team than we did. What do you think about the comparison of San Francisco and New York in terms of our response to [the AIDS crisis](#)?

DR. STEPHEN JOSEPH

0:55:54 Several things. Apples and oranges. San Francisco AIDS epidemic was a gay man's epidemic – largely better educated, somewhat more affluent, and much more important and out in the city's life than New York. So that's number one. The New York City epidemic, as you know, was very different. An initial bolus of gay infection and then the minority, poverty, drug-user thing – *bang*. Very different. Second of all – the big deal in San Francisco was they closed the [bath houses](#), and they closed them earlier. New York City was slower and lower.

0:56:35 I don't know a lot about that because that was really Dave. And I'll tell you about that relationship a little later, but I don't know about that. Dave took a bad rap, especially from the gay community – Dave Sencer – that he didn't do enough, that he – I don't think that's so. Number one, his style was somewhat different than mine; number two, the media was not so interested; number three, the knowledge was much more fragmentary. I mean doctors who wouldn't see patients, dentists who said, "I can't wear gloves when I examine patients because I was taught to feel," – a guy who was beat up in the firehouse by his mates. You know how close firefighters are. Guy's beat up in the firehouse by his mates because there's a rumor that he's gay.

- 0:57:29 New York was a very tough situation, and San Francisco was not at all the same. Did they do better sooner than we did? I don't know. I knew the health commissioner there, Merv Silverman, very well, and the chairman of the board of health, Phil Lee, is my mentor – was my mentor. And I think it was very much apples and oranges, and I think the answer is: so what? So what? Did they do better sooner? No.
- 0:58:04 And again, I don't know how much of this is really your interest, but we were fortunate in that period, and certainly I was fortunate in that period, to have Ed Koch as mayor because if Ed thought that it was something important to do, he would get it done. And I think there was probably more aggressive political leadership in New York than there was San Francisco although people – you know, you used to always say in this period – '85, '84 – that Ed didn't want to put the money in. The city is moving too slowly. I don't know.
- 0:58:43 If I may – I speak pretty frankly, and if I'm offending anybody, you should tell me – but I think some of this may have had to do with the public's confusion about Ed's sexuality. I don't know what Ed's sexuality was, but there was a lot of whispering and debating whether he was gay whether he was straight whether he was basically asexual. I don't know if you've ever seen this business with Betty Furness, the beauty queen, and how he used her in his third campaign. And there were things in the gay community that this was just a beard for Ed, et cetera. So I've always had a suspicion that some of the criticism of Ed in the early years of the AIDS epidemic may have been the various things that couldn't come up about that.
- 0:59:41 Certainly, in my time, anything I asked him for, I got whether it was money or support. We differed on a few things. He came around on some, and I came around on others. If you want a great political figure to model your career after, you could do a lot worse than him. And his image of the great politician – do you know who that was? It was Fiorello La Guardia. Fiorello La Guardia was the son of Italian immigrants – poor Italian immigrants; Ed was the son of poor Jews in Hoboken, [New York](#). And La Guardia was the only four-term mayor New York has ever had. Ed's office, on a big wall, had a huge portrait of Fiorello La Guardia. Ed's desk, in his office, was Fiorello La Guardia's desk.
- RICHARD K. LIEBERMAN**
- 1:00:37 I think we have enough time for one last –

DR. STEPHEN JOSEPH

1:00:39 And if you want to know why Ed ran for a fourth term and lost, it's because he wanted to equal La Guardia's record.

[Crosstalk]

RICHARD K. LIEBERMAN

1:00:58 So we have a few moments for some sort of free back-and-forth questions. Obie?

OBIAZAM

1:01:04 I really wanted to ask you about your [inaudible] with Dr. David Sencer because when we were looking at correspondence between Dr. Sencer and the mayor's office, we kind of noticed that – well, I'm assuming, actually, that I think Dr. Sencer was being a little hesitant to tackle the AIDS crisis in full force because there were speculations that he kind of dropped the ball when he was at the CDC about the whole swine flu thing. Do you have any opinion?

