Out/Closeted in the Quadrangles:
A History of LGBTQ Life at the University of Chicago

ORAL HISTORY PROJECT

INTERVIEW #92
OSTROW, DAVID (1947-) **SB 1969, MD 1974, PhD 1975**

At U of C: 1965-1979

Interviewed: December 10, 2014
Interviewer: Lauren Stokes
Transcript by: Lauren Stokes
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Interview December 10, 2014 at David Ostrow's home in Chicago:

[0:00:00 to 02:00: LS asks demographic questions]

LS: So we actually like to start these interviews with asking you how you ended up at the University of Chicago.

DO: Well, I was accepted in my junior year for early admission, I think the first or second person from my high school to be accepted, and as an early admission during my Junior year. So when I went to my Senior year college application with my high school counselor, he asked "Where are you applying?" I said "The University of Chicago." To which he responded "Oh no, you'll never get in there, nobody from here gets in there, you need an all-A average. " I said "Well, I've already been accepted for Early Admission, so that shows how much you know about me." [LS laughs] My three year older sister, Gail, had given me the College catalog to read several years before- when she wanted to go there, and my father said he wouldn't send her to college, that she had to either get married or move out and take a secretarial job job to support herself she gave me the catalog and said "Read this, this is your ticket out of here." It was a very Tennessee Williams period in a Jewish middle-class family that was rapidly deteriorating with each of us racing to get out of our parents' physically and psychologically abusive relationship before it all blew up.

LS: Were you at high school in Chicago, or?

DO: Yeah, I was born in Brooklyn but when 5 we moved to the suburbs and I went to Teaneck high school in New Jersey.

LS: Oh, OK! I'm from New Jersey, too.

DO: Yeah, near Princeton you said, or something?

LS: Actually Parsippany, but cool… so from Teaneck to the University of Chicago. So what were you expecting when you came there?

DO: Well, I was expecting the life of the mind, and to get away from a very unhappy family situation, and to do very well and eventually be able to go into whatever field I wanted to go into. What I didn't expect is that I would place out of the whole first two years of college, so when given the choice of just doing pre-med in two years or doing the full four years, I decided "why was I giving this opportunity up?"I had a full scholarship and it'd be soon enough that I'd be studying medicine full time without much opportunity to look at other things, so I did kind of a double major in biochemistry/pre-med and history of Impressionist art.

LS: Oh, that's really cool. What was that like?

DO: Well, there was this famous professor there at the time who, his thing was, Impressionism. I wish I remembered his name because , he had a dual appointment at the U of C and at the Art Institute, and he eventually went on to become the curator of the National Gallery in Washington when that expanded. But his classes were the kind that you had to line up to get into, and I thought "Wow," you know, "Everybody talks so well of that, what could be more different than medical school than learning about art and expression in Chicago where the Art Institute had one of the best collections of Impressionist art in the world. Plus, I think the "yang/yin" dualism of art and creativity vs science and evidence-based practice really set the course for the rest of my life.."

LS: Yeah. Did you already know you wanted to go to medical school when you came, or was that something you figured out?

DO: Yes, I wanted to go into medical sciences, with a combined MD-PhD training, and the U of C had one of the first and largest medical scientist training programs. What branch or how, I didn't know, but I knew I wanted to go into medical sciences with the resources to do meaningful research in whatever specialty I ended up in. [LS: OK.] But I remember I placed out of every freshman and sophomore undergraduate class except one, which was like the Basic Embryology class. Well, I placed out on the written exam, but the woman in charge of the course had never placed anybody out of it in her entire time in the teaching at the University, so she brought me into her lab on a Saturday and started putting me through lab exercises until she found one I had never done, that was dissection of a fetal pig. [LS: OK] And then she says "Well, I guess you will learn something if you take this course." [Laughter]

LS: [laughing] You'll learn to dissect a fetal pig. So had you had a lot of science beforehand?

DO: Well, Teaneck high school was very well known for its college track classes versus the, we used to call them the "jock track." Eventually they did away with it, but it was taught by teachers who were really there because they wanted to teach the students who wanted to acquire a higher level of learning, so I think I did well by placing out of the first two years of college at U of C.

LS: Yeah, no kidding, that's really impressive. What about—can you say something about your social life while you were at the University as an undergrad?

DO: As an undergraduate, I lived the first year in Pierce Tower, which you know they just tore it down because it was so horrible and designed to encourage totally antisocial behavior., But it was the first time that I met other people who eventually would be important in my coming out, because people would come up to me and introduce themselves, or talk to me, and I'd say "Do I know you?" and they say "No, but I saw your picture in the Pig Book," they used to call it, you know, the book they gave us with head shots of all the persons in our Freshman year. [LS: The Pig Book?] Yes, they gave us a book of all the incoming students, your picture, and where were from, what town, what high school you graduated from, that was called the "Pig Book." And so I had a few limited sexual dalliances with men. After moving out of all male Pierce Hall, I began to have sex with several different women, so I thought I was bisexual. But just as the classical studies have shown, sex with women was never something that I enjoyed or looked forward to as much as sex with fellow male students.

And then after Pierce Tower I won a lottery to get a townhouse that the University was going to eventually use for part of the new medical campus, but for the time being they wanted to rent it out. So all of a sudden I had these friends who all wanted to move in with me, and that introduced me to a much more broader segment of the "community," both students and non-students, and anti-war people and people who hung around with students, experimented with drugs, mostly marijuana, and so forth.

[08:45]

LS: OK. Cause you were there during 1968, right? [DO: Right.] Do you, what do you remember about those, like the administration stuff?

DO: Yes, well, I helped, I was involved in shutting down the Administration Building to protest the Federal examinations being conducted to determine if men with student deferments from the draft were in college to actually learn or were just draft dodgers—and all, but I knew when to get out so as not to be thrown out of college or lose my scholarship. It seemed that as the student protest movement on campus evolved- first there was a female professor whom they didn't promote, and I didn't even know who she was, but it seemed like it was an issue of governance, whether students who liked her should have any say in whether she would be kept on, and then there was the university agreeing to participate in the draft deferment exams that they were giving to determine who was really on a pre-med exemption and who was not really taking advantage of college and would lose theirs. And that's where we had to get out before the exam happened because the university would have lost all its government funding if we hadn't gotten out and it was interesting to see that it wasn't just the students, it was a lot of the faculty were having a very hard time dealing with this. Especially the ones that had come from Germany during or after World War II, they saw this as like the beginning of how the social, you know, what the Nazis started by disrupting the schools and doing all this

kind of stuff. They saw it as really as a threat to the governance of the medical school by the faculty versus that, but we had also lots of discussions everywhere from… In Hutch Commons, where people would stand up on the tables and argue for capitalism a la Levi versus socialism and stuff like that. But there was definitely an increasing sense of crisis and social instability that was playing out during those years. And I think it culminated in the "police riots" during the 1968 Democratic Convention in Chicago and the subsequent election of Richard anion running on a Law and Order platform.

But the group of us living in the townhouse on Maryland Avenue had a friend, a black student throughout our undergraduate years, who would always tell us things like "Clean up your house this weekend, there's going to be a bust that's going around," and it never occurred to us why he knew that until afterwards. Oh, and then he led the black student takeover of the administration building which Dean Booth felt was the one time that he had actually negotiated a resolution, but he couldn't understand why the police still showed up to arrest everybody, because he hadn't called them, and we had to tell him that this guy was actually an FBI undercover agent the whole time. [LS: Oh really!] This came up at one of our reunions. He turned out to be undercover for the House Un-American Affairs Committee, the whole time. He testified before them that the whole anti-war movement was a front for communism on campus, and had nothing to do with the war, this was you know when Nixon was kind of riding in to power on a law-and-order campaign. It's fascinating to now read the transcripts of his tapes now that they are finally being released and all his profanity, anti-Semitism, homophobia, anti-science language and to realize that our country was being run by a total madman during this critical period!

LS: Right. So this undercover guy was living in Pierce House?

