

About Health TV with Jeanne Blake
Interview with David Brudnoy
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JEANNE BLAKE: Welcome to *About Health* TV. I'm Jeanne Blake. Our guest today is known as a talk show host, an author, teacher, and movie critic. He is, of course, David Brudnoy of WBZ radio, and we've just invited David to come back so we can catch up and talk about life. How are things going, David?

DAVID: It's been too long, actually. We haven't talked for a while. I think we should do this more often.

JEANNE BLAKE: I think so too.

DAVID: It's fun to be on your program. It's great to be here.

JEANNE BLAKE: You need to be a regular, David.

DAVID: Thank you. I appreciate, and I'll happily accept.

JEANNE BLAKE: Last time you were here, you were talking about your book as a man living with HIV. So the first question is, you look fabulous, how are you feeling?

DAVID: Well, enough makeup and the right lights, and anybody can look fabulous. Look at the survivors on the CBS program, and they look so much better out of the grunge and stuff. Yeah, it was six years ago that I nearly died, October of 1994. In those days, there were practically no medications and the assumption was I would be sort of the beginning of the end, and by the end of '95 I'd be gone. I'm sort of amazed, six years now, still alive and kicking. So a lot of good medications, a lot of drugs. Eighty-one pills a day.

JEANNE BLAKE: Eighty-one a day, David?

DAVID: Yeah, 27 different medications, 81 pills. If you take enough pills – my entire body is just pill. There's nothing left of me, no organs, there's just big pill inside me.

JEANNE BLAKE: Really. Do you eat?

DAVID: Sure, I eat the food around the pills. But things are much better, and I thank you for saying I look fine. We make every effort to do it. A lot of TV makeup will do it.

JEANNE BLAKE: David, so many people have fallen into sort of this apathy around HIV and AIDS, and I think they see someone doing as well as you do and they think AIDS has been cured.

DAVID: A lot of people fall into the trap, I think, of taking the examples of that significant number of Americans and Western Europeans who are on the kind of therapies I'm on, and some of us are doing very well – not all, by the way – but some of us are doing very well. We don't know the long-term effect, because these drugs have only been available for four and a half or five years, so who knows when they'll stop being efficacious. Forgetting about the fact that in most of the world, people are having terrible times with it. The drugs are not available, the methodology is even forgetting people who take drugs on a regular basis, it requires a real obsessive-compulsive mentality to take them exactly morning, afternoon, night, evening, and so on and so forth. So the problem in the rest of the world is horrific. A lot of people just look at the newspaper and say, Well, there's David Brudnoy, there's this one, there's Magic Johnson, they're all doing fine, ergo the problem is solved. It's anything but. So the apathy has set in, a lot of people say, Well, we don't obviously need any more research money, and yet that is crucial, where the money needs to go, because without it there's going to be decimation or even worse of several of the countries of Asia and Africa. The infection rate in Zambia is something like 40 percent.

JEANNE BLAKE: The numbers are overwhelming. We can't even – I wish that there were a way to make it more real, but we know how people are, they hear a number and their eyes glaze over, and it doesn't become real to them.

DAVID: And we've seen so many pictures of devastation in third world countries. Starvation in Ethiopia, how many times can you see the sick, emaciated child barely able to clutch onto his mother, who is also emaciated. They're going to be gone shortly. We see those pictures, and after a while we built up a kind of emotional mental defense against sort of computing that as meaning not just something out of what used to be Life magazine, sort of graphics of the world, but rather our fellow human beings in terrible condition. And while much of it seems insoluble, owing to conditions in third world countries, some of it is soluble, and that requires the kind of research that will eventually do it. As

a matter of fact, they're working on a vaccine that clearly will be inexpensive, and if it succeeds will be the answer for the next generation. The question is, what can you do with the current generation who are currently infected? We talk about that as – you know, we have an AIDS fund, the David Brudnoy AIDS Fund at Mass General Hospital, and a variety of other funds, all dedicated to the same thing here in Boston, also in Baltimore at Johns Hopkins, at San Francisco and New York, and several centers, about ten different important cities in the country, all working on roughly the same problem, to find a vaccine before it is too late. A lot of diseases do not have vaccines, even after decades of seeking, so there's no guarantee that there will be one for HIV/AIDS.