DR. STEPHEN JOSEPH

1:01:37 Yeah. Yeah. That he's a different guy, older generation, more a federal bureaucrat, smart public health guy. Dave did not drop the ball on swine flu; he did exactly the right thing. Swine flu did something that nobody else thought they were going to do with the Guillain-Barre syndrome. I think he may have been more cautious. I don't know what kind of relationship he had with Ed. I don't know. I know – again, I'm being very frank – Dave did not reside in the City of New York. Dave had an apartment in Jersey and that became an issue.

1:02:19 When I was sworn in, I got a phone call from Dave, and Dave said, "I want you to know one thing: anything you want from me in terms of advice, if you just call me, I'll tell you what I can. And I will never, ever, criticize anything you do publically or in the press whether I like it or not." He's a very straight shooter. Was he aggressive? I don't know. Maybe I was *too* aggressive sometimes. We're very different people. So maybe he wasn't the ideal health commissioner for that moment in time, but you can't blame – I mean this was what was underlying the stuff that the gay community had about Dave after he left – you can't blame him for the AIDS epidemic in New York. And he had a mayor –

1:03:15 One thing I must say: you do know about the health code, right? You know that New York is different from most jurisdictions in that there are two legislative codes. There's a civil code and the health code. Who makes the civil code? The city council. Who makes the health code? The board of

health, 1866. What's different about New York and almost every place in the country is it has a health code. So you could pass laws without the politician. The board of health is appointed by the mayor. In New York City – in most places in the United States, the health commissioner is the executive secretary of the board, and the board has a chair. In New York City, if it's still true, the health commissioner is the chairman of the board of health which has responsibility for writing health code legislation.

1:04:14 It's an enormously powerful set-up, and I think it's good to have very aggressive people in there. So maybe Dave was just not as aggressive. But he didn't – the flowering of the AIDS epidemic was not Dave Sencer's fault. There was no treatment. There was no understanding of what the true risks were.

1:04:38 I fired two people in the health department after I got there. One was a very good epidemiologist who said to me, "It must be a different strain of the virus because there is no evidence that AIDS can be – HIV can be transmitted heterosexually in New York City." Good-bye. The second person I encouraged to find other employment was a terrific pediatrician. Terrific pediatrician. And when we were talking about contact tracing, she said to me, "We can't give women this information." This is a woman. "They can't handle it. They'll be upset. We can't give this information to women." Good-bye. Everybody else I kept, and it was a very good department. I was blessed by the quality of the people I had. And a lot of that you have to credit Dave for because that's what he left me.

RICHARD K. LIEBERMAN

1:05:36 Other questions [inaudible]?

WALEY LANG

1:05:40 I have a question [inaudible] that you rolled out at the AIDS conference in Montreal. You mentioned that originally Sencer had applied the San Francisco method to [inaudible]. What was the difference between the San Francisco method and the New York method [inaudible]?

DR. STEPHEN JOSEPH

1:05:57 I guess we used all – well, first of all, we had a lot more data because the initial estimates were probably done before the middle of the '80s; we're not talking about '88. And so we had a lot more data, and we had smart people look at the data and construct a method of estimating how, in the context of all the factors in New York City, what we estimated what the cases were. But we had a lot more data and a lot more data over time, so it was better data, really more than a difference in the model. But there was a big

difference in the model which was it was a very different epidemic in San Francisco than it was in New York, particularly by the late '80s.

RICHARD K. LIEBERMAN

1:06:48 We've got two more questions.

OLIVIA FEAL

1:06:58 Can you tell us a little bit about [inaudible], and I know that Mayor Koch, himself,[inaudible]. I want to know if any of that sort of played into or could potentially have affected Mayor Koch's responses to them?

DR. STEPHEN JOSEPH

1:07:19 It sure as hell wouldn't have affected his response. His response was to take care of the city.