DO: No. He was living in an apartment. [LS: OK.] But he hung out with the rest of us and we didn't know what was going on with him. It wasn't hard to figure out afterwards with his picture and name identifying him as an FBI undercover agent the whole time we were classmates. And very sad to have to tell our former Dean Booth at the last reunion where he met with us to tell us how he felt things were completely out of his control during that period, except when thought he had successfully negotiated a settlement with the Black Students, that he had actually been negotiating with an undercover FBI agent by the name of Jerry Kirk!

LS: Right, right, once you were able to connect the dots that happened pretty quickly.

DO: Right. But I felt bad having to tell Dean Booth, who we all loved, that his one incident that he felt he was powerful, he had a role in resolving it peacefully, was actually a set-up.

LS: Huh. That this undercover guy was involved in. That's so interesting.

DO: SDS and the Black Students', you know… [LS: Yeah.] So no matter what agreement they came to with him, the police still showed up to arrest everybody, so he could get away, you know.

LS: Yeah. So you were involved in…

DO: Yes, and a lot of this stuff never really got written. I remember how dejected Dean Booth seemed, it was at my 40th college reunion, and Dean Booth died soon thereafter.

[14:20]

LS: But so you were kind of involved in the anti-war stuff?

DO: Yes, but I was always kind of like "I'm not sure we need to go that far and demand this" [LS: OK], I mean, we need to show we're against the war and why, but you know, our demonstrations should be peaceful and stuff. But it was people like Jerry who would be the first to throw a rock when we were demonstrating in front of the Frank Lloyd Wright building and stuff like that. So really being difficult. And when you learn later that his role was to do just that…

LS: Yeah, you're like "Oh, everything makes sense now." So you mentioned that you won the—what house were you in in Pierce, do you remember?

DO: I was in Henderson House.

LS: You were in Henderson! Oh, OK, great!

DO: Why?

LS: That's—so we have this whole archival collection of Henderson House [DO: Really?] from that period, so your name is probably somewhere there, and we have all this like, we actually have all of these early gay lib posters that were hanging in Henderson House.

DO: Really? But the Shorey House was the really odd one.

LS: Oh really? [DO: Yes.] Why were they known as the oddballs?

DO: Well, the expression went that in Shorey House they slept two to a bed. [Laughter] It just seemed to attract the more radical people.

LS: Shorey did, huh. Interesting. But so you moved out after your second year into the townhouse…

DO: Between my first and second year.

LS: Between your first and second year, OK, so… and then where was the townhouse?

DO: 58th and Maryland.

LS: Oh OK, yeah, you said right by where the medical school then went in. You had also mentioned that you met some people in your first year who would then kind of play, come to play a role in your coming out. Can you talk a little bit about that? Had you known you were gay before you went to the University?

[16:45]

DO: I had always had the sense that I might be gay, but I didn't know what it was or anything, you know? And when this one particular person, Walter, in my class, just came up to me on line in the cafeteria and started talking to me like he knew me, he was from Philadelphia and all that stuff, I was kind of surprised that two men could openly talk with each other and then next thing we were doing things together and occasionally having sex, and he introduced me to an older man, not too much older but somebody who had already finished the University and we would have some three-ways, but it was all what you would call pre-intercourse sex, or "outer-course" as we would call it today.

LS: Sure.

DO: And it was nice. And then eventually I would go to some of the LGBT coffeehouses held at the Theological Seminary, and begin to meet individuals and social networks within the University all of whom were going through a similar "coming out" process as I was.

LS: OK.

DO: You've heard of that, right?

LS: Yeah, is this the Blue Gargoyle?

DO: Yes.

LS: OK.

DO: Exactly. But I wasn't into going downtown to the bars or anything like that. I didn't even know what anal sex was until my summer between my freshman and my sophomore year when I traveled to Southern Spain and Morocco. But I got to know faculty members and staff who were quietly the kind of support system for either gay or lesbian or questioning students, because there wasn't a whole lot of formal counseling or support for LGBT students at the University itself. Doc Films would show a lot of gay films, and the Gargoyle would be the one social place, but beyond that there weren't dances, there wasn't like that kind of stuff, so you went downtown to a bar or something, but there were a few people, faculty and others, who got to be known as the social hosts for gay and lesbian students, like in particular Roger Weiss and Howard Brown, I'm sure you've come across their name [LS: Yeah.] in a lot of your research.

Now they were the faculty advisors to Henderson House [LS: Oh, OK], so they would have about once every month or so a big party at their house but totally separate from that they would have on "gay holidays" like Halloween and New Year's, they would have a totally separate party, so the first time I showed up at one of their gay parties, I remember Howard Brown looking at me and saying "What are you doing here? Aren't you on the other party list." I said "You would be surprised, Howard, how many lists I could be on." So that was nice to know and to meet a lot of other faculty at Roger and Howard's home, because they kept track of faculty going back like fifty years, who had been at the University, would come and visit and so forth. And they always had gay roommates in their house, and they themselves were the perfect model for a long term committed gay relationship.

Also there was Phillip Hoffmann in the pharmacology department, and then probably the best known of all the faculty was Donald Steiner. He didn't play much of a public or social role, but since I did my undergraduate and PhD studies in biochemistry with Dr. Godfrey Getz, who was physically based in the Pathology Department, there was a lot of envy, I don't know, that I should be doing my PhD with one of these old queens in the Biochemistry Department, because I was the only person in the MD/PhD program who was doing a hard science PhD, and Donald Steiner had his lab right in the corner of the basement that I had to go by, going from one lab where I did work to another, and I would hang out with him, and without being overtly gay or anything, he was very protective of me, and told me not to worry about these people, that they were just jealous and powerless to hurt me, because I would literally get threats from some of the older members of the Department that "If you don't do your PhD with me, we're going to fuck it up for you," or something like that, so there were those kinds of people. later on, when I had come out and started the Chicago Gay Medical Society, were a few *married* residents and stuff who, when they found out that I had organized a gay medical student association, that actually became predatory towards me, like you become my lover or I'm gonna make sure you flunk out of your clerkship on my service. By then I had settled down with my first and longest term lover, Jim Fenters, who was very protective of me, so I have sort of forgotten about these very ugly incidents until now when talking about them with you I get rather emotional about both the mental and even physical threats that my being an out gay man on the U of C campus caused. Jim and I were together for 23 years and honestly I can say now that I doubt I would have stayed in the MD- PhD program and Residency training at U of C if it weren't for having the most caring and supportive partner during that entire period.

And then there was the guy who was the head of Student Health at the University for the longest time, he was married, bisexual, but I'll never forget the time I went in for my first exam with him, and I may have been high on marijuana from the night before, and next thing I know he has me stripping and he's doing a kind of brutal anal exam on me, and really doing inappropriate stuff, and you could kind of tell that he was getting an intense sexual thrill from this sort of brutal behavior. Definitely some faculty felt more comfortable being directly involved with the gay medical student group and others just wanted to fantasize about it and have some kind of distant observational type of

relationship, because they were too uncomfortable in their own marriage or their inability to deal with their own sexuality. [LS: Right.] I even have a picture of a summer meeting we had out on the Point, and we're all sitting around, and I say you look there by that bush, there's a guy there with a telescopic camera filming us, OK? [LS: Oh my god, peeping.] Peeping, exactly. [LS: Wow.]

So that's how it was. It was OK to be gay, but not to talk about it, and not to let it interfere, and certainly not to get involved with a student in any kind of romantic way, and then the nicest and most supportive person of all wasn't a faculty member, his name was Randy Hughes, H-U-G-H-E-S. He was a wonderful black man who ran the primate lab in the pathology department that was the primate dietary intervention laboratory part associated with the CORE biochemistry lab that I worked in and did my SB and PhD research in.—Randy ran the facility that studied the monkeys that were fed a "rich" American diet, a Heart Association approved diet and then studied the pathophysiology of atherosclerosis. Randy was gay, he made no attempts to hide it; in fact when you went to his home you saw pictures by various lovers that had painted of him, because he was a gorgeous man, especially in his younger days. So his lab was kind of like a coffeehouse for us during the day to gather and meet and talk and people would kind of come out, you know, to each other there. He's somebody I really missed a lot. Wonderful guy. Didn't have the power of being a faculty member, but he worked in the department of pathology for the Chairman, which was where I was assigned to do my work study by a very perceptive advisor who had figured out my academic and life trajectories from the very beginning. I had a full scholarship but I had to work also, so I got there and my advisor, a very nice English woman, got the lay of what my interests were, and said "Well, I'm going to recommend a job that's perfect for you, because you're going to start out washing dishes in this lab, but these are all South Africans and English people, and if you do well there, you will stay in this group and go through your whole MD/PhD career with them," and that was exactly what happened.

