



the **normal** heart

by **Larry Kramer**
directed by Nick Bowling

STUDY GUIDE

Prepared by
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— STUDY GUIDE —

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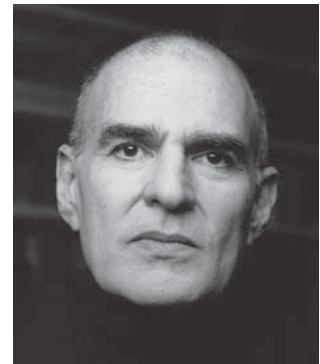
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The Playwright: Larry Kramer

Larry Kramer was born June 25, 1935. He is an author, playwright and AIDS activist. He was an unwanted second child of Jewish parents, an attorney and a social worker. He and his elder brother Arthur both spoke with distaste of their parents. Kramer has written that he was “instilled with the necessity to achieve.”¹



In 1953, as a lonely Yale undergraduate and believing he was the only gay on campus, Kramer attempted to overdose on aspirin. After his stomach was pumped, he told his brother Arthur he was gay and Arthur took him to a psychiatrist to “cure” him, according to the prevailing psychiatric theory of the day. He claims his relationship with his brother was one of the most important relationships in his life. For a time, they had lunch every week or at least weekly calls, but they fell out several times over Larry Kramer’s homosexuality and political activity. He had a relationship with a Yale professor. He graduated from Yale in 1957 with a degree in English. He then did a stint in the army.

Kramer found work in the film industry, working his way up and becoming a producer. He received an Academy Award nomination for his screenplay of *Women in Love*. His 1978 novel, *Faggots*, created a stir in the gay community for its frank treatment of the gay sex and drug culture on Fire Island and for the satiric critique that promiscuity made it difficult for gay men to find love. Many in the gay community criticized the novel and Kramer, but the book has never been out of print.

While he had not been very politically active, the sudden illness and deaths of his friends motivated Kramer to call a meeting in his New York apartment. The group would become Gay Men’s Health Crisis. Kramer’s role was often that of public speaker and gadfly, a role that rubbed many in GMHC and the gay community the wrong way. Kramer later quit GMHC in a rage when he was denied access by the board to a meeting with Mayor Ed Koch because they were afraid of what he might do or say in the meeting. He tried several times to rejoin the organization but failed. He wrote *The Normal Heart* about both the deaths of friends and a lover and his founding of and ultimate separation from GMHC. He later founded ACT UP, an AIDS organization focused on political action, protests, and lobbying, primarily for access to new AIDS drugs.² Kramer has often suffered periods of what he calls “burn out.” Kramer found out he was HIV positive in 1987. On July 24, 2013, Larry Kramer married architect David Webster, his partner since 1995, from his hospital bed.³

¹ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (224).

² <http://www.parade.com/56371/dotsonrader/the-normal-heart-playwright-larry-kramer-i-dont-know-why-gay-people-are-hated-but-we-are/>

<http://www.pbs.org/wgbh/pages/frontline/aids/interviews/kramer.html>

<http://www.nytimes.com/2006/06/25/nyregion/25kramer.html?pagewanted=all>

³ http://artsbeat.blogs.nytimes.com/2013/07/25/larry-kramer-is-married-in-hospital-ceremony/?_r=0

“In Faggots, I set out to try to understand one main issue: Why did I see so little love between two homosexual men? Love was what I wanted and want, and what most of the friends I have say they want too. Whatever reasons I came up with in my novel, they, and it, seem to have touched a most responsive chord in the gay community.”

— Larry Kramer in *The New York Native*, Issue 27, December 21, 1981 – January 3, 1982.⁴

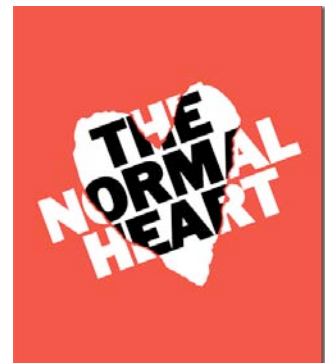
The Play: *The Normal Heart*

“I tried to make Ned Weeks as obnoxious as I could. He isn’t my idea of a hero. He fucks up totally. He yells at his dying lover and screams and rants and raves at and against everyone and everything else and gets tossed out of ‘the organization’ on his ass. I was trying, somehow again, to atone for my own behavior. I tried to make Bruce Niles, the Paul Popham character, the sympathetic leader he in fact was. I hoped Paul would come and see the play, which he would not do, and be honored.”