JEANNE BLAKE: Before we move on to talk about your fund and how you're raising money and how it's being used, I want to go back just a moment to your medications. Eighty-one pills a day. Have you had to change your medications over the last year, or is the cocktail that you're taking, the big, fat cocktail that you're taking, remaining pretty steady?

DAVID: No, it has changed over the years. As a matter of fact, when I first started I was on one of these trials, sort of a lottery, to who would get an opportunity to try one of these drugs. That was in late 1995, early 1996. I didn't make it through the first lottery, then finally made it through the second, and then it finally was available in enough numbers so anybody could get it, and those drugs have altered. Half of what I was on in 1996 and '97 I'm now off of, and on to something else.

JEANNE BLAKE: Because it's better, or because it's got more –

DAVID: Well, because the thing wasn't working for a while. About a year and a half ago, the viral load – in other words, the amount of detectable HIV in the blood – began to shoot up. It had been undetectable for a few years, which is as good as what you get. In other words, the methodology determining how much is there is only so good, and it couldn't find any HIV. That's good news. Then it began to be detectable again, at a rather alarming rate. So the doctor said, All right, let's try something else. Fortunately, the viral load went down and is again undetectable. There is a whole new generation of drugs, and what they do with people is, they keep switching you from one to another in the hopes, and sometimes the actual reality of that hope, the realization of that hope is that the new drug will then continue to fight the virus. So that's the way it works. I wish people would understand that, that we're all sort of experiments. Every single person like me who is currently alive after having thought to be dead five years ago is simply an experiment of how long it will go. As I said, many people are failing on this.

JEANNE BLAKE: How do you live with the day-to-day reality? Is it always there, or do you get some distance from it after six years?

DAVID: Lots of Dunkin Donuts. You just go on. I really don't, I tend to be very fatalistic. In other words, I do exactly what I'm told by doctors. I'm a very good patient. I'm putting in all my effort to do the right thing. Beyond that, to sit and fret about it is pointless. I have a very good attitude, I have no depression and no anxiety, and I just say what will be will be. But I do keep renewing my magazine subscriptions for three years. So in other words, I'm looking ahead, I keep putting money in the 401k plan. I'm acting as if I'll live to be an old geezer. I want to be an old geezer. But we'll see. If it doesn't happen, it doesn't happen, that's all.

JEANNE BLAKE: David, the focus of the fund – tell me, first of all, I know that you've been working hard to raise money. How much has the fund raised?

DAVID: A couple million dollars thus far.

JEANNE BLAKE: Oh, that's fabulous.

DAVID: Which is good, but obviously much more is needed. And we have a fund-raising thing coming up very shortly, as a matter of fact. And there's a yearly appeal. And you know how it is, once you're on a mailing list, you're always on that mailing list. Give us a dollar, Jeanne, and you'll get mailings beyond belief for the rest of time. And people, fortunately, continue to contribute. The Yawkey Foundation, as an example, sends \$50,000 each year, which is very, very nice, to AIDS research at Mass General Hospital. I feel bad talking about the Red Sox stadium, it's like [grumble, grumble]. I feel guilty, but I try to separate the Yawkey Foundation from the baseball team itself.

JEANNE BLAKE: And you've just given them some wonderful acknowledgement.

DAVID: Very generous.

JEANNE BLAKE: That's great. Who else is supporting?

DAVID: A lot of people who've been anonymous, basically, and others who've given contributions who I think would not want their names mentioned, because then every other fund would

say, “Get that name from Jeanne Blake’s program,” and so on, so it really might be unfair to mention them.

JEANNE BLAKE: Did I misunderstand you a few minutes ago when you said that the funds are focused are primarily toward vaccine?