But the political thing in that lab was not so much gender, it was all around social medicine, because these were doctors who had left South Africa because they graduated from medical school there and didn't want to practice under apartheid, and one came to the University of Chicago, and then they sponsored another, sponsored another, and they've become kind of like a big group of people in the field of academic medicine, in fact the current dean is from South Africa, and the dean at University of Pennsylvania was somebody that my advisor brought over, and it made for a very kind of clubby English yet competitive atmosphere but it was tough, I mean, because first of all everybody wanted to work with these people, so you had to line up for their time. They were very very good advisors, but you had to really do your own work and basically what my primary mentor, Professor Godfrey Getz said to me after one year of washing dishes, he said "OK"—and then going to England to work for a Medical School colleague of his who ran a laboratory at Shell in England and came back—he said "Now you're ready to do research. You're no longer in the dish washing room, washing the dishes, now you've got a desk and it's up to you what you're going to do, and I'm not gonna tell you what to do, but I am here to help you figure out how to do cellular biochemistry research," it was that kind of a very exciting time, there were a lot of discoveries being made in membrane

biochemistry and the role of non-nuclear DNA and various types of RNAs and so I just kind of took off on that subject.

[28:12]

LS: So can you talk a little bit about your… ‘cause you went straight from undergrad to med school, right?

DO: Right. Once you got accepted into the MSTP, you had no summer off, because the first summer you had todo a concentrated anatomy course so that you had to do all of the coursework for both medicine and your PhD in the first 2 years, afterwards you had 4 years to do both your clinical medical training and your PhD research. I felt that I had an advantage in the Biochemistry PhD research area because I had already received an SB degree with honors for my undergraduate research in the same lab with the same mentor, Godfrey Getz. I still had to prove those basic biochemists that doing my PhD in a clinical area of biochemistry was not going to be inferior to doing something chained to one of their laboratory benches in a less clinical research setting, and I had to pick tough topics for my qualifying exams and my initial thesis proposal. And I remember at my oral exam after one year where I had to defend my proposal, and be quizzed on the basics of the field and your proposal—being accused by two of these old queens that I didn’t write my proposal, that somebody else had ghost-written it for me. [LS: Oof.] But again I was very lucky in that my lover, Jim, had a best female friend and her cousin was one of the most famous physical biochemists at the University of Chicago, and he was on that committee, and without knowing about our connection, he stopped the Professors who were tormenting me with harder and more irrelevant questions by standing up and saying loudly "That's enough! I think that this candidate has amply demonstrated that he is adequately prepared and working in a good laboratory to achieve what will be an exemplary body of research, and I move to stop prolonging this exam!" Later, when he told his cousin that he had just met the brightest U of Chicago PhD student ever, and how stupid the other people were in giving me a hard time, she told him “Well, that’s his partner, David!" Despite what seemed like a big age difference of 11 years when we first me, and our very different backgrounds we were we're together for twenty-three years. [LS: Oh wow.] And we shared a lot, and helped each other, and lived a very different life than if I had stayed in Hyde Park. I moved out of Hyde Park into Lake Point Tower [LS: Oh nice.] We had a very nice relationship and would have been married if there was such a thing as same sex marriage back then

LS: Lake Point Tower is like that one that’s the really gorgeous one out on the point there, right?

DO: Right, out by Navy Pier.

LS: Yeah, I drive by that every day. [laughs] I like that.

DO: Eventually we had two apartments in Harbor Point at the end of Randolph put together, with a 360 degree view of the city and Lake. We held annual 3rd of July fireworks parties

there and even a party when the Pope held a mass in Grant Park. We lost about half of our view when they straightened Lake Shore Drive, which opened up the area east of us for development, but it still had some of the best views of the city from the 52nd floor, a great health club and indoor swimming pool and a very social atmosphere.

LS: That's awesome. So this was—your partner, Jim, who you'd met, you said you met him in Miami, but he was also in Chicago.

DO: Yes. He ran Illinois Institute of Technology's biological division.

LS: OK, and was also a biologist…

DO: He was a virologist. He was from Indiana, but he had gone to college school at Purdue and then the University of Iowa, in Ames, where he got his PhD. His first job in Chicago was at Abbott in North Chicago, but as soon as Lake Point Tower was announced, he landed a job at the Illinois Research Technical Institute (check name, remember initials as IITRI.) on the IIT campus and was one of the first persons to move into Lake Point Tower while they were still putting in the glass curtain wall on the upper floors. At IITRI, he began as the head of the environmental toxicology lab, but eventually became the Director of the entire Biological Research Division there. We were together twenty-three years and then we split up and ten years later he died, but we were still close enough that he left me enough money that I was able to basically retire from full-time work and lead a much more independent life. Independent from academic politics. I don't like academic politics at all. As the saying goes, "Academic politics are just like regular politics, only more vicious as the stakes are so much smaller!" Jim was an exception and truly one of the most supportive and generous persons I have ever known. At the Celebration of His Life that I organized after his death, everyone said that when Jim died they felt like they had lost their best friend. He was a gem and even though it's been 7 years, I still miss him very much and think of him every day.

LS: Yeah it sounds like you had a lot, there were a lot of academic politics going on when you were a graduate student. [laughs] There was something I wanted to ask—oh, you had referred to yourself as kind of being "out" at this point, was there a point in which you thought in your head like "Now I'm out," kind of?

DO: Yes. I got married for two years, '71-'72. [LS: To a woman, I'm assuming…] To my high school sweetheart. She was doing her PhD in Educational Psychology at Michigan, I was at Chicago, and she said "Well, I'll come to Chicago and spend two years with you," and her father said "Only if you get married." [LS: OK.] Because he was a lawyer, and he said "you know, it's not such a big deal to split up," but… and I thought it was just a matter of being with a woman, and I would, the other stuff would kind of go away, but I found myself not that happy in the relationship, and after two years she wasn't that happy either, so we agreed to split up on good terms, and we stayed close, we stayed in contact. It will be interesting to see her at my 50th, if she comes to the 50th, because we graduated from high school together. [LS: The Teaneck reunion, yeah.] Yes, and we didn't have any kids but when I… the person who had helped me get accustomed to some gay stuff when

I was in college, he had by then come out and was having a relationship with a professor in some area of art or something, so he was much more out, and he could tell that I was unhappy, so I said "I've really have to talk to you, what would it be like if I, if Alice and I broke up and I came out, what should I do, how do I make friends and this and that," so he informally counseled me during that period, and that was helpful, to have someone I had known from almost my first day in the College when he introduced himself to me on the cafeteria line at Pierce Tower.

LS: And so this Walter you met your first week at the College was also the main person who helped you "come out" after you and your wife split up?

DO: Yes, Walter was someone I met on practically day 1 at U of C and kept popping up at various points in my life until we lost track of each other about 15 years ago. When he moved to LA, I put him in touch with a gay psychiatrist friend there and they ended up lovers. But that lasted about 5 years after which I lost contact with him.

LS: OK. Huh. So by that point… you mentioned also that you had founded the Gay Medical Students Association. Can you talk a little bit about that?

DO: Well, that was later. [LS: OK.] So I came out like in '72-'73. [LS: After you…] After Alice and I split up. [LS: Split up with Alice.] What? [LS: Split up with your wife.] Right. And I wasn't that happy with, tricks, and meeting people, and it being short term and just about everything that the single gay "scene" of discos, drinking and drugging was in the 70s. I also wasn't happy with the fact that I would see other medical students from both U of C and other schools out at the bars and places on the weekends, but during the week we had no interaction or support, so a couple of us at U of C founded what we called the Chicago Gay Medical Student Organization. It started out as mostly a support organization for gay and bisexual medical students. We would have monthly mostly social meetings, and a number of relationships started through that, some that have lasted to this day. Interesting to me was to see people basically come out before your eyes, going from being very geeky-looking at their first couple of meetings to being very good looking and stylish a month or two later. [LS laughs] I was already in my relationship with Jim, my long-term lover, but that didn't keep us from "mentoring" some of the medical students who were just recognizing their sexuality and how it might relate to their eventual careers in medicine.

