

**GREENWICH VILLAGE SOCIETY FOR HISTORIC PRESERVATION**  
**WEST VILLAGE**  
**ORAL HISTORY PROJECT**

Oral History Interview  
VICTOR KEYLOUN

By Liza Zapol  
New York, NY  
May 24, 2016

## Oral History Interview with Victor Keyloun, May 25, 2016

Narrator(s)	Dr Victor Keyloun
Birthdate	2/20/1935
Birthplace	Brooklyn, NY
Narrator Age	81
Interviewer	Liza Zapol
Place of Interview	Neighborhood Preservation Center 232 East 11 <sup>th</sup> Street, New York, NY
Date of Interview	5/24/16
Duration of Interview	1 hour 30 minutes
Number of Sessions	1
Waiver Signed/copy given	Y
Photographs	N
Format Recorded	.Wav 98 khz, 24 bit
Archival File Names	160524-000 [2.15 GB]; 160524-001[941.6MB]
MP3 File Name	Keyloun_VictorGVSHPOralHistory1.mp3 [74.5 MB]; Keyloun_VictorGVSHPOralHistory2.mp3 [32.7MB]
Order in Oral Histories	28 [#6 2016]



Victor Keyloun, 2012, family photograph.

## Quotes from Oral History Interview with Victor Keyloun

“I elected to do my military service—you know, there was a draft at the time, and we got deferments because we were in medical school. And I elected to get it over with. So I went into the Navy for two years, and I came back in [19]63, to do my residency in internal medicine, and segued into medical practice the day my residency ended. I was chief resident in [19]65 to [19]66. The first residence was on 11<sup>th</sup> Street. It was an apartment building, and there were three to four men in a room. There was only one female intern at the time; things have changed. And it seemed to us that they just re-used the beds. It seemed that people coming off the night shift would get into the bed, and the guys on the day shift would go and work, and they’d come back and sleep in the bed. But we really had our own private bed.

They tore that building down when they built the Spellman building. That prompted a few of the doctors who lived and had an office on 11<sup>th</sup> Street to apply for landmark status. One for sure, and I’m pretty sure another got landmark status. So those buildings could never be knocked down. Of course, they could never be altered; the façade, of course, could never be altered.

When I came back from the Navy, I was rewarded with a penthouse apartment at 120 West 12<sup>th</sup> Street: the apartment building that has been purchased by the Rudin Group, gutted, and rebuilt. It was a wonderful existence. There were two bedrooms. I had one of the bedrooms, shared with a guy. The other small bedroom only had one guy in it, and the living room had three guys, on cots. It was a duplex. The staircase went down to an apartment, and there were two fellows who had that apartment. One of those fellows is still in practice here in Greenwich Village. The best part of the apartment was the terrace. It was a wraparound terrace facing south, and I can’t tell you how many parties we had on that terrace. It was just wonderful. Absolutely wonderful. Of course, we didn’t cook. The kitchen was empty, it remained empty. We didn’t even cook coffee. Who had time? You know, you’re always working. Joyously working, I might say.”

(Keyloun pp. 1-2)

“That apartment building, when the hospital went bankrupt, was sold. I called the Rudin Group when I saw that it was being renovated, and I asked them if I could be in line to buy that apartment. And the guy says, ‘Well, we haven’t put a price on it yet. We’ll let you know, maybe four or five months.’ Well, they never called me. So I called them again. I said, ‘How about that penthouse apartment on the southeast corner?’ He says, ‘Oh, it sold.’ I said, ‘Would you mind sharing the price?’ He says, ‘Yeah, 11,500,000.’ [laughs] I said, ‘You’ve got to be joking! You can’t be serious!’ He says, ‘Nah, nah.’ He acted as if that was a cheap price. Unbelievable.”

(Keyloun p. 2)

“Of course, when my son was born, we elected not to stay in New York. But there was a brownstone right across the street, adjacent to the apartment building. You know the John Adams, and then there’s a couple of brownstones. The western-most brownstone adjacent to that apartment complex was being sold for 135,000 dollars. And I couldn’t afford it, because I—I just couldn’t afford it. [laughs] So we moved upstate, so that my son would have a nice education in suburbia and smell the roses and the grass and all of that business. But had I stayed in that apartment, [laughing] I would have been a very, very wealthy man. [laughs] It defies logic how money has depreciated over the last forty or fifty years.”

(Keyloun p. 3)

“[P]eople don’t understand today that we had two tiers of patients. There were private patients, that means they had their own private doctor, and there were those that had no insurance. So we had what they call a ward, where the destitute or the uninsured, if they were ill, would come in, and the residents would take care of them, under the supervision of a private doctor, someone in practice, but by and large the residents ran the show. And the city would pick up the tab. There would be a flat fee for each patient per day. So who would come in? People who had no insurance would flock to the emergency room. But a lot of the doctors who had private patients throughout the Village, if they were called in the middle of the night, the doctor would inevitably say, “Go to the emergency room, and the resident would see you, and if it’s important, I’ll get out of bed and come down and see you.” So there were two classes, if you would, of patients. They were indistinguishable, but there were those who had no insurance, and those who had insurance.

Where did they come from? They came from as far south as Canal Street, and they came as far north as 34<sup>th</sup> Street. The hospital had its own ambulance catch basin. It was well-defined. St. Vincent’s had west of Fifth Avenue, north of Canal, and south of 34<sup>th</sup> Street to the river. So anyone who needed an ambulance in that area would call the police. The police would call the St. Vincent’s ambulance to come and bring the patient to the hospital. North of 34<sup>th</sup> was St. Luke’s Hospital, or Roosevelt Hospital, and of course east was Beth Israel, and on and on. There were what we called catch basins.

It was remarkable, because the people who lived on Fifth Avenue were, even in those days, the upper-class wealthy people, and they would be in the emergency room, in a bed, right next to a down-and-out alcoholic. And they were treated equally. No one got preference; no one got preference, the preference was how sick they were. The illness determined who was getting priority treatment.”

(Keyloun pp. 5-6)

“Well before we do that, I’d like to go back to my internship, because what we did then that they don’t do now is that we rode the ambulance. Whenever the police called for an ambulance, an intern would be notified, and he’d run on down, and jump on the ambulance. So people who jumped off buildings, we would go and have to pronounce them dead before the cops could take them away, or the medical examiner could take them away. And I—god, there was one guy who jumped off the Empire State Building on 34<sup>th</sup> Street. There was one fellow who jumped out of a window of the hotel on 32<sup>nd</sup> and Seventh Avenue, and that’s a real curious story, if you want to digress, because it just didn’t make sense for this fellow to jump out the window. Many, many, many years, maybe decades later, there was a special on TV about how the CIA was conducting experiments with LSD. And they talked about a guy who jumped out of a window in a hotel in Manhattan. And I got goosebumps, because I was the young kid who pronounced him dead.

People who fell off the subway platform, and were killed, I’d have to crawl down—I mean, it’s bizarre, when you think about it; they were in pieces and you have to go down and pronounce them dead! They fished guys out of the river, which was really gross, and you’d have to pronounce them dead. Then you went out into people’s homes, you know, I remember one boy in the East Village, I don’t know how we got over to the East Village—it was a boy, he was hydrocephalic. His head was so huge he couldn’t roll over, his parents had to turn him over. I

had to pronounce him dead before they could take him away. And on and on and on. But it gave you a perspective, a real perspective of human suffering. You know, medicine sometimes looks antiseptic when you watch the TV shows, but when you go into people's homes, and you see how they live, and what they have to put up with, it's not that pretty, you know? People really, really suffer. If you don't develop an empathy for these people, you shouldn't be in the business. Get out; go do something else. I think it's a valuable lesson. I'm sorry they stopped doing it. I think it's one of the best teaching principles in medicine, is to ride that ambulance and go out and see how people suffer."

(Keyloun pp. 7-8)

"[I]n 1960, and from [19]63 to [19]66, there was no question who was in charge. The nuns were in charge. The Sisters of Charity owned that hospital, and they ran it like a military compound. Nothing got done unless a nun authorized it. Even the record room was run by a nun. The laboratory was run by a nun. Every department was run by a nun, so if you wanted to get anything done, politically, you had to make friends with a nun. There was one in the operating room; I mean, there was one everywhere. And one in the emergency—everywhere! They were benevolent dictators. They really were. Obviously they went into a nunnery to do good. I mean, they're Sisters of Charity. But they learned discipline.

I don't know if you're Catholic or not, but if you ever went to a Catholic grade school, you got a ruler over your knuckles, [laughs] you know, when you were misbehaving, or you stood in a corner, or they made you do something demeaning to make sure you didn't do it again [...]

Regrettably, it all changed in 1966 when Medicare came into being. It was a major disruption. Somebody came to the hospital and convinced the nuns that if they hired all the doctors, they could bill in their name. So they sent out an edict: everyone's going to be hired. And it was an uproar. I mean, it was mutiny. It was awful, it was absolutely awful. Nobody wanted to do it, except the fellows who had no practice, they were willing to do it, because they weren't making ends meet as a private practice. You know, they leaped. But I would say more than the majority said "Hell no, hell no." And that created an adversarial relationship with the nuns. Terrible.