DAVID: Well, toward all sorts of research, but one of them, primarily, is the hope for a vaccine. Dr. Bruce Walker, had the AIDS research laboratory at Mass General, talks to me – about once a year we sort of have a meeting at which he shows me the developments of where they’re going – and seemed very encouraged, much more encouraged this time, when we met a couple of months ago, that in the past couple of years sort of feeling an instinct that maybe the breakthrough would occur. Again, as I said, while all the hospitals that are AIDS centered are doing this around the country, Mass General has been one of the top three in terms of development. Something could come of it, or something not. But the two things that they’re trying to do, the vaccine of course, and then also the maintenance drugs, the kinds of things that I’m on, that have made for a lot of people with AIDS the disease into a sort of – what is the term for it? Like diabetes, that you live with it for a long time?

JEANNE BLAKE: Chronic.

DAVID: Chronic, thank you. I knew that the host of About Health would know the term. A chronic condition, which people live with, as opposed to a necessarily fatal one. Five years ago, the assumption was you get it, and you will in fact die. And we still don’t know how long this will last. There are people, I mentioned Magic Johnson is another example of somebody who, just shortly before I was revealed to be HIV positive, revealed his own condition. And any time I see him anywhere, he looks the picture of health, and it’s encouraging for people to see that, but unfortunately a lot of his friends, he says, have said, “Well, you’re fine, I guess it’s over. No worries.” And he knows, as do we all – Greg Louganis is another person whom I know who is on these maintenance drugs and is doing fine. But who knows how long?

JEANNE BLAKE: And I think people, as you pointed out before, have no idea the tremendous focus that your taking care of yourself takes in your own life, the hours that it takes.

DAVID: Well, I’ve gotten it down to a system. I pour those little pills out every night in little piles. It doesn’t take that long to do, but you have to remember to do them. I was talking with one of our research doctors about why it’s so difficult to decide how to deal, say, with the epidemic in Africa. And one of the reasons is not only the extreme cost and lack of availability of drugs, is the question of will

people follow the methodology, will they see their doctors for regular checkups? People are very hesitant about seeing physicians in traditional societies. They don't trust western medicine. Will they take their pills on time? There's an enormous amount of Americans who have every resource and don't take their pills on time, they fall off of them, they'll acknowledge to their doctors, "Yeah, I missed a couple of doses last week." So the doctors say – maybe they're frightening us, but I think they're telling the truth – that the fear is, if you don't take a couple of doses in a row the virus will mutate, and the mutations are what they're afraid of.

JEANNE BLAKE: That'll keep you honest, won't it?

DAVID: The mutations, currently there are no drugs to deal with the mutations. So what will be done in India, Southeast Asia, Africa? Now it's going to China, into Russia – again, into very poor places, which aren't terribly developed. One doesn't know the answer to that, so it's not over.

JEANNE BLAKE: Perhaps it was during the AIDS conference that I read the articles about the attempts to change behavior. There was an article about a group of prostitutes, for lack of a different term, and trying to get them to use condoms, and this was in Africa. And that there actually was, they were being successful in that.

DAVID: Senegal is one country that has cut down its AIDS epidemic rate by its leaders, actually, endorsing the use of condoms. It's a traditional thing not to use it, it's regarded as unmanly to use them. As a matter of fact, men will beat their wives in many societies in Africa if their wives suggest using condoms. And the prostitutes have realized they can't make money if they insist on using condoms. So in Senegal, the leadership cohered to make it now OK to use condoms, and it immediately cut down the new epidemic rates. So even something as simple as that, and comparatively inexpensive as that, can do it. But there's some unbelievable mythologies. One mythology that's floating around much of equatorial Africa, that sex with a virgin will cure one of AIDS. So men are raping 12- and 13-year-old girls, hoping that somehow this will do it. There's a lot of delusion in that one. There's also, of course, a very selfish thing, that they want to do it and they're saying to themselves this will cure it. But all it does is spread it to the girl.

JEANNE BLAKE: Back in this country, before we move on, condom use is up among young people in this country, and I think that AIDS education has certainly had a very, very positive benefit there. Where are your frustrations in terms of prevention in this country, that we should be doing more and we could be doing more?