I had an unlisted phone in my home, and we had ads in the *Chicago Reader*, "Are you a gay or lesbian medical student, call this number," and we were just getting hundreds of phone calls. [LS: Oh, wow.] And half of them were people who were saying "I can't go to my doctor because he was my pediatrician, or he won't understand, I don't want to go to the City Clinic and I think I have this problem or that related to gay activity." So it wasn't long before the group started to develop a referral list of gay physicians in the community who were willing to take on referrals from our group. There weren't many at that time, as most of docs were themselves "in the closet" and were afraid that if they saw a lot of gay patients they might get outed or lose the straight patients that composed the majority of their practices. You have to remember that in the early to mid 70s there were

no physicians or clinics that specialized in STI diagnosis or treatment, except for the CDC-sponsored CDPH clinics. But many of the calls we received were people complaining about the bad and humiliating treatment they received at the City STI clinics when they asked for an anal or oral GC test. So when Gay Horizons, the group that now runs the Halsted Street community center—asked us if we would go in with them to provide STI and treatment one night a week at a coffee shop they were planning to open up across from the Biograph Theater on Lincoln above in a Wobbly Hall, that's the Anarchist Workers' Association, and we our VD Testing and Treatment clinic there, that was the first gay community-based health clinic of any kind in the US. That also got us involved in a lot politics, because the city didn't want us to submit anonymous samples, even though we said "We'll keep track of who the samples are from, and we'll do the contract tracing with them" as what people calling us most objected to at the City clinics was the heavy-handed contact tracing. [LS: That the city would have their name on this STD test.] Right, right. Instead we developed a code based on personal information that our patients could easily remember, and thus we invented the first confidential STI reporting system, that was really important during the AIDS epidemic before there were effective treatments for HIV.

And just in the course of the first year, the number of men coming through was tremendous, and all the work was done by volunteer students like myself and the few "out" licensed docs willing to provide the necessary treatments. In the beginning we didn't ask for any money, if they gave it we had no paid staff or overhead, so we used the donations to help purchase the treatments that we couldn't get from the pharmacies or drug company reps at our medical schools or practices. The City had, by law, to give us the testing supplies and develop the cultures, but they tried every way not to help us as they saw our confidential reporting system as undercutting their ability to justify the funds they were receiving from the CDC's Venereal Disease Program. But I, as an MSTP trainee with the support of the new Director of Training in the ID Department at UC Medical School [Ed.: Professor Gardner who had trained in the CDC Field Epidemiology Program] began keeping 3 by 5 inch cards listing the diagnoses of each patient coming through the Gay VD Clinic from the start. And I soon noticed that an awful lot of people soon after coming out were having the symptoms of some sort of Hepatitis, although we lacked the resources for testing for the type of hepatitis (A or B at that time, although C, for which there is no vaccine, is the current problem) or whether it was an acute, chronic or resolved infection. Fortunately, I soon got introduced to a closeted gay professor at Northwestern who was working with a company that was developing a Hepatitis B gamma globulin, and through him the company offered to test all of our patients for Hepatitis A and B if we would then refer the ones who were recovering from acute Hepatitis B for plasmapheresis to produce a gamma globulin that was very high in Hepatitis B antibodies for occupational exposures, like a needle stick or some other kind of exposure to HepB by a health care worker. So that got us data on what turned out to be the most prevalent infection among newly out gay men, it was actually Hepatitis B- not GC or syphilis- and that was a new discovery. Until then the medical field hadn't recognized that Hepatitis B was transmitted sexually, even though it was common knowledge in the community that Hepatitis B infection was a sort of "rite of passage" in coming out. So when we held our first Conference on Medical Issues among

Gay/Bisexual men along with other groups that were springing up around the country, Dale Shaskey—the first part time paid employee of the Clinic—and I published it in the Proceedings of the Conference at just about the same time as researchers at the NY Blood Bank published similar findings.

And that's how I got in contact with the people at the Centers for Disease Control, all of whom eventually became leaders of the AIDS Task Force, but back then they were very interested in all of these reports of high levels of STDs among gay men living in "gay ghettos" in major cities, like the Castro in SF and what is now "Boystown" in Lakeview, Chicago. The VD Division of the CDC was also getting the reports about the dissatisfaction of gay/bisexual men with the city docs and STI clinics. So they made me part of this road show, and I taught them how to take a sexual and drug use history of gay men, some of these terms they had never even heard of, And I met all of the people who went on to become the leaders of the AIDS Task Force like Jim Curran and Harold Jaffe and Bill Darrow and others. But the city clinics here in Chicago were run by people who were so ignorant off the special needs and sensitivities of gay/bisexual men that even though I introduced myself as the head of the new gay community clinic here, and a large part of the three-day training program was about emerging epidemics among gay men and how to properly take a complete sexual history-the whole thing was meant to give them sensitivity training on how to deal with gay people-but at the end of the three days this woman in a heavy Eastern European accent says, "Well, you know, here in Chicago the *gays* are setting up their *own* clinic and bypassing *our* program," and I looked at her and I said "Where have you been the whole week?" [LS: Yeah.] "I told you at the beginning, I'm part of that, and we're doing it because you have no sensitivity towards gay men." [LS: We're getting all these calls, yeah.] So we got very well known at the CDC from those sort of experiences that the Clinic was chosen to be one of the five sites where the CDC/Merck study of first the epidemiology of Hepatitis B as a sexual disease, and then we moved right into the multisite HepB efficacy study in gay/bisexual men.

Those early experiences at was now the Howard Brown Clinic proved that a gay community based clinic could successfully do longitudinal epidemiological and treatment efficacy studies and led me to head up the Chicago Multi-Center AIDS Cohort Study. In 1982, when AIDS First started to be diagnosed in rapidly increasing numbers in Chicago, John Phair (then head of ID at Northwestern, where I was working in my first job as the Head of Biological Psychiatry) and I proposed to NIH a major longitudinal study of the natural history of AIDS on rational that "the gay/bisexual men that we already have blood samples from for the last five years are also the guys who are at high-risk for whatever this is that's causing AIDS, so why don't we study them and a bunch more gay men, who maybe aren't as high risk, and over time we'll find out what is the natural history and cause of this horrible disease," which at the time of their diagnosis of having no functional immune system, it was too late to do anything for them.

But this was during the Reagan administration, and they didn't want to give any money for this, they wouldn't even mention the name AIDS. In fact the Undersecretary of Health, this guy Edward N. Brandt Jr., who was Reagan's political operative for all Health related issues and budgets so you have the Secretary of Health, who's appointed

and supposed to be an independent doctor, but then you have the guy in the next office who makes the decisions based on what the President and his party wants, he had even testified before the Appropriations Committee for Health and Human Services that they had all the money they needed for AIDS Research and fought against any specific funding for AIDS Research. Meanwhile you had, Feinstein who got elected on a “We need to do more about AIDS” and Representative Green from New York and of course Senator Foxman, all from the hardest hit areas of SF and NY, battling against Brandt's testimony that "we’re doing everything, we’re funding every possible study and everything, but there at least five us testifying that we had written what I thought were necessary and good studies that had received good scores when reviewed, but judged not good enough to get funded. They were approved but not funded, from San Francisco and Denver and elsewhere. They weren’t exactly the same, but they were all along the lines of taking a high-risk group of gay men and following them and seeing what’s going on when there was a test for the agent, then what was the natural history, but what differed, what were the risk factors and all that kind of stuff. Because you have to know that before you can attack any disease.