1:07:27 The worst thing I ever saw in New York City was a sign scrawled on a wall in Harlem – African American community of Harlem – and the sign said – graffiti – said, "When will all the junkies die of AIDS and leave us in peace?" In Harlem, on a wall. You had conservative religious groups of all kinds. The Jewish community – a conservative community in Brooklyn – is probably still one of the most conservative and well-organized communities in the country. And the black religious community –

1:08:09 Where Ed lost the blacks – this is why Ed did not get re-elected: one was he lost the gay community; the other one was he lost the black community. And he lost the black community when he closed several hospitals – before my time, I think '85, '84, Sydenham Hospital. There were some small hospitals. And why did he close those hospitals? Because he didn't have the money to run them, and he was afraid, you know, da, da, da. Was he right or wrong? I don't know. But his relationship with the black community went downhill specific – Joe could probably tell you really a lot about that, much more than I can. Ed would never – I mean do I like Ed Koch? Ed would never let his personal feelings about things like religious thought or his own religion would never have gotten – that's not who this guy was. It's not who he was.

RICHARD K. LIEBERMAN

1:09:09 One last question.

ADAMERE COSTANO

1:09:10 So my question to you is you speak a lot about Albany, and there pretty much were a lot of battles going on between –

DR. STEPHEN JOSEPH

1:09:19 Yeah. Probably still are. Yeah.

ADAMERE COSTANO

1:09:21 So how did you try to overcome that kind of a challenge [inaudible]?

DR. STEPHEN JOSEPH

1:09:31 Inadequately. Inadequately. I could tell you, and you can read it in the book, I tried to get better with Dave, and we would meet in New York and talk, and he tried. I think we just didn't get along so well. But it was more than just the two people; it was the long history of city-state relationships. You students of political science, my guess is that the issue in New York City and Albany is no difference between whoever is the mayor of Boise and the state legislature in Idaho. I think that's a part of the American political thing.

1:10:09 And of course, there was the political rivalry. Remember, Ed ran for the governorship, was going to run for the governorship. And he might have gotten it except he got on the radio and said – they asked him, "What would be the worst thing about being elected governor?" And he said, on the radio, "I'd have to live in Albany." [Laughter]

RICHARD K. LIEBERMAN

1:10:33 Dr. Joseph, thank you so much. I have one more request. If you could stand right behind that chair.

DR. STEPHEN JOSEPH

1:10:40 I'm sorry. I move around a lot.

RICHARD K. LIEBERMAN

1:10:41 [We can](#) sit on either side of the screen and take a picture of us with you. [Laughter]

DR. STEPHEN JOSEPH

1:10:46 No kidding. All right. I will do that.

RICHARD K. LIEBERMAN

1:10:52 If it comes out, it would be really neat to have us with you. So just stand right there. If you're seeing our backsides, I apologize.

DR. STEPHEN JOSEPH

1:11:08 Doug, are you really going to be able to do this? By the way, we should really thank Doug and a woman who you don't know who connected us for

making this possible. We just wouldn't have done it – wouldn't have been able to do it.

RICHARD K. LIEBERMAN

1:11:21 That's right. Just stand right there. We're going to try and pull this off.

[Crosstalk]

ALL

1:12:15 Thank you. [Applause]

DR. STEPHEN JOSEPH

1:12:18 So you're going to send me a copy of this picture, right? Okay. And I'm going to send you the AIDS commercials. And if you put them on disk, which you probably will from tape, make a disk for me and send it back; otherwise, just keep it.

RICHARD K. LIEBERMAN

1:12:32 All right. We'll make a copy –

DR. STEPHEN JOSEPH

1:12:34 And anything else I can do, let me know. Any questions that come up about the book, let me know. It's been a lot of fun. Okay, Richard, nice to meet you.

RICHARD K. LIEBERMAN

1:12:42 Nice to meet you.

ALL

1:12:45 Thank you.

[End of audio]

Duration: 74 minutes