Then they got into financial trouble. How, I don't know. Probably mismanagement. Probably because of the Medicare rules, they didn't know how to bill. There was a legend that they would be two years in arrears in sending a bill to Medicare. I know for a fact that the emergency room billing was at least two years behind. There was no computers—remember, there's no computer yet. So you had a gaggle of white-haired ladies going page by page, right, and they would have to get the lab test from somewhere, and the x-ray report from somewhere, and the pathology report, and put it into an envelope, or a folder, and then figure out the charge. It was a nightmare. So they got into financial trouble. They went to the bank. The bank says, "We can't lend you money." New York was broke in 1974. Absolutely broke. You know that story. So they went to the Cardinal! Terence Cardinal Cooke. And they said, "Your Excellency, we need some money." And he says, "I'll give it to you! No problem. I'll write you a check for two million dollars. But, I want three people on the board; you can have two." [laughs] The nuns had no alternative but to do that. And it all went downhill after that."

(Keyloun pp. 11-12)

“Well, the predominant ethnic group were Italians. No question about it. It was an Italian enclave. A good number of my patients were Italian. One of them had a pasta factory on Houston Street, Raffetto’s. And I can name a million—passed away, of course—a million Italians.

I had a huge population of gay kids. My doors were always open to them. And that was unique, because a lot of my contemporaries would find excuses not to treat them. They would tell them, “I don’t know what your problem is, I’m not adept,” or “You need to find another doctor, or go to the emergency room.” They gave them one excuse after another. I welcomed them. And when I was as kind to them as to any other patient in my office, they started sending me their friends. I would say two-fifths of my practice were gay kids. I mean, they paid their bills, they took a shower before they came to see me, they were respectful, they were funny. Barney’s used to be on 17<sup>th</sup> Street. A lot of them worked in that clothing area, you know, they gravitated to that. Some of them were designers up in the Garment District. A lot of them worked on MacDougall Street as bartenders. Some of them were musicians. There was one artist who—he was so funny—one artist, he was in one of those cast iron buildings before it was anything. It was empty, he just kind of took it over, squatted on it; when it finally started to come up [laughing] he made a lot of money when he sold it. People like that. They were wonderful!

I had patients from the Fifth Avenue crowd. I had patients who were referred by nurses in the hospital; they would send me their aunt, or their mother, or their father. So it was, you know, a mixed bag, but there was an awful lot of Italians. Only because I was a neighborhood doctor.” (Keyloun pp. 16-17)

“The Albert Hotel was a single occupancy hotel where kids from all over the country would come and stay, gays, and trying to find themselves. You know, the gays were not accepted, period. They were still in the closet, but they were here associating with like-minded people. And when they got depressed as hell, they would try to kill themselves. So, there was always somebody in the emergency room on the weekends with an overdose. Now, some of them were minor, you could flush out what was in them, and send them home. Others, you had to dialyze. But as the years went by, the drugs changed. As they came on the market, there were uppers and downers and LSD. I mean, one kid, I remember, took it, thought he could fly, and he jumped out a window and spine separated. They were taking all kinds of drugs. Crystal meth, PCP, that was a new one. I mean, you had to have a book to keep track of all the crap these kids were taking! And they were taking them, you know, by the fistful. It got better after Stonewall, you know, when people could be who they were, but you still had depressed people who tried to kill themselves. There were a lot of non-gays who were profoundly depressed and would try to kill themselves. And they took whatever was in the cabinet, you know? Whatever that was there, they would take two, three, four things and try to put themselves out of misery. But the evolution of pills! You could just go by what was approved by the FDA that year! They would take the newest thing on the block.”

(Keyloun pp. 19-20)

## Summary of Oral History Interview with Victor Keyloun

Victor Keyloun is a doctor who practiced medicine at St. Vincent's Catholic Medical Center, in Greenwich Village, throughout the 1960s and 1970s into the early 1980s. Victor was born in Brooklyn and raised near Prospect Park. His earliest memories of the Village are from his teenage years in the 1950s, when he first began dating. Victor attended the College of the Holy Cross in Worcester, Massachusetts. He then went through medical school at Georgetown University in Washington, DC.

Following his graduation, in July 1960, Victor began his internship at St. Vincent's, which lasted a year. He then entered the United States Navy, where he served as a doctor for two years, before returning to begin his residency at St. Vincent's in 1963. Victor was chief resident of the hospital in 1965 and 1966. During the year of his internship, Victor lived in an apartment building on 11<sup>th</sup> Street, in which there were three to four men per room who would rotate the beds depending on who worked the day shifts and the night shifts. During the time of his residency, Victor lived in a penthouse apartment on 12<sup>th</sup> Street, which he remembers quite fondly in this interview. "It was a wonderful existence," he recalls.

Victor's first assignment as a resident was in the emergency room, which he calls "a baptism of fire." In this interview, he reminisces on the particularities of the job and what he calls "the rhythm to the emergency room." Also, the interviewer notes that before the recording, Victor had discussed with her the way in which his job led him to interact with every kind of person to be found in the Village, including those "on the fringes." This comment prompts Victor to recall certain particular cases he handled at St. Vincent's.

In 1966, St. Vincent's became the first hospital in New York City to include a Coronary Care Unit, and Victor served as the first chief resident of that unit. Two years later, Victor and William J. Grace, the chief of medicine at St. Vincent's, published a book about their groundbreaking experience of managing that unit.

Following the birth of his son in 1971, Victor moved out of New York City to a suburb. He maintains that the practice of commuting did not change his relationship to the Village "one iota," though he also notes that these days, he makes very few trips to the Village.

Victor left the medical practice in 1983 after realizing that the future of insurance programming would be drastically different from what he was accustomed to working with. In his last years as a doctor, the AIDS epidemic had just begun. In this interview, Victor recalls some of the earliest AIDS cases that he encountered, including a cousin who had come out of the closet to Victor shortly before sexually contracting and eventually dying of the disease, as well as a classmate who was a hemophiliac and contracted the disease through a blood transfusion.

The bulk of this interview is comprised of Victor's account of the changes in both general medical practice and the particular management of St. Vincent's that he observed over time. Specifically, Victor laments the demise of the hospital, which began in the mid 1970s with a series of poor leadership decisions and fiscal inefficiencies, and ended in 2010 with the hospital's closure and eventual demolition.

**General Interview Notes:**

This is a transcription of an Oral history that was conducted by the Greenwich Village Society for Historic Preservation.

The GVSHP West Village Oral History Project includes a collection of interviews with individuals involved in local businesses, culture, and preservation, to gather stories, observations, and insights concerning the changing South Village. These interviews elucidate the personal resonances of the neighborhood within the biographies of key individuals, and illustrate the evolving neighborhood.

Oral history is a method of collecting memories and histories through recorded interviews between a narrator with firsthand knowledge of historically significant events and a well-informed interviewer, with the goal of adding to the historical record.

The recording is transcribed, lightly edited for continuity and clarity, and reviewed by the interviewee. Oral history is not intended to present the absolute or complete narrative of events. Oral history is a spoken account by the interviewee in response to questioning. Whenever possible, we encourage readers to listen to the audio recordings to get a greater sense of this meaningful exchange.

The views expressed by the contributor(s) are solely those of the contributor(s) and do not necessarily reflect the opinions or endorsement of our organization.

## **Oral History Interview Transcript**

**Zapol:** This is the oral history project for the Greenwich Village Society for Historic Preservation. This is Liza Zapol. We're at the Neighborhood Preservation Center at 232 East 11<sup>th</sup> Street, and it's May 24<sup>th</sup>, 2016. And if I can ask you to introduce yourself, please.

**Keyloun:** Well my name is Victor Keyloun, spelled K-E-Y-L-O-U-N. I'm a physician, long retired, who once lived in the Village for a number of years and practiced at St. Vincent's Hospital for two decades.

**Zapol:** Thank you!

So if I can ask you just to begin, where and when were you born? And a little bit about your background, your introduction to medicine, your interest in medicine.

**Keyloun:** Well I was born in Brooklyn, in a house on Warren Street, just off of Court Street. When I was three years old, my parents moved to Prospect Park. We had a home on Prospect Park Southwest. As a teenager, I used to come to the Village with a date, and go to the cafes and get served beer when I probably shouldn't have been served beer. So I knew a lot about the Village. I ran away to college, I went to Holy Cross in Worcester, Massachusetts, and then was accepted to Georgetown Medical School. I applied to a number of hospitals for an internship, and I got one at St. Vincent's. So, it was like a homecoming for me, to come back to Greenwich Village.

We used to have room and board. We worked every other night, every other weekend—of course, all day long, too. We were given a nice bed—a warm, comfortable bed—and they did our laundry. And all the food we could eat. It was a lovely existence. We started on July 1<sup>st</sup>, 1960, and it ran to June 30<sup>th</sup>, 1961. I elected to do my military service—you know, there was a draft at the time, and we got deferments because we were in medical school. And I elected to get it over with. So I went into the Navy for two years, and I came back in [19]63, to do my residency in internal medicine, and segued into medical practice the day my residency ended. I was chief resident in [19]65 to [19]66. The first residence was on 11<sup>th</sup> Street. It was an apartment building, and there were three to four men in a room. There was only one female intern at the time; things have changed. And it seemed to us that they just re-used the beds. It seemed that

people coming off the night shift would get into the bed, and the guys on the day shift would go and work, and they'd come back and sleep in the bed. But we really had our own private bed.

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That apartment building, when the hospital went bankrupt, was sold. I called the Rudin Group when I saw that it was being renovated, and I asked them if I could be in line to buy that apartment. And the guy says, "Well, we haven't put a price on it yet. We'll let you know, maybe four or five months." Well, they never called me. So I called them again. I said, "How about that penthouse apartment on the southeast corner?" He says, "Oh, it sold." I said, "Would you mind sharing the price?" He says, "Yeah, 11,500,000." [laughs] I said, "You've got to be joking! You can't be serious!" He says, "Nah, nah." He acted as if that was a cheap price. Unbelievable.