Well, the Congressman who ran the HHS Appropriations Committee was an old Southern gentleman, really nice guy by the name of Natcher—they named the main conference center at the NIH after him after he died—arranged for the five PIs of these initial natural history of AIDS proposals, under pressure from Green and Feinstein, to present our case before his Committee. It seemed like a very quiet and poorly attended meeting compared to the one down the hall where they were debating funding of the cruise missile program, and he even had our grants read into the Congressional Record. But obviously the right persons were listening to our testimony, as the next week he called Brandt back, and he said “I don’t understand, two or three weeks ago you were here, and you said you had all the money, you were doing everything possible,” and one of the Reagan administration's arguments besides the obvious homophobia was “If we start letting disease groups dictating where money is spent at NIH, then every disease is gonna be asking for their money,” (and of course that has been the pattern since then) but here you had an entirely new fatal disease that was growing exponentially and no one at NIH was stepping up to the plate. So the first thing Natcher said to Brandt was "You were here, and you said you’re doing everything, but then I have these really nice young bright scientists from all over the country in my office here last week, testifying that they applied to do the studies that are needed and they were turned down.” And Brandt said “I may have misspoke" at which point Natcher grabbed his mallet and said "Boom, four million dollars for AIDS research," and that was the first money, now it’s in the billions, but… and then we got funded. But they decided to take the four or five different studies and make them into one multi-center study. And that Multisite Aids Cohort study has been going for thirty plus years now. It was like the Manhattan Project with Investigators from all five site meeting weekly for the first 6-7 months to put together the questionnaire and procedures in ’83, we recruited the first five thousand men at the five sites in ’84, and we’ve been seeing them every six months ever since. and We have had different times in which we’ve recruited more men to get younger men, more minority men and so forth, so it’s the largest study of its kind in the world that has been following gay and bisexual men (now we would use the term "MSM" as men not yet out do not identify as gay or bisexual), and

it costs a lot, it takes about ten percent of the entire NIH extramural HIV research budget to keep it going, with all the add-on studies and to maintain the biosample and data repositories because every institute now is using our study to study the long-term effects of X treatment on say the kidneys or this or that organ system and provides samples of virus and lymphocytes from the approximately 500 men who became infected while in the study (incident seroconvertors) for studies around the world of the genetics of the virus and the immune systems of person who are slow or non-progressors. Since it consumes about ten percent of all the extramural funding for HIV research at a time of drastic budget cuts it's under attack, of course, but we also produce much more than ten percent of the publications in this area. So for me it's been kind of like what I call Hershey's Paradise, where you have a basic observational study design that you can just keep doing and doing and doing, there will always be another thing to do. [LS: Yeah, another thing to check.] It's gone from being focused on the cause and natural history of HIV/AIDS to the treated history of HIV infection and long term effects of those treatments on the critical organ systems, and now to aging among gay men with and without HIV infection. And of course my work has always focused on the effects of psychoactive drugs on transmission, behavior and disease progression, always within the framework of harm reduction and reducing stigma. You could rightly say that this study has given me the conviction to focus on the great disparities in access to care and selective response to therapies based on social networks, education, race, gender, sexual orientation and other bio, psychosocial factors that are generally ignored or swept under the rug in medicine and medical training.

And being sixty-seven and on the one hand wanting to cut back, and thinking "Gee, how much longer can this study go?" but also wanting to keep going as long as I think I can help improve the quality of life of stigmatized and marginalized populations presents a dilemma. I thought I wasn't going to have a contract this year (I work as an independent contractor through Northwestern University), but I get a call in May from Professor Steven Wolinsky that the NIH had given a special appropriation to the Chicago MACS for me to work with basic scientists at Harvard on developing cannabinoid-based treatments and preventions for HIV. Now this is really bringing my two areas of interest together, because for the last eight to ten years I've been doing a lot of work on drug policy reform and have formed a community-based consortium of researcher in Cannabinology, and now I'm working with these top-notch laboratory scientists at Harvard who have assays for the steps by which THC in tissue culture prevents HIV from infecting lymphocytes, human lymphocytes in culture. [LS: Oh, interesting.] And if we can just figure that out on the genetic and molecular level and Combine that with all the longitudinal data we have collected in the MACS, then we can design scientific studies of Cannabinoid-based therapies for HIV infection and disease progression. In all my articles from the MACS that have focused on the role of non-injectable drugs in HIV, I've always said the one drug that never has any negative effect and sometimes has marginal positive effects is marijuana. It's never been, we've never shown it to increase the rate of disease progression, and we've never shown it in this cohort to increase the rate of infection.

[48:30]

LS: So men who use marijuana have always, like…

DO: Always had a slightly lower rate of incident and prevalent HIV infection [LS: Yeah], but we're really looking at methamphetamines, you know, and stimulants, that's where the interest is, so we control for that, and we don't make a big deal of it, but now I'm going back and taking all that data and synthesizing it, and I just got accepted to do a symposium at the American Psychiatric Association's Annual Meeting in May on using the rapidly expanding database on medicinal cannabis to develop cannabinoid-based preventions and therapies for Neuropsychiatric Disorders. [LS: That's really cool.] So I feel like my career has come full circle, and I find working with these people at Harvard very exciting because I haven't been in the clinical and research environments for a very long time. And that is what, I think, the MSTP is all about—preparing us to bridge our observations working with patients and the technical and hypothesis driven research in the lab.

Medical cannabis is rapidly becoming a business here in the United States, but I've been identifying people who run businesses who want to do research and want to do it in an open and a not-so-proprietary way, and my PhD was in lipid biosynthesis in yeast, and it turns out that endocannabinoids are a form of lipid structure, that's why they stay in the blood for so long, because they're absorbed into fat if you smoke them, but endocannabinoids are part of the pathways that I studied as part of my thesis. So I feel very happy, and if this is the last work I ever do, this'll be very nice.

[50:20]

LS: Yeah, coming full circle there, that's so interesting. I have a couple of questions, if I can kind of move to a couple of different things that you said. When did you, when did you start doing the testing for the men with the Gay Medical Students' association?

DO: You mean the Hepatitis testing?

LS: Yeah, the Hepatitis, yeah.

DO: That was like in 1974, I guess.

LS: OK, OK, that's earlier than I thought. And so the Gay Medical Students' Association, that was medical students from all the medical schools in Chicago. Where would you all meet?

DO: Right. In fact I would get calls every day from people at U of I to say they were the only gay medical student at U of I and I said "Well, then why do we have a hundred of you on the list?" [LS laughs] It was above a grocery store right across the street from the Biograph Theater that the Wobblies had as a Wobbly Hall and they just lent it to us. I had to bring my little kitchen counter table and residents would bring the various drugs that they got from the drug reps and stuff like that. It was done without insurance, nothing like that, it was just a community thing. [LS: And it was mostly med students.] I always say to

medical students “You can really do something that changes things in the community, you just have to have the courage to do it, just because nobody’s ever done it before.”

LS: Was it—I’m assuming it was mostly men, but…

DO: It was pretty much all men.

LS: OK, yeah. And so then that is what kind of grew into what’s now the Howard Brown Clinic, is my understanding? [DO: Mm-hmm.] Can you talk a little bit about that?

DO: Right. Because we had a problem in that all of a sudden we had been doing it with donations, nobody was being charged or anything, but we had to pay a small supplement on the malpractice insurance of the docs who worked there, the residents and things, so that they could list they worked with Howard Brown on their thing. And it wasn’t very much until the volume got so large that one or two insurance companies said “No, you have to have your own medical insurance, and it’s gonna cost you ten thousand dollars,” so we went to Horizon, we said “We have to close down the treatment part, we’re just gonna be a testing thing, and there’s gonna have to be like a community-wide fundraising thing,” it was the first big community-wide fundraising, there was a group that put on the big circuit party, they dedicated their money to it, we had volunteers going into all of the bars with cans and little, you know, things to put on them when they gave money, and we were very lucky, we raised not ten thousand but twenty thousand, but meanwhile the guy who was the head of Horizons was a kinda crazy minister who said “Ooh, I got all this money, I’m gonna use it to buy a building that will be the home of the gay and lesbian community center of Chicago.”