— Larry Kramer reflecting on *The Normal Heart* in *Reports from The Holocaust*, 1994⁵

Many other theaters had turned down *The Normal Heart* first, including American Playhouse and PBS.

The Normal Heart was first produced off Broadway at The Public Theatre in 1985 by Joseph Papp, directed by Michael Lindsey Hock. It was a hit, running for almost a year. It first starred Brad Davis, then Joel Grey. In Los Angeles it starred Richard Dreyfuss and at the Royal Court in London, Martin Sheen, transferring to the West End with Tom Hulce. Four members of the original cast died of AIDS.



It had productions at major regional theaters. By 1995, there had been more than 600 productions of *The Normal Heart*. Kramer was surprised at the positive press and found that the negative press came from a few gay critics who accused him of writing a “self-serving revenge play.”

⁴ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (16).

⁵ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (93).

“After the main productions, I found it increasingly difficult to sit through the play any more. It contains too many unhappy memories. (It also contains too much clumsy writing.) I wrote it to make people cry: AIDS is the saddest thing I’ll ever have to know. I also wrote it to be a love story, in honor of a man I loved who died. I wanted people to see on stage two men who loved each other. I wanted people to see them kiss. I wanted people to see that gay men in love and gay men suffering and gay men dying are just like everyone else.”

— Larry Kramer reflecting on *The Normal Heart* in *Reports from The Holocaust*⁶

Barbara Streisand optioned the movie rights to *The Normal Heart* in which she would play Dr. Emma Brookner, but delays and legal battles meant a film was never produced. Kramer said, “It came to nothing but \$20,000 in legal fees for me.”

The HBO screen adaptation of *The Normal Heart* recently filmed in New York and boasts an all-star cast, including Mark Ruffalo, Julia Roberts, Matt Bomer, and Jim Parsons.⁷

The Interview: David Cromer and Nick Bowling

Artistic Director PJ Powers (PJP): Here I am sitting with Nick Bowling, TimeLine’s Associate Artistic Director and the director of our production of *The Normal Heart*, as well as actor David Cromer, who is playing Ned Weeks in *The Normal Heart*. Thanks guys for joining me. I know you have to dash off to rehearsal soon, so let’s just jump in. Do you remember how you first met?

David Cromer (DC): No.

Nick Bowling (NB): I do. We first met on *And Neither Have I Wings to Fly*.

DC: Yes, yes.

NB: I worked as your casting director on that.

PJP: And when was that?

DC: 2000.

NB: Right, 2000. And we had a great time in that audition room.

⁶ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (93).

⁷Larry Kramer flyer from the revival of *The Normal Heart*

Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (74, 91-94).

<http://www.nytimes.com/1995/01/12/garden/at-home-with-larry-kramer-when-a-roaring-lion-learns-to-purr.html?pagewanted=all&src=pm>

<http://www.parade.com/56371/dotsonrader/the-normal-heart-playwright-larry-kramer-i-dont-know-why-gay-people-are-hated-but-we-are/>

DC: It was a great cast.

NB: It was a *great* cast, and then it was a really lovely production that you directed.

PJP: So you worked with him as casting director. Wow, and now 13 years later here we are. So David do you remember what your first experience with *The Normal Heart* was?

DC: I saw the Next Theatre production when it had moved from the theatre in Evanston to the Ivanhoe.

PJP: Now the Binny's wine super store just down the block from TimeLine.

DC: It was relatively soon after the New York production, and it's one of the few occasions I legitimately without any doubt leapt to my feet at the end of it. Just the raw power of it was really shattering. And so, that was my first time.

PJP: Nick, was your first experience when we read it as a company about three years ago?

NB: Yes, and then first time seeing it was this Broadway revival that happened two years ago. I definitely knew of the play but I don't think I'd ever read it before and I was taken by that production in New York. I was mostly taken by the contextualization of the play from today's perspective, and in particular the idea of looking back at AIDS from the perspective that we have today. That AIDS had such an impact on the gay community, in of course terrible awful ways, but also the positive impact it had on bringing a community together and giving a community a point. And also realizing how strong Larry Kramer was, what an important voice he was in helping us shape that focus toward advancement as a community.