**Zapol:** Can you—

**Keyloun:** Of course—

**Zapol:** Go ahead.

**Keyloun:** Of course, when my son was born, we elected not to stay in New York. But there was a brownstone right across the street, adjacent to the apartment building. You know the John Adams, and then there's a couple of brownstones. The western-most brownstone adjacent to that apartment complex was being sold for 135,000 dollars. And I couldn't afford it, because I—I just couldn't afford it. [laughs] So we moved upstate, so that my son would have a nice education in suburbia and smell the roses and the grass and all of that business. But had I stayed in that apartment, [laughing] I would have been a very, very wealthy man. [laughs] It defies logic how money has depreciated over the last forty or fifty years.

**Zapol:** Yeah. Can you tell me a story about a particular party or particular day in that apartment, which was filled with, you know, these different guys in the different rooms? With the wraparound terrace?

**Keyloun:** Yeah. Every once in a while, we would have an announcement on the public address system: "Liver rounds would be conducted in the Martin Payne building, in the Penthouse One." Which was a telegraph to everybody in the hospital, nurses especially, that we were going to have drinks. [laughs] And it started around five-thirty, six o'clock, when everyone got off work. The way the shift worked, for nurses, they were on from eight to four, four to twelve, twelve to eight. But they never got off at four. They had to do a lot of paperwork, and transition to the people coming on. They never got off 'till five, five-thirty. And there was no overtime. But one by one, they would start to filter, and of course we were all waiting with eager anticipation, and then the beer would start flowing, and the booze, and the dancing, and we'd have a record player, or just put on the radio. And we would dance and carry on 'till one, two, three o'clock in the morning. I mean, I'm surprised nobody called the police on us. [laughs] But this occurred, you know, not uncommonly in the warmer months, maybe every other week. Sometimes liver rounds would be conducted in one of the nurses' apartments, which wasn't so good, cause we'd be cramped in like sardines. But, it was fun anyway. They were all memorable. They were all memorable, yeah, people would carry on. You let loose, you let your hair down. It was such an intense residency that you had to let off steam somewhere. And that was our way of doing it.

**Zapol:** Tell me about your residency, and—I mean you said it was work but it was joyful work.

**Keyloun:** Yeah, yeah.

**Zapol:** Can you describe for me what you were a resident in and what you were touring?

**Keyloun:** Yeah. When I was in the Navy, as a doctor on a ship—and out at a naval shipyard in California, a submarine-based naval shipyard—I finally decided that I was not going to be a surgeon. I gave up that concept, and I decided to go into internal medicine.

When I came back, my first assignment was in the emergency room. It was a baptism of fire. And it was twelve hours on, twelve hours off. And you worked three groups. You had ten days of days, ten days of nights, and then ten days of days. And, again, twelve to twelve. On the weekends, it was sheer chaos. Absolute chaos. You'd have automobile accidents; you'd have stabbings; you'd have gunshots; you'd have people coming in because they had a stroke; you'd have heart attacks. And all of this would be going on simultaneously. Because the nurses took charge, and as a physician you were supposed to make the diagnosis and call the appropriate resident to come down and take care of it. If it was a gunshot wound, you'd call surgery; if it was a lady in labor, you'd call obstetrics and gynecology. But you went from patient to patient to patient, and you would stabilize them before you'd call someone in to take over. Some you sent home. Monday mornings were notorious for the butchers down on the West Side. They would invariably come in with a cut on their index finger, and you'd have to do a little mini skin graft—if they saved the piece of skin. Every Monday, without fail, that would happen; because they were out of practice, and they'd come back and they'd start over and they'd start butchering a carcass, and they would slice off a piece of their index. Left hand, if they were right-handed.

[00:11:24]

**Zapol:** The perils of meatpacking! [laughs]

**Keyloun:** I mean, every industry has its problems.

But, as I talk, these are the memories that come to mind. Of course in the evening, you got the asthmatics. The asthmatics would come in in the evening. Heart attacks came in in the morning. I remember one young guy, twenty-eight years old. He had horrible chest pain on the subway, and he elected to get off at 14<sup>th</sup> Street because he couldn't make it all the way downtown. He called the police, they brought him in by ambulance, and he had a massive heart attack. Massive! Of course, in those days, we didn't do angiograms. And he lived in Monsey, New York, which is north of the George Washington Bridge, and he made that commute every

day, and I wondered, “No wonder he had a heart attack!” But I followed him for a number of years, and then I lost him to follow-up, and I presumed he had passed away. I mean, his heart was just devastated. But things like that would happen in the morning; people would get up and start doing a lot of things that they shouldn’t be doing, shoveling snow or whatever, and they’d wind up in the emergency room with a heart attack. So there was a rhythm to the emergency room: certain diseases would come in at certain hours, and it was almost predictable. Almost predictable. Little children would be brought in in the evening, you know. The drunks that they picked up on the sidewalk would be in the evening; one, two o’clock in the morning. More often than not, they’d be put in a wheelchair and left in the hallway to sleep it off, and when we thought they were stable, we’d wave bye-bye. Sometimes you gave them a buck or two for a meal. And they were on their way. And there would be repeats, you know, repeat, and repeat, and repeat.

**Zapol:** So this is mid [19]60s Village.

**Keyloun:** Yeah, [19]63 to [19]66.

**Zapol:** So we talked about this before we started recording, but this idea that sometimes people who are at the margins of the community might come in, especially—you see everybody, I would imagine.

**Keyloun:** You see everybody, yes.

**Zapol:** But also some of the fringes, also you would see, that you might not normally be aware of.

**Keyloun:** That’s right.

**Zapol:** So who would you say—where were the fringes of the Village, and who did you see from the edges?

**Keyloun:** Well let me go back, because people don’t understand today that we had two tiers of patients. There were private patients, that means they had their own private doctor, and there were those that had no insurance. So we had what they call a ward, where the destitute or the uninsured, if they were ill, would come in, and the residents would take care of them, under the

supervision of a private doctor, someone in practice, but by and large the residents ran the show. And the city would pick up the tab. There would be a flat fee for each patient per day. So who would come in? People who had no insurance would flock to the emergency room. But a lot of the doctors who had private patients throughout the Village, if they were called in the middle of the night, the doctor would inevitably say, “Go to the emergency room, and the resident would see you, and if it’s important, I’ll get out of bed and come down and see you.” So there were two classes, if you would, of patients. They were indistinguishable, but there were those who had no insurance, and those who had insurance. [00:15:18]

Where did they come from? They came from as far south as Canal Street, and they came as far north as 34<sup>th</sup> Street. The hospital had its own ambulance catch basin. It was well-defined. St. Vincent’s had west of Fifth Avenue, north of Canal, and south of 34<sup>th</sup> Street to the river. So anyone who needed an ambulance in that area would call the police. The police would call the St. Vincent’s ambulance to come and bring the patient to the hospital. North of 34<sup>th</sup> was St. Luke’s Hospital, or Roosevelt Hospital, and of course east was Beth Israel, and on and on. There were what we called catch basins.

It was remarkable, because the people who lived on Fifth Avenue were, even in those days, the upper-class wealthy people, and they would be in the emergency room, in a bed, right next to a down-and-out alcoholic. And they were treated equally. No one got preference; no one got preference, the preference was how sick they were. The illness determined who was getting priority treatment.

**Zapol:** So, can you tell me, then—you must have started to get a picture of the Village. Obviously, you did, you were living there—

**Keyloun:** Yeah, yeah—

**Zapol:** —and you were also treating people.

**Keyloun:** —yeah.

**Zapol:** So tell me about—we don’t need to just focus in on your emergency room, you were talking about your different rotations, too.

**Keyloun:** Yes, yes.

**Zapol:** So if you want to we can go through the different rotations, but also maybe some of the different patients, or people that you saw.

**Keyloun:** Well before we do that, I'd like to go back to my internship, because what we did then that they don't do now is that we rode the ambulance. Whenever the police called for an ambulance, an intern would be notified, and he'd run on down, and jump on the ambulance. So people who jumped off buildings, we would go and have to pronounce them dead before the cops could take them away, or the medical examiner could take them away. And I—god, there was one guy who jumped off the Empire State Building on 34<sup>th</sup> Street. There was one fellow who jumped out of a window of the hotel on 32<sup>nd</sup> and Seventh Avenue, and that's a real curious story, if you want to digress, because it just didn't make sense for this fellow to jump out the window. Many, many, many years, maybe decades later, there was a special on TV about how the CIA was conducting experiments with LSD. And they talked about a guy who jumped out of a window in a hotel in Manhattan. And I got goosebumps, because I was the young kid who pronounced him dead.