Now this is like thirty-something years ago, so there was this big uproar and the two organizations split, and we took our ten thousand, they took their ten thousand, and so we had to incorporate, so that’s when officially Howard Brown incorporated as its own charitable organization, and we picked the name Howard Brown because he had just died after coming out as the gay commissioner of health in New York City under Lindsey. We wanted something we could use that people who didn’t know the history would know but that still would have something in the community, but it was thirty years later that they got around to raising the money to build the Center on Halstead, which has been surprisingly successful given that the leadership at Horizons over the years always impressed me as being not much more restrained than this guy the Reverend Crick, but Tico Valle and his staff have obviously done a very good job there and they’ve really been developing the services most needed today by the less fortunate sectors of the so-called "gay community."The services they’re doing there are just incredible, like with the elder housing, youth programs, etc. [LS: Yeah.] But they agreed that they wouldn’t have their capital fundraising campaign until HBC finished our capital fundraising campaign for the building on Sheridan, so there was a period of time—so we wouldn’t be coming to the community [LS: at the same time?] at the same time for money for what some might see as the same thing. But the circumstances of the original split left kind of a bad taste and a need to differentiate our services from each other.

LS: OK. So then after you—cause you said you had graduated med school… you finished your residency in ’79 or something [DO: Yes], so then in the early 80s you’re working full time?

DO: Yes, I got my first job in ’79 as the director of biological psychiatry at Northwestern Medical School. Then after seven years I went to the University of Michigan, kept my home here and traveled back and forth. Similar position at both Schools, except that at U of M I had a lot of great colleagues to work with, both in my Department and the Institute for Social Research and the School of Public Health, whereas at NU I was the token psychopharmacologist, needed for keeping their Residency Training Program accredited but otherwise marginalized. But all during this time the MACS is getting bigger and bigger and I’m having a harder time juggling that work with the john I’m supposed to be there for as a neuropsychopharmacology clinician/researcher. For example, the head of the University of Michigan Medical Center was a real asshole homophobe, and when he heard I had gotten a large AIDS research Center grant from NIMH, he said “Well, it’s OK that you do this research, just don’t bring any of those patients into my hospital.” So it wasn’t always… but University of Chicago was also very homophobic back in those days. Giving you an example, Roger Weiss, you know, didn’t tell anybody he was HIV-positive except his lover until he collapsed teaching, because he was so afraid of being ostracized and so forth. When I was putting together the MACS I went to my friends who were professors studying immunology and virology and so forth at the University of Chicago, and I said “Why don’t you join us? It’s going to be the largest study in the world, you could be a part of it…” “Oh no, we want to just be in our ivory towers and deal with it, most replied.” It wasn’t until Michelle Obama came and said “Well, we need to go out into the community and offer services in these areas,” that they even hired somebody to be an adult HIV specialist at the University, but he can't see his HIV patients there, only at the Community Clinics that Michelle Obama affiliated with.

LS: They didn’t have an adult HIV specialist until… [DO: About five years ago.] That’s crazy, wow.

DO: Yes. They had pediatric ID specialists interested in the treatment of pneumocystis and later congenital AIDS for a long time because there was a head of pediatrics who was seeing a lot of fatal pneumonias among infants that he picked up on as being the leading edge of mother to newborn AIDS in the Southside community, but no, in terms of adult AIDS, there was a general attitude, until quite recently that “If we become the place for them to go, we will get just swamped." One recently deceased immunologist member of the Pathology even said to me when I invited him to join in the AIDS Task Force "I already know the cause of AIDS, but why should I tell it to you when I can get lots of grants for myself?" That sure threw me for a loop as it seemed so contrary to the interdisciplinary collaborative approach that the Biological Science Division is constantly bragging about.

LS: That sounds like something the University of Chicago would say, yeah.

DO: Very ivory tower-ish. [LS: Yeah.] So they're not homophobic, but they're very ivory-towerish, and ultra-competitive with any other medical schools in Chicago that they deem as even approaching U of C's academic standards. And if it means going out into the community and finding out what it is that the community needs, they really don't have a good reputation. They're trying very hard now to change it, but they certainly didn't back then when the epidemic blew up in Chicago.

[58:05]

LS: Right, right. It reminds me of something you said earlier, too, that you had the sense that it was OK to be gay, but it wasn't OK to talk about it and kind of say the word.

DO: Right, and that's why you had people like Roger Weiss and Howard Brown who took it upon themselves to be the social doyennes of the gay student and faculty communities there and provide a milieu that people could get support from and help form friendships within.

LS: Right, right. Interesting.

[58:45-01:00:50 doorbell rings, DO goes to answer it]

DO: Another thing that was a problem was that the University of Chicago was very Hyde-Park-centric for the longest time and they ignored the fact that so many students and faculty wanted to live outside Hyde Park. Only recently did the University realize that within Chicago most of their potential donors lived on the North side and northwest suburbs, and are recognizing and developing programs on the North Side, most notably the establishment of the Business and Extension School Building in the center of Streeterville. But back when I was a student in the college, then you lived down there and you either had to brave the Green Line or stick to the IC railroad schedule to get in and out downtown and beyond. It was only when I was doing my psychiatric residency at Michael Reese that I realized I could commute from downtown to MR P&PI from there as I could from Hyde Park, and my partner Jim was very uncomfortable going to Hyde Park—even though he was commuting by CTA every day to IITRI which was directly across from the Robert Taylor Homes at the time—that I moved in with him at Lake Point Towers. Sort of a 180 degree change, as I remembered the announcement of the building of Lake Point Tower in my freshman year and thinking that would be the greatest place to live in Chicago if I ever made it there.

LS: OK, so yeah, your involvement was different. Did people know that you were, like your professors or fellow cohort know about the Gay Medical Students Association?

DO: Most did. I was not, I didn't hide it from anybody, in fact Jim ran a top secret research program at IITRI that required his Naval Intelligence clearance be reviewed and renewed every ten years. It was only the third time while we were together that he started getting calls from friends and co-workers saying "Well, you know, a naval intelligence officer contacted us and wanted to know "who is David Ostrow and why you went here together

and why you have this account together and why you bought property together?" Jim was very active in the ACLU and knew that by then being gay was not grounds for losing your top-level intelligence security clearance, but if you were in the closet it could be grounds for denial because they considered you as vulnerable to blackmail. He waited patiently waited for the Naval Intelligence Officer to finally come interview him, and he starts asking Jim the same questions he has been asking his co-workers and close friends, and Jim cut him off by responding "Are you asking me if I'm gay? Because you know already, you've asked all my friends and co-workers, and they've told you that David is my lover and we're totally out to everybody and he's even done research with some of my people here, etc." So there was nothing secret about it. So the Intelligence Officer next said "Well… everybody knows?" And Jim says "Yes, isn't that the answer you got from everyone you have questioned?" "What about your parents?" asked the Security Officer. And as Jim grew up in Indiana in a WASP family that farmed and never questioned his personal life, he said "Well, that, young man, just shows how little you understand about the WASP family." [Laughter] So he got it renewed.

LS: So he got to keep doing that… and then another question I had, then, and you said you were basically, the number for the Medical Students' Association was your home number…

DO: It was a separate number, a separate unlisted number that we advertised in the *Reader* or something, because there wasn't a gay community newspaper, like the Windy City Times, at the time. [LS: OK.] But I would say that half the calls were people complaining about they didn't have a doctor to go to [LS: Yeah, like community people], a quarter of the calls were gay medical students wanting to know about the organization, and one quarter were persons wanting to have sex with a gay medical student!

LS: [laughing] OK! So one quarter of them were… yeah. Interested in something very different… I guess another question I have then, is that you would have been doing all of this community work basically in the period where something was clearly going on but it wasn't called HIV/AIDS yet. Can you talk a little bit about that?