PJP: For both of you in revisiting this play, seeing it in New York and re-reading it and so on, did you go into those experiences thinking "Oh, I wonder if this thing is dated?"

DC: I don't think I did. I'm never a big fan of the word dated. I get weird about it because it's not dated to the people who are going through it. What we're watching is those people not have any idea what's going on. It's an entire city in an emergency and people don't behave well in an emergency.

NB: That's true.

DC: There are like five lines in the play that are "This is ... nothing good can be said for anybody involved."

What was striking to me was I had forgotten how little we knew. I'd forgotten what it was like to have no information and how terrifying that is and how in an emergency when something has happened, when an accident has

happened it's just chaos afterwards. And watching people live through that is really immediate to me.

PJP: Nick, what was it that made you think “Oh, this is a TimeLine show?” You are more responsible than anyone for what TimeLine’s mission is, since you proposed it in 1997. So what made you think, “This is something we have to do here?”

NB: It’s ultimately about how people deal with a plague—an awful thing that’s happening to a group of people. And this notion of a plague hits gay people in the 1980s with AIDS, but there’s no saying when that will happen to us again. Which is a terrifying thing to say, of course.

I’m struck by this macro idea of how people deal with a plague, but then on a more micro level I’m interested in how this community, how this gay community that I’m a part of, how we dealt with each other and how we dealt with this kind of perfect storm. We’d just been liberated in many ways—were *beginning* to be liberated—in the post-Stonewall era of gay liberation and gay sexual liberation. And then we were thrown back into fear and in some ways back into the closet.

How did that shape us as a community? In particular I’m interested in how it shapes where we are today with finding a point in the gay community again. Something different than sex and looks and money and these surface priorities that easily can take over our community in particular. I think the focus right now for our community is gay marriage and that’s why I think many people have connected this play to gay marriage, and some of the themes of this play to the fight over gay marriage.

So that’s a great reason why it needs to be seen today. You end up seeing this group of people fight their way through something awful. I guess the idea is that that can happen— it can be done and it may have to happen again someday.

DC: There’s a great Vonnegut quote, saying “make terrible things happen to your characters no matter how sweet and good-natured they are, that way you can see what they are made of,” or something like that. With these characters, this emergency took place so you could find out what these people are made of. We are seeing how people function in an emergency with their demons, their own internal demons, and then the demons in their own community.

NB: That’s right.

DC: I was just thinking when you were talking about something I hadn’t quite connected to, which is that the big conflicts in the play are not with forces outside the gay community. Hiram and Ben are a little bit, but ultimately the big monolithic conflicts of the play are within this group of guys who presumably three weeks before the play started were all on Fire Island together, you know?

PJP: Have there been interesting generational clash discussions in the rehearsal room? Because there are some members of this cast who weren't alive when this play is set.

DC: They probably know way more than I do now. Here's what I notice: This is a big history thing, which is when I was younger I thought if something took place in the 1940s or something, that everyone behaved one way. You know what I mean?

PJP: Yeah.

DC: There's a very simple solution to things, and life just isn't like that. So there were plenty of people who were out, there were plenty of people who were happy, there were plenty of people who were public, there were plenty of people who were safe from persecution even. We were talking about that in the beginning in rehearsal, about how we have our own sections of the city, we have our own island! (*Laughs*)

NB: There was one great example that happened in rehearsal one day. Alex Weisman, who's in his 20s, said something to the effect of "Well, why wouldn't he?" We'd been talking about who would you take to the hospital with you if you were going to get a test for this new unknown disease. And he made the point that you would send out an all points bulletin—and of course today that would be done on Facebook—and you'd say, "I've got to go to the hospital, who'd like to come?" So any random person might end up coming with you, a third-level friend might come with you. But actually when you think about that period, you have to actually call people—

DC: They have to be home.

NB: Yeah that's right, they would have to be home. And you'd make a very specific choice. You'd call your first-tier friends first and then you'd move down the list I guess. That sounds like a technical perspective but it gave us some insight into how much has changed. Telephones would have changed much about how the gay community responded to this plague, and think about how Facebook would have changed that. It would have changed it immensely, I think.