People who fell off the subway platform, and were killed, I'd have to crawl down—I mean, it's bizarre, when you think about it; they were in pieces and you have to go down and pronounce them dead! They fished guys out of the river, which was really gross, and you'd have to pronounce them dead. Then you went out into people's homes, you know, I remember one boy in the East Village, I don't know how we got over to the East Village—it was a boy, he was hydrocephalic. His head was so huge he couldn't roll over, his parents had to turn him over. I had to pronounce him dead before they could take him away. And on and on and on. But it gave you a perspective, a real perspective of human suffering. You know, medicine sometimes looks antiseptic when you watch the TV shows, but when you go into people's homes, and you see how they live, and what they have to put up with, it's not that pretty, you know? People really, really suffer. If you don't develop an empathy for these people, you shouldn't be in the business. Get out; go do something else. I think it's a valuable lesson. I'm sorry they stopped doing it. I think it's one of the best teaching principles in medicine, is to ride that ambulance and go out and see how people suffer. [00:20:04]

Back to residency. After my internship, we had assignments. You would be assigned to a ward. There was a male ward, a female ward, back and forth. And you'd be there for a couple of months at a time, so that you had some continuity. On the nights you were on—which was every other night, every other weekend—on the nights you were on, if there was a problem in the emergency room, you were called, and you would do a history, a physical, order the lab tests, start an intravenous if it was necessary, do a cardiogram, whatever, and you would decide whether that patient should be admitted to the hospital or not. If you admitted them, it was your patient, and you followed that patient. You had a senior resident or a chief resident who came around every morning to check that you were doing the right thing, so that you didn't screw up. And there was supervision from an attending physician, sometimes daily, sometimes once a week. Because they really trusted the chief resident. By that time, if you didn't know how to practice medicine, we were all in deep trouble, right? But every once in a while there was a unique case that required someone with wisdom and experience to come in and look over our shoulders.

The second year was conducted with electives: you did time on radiology, you did some time in pathology, you did some time in hematology doing blood tests and you know looking under the microscopes, and you'd go out and you'd do the bone marrows. We did time on neurology, and we would do the spinal taps and do those tests. If somebody needed a thoracentesis—you know, where you stick a needle in someone's chest, to drain fluid—we would do it.

And the third year was my chief-ship. I was fortunate in that we were the first hospital in New York City to have a Coronary Care Unit, and I was the first chief resident in that Coronary Care Unit. And by dint of that, we wrote a book; the chief of medicine and I wrote a book. Today it's a joke. It's laughable how innocent it was, but in those days it was a big deal, because prior to the Coronary Care Unit people with a heart attack would be distributed throughout the hospital wherever there was an empty bed! And then in the morning, when you went to make rounds, you'd find people dead in bed. It was not at all uncommon! They died of an arrhythmia. Now when you put them in a Coronary Care Unit, you congregated in one spot, and they were all being monitored, and there was one person constantly looking at that monitor. If someone had an

arrhythmia, you could run down and do a code. You know, you'd shock them back to life. So it was a major innovation. It was a quantum leap in medical care.

And I was lucky. I mean, by dint of time—I just happened to be at the right place at the right time. It was quite an experience, because we knew nothing before then. I mean, they were still arguing whether it was a coronary thrombosis or a myocardial [infarction]. I mean, they were consumed with terminology, and nobody knew what they were talking about. Really, nobody knew what they were talking about. Once they were in the Coronary Care Unit, we could follow them more intensely, and we would learn so much more; we would see how they did. Before the CCU [Coronary Care Unit], they would put a heart attack patient flat in bed for six weeks. Straight! Six weeks! Using a bedpan for six weeks. Of course, when you let them get up, they'd have a blood clot in their leg, throw a pulmonary embolism, and collapse on the floor. I mean, it was when I think of how archaic medicine was in those days. And yet, they thought they were doing the right thing. They'd lie them in bed for six weeks because there was some pathologic knowledge that that's how long it took for a scar to form in the heart. So they didn't want people getting up willy-nilly before that and going into heart failure. Well, again, it was innocent, that's what they believed, that's what they thought was the right thing to do, but in retrospect it was the dumbest thing to do.

**Zapol:** So who was at the center of that innovation, of creating the CCU?

**Keyloun:** Well the first one in the United States was out in Kansas City, believe it or not. A guy by the name of Hughes Day. It was really a—what's the right word? Things came together. At Johns Hopkins, they learned that you could compress the chest externally, and get blood flow. Dr. Bernard Lown, in Boston, discovered that arrhythmias start when a particular QRS complex hits a t-wave at a certain juncture. And Dr. Hughes Day, in Kansas, kind of intuitively figured if you put all these people in the same spot, we would be able to see how they fare better. So all things came together at one time. [00:25:52]

The chief of medicine at St. Vincent's was a guy by the name of William J. Grace. There's a William R. Grace still in practice, but William J. Grace was the chief of medicine. He knew Hughes Day from the meetings, and he thought this was a great idea, and when they were building the Spellman Building, he beat on the nuns' heads to dedicate one floor to the Coronary

Care Unit. Unfortunately, it wasn't designed for a Coronary Care Unit. It was sort of glommed, you know, he took it over. But it served its purpose, it served its purpose. At least the nurses' station was situated in a space where they could see four or five rooms at one time. The ideal is to have a circle in the round, where the nurse can see every room, or at least look in every room, and monitor the monitors. But in any event, it served its purpose.

He gave lectures all over the country, and we had meetings at our hospital, ad infinitum, every couple of months. People would come from all over the country, from South America, Latin America, to learn how we were doing it. So, we pioneered that. Before you know it, then Presbyterian had one, and New York Hospital had one, and they grew like topsy. But we were the first. We were the first, and we were there for two or three years before anyone else decided to do it. Because the question was, "Why do we need it?" When we proved it, that our mortality was lower, because we were able to shock people instantly. We didn't have to wait to run all over the hospital to do this. There was no five-minute delay in doing it; we were doing it instantly. And we could show that our mortality rate was infinitely lower than what was published out there.

**Zapol:** So that must have been an exciting time to be at the hospital.

**Keyloun:** It was! The learning curve was steep. And I was there, and I enjoyed that. I really, really enjoyed that. I mean, you're sad for the people who didn't make it, obviously, but you can't save everyone, and we're all going to die! But you're at least doing your job of pushing back the grim reaper, you know? Shoving him back in the closet. That's the best you can do in medicine.

**Zapol:** So you also talked about, you know, the relationship to the nuns—

**Keyloun:** Yeah.

**Zapol:** —and convincing them to do that, but I'm curious even just to take a step back, if you can describe St. Vincent's, how it worked. Maybe going back to your first experience being introduced to St. Vincent's, what it looked like and how it changed over the time that you were there.

**Keyloun:** Well, in 1960, and from [19]63 to [19]66, there was no question who was in charge. The nuns were in charge. The Sisters of Charity owned that hospital, and they ran it like a military compound. Nothing got done unless a nun authorized it. Even the record room was run by a nun. The laboratory was run by a nun. Every department was run by a nun, so if you wanted to get anything done, politically, you had to make friends with a nun. There was one in the operating room; I mean, there was one everywhere. And one in the emergency—everywhere! They were benevolent dictators. They really were. Obviously they went into a nunnery to do good. I mean, they're Sisters of Charity. But they learned discipline.

I don't know if you're Catholic or not, but if you ever went to a Catholic grade school, you got a ruler over your knuckles, [laughs] you know, when you were misbehaving. Or you stood in a corner, or you did something demeaning to make sure you didn't do it again.<sup>1</sup>  
[00:30:05]

**Zapol:** Because you went to Catholic school, yeah?

**Keyloun:** Oh! [laughs] Xavierian Brothers in grade school, and Jesuits right on after that, yeah. So you learn discipline. And it was easy for a guy who was a Jesuit-trained [laughing] student; I knew what not to do. The fellows who came from Johns Hopkins or from UCLA or from Texas, they were bewildered. They didn't know how to respond to these nuns! [laughs] Because in their hospital, they ruled the roost. Not here! Not at St. Vincent's.

Regrettably, it all changed in 1966 when Medicare came into being. It was a major disruption. Somebody came to the hospital and convinced the nuns that if they hired all the doctors, they could bill in their name. So they sent out an edict: everyone's going to be hired. And it was an uproar. I mean, it was mutiny. It was awful, it was absolutely awful. Nobody wanted to do it, except the fellows who had no practice, they were willing to do it, because they weren't making ends meet as a private practice. You know, they leaped. But I would say more than the majority said "Hell no, hell no." And that created an adversarial relationship with the nuns. Terrible.

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<sup>1</sup> Victor Keyloun corrected this in 8/16, to "Or you stood in a corner, or **they made** you **do** something demeaning to make sure you didn't do it again."

Then they got into financial trouble. How, I don't know. Probably mismanagement. Probably because of the Medicare rules, they didn't know how to bill. There was a legend that they would be two years in arrears in sending a bill to Medicare. I know for a fact that the emergency room billing was at least two years behind. There was no computers—remember, there's no computer yet. So you had a gaggle of white-haired ladies going page by page, right, and they would have to get the lab test from somewhere, and the x-ray report from somewhere, and the pathology report, and put it into an envelope, or a folder, and then figure out the charge. It was a nightmare. So they got into financial trouble. They went to the bank. The bank says, "We can't lend you money." New York was broke in 1974. Absolutely broke. You know that story. So they went to the Cardinal! Terence Cardinal Cooke. And they said, "Your Excellency, we need some money." And he says, "I'll give it to you! No problem. I'll write you a check for two million dollars. But, I want three people on the board; you can have two." [laughs] The nuns had no alternative but to do that. And it all went downhill after that.