[01:04:35]

DO: Sure, first we found that Hepatitis B was being sexually transmitted at epidemic rates among newly out gay/bisexual men, and in retrospect this was when HIV was also being transmitted through the same sexual behaviors. We had a conference here, a celebration you might call it, of the development of a vaccine for an STI, and I invited a very famous STI researcher from the University of Washington in Seattle, King Holmes, to give the keynote, and he said "Well, if I were you I wouldn't be too sanguine about this because if Hepatitis B could become a sexually transmitted disease through gay men's sexual practices, who knows what other disease could also change its means of transmission among gay men; and just because we have a vaccine, the first one against an STD, doesn't mean there isn't another new STD out there. The worst-case scenario might be some latent virus that just sits there and gradually wears away at the immune system until you have no ability to fight off opportunistic infections and so forth," and this was in the

summer of ’79, so I made sure King's keynote was published it in the proceedings of the Second National Gay Health Conference, and I always give him credit for predicting exactly what happened. [LS: Yeah.]

So it’s always been an issue for me, even now with PrEP, you know what PrEP is? [LS: Yeah.] Are we setting ourselves up for the next health crisis? And are we giving in too easily to people’s demands that unprotected, or bare, anal sex again become the *sine qua non* of real gay sex? Whenever I talk to older gay men, they would say “Well, what was different when we were younger, you didn’t have anal sex as part of a casual relationship,” and that was reserved for once you were in a relationship with somebody. [LS: Long-term kind of thing.] But it became through the rise of the bathhouse culture and the Stonewall Revolution, it became like an athletic thing, how many times, how many people you could fuck and stuff like that. And the totally bottom vs totally top sexual role identities the majority of gay men seem to have adopted, particularly on online gay chat sites. For myself, I feel about identifying myself as versatile the same way Woody Allen feels about bisexuality: "It's great, as it doubles your chances of a date on Saturday night!"

That’s why I was painted as the Midwest conservative in *The Band Played On* by Randy Shilts, because compared to some of the people, I am conservative, I don’t think that we should depend on a particular drug or vaccine to end this problem and go back to the totally unsafe practices that we’ve had in the past. We need to learn from the development of MERSA and antibacterial resistant GC that drug prophylaxis alone can easily lead to totally drug resistant HIV and does not prevent the introduction of new infections into the category of STIs.

LS: And so that’s your concern with something like PrEP?

DO: Absolutely! People say “Oh no, it’s not going to be used as an excuse not to use condoms,” and I say “Really?” “Yeah, it’s going to be another tool in the toolbox.” I say “Then how come people are running around with t-shirts that say Truvada Whore on them?" [LS: Yeah.] I mean, people are people. All we need is a couple of mutations and we’ll lose the use of tenofovir. [LS: What we already have.] But you know, we live in a society that doesn’t want to make judgment calls about people’s behavior and would rather spend large amounts of money to biologically prevent the disease even when it’s clear that most people don’t take PrEP regularly and you really have to take it most of the time for it to work.

There are certain situations where PreP works- you have discordant couples and they’re clearly in a relationship where they have rules about not having unsafe sex outside the couple and they want to have an intimate relationship. To the extent that they’re gonna abide by that negotiated risk reduction agreement it’s great, but we know that those infections that take place in most initially seroconcordant negative couples come from one of them going outside. [LS: Right.] We know that those infections don’t come from the other partner, they come from going out and having sex with somebody else. [LS: Right.]

But we get into all kinds of areas of human rights and sexual health and so forth, and sometimes we overshoot the mark. And then of course there's always the issue of, on a world-wide basis that there's not enough money and drugs to treat everybody who needs them to live, let alone have it for protection. I mean it will be a rich gay men's treatment, PrEP, OK? But if you have somebody who's a sex worker and they come into your practice three times, say, needing PrEP because they've exposed themselves? That's a time for you to have a real important discussion with them about either using condoms every time, despite the extra payments they might be promised for bare sex which they'll tell you they can't because their partners won't tolerate it or won't pay them as much-or going on a trial of PrEP that can be closely monitored at least in the beginning for side effects and adherence levels.

LS: So I mean—it's interesting that in the 80s, I feel like in the 80s nobody would have been able to imagine that there would be something like PrEP in thirty years. I mean maybe as a biologist you… [LS laughs]

DO: Oh, I didn't think we'd even have a good treatment by now. And they're getting better all the time.

LS: Can you talk a little bit about that search for a treatment and stuff? Were you involved in that, what was your primary…

DO: Aside from the fact that the MACS has been a purely observational study, it has contributed much to treatment research, such as determining the best point in terms of viral load and t-lymphocyte cell count at which to initiate treatment, and the psychosocial factors needed to maximize treatment adherence.

[Ed.: But more personally my work in the MACS has concentrated in several distinct areas:

1. The relationship between certain non-parenternal drug use and HIV infection; most notably identifying the triad of stimulant, erectile dysfunction drugs (EDDs) and volatile nitrites (poppers) as being significantly associated with the majority of new HIV infections among men in the MACS;
2. The development of valid measures of attitudes and believes about HIV (and more recently PreP and other ARV-based preventive measures) and their relationships to changing definitions and adherence to safer sexual practices among MSM and other at-risk populations; and
3. The inclusion of harm reduction, de-stigmatizing and compassionate treatments and policies for persons with both HIV or HepC and drug use problems. Such dally diagnosed patients are among those men whose lives are most ruined by the current official punitive, isolation and stigmatizing policies of the War on Drug Use(ers). This inevitably gets one into questioning the unholy alliance between Congress, the DEA and FDA, those making billions off the WOD users, and Big Pharma.]

Well, the thing is that the prices they charge, how we don't… The government spends so much money helping them develop these treatments and then gives them patents that allows them to charge unheard of amounts. I'm sure you've heard that the new epidemic of STDs is Hepatitis C. [LS: Really.] Which shows you that whatever you do about HIV, if you're gonna be unsafe you're still at very high risk of Hepatitis C, even if, especially if you're HIV positive. Well that's the most expensive drug they ever came up with, the Hepatitis C drug, and they, Gilead, again justifies the cost is that "Well, it cures so many people that in the long run it's going to save money because you won't need to do all those liver transplants and so forth." I don't think that—I think just the pricing of—I'm really not a capitalist when it comes to drugs, and I really don't believe that the capitalist system works best for the people who need the drugs, I believe in the old maxim that when a new technology comes along it's usually gonna be first available to those who least need it, and that without government imposed price controls we will never be able to offer state of the art treatment to all whom need it and we might as hand over our entire healthcare budget to the few drug companies that have extended patents on the most lucrative medications. I think this has a lot to do with my early exposure, through working in De Getz's lab to the pioneer social medicine activists in Chicago, such as Dr Quentin Young and his mentee Fitz Hugh Mullin.

[01:12:20]

LS: Alright, should I ask anything else about… you also mentioned that in the last ten years you've been pretty involved in the drug reform [DO: marijuana] marijuana movement. Can you talk a little bit about that?

DO: Well, because all my research has shown that marijuana—cannabis I like to call it—does not have a negative effect in terms of either increasing transmission or increasing disease progression and now that we're seeing in the test tube some biological activities that suggest a mechanism for this, it's time to really invest in this. But it won't really get off the ground until the federal government reclassifies, reschedules cannabis, because I'm getting all these offers from Canadian companies to work with them, but nobody wants to put a lot of money into it in the United States. But I felt good when the picked me to be one of the first people to get a small grant from them to work with the group at Harvard, and I'm really excited about that, and as soon as you leave I'm going to get back to work on that.

LS: Alright, alright. Is there anything else I should ask about, or that you would like to tell me about? Have you kept in touch with people you know from the University?

DO: Not too many. Don't forget, I was in the class that many of them were very turned off by the college [LS: Right] and I have a few friends from medical and graduate school, but they've all gone on to their places, and I see them mostly around reunions because I'm one of the few people from my class who stayed involved with the alumni association, so they always come to me to help them with finding people for reunions and so forth.

LS: Do you think your experience as a gay student there was typical, or?

DO: I don't know what you mean by typical, everybody brings a different experience. It certainly took me a long time of playing around and experimenting before I finally decided that I was gay. [LS: Yeah.] I even thought when I broke up with my wife that I would become bisexual and go back and forth, but that never happened, so…

LS: So you went from breaking up with your wife to being gay.

DO: Yes. You know, occasionally I've been interested in having an affair with a woman, but it never came about, so…

LS: Yeah, and you've identified as gay basically since then. [DO: Yes.] And then looking back at your time at the University, and that's both in college and then in medical and graduate school, what role do you see the University as having played in your life, when you look back at it?