DAVID: Let me just take the condom issue for a moment. What you said was true about six months ago, but it has subsequently come to light that in a lot of younger gay men in the big cities, they are now dispensing with the condoms out of a kind of bizarre, crazy expectation that there's a morning after pill, that somehow because there are things such as I'm on, "Well, if I get HIV positive, I'll just go on the cocktail and it will take care of things." So there's been a downturn in use of condoms by younger gay men who are living in a sort of fantasy world of their own. And they, as I said, have – one might excuse traditionalist tribal societies for not knowing the latest news in AIDS research, but there's nobody living in New York or San Francisco that can't open a newspaper and read what's going on. And they're behaving very counterproductively. How long this lasts, I don't know. So the incidence of AIDS infection is slightly rising again, precisely among that group that had been the main recipient, shall we say, of the infection: gay middle-class men, primarily white men, in the country, and now that's shifted a great deal and the prime of people getting infections are black men and black women. But the most vulnerable group is once again saying why bother with condoms. And not in huge numbers, but in numbers significant enough so that reports have come out of the San Francisco gay areas, New York gay areas.

JEANNE BLAKE: It reminds me of the work that I did, probably in the late '80s, with young people and HIV, and subsequently projects into the '90s, young people saying when I interviewed them and asked them about their own sense of personal vulnerability, they said, "Well, I don't worry about it, because by then there will be a cure." So this is sort of the present-day reaction to that. But at least in this country we have a known model or template for how to reach those young people. I think the CDC has become very focused in the last year on young gay men. I trust that there is an effort going there to reach them.

DAVID: You asked before about preventive measures, and obviously that's the easiest thing. And a lot of people are also assuming that there's safer things one can do even without protection. They're wrong. Now oral sex has also been found in significant numbers to be dangerous. A lot of people hoped it wasn't. Whoopdedoo, we have something that we can do that we don't have to put protection in. We know about vaginal sex, we know about anal sex, and oral sex is also dangerous, though not as dangerous. So people have got to realize that protection, whatever you're doing, is necessary. What can you say? You just sort of want to shake people. I have a friend who is obsessive about having unprotected sex, and he's got a devil-may-care attitude about it: "Well, things will be fine." So even within my close circle of friends, I have somebody who knows me well, and I literally sometimes take him by the top of his shirt and just shake him and say, "You've got to stop doing this."

JEANNE BLAKE: What do you think that is?

DAVID: I don't know what it is.

JEANNE BLAKE: Really. At that close proximity, you can't see what it is. That's interesting, and it's sad.

DAVID: I don't know what it is, but if I know one, there are thousands, tens of thousands that are doing this.

JEANNE BLAKE: Yes. You're teaching at Boston University.

DAVID: Yes, and starting right after Labor Day, which is about now. Yes, getting back to school. I was off this last term, and I'm ready to get back into ...

JEANNE BLAKE: And the course is?

DAVID: Media criticism. They read a lot of books on a variety of topics, and they write a lot of papers, and I give them a hard time. They seem to love it, they keep coming back.

JEANNE BLAKE: Well, give it to them good and hard, because I'm rather disgusted with what I'm seeing in the media these days. So go get 'em, David.

DAVID: There's a lot of terrible writing and a terrible lack of fact-checking –

JEANNE BLAKE: Ethics.

DAVID: Even the term media ethics seems like –

JEANNE BLAKE: An oxymoron.

DAVID: Yes. You wonder about it. It's sad to say it, because there are a lot of very ethical people, but a lot of them are now retiring. They're sort of looking with despair at younger journalists, who go for the breaking story. There was a story just a couple of weeks ago in the Herald about whether Robert Brustein was about to retire as the head of the American Repertory Theater in

Cambridge. The Herald, evidently, didn't want to fact-check because they didn't want the Globe to know they were doing the story. So the ART has said, "No, no, no, he's not retiring at all," and whether they are lying or not we don't know, but it's not a state secret if somebody says, "In a year or two I'm going to retire." But instead of checking, they thought the story is too good to fact-check. That's a fairly benign story, but there are worse stories that are not fact-checked, that talk about things that require terrific amounts of recantations and hand-wringings and explanations and mea culpas, and unfortunately a lot of newspapers don't even bother to acknowledge error any more. They just move on under the expectation that, well, that was yesterday's news, it's a birdcage liner today, tomorrow everybody will forget. You get away with that for a while and you wind up, as we know, as a person with no ethics at all.