**Zapol:** How so?

**Keyloun:** Well, they put somebody in charge who had no knowledge of hospital business. I sat on the joint conference committee; I was chairman of quality assurance and peer review. By dint of that, I sat on a committee that reported to the board of trustees. I did not personally report directly to the board of trustees. The chairman of that committee, that I sat on, was a radio announcer! On ABC News. He was a radio announcer! There was me; there was Joe English, the chief of psychiatry; there was Al Vitale; there was two nuns; there was a couple of other people. It wasn't a large committee, but it was a joint conference committee. But to be chaired by a radio? He had no freaking idea how a hospital works! And he was supposed to report to the board of trustees. Well, hello! Now why did he get appointed? Well, he was a relative of one of the nuns! The nepotism was legend. The nepotism was legend! Throughout the hospital. Throughout the hospital. That's one way it went downhill. That's one way it went downhill. They just made more and more errors. [00:34:57]

Then they brought in some guy from the medical school. They had to start amalgamating with medical schools so that they could bill as a primary hospital instead of a tertiary hospital. So we aligned ourselves with Valhalla, New York Medical College. They brought in some guy to make peace between the doctors who were in private practice and the administration. It was an

utter waste of time. Utter waste of time! It was like herding cats. No way it was going to happen. There were too many personalities involved. And you were dealing with the chancery office. Chancery office went out, and they wanted to emulate what New York Hospital did, which is to buy up all the hospitals on the east side of New York and form one conglomerate. They wanted to emulate Columbia Presbyterian, that amalgamated with Roosevelt and St. Luke's. And they said, "We're going to do this among the Catholic hospitals!"

So they went to Brooklyn, and they tried to get all the Catholic hospitals to send their patients to St. Vincent's. And all the doctors in Brooklyn said, "Hell no! If I send my patient to New York, he's never coming back. [Zapol laughs] Why would I do that? Why would I send my cardiac patient to St. Vincent? I'll send them to Lutheran's, or Maimonides, or even Downstate. I have a better chance of that patient coming back to my practice than sending them to New York!" So that didn't work. That didn't work. And when they went belly-up, they went bankrupt, you know what they did, they sold off all those hospitals. And they took the money, put it in the chancery, and [St. Vincent's] assumed all of the debt of those hospitals.

So I looked up the books. I went down to the bankruptcy court; they were bankrupt to the tune of one billion dollars. That's with a 'B.' One billion dollars!

**Zapol:** Not a wise business move. [laughs]

**Keyloun:** No. The nuns did a better job than the chancery. Did a much better job. I mean, they accounted for every fit and fiddle, every syringe, every needle. They were nuns, and this was their life. This was their life! The chancery, I believe, it was a business. A billion dollars! There was a list of creditors that was endless, endless, and I didn't want to get involved in that, but I did look it up. It's public knowledge.

**Zapol:** What lead you to go look it up?

**Keyloun:** I wrote the book. I wrote a book about it. *Murder, Madness and St. Vincent's*. Yeah.

**Zapol:** Hm, mmhmm.

So it's interesting, you know, this difference between the way the nuns ran it and then what happened afterwards.

**Keyloun:** Oh yeah.

**Zapol:** Can you talk to me a little more about—maybe a story about a relationship with one of the nuns you talked about. You know, if you knew how to talk to them, if you knew who was boss, then—

**Keyloun:** Well I wrote about it in one of the books. My wife was the supervisor of the chemistry lab. There was a nun—I won't use her name—who was in charge of chemistry lab. And she was sort of a cold fish. Very uptight. Not rude, but just not warm. And we got along, because, you know, I treated her like a nun. I always, you know, was in deference to her. When I married my wife, she warmed up a little when I married my wife; she was a very good worker, Carol. And one day, she came up to me and she said, "Would you make a house call for me?" I said, "For you, Sister, of course I will." I said, "Where is it?" And my heart was thumping cause I thought maybe she came from the Bronx. [laughs] I'd have to go way the hell up there and all the way back, it'd kill a half a day. She said, "No, no, no, no, it's just up the street on 12<sup>th</sup> Street." I said, "Well sure, when do you want me to do it?" She says, "Well, whenever you can get free." I said, "Well, I'm in the middle of rounds, but I can interrupt them; I've already seen my really sick patients." So she said, "Ok, let's go."

So we're walking up 12<sup>th</sup> Street, and we're chitchatting, and she couldn't have been nicer. You know, she just couldn't have been nicer. And we were married, oh, three or four years already, and we didn't have any children. Not by design, it just didn't happen. Right? So she was kind of teasing me, "Well, when are you going to have children?" I said, "Well, it's not for lack of trying, Sister." She got red. [laughs] She flushed, she turned away. We kept on walking. We got to the apartment house on the north side, and we went past the doorman. He knew her, obviously. And she fetched for a key in her habit, opened the door, and there was a body sitting on a couch with bottles strewn all over the place, ashtrays filled with cigarettes. I said, "What do you want me to do, Sister?" She said, "That's my sister." I said, "Oh, my god." She was stiff as a board; she had to be dead for hours. So, you know, I went through the perfunctory look in the eyes, feel the pulse, listen. I said, "Yeah, she's passed away." She wanted me to pronounce her dead so that she didn't have to call the police and wait for the medical examiner. So I wrote a diagnosis on the death certificate, and she was able to call an undertaker, which expedited the whole thing. [00:41:32]

**Zapol:** Keep it private.

**Keyloun:** Keep it private. Keep it private, yeah. She was emaciated, she obviously had cirrhosis, I mean, she was emaciated, poor thing. But you learn—making house calls, you learn why this nun was so cool. She was terribly embarrassed by her sister. And she just kept it all in. You know, she couldn't relate to people because she was obviously humiliated by the thought of her sister in that apartment drinking herself to death. Subsequent to that house call, whenever I saw her in the hallway, she saw me, we made believe that we didn't know each other. She cut it off the way she started it. Amazing, just amazing. I guess she didn't want a reminder. She didn't want to have a reminder. She was always cordial. I mean, she didn't say anything offensive, you know, no rudeness; just walked by. Maybe a little nod of the head, that kind of, like, "I know you're there but I don't want to talk." You know, that kind of thing.

**Zapol:** Yeah, yeah. Wow, that's interesting, I mean—this thing also, being invited, or asked, into such personal experiences and then what happens afterwards.

**Keyloun:** Yes.

**Zapol:** I imagine you also had other experiences where you had ongoing relationships—

**Keyloun:** Oh, sure.

**Zapol:** —with people.

**Keyloun:** Oh, sure, absolutely! I wrote about one [laughs] lady who was in my apartment building, in the Mark Twain. She came, diagnosed a lump in her breast, and I kind of pushed for lumpectomy, when everyone was doing radical surgery. I'd read up what they were doing in France and Germany, and I got one surgeon to come on my side and just do a lumpectomy. So he did, and she was in pain, and then she was given narcotics to blunt the pain, and she got terribly constipated. So she called me up one day, I was in the office, and she said, "Vic"—she called me by my [name]—"Vic, I can't go. I'm on the toilet, I just can't go, can I come to the office?" I said, "Well don't come here, there's nothing I can do for you here." I said, "Give me an hour and a half, I should be out of here in an hour and a half, I'll come over and see you." So I made a house call, I brought a rubber glove, and I brought some KY jelly [laughs] and she and her husband were sitting there, and she's sheepish, and Ed is saying, "Do something, will you?"

[laughs] Says, “Come on, let’s go into the bathroom,” and I had her straddle the bowl, and I disimpacted her. Before I did that, I said, “Roz, I’m going to have to stick my finger up your rear end to get this out.” She says, “I don’t give a shit what you do!” [laughs] So the two of us paused for that nanosecond, and we started laughing hysterically. And Ed is outside wondering what the hell is going on in there? [laughs] So I disimpacted her, and she was really relieved, she felt terrific. And we were friends for years afterwards. They would visit our apartment, we visited his apartment. He did a lot of traveling for his business. And in those days they gave you a two-ounce bottle of liquor when you were traveling. He collected them. He had a collection second to none; I mean, there must have been a thousand of these bottles on shelves throughout his hospital—throughout his—[00:45:27]

**Zapol:** His apartment.

**Keyloun:** His apartment. Yeah. Yeah, he was an amazing guy. Amazing guy. I said, “How do you keep track of them? He has a bottle for almost anything that’s ever been made before.” You know, distilled.

**Zapol:** So, yeah, it sounds like these unique, also just warm relationships, because you’ve helped people.

**Keyloun:** Yeah.

**Zapol:** I wonder about relationships. We mentioned before, like what the margins were, what the area was. The catchment area. You think about the Village, with certain populations in the Village. So I wonder who do you think about as being—like, the different ethnic groups that were in the Village at that time. And if you have any particular stories within those groups.

**Keyloun:** Well, the predominant ethnic group were Italians. No question about it. It was an Italian enclave. A good number of my patients were Italian. One of them had a pasta factory on Houston Street, Raffetto’s. And I can name a million—passed away, of course—a million Italians.

I had a huge population of gay kids. My doors were always open to them. And that was unique, because a lot of my contemporaries would find excuses not to treat them. They would tell them, “I don’t know what your problem is, I’m not adept,” or “You need to find another

doctor, or go to the emergency room.” They gave them one excuse after another. I welcomed them. And when I was as kind to them as to any other patient in my office, they started sending me their friends. I would say two-fifths of my practice were gay kids. I mean, they paid their bills, they took a shower before they came to see me, they were respectful, they were funny. Barney’s used to be on 17<sup>th</sup> Street. A lot of them worked in that clothing area, you know, they gravitated to that. Some of them were designers up in the Garment District. A lot of them worked on MacDougall Street as bartenders. Some of them were musicians. There was one artist who—he was so funny—one artist, he was in one of those cast iron buildings before it was anything. It was empty, he just kind of took it over, squatted on it; when it finally started to come up [laughing] he made a lot of money when he sold it. People like that. They were wonderful!

I had patients from the Fifth Avenue crowd. I had patients who were referred by nurses in the hospital; they would send me their aunt, or their mother, or their father. So it was, you know, a mixed bag, but there was an awful lot of Italians. Only because I was a neighborhood doctor.

**Zapol:** Mmhmm.

**Keyloun:** But I had a lot of people come from the Bronx, I had people come from Jersey. I had some people come from Manhasset, believe it or not. It was flattering to the point of embarrassment. People would come a long way. A long way!