[01:15:40]

DO: Ultimately I felt very honored to get all my degrees and no debt [LS: That's pretty great!] and everything, and I had wonderful professors, but I thought that the conservatism of the University in general on dealing with these social issues and making it difficult for people to come out about their own personal issues and challenges is still present there. I mean, just look at the Center on Gender, what do they call it now?

LS: The Center for the Study of Gender and Sexuality.

DO: Yes, it's never really gotten the kind of support you would want at the University.

LS: [Laughing] No. That brought me to something. Oh yeah, I was interested—'cause you were there in 1969 and 1970, which is when the first Gay Liberation group kind of happened at the University. Were you aware of that when it was going on or did you go to their meetings?

DO: Yes, I went to meetings and I went to performances at the Living Theater and all kinds of things, but when those groups left campus it was very lonely. [DO laughs] What other things are you finding out that are really exceptional for people?

[01:17:20]

LS: Well, I've definitely heard a lot about Howard and Roger's parties, so that's…

DO: It went well beyond the parties. I mean, when Roger was dealing with his own illness, he came to me and told me about a student of his, a former student, that was having a very hard time coming out and how did I feel about that? And not realizing he was talking

about himself I really told him that that person was being very realistic given the problems they might face.

LS: So they were being realistic about not wanting to come *out*-out.

DO: Yes. And I didn't realize at the time until much later, he was talking about himself.

LS: Hmm. Interesting.

DO: So you want to know more about them, you gotta talk to Jim McDaniel. [Interview #23]

LS: I have talked to Jim McDaniel, actually. Jim McDaniel was great, he had a lot of interesting things to say… the last couple of people I talked to were actually all early 90s people who had been there when they were talking a lot about benefits for gay partners, so.

DO: Yes, right. And where is that now? It got done and then it got taken away? Or was that Michigan?

LS: They did get it done in '92 or something, they did that, and I assume now *marriage*.

DO: Marriage kind of forces the issue.

LS: Yeah, it kind of forces the issue, so… alright, and then I guess as a final question we like to ask what do you think has changed between your generation and…

DO: Well, I think there's been a huge generational shift on all levels. You see it on attitudes towards drug prohibition, you see it on attitudes towards same-sex marriage, you see it on racism, on all these things that can't be separated out, they're all coming together, but at the same time the United States is becoming so much more polarized, you know? So you look at this last election and who would have imagined that the whole South would go Republican and all of this kind of stuff, it's like everybody said "Oh *now* we have a black president, so that's the end of racism," and I said "No, now we have a black president, now you're really gonna see how racist America is, OK?" Because you don't change people's attitudes at the ballot box. And Republicans just have this ability of getting people to think that they represent them and their interests rather than the control by the 1% and so forth, and whatever progress, and I think he's made tremendous progress, the middle class is really stagnating and really losing ground in the United States, and the 1% is just continuing to siphon off everything they can.

So when I graduated from college or medical school or anything, the sky was the limit in what potential I had to do things. I think that's changing a lot. I meet more and more people that graduate with degrees and they don't know what to do with it. And medicine has become such a battleground over the art of medicine versus the technology and the efficiency of protocols and all this kind of stuff, that I don't know too many young people who would think of going into medicine as a great career for achieving something good

in their life. Everybody goes for the money now. It's become so much more capitalist-driven. So I think even the schools are changing. They're trying to enlarge their enrollment through online courses and developing satellite campuses where the same number of faculty still teach all of the courses and everything. I'm surprised the University of Chicago hasn't announced some big expansion of the college. They've already done that, you know.

LS: Yeah, they're going little by little in expanding.

DO: Well, they did a huge expansion since I was a student. But there's a lot more thought being put into what is life on campus about and so forth, and how do you make it better, and how do you integrate with the communities around it, and certainly that's a goal in the medical school training now, but for the longest time it was "How do we build a wall around the University?" to keep it from being attacked by the poor and the black communities around it. So I don't think there's any good answer as long as we have this government that's not working and we have no sense of common goal in America, things are only going to get worse. [LS: Right.]

I mean look at immigration, you would think that Republicans now are in a position "Well, here's our plan! We control the Senate, we control the House, here's how we would work," [LS: Put together a plan.] "No! We're just against anything you want to do." [LS: "We're just going to block it."] Like they did with the health care reform. And every indication is that in most places the health care reform is working, it's the states that wouldn't go along with setting up the exchanges or enlarging Medicare that are not seeing the benefits. [LS: Right, right.] But they don't care.

[01:24:30]

LS: Yeah. I agree with everything, so…

DO: So we're becoming much more like a developing country, you know?

LS: Yeah, and you see that kind of in terms of the health field as well, you're saying.

DO: Oh yes, because the rich are always going to want the best and the finest and no waits, and with any attempt to control health care of course is going to have to come at the cost of making it harder for the middle class and the poor to access those same services. I know lots of my doctors who were in private practice, they've just left private practice, they've gone into group practice. Just like I left academia when it became just like a business, how many grants do you have and how many square feet of lab do you have, and how many graduate students do you have.

LS: Did you go from Michigan back to Northwestern and then…

DO: No, from Michigan I went to Milwaukee. The first time was a Drop-in AIDS, they had a center for AIDS prevention and research there, then I went to—but I didn't get along with

my chairman there and I hated Milwaukee—so I went to Maywood for three years where I was going to set up a, I went more and more into addiction medicine, but then I burnt out on it, it was just very hard to do that, then I finally decided "I don't have to do this, I could do research, I have a good enough name, I have these projects where they really need me," and I could make just as much money doing what I want to do than having to be—you know, as a private consultant.

[01:26:30]

LS: So then you came back to Chicago?

DO: Oh, I never left Chicago, I always had my home here.

LS: I guess that's true, cause Milwaukee is a drive away, too...

DO: Right. But now I'm planning on eventually moving to New York. Because I spend the winter in Mexico and from New York, and I had a smaller apartment in New York that my neighbor wanted to buy, and I got so much money for it that I said "Well, I'm going to buy a large enough apartment that I could, I and my partner could live there eventually." So that's the plan. Right now we're kind of property-poor, but eventually after a couple of years we'll be able to split our time between Mexico and New York.

LS: And your partner lives in Chicago as well?

DO: Yes, he lives here, with me. [LS: OK, cool.] But he works for a company that also has contracts in New York so he could—I'm pushing him to get up to a certain level so they'll be willing to transfer him.

LS: Yeah, so why do you guys want to move from Chicago to New York?

DO: Because once I'm done with the MACS study I won't have very much reason to stay here, and I'm from New York, and that's where my one remaining close relative is and a lot of my friends. And I just like New York, I've been here long enough.

LS: Yeah, time to go to New York, that makes sense.

DO: Because I grew up in Teaneck, which was just a ten minute bus ride from Manhattan.

LS: Yeah, so it's nice to be back there in certain senses. I can definitely see that.

DO: And I'm very much involved in drug policy and that's where a lot of it's going on…

LS: That's where a lot of that's going on, yeah, that makes sense.

DO: Not much going here.

LS: Your current partner, how long have you guys been together for?

DO: We've been married going on six years.

LS: Oh, OK, OK. That's interesting because while I've been doing this a lot of people have gotten married, you know, while we've been doing the project, because it's been…

DO: Well, we got married in Massachusetts as soon as they made it legal for out-of-staters to get married there.

LS: OK, so you went from Illinois to Massachusetts to get married.

DO: In fact, I don't know if we're even legally married here or not. We haven't registered here. I think we have to file our income taxes together here for some reason.

LS: OK, huh. And so as soon as that became an option for you to get married it was something you definitely wanted to do.

DO: Yeah. Well, he was applying for residency, he's from Mexico and so we thought it would help. It didn't help because by the time he got his residency permit wasn't until after that they ruled that proposition whatever-it-was was illegal.

LS: That makes a lot of sense. I think those are all of my questions. Is there anything else that you want to tell me?

DO: No. But get back to me, you have my number.

LS: Definitely will do. Thank you so much.

[01:30:11]
***End of Interview*.**