JEANNE BLAKE: I'm not going to talk about the publication, but I had my own experience recently, and I haven't been interviewed, I haven't been misquoted for a really, really long time, and in this particular article I was misquoted many, many, many times, and, as you said, the fact-checker called me, read the stuff, and I said, "No, that's not it at all," and I spent hours talking to this reporter. I hesitate to even really, honestly call them a reporter, but it's frustrating and it frightens me about where we are with the generation that's coming up, and hopefully they will be exposed to people like you. I've spoken before about people with whom I've had a chance to work that I respect, and John Hennehy, Peter McGee, and some of the really terrific journalists –

DAVID: Solid guys, yeah. You begin to wonder about other articles in the same publication.

JEANNE BLAKE: Absolutely.

DAVID: I mentioned to you before the program that in a national publication, a senior writer who had my book and, I presumed, read it, also interviewed me for two hours, and has known me for 20 years. Nonetheless, not only got things wrong, but simply made up quotations out of whole cloth that were so ludicrous. Not harmful in the sense that it portrayed me badly, but were preposterous, as if he'd never looked at the book, never looked at his notes, just said, "Golly, I've got to get this story done, I'm being paid thousands. Gee, what might David have said? If I'd only paid attention." Published it, and I'm thinking this is one of the major magazines in America that reaches tens of millions of people, a huge magazine, and I'm beginning to distrust every interview I read in it, because I wonder if he did it, do they all do it? I don't know. As you are well aware, every time you see something about which you are familiar in a paper, mauled, you wonder about things you don't know anything about. I don't know

anything about monkey research or growing a rutabaga, but I read an article on that, I'm saying, "Do they make it up? Is it true?" I don't know.

JEANNE BLAKE: I think of how, in my reporting years and people who worked with me ... I had incredible anxiety about ever misrepresenting something or being wrong. And I'm not saying that to pat myself on the back, I just didn't know how to do any differently. ... Anyway, David, I've been told that when you go into this class at BU you have required reading, *Tuesdays With Morrie*, of your students.

DAVID: They read 12 books in 27 days. The class is 127 class days, it's three and a half months, they read a book every week. *Tuesdays With Morrie* is the first book I have them read, and I have them read it for a variety of reasons. First of all, to see how something as simply and unaffectedly plain, in other words it's just a plain tale, can in fact be the most popular book in America for the last three years. A hundred and forty-nine weeks on the New York Times bestseller list, either as number one or down a little bit ... Certainly to realize how little can be done about some circumstances, how people live with something like Lou Gehrig's disease – it's about an old man who gets it. His former student Mitch Albom, a well-known sportswriter, very popular sportswriter out of Detroit, but nationally recognized, sees him interviewed on "Nightline," says, "My God, that's Morrie, my old teacher," calls and says, "Can I come visit?" There was a newspaper strike in Detroit that made it easy for him to come. Every Tuesday he came to talk with his old friend, and he tells us the story. And the students are moved by this, because they don't expect anything like this. They're all 21, 22, 23, and they're going to live forever, and they're never going to have a serious problem, and they're never going to be crippled or blind or deaf or have their leg amputated or paralyzed, and all of a sudden they realize, yes, they might be, and how do you deal with that.

JEANNE BLAKE: I just think it's so wonderful that you're – I don't know how many 22-year-olds are reading *Tuesdays With Morrie*. I read it, and I loved it, and I've had people very dear to me die, and I'm not afraid to talk about death. Perhaps if it were my own, I'd have an entirely different attitude about it, or my own impending death. But probably 22-year-olds aren't reading it, and I think it's such a gift that you're giving them to have them read a book about a subject that in our society we have such a terrifically difficult time talking about.

DAVID: I'm trying to get them to see in the books that I assign that there are ways to look at topics and comment in the media that aren't necessarily dealt with well. In other words, they think first, when they sign up for this course, it's criticizing the media per se. What it really is is a way for them to get into topics and see how the media deal with those things then, I hope, to write better. Not all of

them will become journalists. I don't think they will become Barbara Walters or Bryant Gumbel or Dan Rather.