There was one guy who had a heart attack while he was in the Village; I took care of him, he did very well, and he went home to Connecticut! And once a year he would come and see me! [Zapol laughs] It’s unbelievable. There was one kid who worked at JFK airport who came to see me; he lived in Pennsylvania! And he would come to see me. What are you doing? Go to somebody out in New Hope. “Nah, nah, nah, it’s all right doc. It’s all right, doc, I trust you, I trust you.” Trust is one thing, but you’re coming from Pennsylvania? It’s insane!

**Zapol:** Yes, yeah.

You also spoke about, in your book, some of the different characters, like neighborhood characters also came in. I know you talked about maybe some relationship with Italian mafia.

**Keyloun:** Oh yeah.

**Zapol:** Would you be interested in sharing a story around that? [00:50:07]

**Keyloun:** Alright, I have to be circumspect. [Zapol laughs] One of my wife's best friends, to this day—my wife's best friend's father was a don. Big time. Big time. I can't use his name. He kind of ruled a good part of New York City; didn't live in New York City, he lived in Whitestone, New York. And because my wife's girlfriend—we got invited to his home, for Sunday spaghetti. [laughs] It's right out of a movie: all the furniture was covered in plastic. [laughs] We sat around the dining room table, and he collected Meissin porcelain. Big bucks even then; huge bucks today. He had a whole credenza filled with them. And he sat at the head of the table, in one of those muscle shirts, on a Sunday. This was his dress up. [Zapol laughs] And we would eat spaghetti, and he wouldn't say a word, I mean, he would just sit there and kind of growl. [grows]

Once he took us to a—we were invited to a restaurant on Lakeville Road and Northern Boulevard. It's now an office building, but in those days it was a restaurant. And we all go marching in, about six, seven of us. The waiters came over to him like he was a Pope. They literally genuflected and kissed his ring. I mean, come on! [laughs] We knew who he was. But this was over the top. Over the top. He subsequently went to jail. He was sent to one of those farms out in the Midwest. It was sort of a country club, but he was in jail. His wife developed melanoma; the primary was on the ball of her foot, of all places. She died. He was allowed to come to the wake and the funeral only if he would be shackled. He refused to be shackled, so he never attended his wife's funeral. The government didn't get mad. The government got even.

Now there was a whole other family, which I can talk about because it's been in the public arena: the Gigante family. There were five brothers, you know? One was a priest, Louie was a priest, one was a restaurateur, and Vinnie was the guy who shot Costello in the barbershop of the Plaza Hotel. And he went away for a few years. When he came out, Al Vitale was his doctor. And I used to have a round robin with him and another doctor; we would cover each other on weekends. So Al is off the weekend I'm on, and I get the list of patients, and who was one of them? Vinnie "The Chin" Gigante. [laughs] He was in the Spellman Building, I'll never forget it. I walk into [his room]—I didn't know what to expect. He couldn't have been nicer. He couldn't have been more humble, he couldn't have been more gracious; you couldn't have

painted a better scenario. He was a nice guy! He was really a nice guy! And I knew he was the guy who plugged Costello in the barbershop. What they call in those days “breaking an egg.”

So now he was elevated. And you know the story of him walking around the Village in his bathrobe and slippers with somebody at his side, mumbling to himself, all those years. That was a ruse to end all ruses. He was a smart guy. [Zapol laughs] Smart guy.

My wife’s girlfriend dated one of the Gigante brothers for a while. Because her father was, you know, keep it in the family! [laughter] But it didn’t work out. And one of the Gigante brothers was gay, so that kind of filled out the panoply: a priest, a hood, a restaurateur and a gay kid. Incredible, incredible. They lived on Bleecker Street. They lived on Bleecker Street. [00:55:26]

**Zapol:** Also, you spoke about during this time period there were some changes in terms of drugs and addiction in the neighborhood. Can you describe that? How that might have changed from when you started, or if that was really, it had already sort of—

**Keyloun:** Yeah, well, when I started as an intern, I did a lot of dialysis, because at Georgetown the king of dialysis was George Shreiner. I was on his service, and I got intrigued, and I saw how it was done, so I had a modicum of knowledge. So they asked me to help out. And I did. The drug du jour in those days was phenobarbital. The other one was doriden, it was a hypnotic. Something you take to go to sleep. And it was not very well dialyzable.

The Albert Hotel was a single occupancy hotel where kids from all over the country would come and stay, gays, and trying to find themselves. You know, the gays were not accepted, period. They were still in the closet, but they were here associating with like-minded people. And when they got depressed as hell, they would try to kill themselves. So, there was always somebody in the emergency room on the weekends with an overdose. Now, some of them were minor, you could flush out what was in them, and send them home. Others, you had to dialyze. But as the years went by, the drugs changed. As they came on the market, there were uppers and downers and LSD. I mean, one kid, I remember, took it, thought he could fly, and he jumped out a window and spine separated. They were taking all kinds of drugs. Crystal meth, PCP, that was a new one. I mean, you had to have a book to keep track of all the crap these kids were taking! And they were taking them, you know, by the fistful. It got better after Stonewall,

you know, when people could be who they were, but you still had depressed people who tried to kill themselves. There were a lot of non-gays who were profoundly depressed and would try to kill themselves. And they took whatever was in the cabinet, you know? Whatever that was there, they would take two, three, four things and try to put themselves out of misery. But the evolution of pills! You could just go by what was approved by the FDA that year! They would take the newest thing on the block.

**Zapol:** Mm, mm. You talk about, in Stonewall things got better. What are your memories of that moment of Stonewall? Were you there in the Village in [19]69?

**Keyloun:** Oh, I was there, I was in practice.

**Zapol:** Mmhmm.

**Keyloun:** [19]69, [19]68, somewhere in there.

**Zapol:** Yeah.

**Keyloun:** I was in practice two years. Of course, you know, I was minding my own business, and we heard about it. I wasn't there to see it, we heard about it, and then we heard about it again, because there wasn't one riot, there was a couple of riots. And I was saying to myself, it's about time! I had a cousin who was gay, who was in the closet for years. He was a principal in an intermediate school in Brooklyn, and he was hiding in the closet. It's about time, you know! [laughing] What are we doing here? Let them out! And once they got out, once they could be who they were and act the way they wanted and fall in love with who they wanted, it just changed. Everything changed! Even the doctors in the hospital who were gay came out of the closet! And there were at least a half a dozen that I could name. At least a half a dozen that I could name!

**Zapol:** And I mean, you knew that they were gay, but they weren't necessarily out of the closet yet. [01:00:00]

**Keyloun:** You knew they were gay; they were forty-five years old and single. Come on! [laughs] You know, or you try to, they'd have a beard, you know, they would ask one of the secretaries to some of the hospital functions. You can't find another girl on your own? Come on. You know?

We knew, but why make an issue of it? Why make an issue of it? Let it be. It's not important. It's really not important. Not to me, anyway.

**Zapol:** But, just saying that everything changed is interesting. You know, that you really felt it, you felt the climate change in the Village, you felt the climate change in St. Vincent's.

**Keyloun:** Oh, absolutely. It was night and day.

Now, there's a downside to it. Because there was so much promiscuity, that we got AIDS! In 1980, I went back to Harvard to do a two-week refresher. I graduated med school in 1960. It's twenty years. I had to test myself: am I really up to snuff? Am I really up to snuff? So I said, "I got to do this." So I went. It was two long weeks, all day lectures. And there was a guy talking about immunology, he talked about five cases of a rare immunologic disease. From 1980 to 1990, it went logarithmically.

**Zapol:** So at that time it was GRID [Gay-Related Immunology Disease], it was what people thought of as GRID, but then—

**Keyloun:** Yeah.

**Zapol:** —identified as HIV, AIDS.

**Keyloun:** Yeah, eventually. I forgot the terminology, leuko-something or other. My memory is dim on the terminology.

**Zapol:** So did you see—where you in practice when you started to see people?

**Keyloun:** I left practice in 1983.

**Zapol:** Mm, mmhmm.

**Keyloun:** I retired from practice in [19]83. And I had an awful lot of my patients already dying.

**[END OF FIRST AUDIO FILE 'Keyloun\_VictorGVSHPOralHistory1.mp3'; BEGINNING OF SECOND AUDIO FILE 'Keyloun\_VictorGVSHPOralHistory2.mp3']**

**Keyloun:** Yeah, I just couldn't handle that. That was really awful. I mean, people are really, really liked. They're nice people. Really nice people. One guy who worked for my brother in the

garment industry. Yeah, it was very sad. And they didn't know why they were dying, you know? They had no idea. They didn't know what they did wrong.

**Zapol:** Do you remember your first case, or any stories around that, that you want to share? If you don't, I understand, but in terms of symptoms and kind of, what—

**Keyloun:** Well, my cousin! My cousin came over—he was living in the Village at the time, I think on 16<sup>th</sup> Street. We all came from Brooklyn, but you know, he was living alone, he had his own apartment. He was a principal. We met to go out to dinner, and we standing right in front of the John Adams—we were right in front of the John Adams—and he came out. He says, “Vic, you know I'm gay.” And I said, “So?” And he looked at me, I said, “I don't give a shit, Joe, I really don't give a shit. Live your life! Live your life!” He was so relieved. And he looked at Carol, said, “What do you say—?” She said, “I don't care.” [laughs] We don't care! So we walked all the way down to the west side of Manhattan, almost to West Street, and he took us to one of his restaurants, he said, “Do you mind?” I said, “Why do I mind? Is the food good?” [laughs] We went, and we had a wonderful time, and he was telling us about all his problems in school, politics, and this, that, and the other thing.

Subsequent to that, he started to lose weight. He was bald, as bald as I am now, and he was gaunt. He grew a beard, which made him look worse. And then it hit the fan, you know, blood count went down, white cells went away, bop bop bop bop. And I don't think they were still calling it AIDS at that time; they were calling it something else. He wound up in Roosevelt Hospital. And he called me up, on the telephone, of course, and he says, “Vic, I'm dying.” I says, “Joe, I'm so sorry, you know, there's nothing I can do to help you. I don't know anything about your illness. I don't know where to begin, where to end; nobody knows. I talk to doctors here, they don't know what the hell's going on.” And he died. Yeah, yeah.

That was the hardest part: you didn't know what you're dying of! You're dying, and you don't know why you're dying! It's terrible. Terrible. People were afraid to go get a blood test. “I don't want to know,” you know? “I don't want to know that my white count is low.” It was a tough time. Tough time, really difficult time.

**Zapol:** Can you—

**Keyloun:** Now, I didn't leave medicine for that. I didn't really because of that; that was just one more thing. I left for other reasons.

**Zapol:** Can you describe what happened at St. Vincent's, as more and more people with HIV came in, or AIDS.

**Keyloun:** Well it became a center. They, you know, learned pretty quickly how to take care of the AIDS-infected patients. Their census was going down dramatically because Medicare had changed the rules of hospitalization. You were no longer in the hospital for six weeks with a heart attack; you were barely there for six days. They were doing outpatient herniorrhaphies. They were doing outpatient gall bladder. So, the number of people in the hospital went down by attrition. It was a 900 bed hospital, it was barely a 500 bed hospital.

**Zapol:** Hm.

**Keyloun:** They closed off floors. So when the AIDS epidemic blew, the administration said, "This is a windfall!" So they welcomed all these patients. They had people in the beds, and you could charge somebody for their presence. It became a center for AIDS treatment. I'm not sure it's the best center, but it became a center, because they welcomed them with open arms, and most of them live here in the Village! East and West Village.

**Zapol:** Mmhmm, mmhmm. Yeah. And during that time, you said, with your cousin, you didn't know how to treat. With your patients, what were those early treatments? Or even just ways or experimental work. [00:05:05]

**Keyloun:** I didn't treat any of them, because frankly I didn't know how to treat them. Frankly, there were no drugs. You only gave them symptomatic treatment. You gave them something to build them up, increase their appetite, you know, symptomatic—it was like putting a hot pack on somebody's bruise site, it's all it was. But I did send them to an infectious disease expert. If anybody was gonna know or hear about anything, they would before me. And I wouldn't know how to use the drug anyway. So, yeah, I referred them all out.

**Zapol:** Yeah, yeah. Of course we're in very different times now. And it's—

**Keyloun:** It's worlds apart.

**Zapol:** It's a different world.

**Keyloun:** World, worlds, worlds apart. Now it's like diabetes, you live with it. But you have no idea, the horror and the fear and the anger and the recriminations that went on. I mean, it was terrible, terrible.

**Zapol:** Can you talk a little bit about that? I know that people were—anecdotally, you know, I imagine that people, like you said, other hospitals and other doctors didn't want to treat, necessarily, or—

**Keyloun:** Yeah.

**Zapol:** And then you were talking—

**Keyloun:** Well, they didn't know if it was contagious. Think about it; they didn't know if it was contagious, like smallpox. Or cholera. Nobody knew. It took a long time to find out that it was sexually related.

**Zapol:** Yeah.

**Keyloun:** There was a moniker then. Who was getting this disease? It was hemophiliacs, people from Haiti, Haitians, and gays. Right? What do they have in common? Well the only thing they had in common is they had sex. With each other. But that took a year or two to finally dawn on somebody's head.

**Zapol:** And what about the blood transfusion, sort of understanding—

**Keyloun:** Well all the hemophiliacs died! My classmate, the guy who sat right next to me for four years in med school—I used to carry his microscope because he had a bum knee from hemophilia; he had bled into his knee, and he limped. He became chief of pathology, and the only way you survived in those days was to get factor eight transfusions every several months. Well where do you get the factor eight? From blood donations! Was there a test for HIV then? No. So, they were giving the hemophiliacs factor eight, and they were all dying. Every one of them. Because if you got the injection every six weeks, or every two months, or whatever you got it, sooner or later you were going to get a dose of an infected blood sample. Well, that took a couple of years to figure out. Thank god they were able to synthesize factor eight. And, you

know, that changed things around for hemophiliacs. But talk about the terror. Holy god! Talk about the terror. Yeah, Don passed away soon after the epidemic broke out from factor eight.

**Zapol:** Was there a particular ward that was opened up for people who had AIDS?

**Keyloun:** Oh yeah, yeah, yeah.

**Zapol:** Can you describe where that was?

**Keyloun:** I wasn't in practice then. I left in [19]83, and you know, it all started going to hell in a hand basket afterwards. But you know, talking to nurses, they had wards; they congregated them all in one particular area.

**Zapol:** I'm interested—you know, you talked about where you lived, the penthouse with a wraparound, and then you lived in the John Adams—

**Keyloun:** In Mark Twain.

**Zapol:** In the Mark Twain! [laughs] So tell me about where the Mark Twain was; was that where you lived when you moved out of the city?

**Keyloun:** Yeah. We lived in the Mark Twain; I moved in on July 1<sup>st</sup>, 1966. And we were there until September of 1971, when my son was born. He was born in August, and we moved out the next month. And it was a lovely apartment. My doorman was the yenta of the Village. He knew everybody. He knew everybody's coming and goings; he knew who had a fight with whom. [laughs] Louie would regale us when we left the building, and when we came back to the building. He would [laughing] spew all the nonsense that was going on in the apartment house. [00:10:06]

But it was a different area, too, you know. There was a movie house. On that triangle between Greenwich, 12<sup>th</sup> [Street] and Seventh Avenue, it was a Lowe's theater and behind it there was a bar and grill. Where we used to frequent after-hours. They tore it down to make it a receiving station for the hospital.

**Zapol:** They tore down the bar and grill, that area right there.

**Keyloun:** The whole, that whole triangle was taken down, and they built the reception area for goods. They tried to get the city to approve a tunnel, to the hospital, and they wanted to dig underneath the subway. And the city says, “No way, no way.” But they lobbied for a long time, they used all the muscle they could get. And the city just wouldn’t allow it to happen.

**Zapol:** Hm. [laughs]

**Keyloun:** Yeah.

**Zapol:** Now I’m thinking about your story about the meatpackers, you know, and their cuts in the mornings. Was this too late for the longshoremen? Were there also longshoremen who would come in?

**Keyloun:** Oh, sure. Oh yeah, yeah. They would come in with the usual things: they fell off a ladder, or broke a hip, or broke an ankle, you know, that kind of thing. Well, that Maritime Building was built in my time. There was a lovely diner on the southeast corner: regular, honest to god diner right by the subway station. And it was a parking lot. Was a parking lot there. And the nuns bought it, took away the diner—excuse me, the nuns didn’t buy it, the longshoremen’s union bought it.

**Zapol:** Uh huh.

**Keyloun:** And they built their Maritime Building.

**Zapol:** Yeah. Which is still there, that sort of architectural space.

**Keyloun:** Yeah. And my office was in there for, oh, maybe twelve years or so.

**Zapol:** In that building.

**Keyloun:** In that building, yeah.

**Zapol:** Yeah, so tell me about the different spaces where you had your private practice.

**Keyloun:** Yeah, well, I didn’t have patient number one. So I went into practice. I don’t need a whole office. So I sublet from an old timer on Fifth Avenue, number 20 Fifth Avenue. Nice man,

really a prince. He was an artist, he was a sculptor. He sculpted for the United States Navy, and he was one of the founders of the—

**Zapol:** The Salmagundi?

**Keyloun:** The Salmagundi Club, yeah. So he gave me three or four afternoons a week. Which was more than I needed. I paid him, and then as patient one came and then patient two, you know, I would do that. And then I hired students from NYU to sit and be the receptionist and to be there when I examined a woman, you know? So that worked out real good because I only had to pay them, what, two or three dollars an hour, in those days, which was really, you know, bargain basement, but they were fun because they would study and earn some money. And lo and behold, the landlord wanted to double the rent, double the rent, so Dr. DeBellis and I went up to his office in the Chrysler Building and pleaded with him that it was unbearable, we couldn't afford that. They could've cared less. So we had to get out.

So I went to 12<sup>th</sup> Street. Right across from the New School, there was a building and a doctor, an old timer, and I took more than half the time from him, because he had maybe ten patients in his whole practice. What I discovered was he was earning a living by writing prescriptions for narcotics. So, the most unsavory people in the world were marching in and out of that office, and I finally had it with him, I said, "You can't do this. You just can't do this." I said, "I'll report you." "No, don't do that!" "Then don't do it!" So he stopped doing that, and then he retired completely and I had the office.

And, why did I move from there to the Maritime? Probably because I was seduced. [laughs] The nuns took it over, they bought it from the union, and they wanted people to practice there, and they made me an offer I couldn't refuse. They built the office to my specifications. It was raw space. And that was good. And they didn't charge me for that; they just charged me rent. Which was nominal for the first couple of years. Then, you know, it went up and up and up and up. [00:15:04]

**Zapol:** When did you move in to that building?

**Keyloun:** Oh, I would say in the early [19]70s. My son was already born, that was [19]71, so somewhere around there, yeah.