JEANNE BLAKE: Or David Brudnoy.

DAVID: Well, whatever. Whatever they want to be. But I say that we assume that if you're a senior or a graduate student in the communication college, that your intention is to become a journalist, let's see if we can't get you into a more mature journalistic frame of mind. I don't let them wear their little funny caps in class ... I'm dressed like an adult, so they may actually take you for an adult. They hate it. They read the syllabus, and I say, "Look at page 5, paragraph 3," and off comes the little cap, they put it on the table. ...

JEANNE BLAKE: Back to *Tuesdays With Morrie*. If it's the first book on your syllabus, what did you love about that?

DAVID: That moved me tremendously. I've known, of course, about people who have this condition, but I'd never known how one could philosophize about it. I was one of the first people to review the book, as a matter of fact, and I interviewed Mitch Albom way before it became popular. It just caught my eye. For one thing, we get so many books in my office each week, this one happened to be very small, I love those short books.

JEANNE BLAKE: I read it in five hours.

DAVID: Exactly. It was a short book, and I knew of Mitch Albom because of his wonderful sports writing, and I'd gone to Brandeis for graduate school, although I did not know Prof. Morrie Schwartz, I knew of him. He was legendary, even way back when, when he was hale and hearty back in the early '70s when I was a graduate student there. So I thought, well, he obviously knows people I knew, teachers of mine. What is this about? I started reading and couldn't stop reading it. And I thought, this is the kind of book that will get my students going right away. And of course, I meet with them on Tuesday, and by Thursday I want them to read the first hundred pages of the book. It's an assignment which they can handle, whereas some of the books that I have them read, I think, would be a little harder for them to get right into. They all sort of say, Let's lazily get into the course. So many courses take so many weeks in order to acclimate the students, and by the time they've acclimated the thing has ended. But we have 12 books in 27 days, so they don't have time to fool around.

JEANNE BLAKE: Do you think it will have, not just an impact as you spoke on, on the shaping of their mind in terms of going into the world as a journalist, but on their own lives and people that they deal with that they love and lose as they go through their life? I think it's the kind of book that resonates with one for a long time.

DAVID: It's hard to tell. Some of them have said in the paper, the first paper I have them write dealing with the book, that they had a grandmother who died of Alzheimer's or has Alzheimer's, or their father has lost his sight through diabetes or something. They begin to put their own lives into – I don't want them to do a lot of sort of touchy-feely rap type discussion in class, a lot of it is too me me me, but if they can at least relate to something beyond themselves, even if it is within their family, maybe they can relate beyond. I ask them questions like, What do we do in a good society to take care of people with handicaps? Does the ADA work? Is it just window dressing? How about all the people who can't get into the subway because most of the subways aren't handicapped accessible, wheelchair accessible? I say what would something like Morrie do? Fortunately he had a family, he had enough money so that he could stay home and his wife could take care of him. But what does a poor person with Lou Gehrig's disease? How does he handle things. And so on. It opens questions for them. I don't want to turn them into a bunch of sort of weepy nervous Nellies about things, but I want them to think about something besides themselves, which at that age is a little difficult. Very centered, very egocentric age group. We've been through it, you much more recently than I.

JEANNE BLAKE: Thank you, I'll take that as a compliment. We're out of time. Thanks for coming back to chat with us and bring us up to date on things. Let's give the address of your fund.

DAVID: Sure, the David Brudnoy Fund for AIDS Research at the Mass General Hospital, Fruit Street, Boston 02114.

JEANNE BLAKE: Thanks. Good luck, continued good luck with that.

DAVID: They'll happily take the money. Send large checks.

JEANNE BLAKE: They'll put it to good use. And we wish you the very best continued health. This is so exciting, to see you doing so well and continuing to touch so many lives in the work that you're doing.

DAVID: Let's do it every year, just demonstrate to people we're still around, OK?

JEANNE BLAKE: You got it. OK. All right, David. And we thank you for joining us for this conversation with David Brudnoy. I'm Jeanne Blake. I'll see you next time.

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