**Zapol:** So you were commuting at that point, to—

**Keyloun:** From [19]71 on I was commuting. Yeah, yeah.

**Zapol:** And then what would you say, how did your relationship to the neighborhood change as a commuter?

**Keyloun:** Not at all. Not at all. I still went out to dinner in the neighborhood, and the patients still knew me. They didn't know where I went to sleep, you know—for all they knew I was in one of the apartment buildings. They didn't know. No, my relationship didn't change one iota.

**Zapol:** Mmhmm.

**Keyloun:** We used to frequent a place on 11<sup>th</sup> Street called The Penguin; it was a downstairs place, and there was an Italian restaurant just east of Sixth Avenue that we went to often. You know, we did them all. There was one on Hudson Street, Finalmente. It was two guys that my wife and her girlfriend knew because they had a restaurant, and a restaurant, and kept moving from one to another, and this was Finalmente, the last! [laughs] And the décor was wonderful; they had a little rose bud on every table, and they had a spotlight on the rose.

**Zapol:** Aw!

**Keyloun:** And one wall was brick. It was really nice. It was a really, really nice place. A nice place to cozy up and have a nice meal.

**Zapol:** So, you know, we spoke about already, like, some of the bigger changes at St. Vincent's that kind of—it was implied that that lead to your deciding to leave practice, but I want to, you know, just give you an opportunity to say what lead to that decision and then what happened, yeah.

**Keyloun:** Well, to go back, I was chairman of the quality assurance committee, and the joint conference committee, and because of that, I saw what was happening with insurance, with the HMO's [Health Maintenance Organizations] and the PPO's [Preferred Provider Organizations] and the alphabet soup of programs. And the hospital had subscribed to all of them. They said, "Bring them on, we just want patients." And I kind of saw what was going on today; I, you know, was—I hate to use the phrase "I was on the mountaintop," but I was up there, seeing the

future. And I said, “I can’t practice medicine that way.” Some guy from Blue Cross Blue Shield came down to see me in my office. I must have had six or eight people waiting to see me. And I saw him because he was from Blue Cross. I didn’t know what he wanted. He sits across the desk from me, and he says, “You know, Dr. Keyloun, if you accept our fees, we can send you more patients than you can think of.” I said, “I got more than I need now! I’m ready to close my practice, what the hell do I need you for?” And he was shocked. I said, “I don’t need you. Thank you very much. But whoever has Blue Cross Blue Shield, I’ll treat them the same as everybody else, I don’t care what their insurance is. Frankly I never collect the money anyway! I refuse to touch the money. Rose, outside, gets the money, and then she gives it to me. I leave it to her.” So he walked out with his tail—then I found out he was going to the younger guys, who had no practice. And he was signing them up! I said, “You know, I can see what’s going to happen. When they sign them all up, then they’re going to start ratcheting down the fees. And then you’re gonna have to work three times as hard to earn a living.”

It happened to my dearest friend out in Manhasset, obstetrician gynecologist. He used to do 200 deliveries a year. Can you imagine doing 200 deliveries a year?

**Zapol:** No. [laughs]

**Keyloun:** He lived in a Greek Italian neighborhood in Astoria, and he went into practice with his father-in-law, who was a gynecologist. And they came to him, and they said the same thing! He said, “I don’t need you, I’m doing fine.” Well guess what, all of his patients came to him and said, “I can’t come to you anymore, my insurance won’t pay you.” So when he was down to like forty or fifty deliveries a year, he said, “All right, I’ll accept your fees.” Said, “Forget it, we don’t need you.” That’s what happened! And I saw that coming, so I said, “I gotta get out of here. I gotta go make a living somewhere else.” And I did. I did. I bought a piece of an agency, and we went out and did medical education and sales training for the pharmaceutical industry.  
[00:20:04]

**Zapol:** Mmhmm.

**Keyloun:** Made a nice living, and when my wife got sick, I sold the business.

**Zapol:** And pharmaceuticals is another area that was shifting a lot, in that time period, when you left.

**Keyloun:** Oh yeah, oh yeah.

**Zapol:** Started really growing.

**Keyloun:** Well, the number of tools in your chest increased, again, logarithmically. When I went into practice, we had penicillin, and we had streptomycin. And we had a sulphur drug. And that was it. That was it! Then chloromycetin came on board, then rifampin came on—an endless series of antibiotics that you could treat people with. They used to treat hypertension with phenobarbital. Are you kidding me? Hydrochlorothiazide, hydrodiuril, was launched when I was in medical school. It's changed everything. Cortisone. Cortisone was launched in my third year of medical school. So, the science caught up with the needs, and all these companies, you know, started doing better science, and coming up with real drugs that worked! At least they worked better than the poultice, you know, a hot pack, or aspirin.

**Zapol:** So tell me, you know, after that shift, your work starting with this new company—you said you bought into a share of a company.

**Keyloun:** Yeah.

**Zapol:** So what was then your ongoing relationship with the Village? What changes did you start to see, maybe from a remove?

**Keyloun:** Well my relationship was as a vendor, in a way. I used to do medical movies, and I'd come to the hospital, and ask if I could do them at the hospital. And, you know, for an honorarium, they allowed me. If I needed an expert, I would ask one of the guys I respected to be an on-camera talent and that worked out pretty well. And as time went on, the pharmaceutical companies would nominate their own expert. So we would have to travel to Boston; or Seattle, Washington; or to wherever they thought the main expert was to get them on camera to say nice things about the product. And slowly, you know, the relationship waned; it just kind of tapered out, and there was no need for me to go, and there was no need for them to solicit my input, advice, or anything. They just kind of waved goodbye. One of the guys who used to be here, off on his own. It just waned.

**Zapol:** And now, what brings you back to the Village? When you think of the Village, is there a particular image that comes to mind, or sound? Yeah.

**Keyloun:** Well the first thing is that it's not affordable. But I do come back often to get on the Highline. And bring friends to the Highline, I think it's a wonderful walk. We come to the Village once in a while for dinner. But that's about it. I have no real reason to be here, other than to socialize once in a while. I mean, at my age, most of my contemporaries are gone. They're dead. They're over and out. Except for the one guy who still practices. Yeah.

**Zapol:** Well, it's great to have this reason to bring you to the Village today.

**Keyloun:** Thank you.

**Zapol:** To hear some of these stories about an interesting and really, sounds like a real rapid, change in terms of what was happening in terms of medicine, and then also at St. Vincent's itself.

**Keyloun:** Yeah, yeah. It's breathtaking, the changes in medicine and the changes in the Village are breathtaking. They don't run parallel [laughs] but they're still breathtaking changes. I mean, to think I could have bought an entire brownstone for 135,000 dollars. It boggles the mind!

**Zapol:** Yeah.

**Keyloun:** I mean, you can't buy a floor for less than 3,000,000 or 4,000,000 dollars today. It boggles the mind.

**Zapol:** Yup. Yeah. Yeah, really rapid changes here. [00:25:02]

So, with that in mind, do you have any hopes or thoughts for the future?

**Keyloun:** Well, everything that goes around comes around, you know. I was around when [19]73, [19]74 came about. And the city was bankrupt, you know. And you could have bought anything here. Anything.

I'll give you an anecdotal story: I had purchased a house up in Scarborough, when we moved out, and soon after that, one of the doctors at the hospital, who was an equestrian, came down with acute yellow fever. He had hepatitis. Acute hepatitis. And he was dead in a month. He

had an office on the corner of 12<sup>th</sup> Street and Fifth Avenue. It was a duplex. His office was on the ground floor, and there was a staircase up to the second floor. Now, his wife didn't want to stay there any longer after she lost her husband, so she put it on the market, for 150,000 dollars. And it didn't sell. She knocked it down to 125,000 dollars. And it didn't sell. And I went around to two or three of my friends—I mean, I had put all my money into that house upstate. I said, “Why don't we chip in and we'll buy it. And then we can share it.” Nobody would do it, and I didn't have enough cash to buy it. And I don't think I could have gotten another mortgage when I had a mortgage on the other house. Can you imagine what that place is worth today? I understand Meryl Streep lives in that building. The guy who does the Verizon commercials, remember? “Can you hear me now?” He bought an apartment there. [Zapol laughs] Different time.

**Zapol:** Different time.

**Keyloun:** Different time. You know, you're born in the sequence of things at a certain moment of time, you only have this time to worry about. When it's gone, it's gone; but you look back and think, “Holy mackerel, if I only had the foresight!” [laughter] But who knew?

But you asked me, what do I anticipate? I think there'll be another turndown, people will flee, markets will change, bankruptcy will occur. It's cyclical, it's cyclical. You know, another Wall Street catastrophe and people will bail out of these places as fast as they can unload. Cause the maintenance alone costs a fortune. Now, when is it going to happen? Probably not in my lifetime, but, it'll happen. It always does. And then we'll rebuild again. Yeah, it'll rebuild again.

**Zapol:** Like a life cycle of the city, kind of, but different.

**Keyloun:** Exactly, yeah, it's cyclic, everything is cyclic.

**Zapol:** Yeah. Yeah.

Well, I want to thank you for this—

**Keyloun:** No, thank you.

**Zapol:** —this time this morning. Were there any stories that I didn't ask you about—I know you have many, many, but, that you wanted to share today but we haven't had the chance to go over.

**Keyloun:** Off the top of my head, no, but I mean, I'm happy to come back. [laughter]

**Zapol:** Well it's been a pleasure.

**Keyloun:** It's all mine!

**Zapol:** Thank you.

**Keyloun:** It's all mine.

**[END OF INTERVIEW]**