DC: One the things which is all-powerful in the play is *The New York Times*, and it simply *isn't* anymore.

NB: These guys are getting out information on hand-written pamphlets, on hand-typed and crossed-out, photo-copied pamphlets that they're sticking around the city.

PJP: And Larry Kramer is still doing that. He was on the sidewalk two years ago after the Broadway show still shoving flyers in people's faces.

DC: Yeah, old school.

PJ: Let's change gears a little bit. I want to talk about how we all came to be here working on this production together.

Nick, ever since we started talking about this play at TimeLine three years ago you've been dying to direct it. Then about a year ago, sitting here in this very room, in my office, I said to you one of the hardest things I've ever said to you: "Hey, since you're already planning to do the musical *Juno* this season, what if we give *The Normal Heart* to David Cromer? What if we asked David to direct this?"

NB: Womp, womp.

(Laughter)

NB: This comes after me also talking for many years about trying to find a way to get Cromer here to direct a play.

PJP: Exactly. It's true.

NB: We've both been fans for a long time and trying to find the right time and the right project and feeling like we could pull you back here for something.

PJP: So, for anyone reading this, Nick's entire body deflated and he said, "You're right, that is soul-crushing, but it's a brilliant idea and let's see if we can make it happen."

DC: So we took a brilliant idea and we changed it into a terrible idea!

(Laughter)

PJP: Talk us through what happened next. You reached out to David ...

NB: I called Cromer—

DC: It was an email, wasn't it?

NB: Oh yeah, it might've started with an email. That's right, and then you sent me an email back and said—

DC: I don't ... know.

PJP: I remember you were in town doing *Sweet Bird of Youth* at the time. It was in the middle of your tech when I'm sure you had nothing else on your mind.

DC: I'm still in tech for *Sweet Bird of Youth*.

PJP: *(Laughs)*

NB: What was exciting is that from the get-go you were very interested in the project. And at some point you said something to the effect of how much you had really thought for a long time about playing Ned. And how interested you were in that role.

DC: Yeah, yeah.

NB: What was funny about it was that we hadn't even begun thinking about our Ned, even though that should be priority number two, or maybe even number one. So when you said that it was like, oh wow, that's amazing, that would be kind of the perfect answer for us, because I can't think of a better Ned than you in town. That's really true.

DC: I don't remember ever really entertaining the idea of directing it. I think right away —this feels disingenuous now but it's not I think—I just assumed that you would be directing it.

NB: Well, that's nice. (*Laughs*)

DC: And it turned out to be the case. I just assumed.

PJP: So a day or two after I had this soul-crushing talk with Nick, he comes back in and says, "OK, David doesn't want to direct it, he's dying to play Ned Weeks." And we both said "Oh yeah, *that* would be good, too!" So off we went.

Once you guys started talking about the play, before saying "Let's do this," you wanted to see if you had similar feelings about the play. Do you remember what some of those first things were where it was clear "we're trying to tell the same story, we're on the same page?"

NB: It's funny because I think both of us have a sense about each other from the people that we've mutually worked with, and from that experience where we worked together many years ago, that we would find a good way to work together. I think that was most important to us and I just believed that would somehow work out.

You had a different experience with that New York production than I did, there were some differences, but I think from the beginning we both knew that "he's passionate about this character and he's passionate about this story." In fact, I don't know that you and I are always in exactly the same line but I think that's been helpful to us so far.

DC: Yeah. I feel very incredibly well taken care of. And people say, "How's it going?" and I say, "I agree with everything he's saying so he's brilliant." You know what I mean?

(*Laughter*)

DC: That all sounds right to me. You know?

NB: That's great.

DC: You know what I mean? That makes sense, that makes sense, that makes sense, and I just got some notes and it's really my first list of notes, and there are one or two things, like "If you're doing thing X at the beginning of this scene" and it just dawned on me it's like the most basic thing, like, "Could you enter this scene with an intention please?"

(Laughter)

DC: And I spent all this time, all these years throwing up my hands about actors, saying “Why can’t they just figure out basic shit when they come in,” and I can’t do any of it. I know my lines, some of them, and I don’t put my hands in my pockets ...

PJP: What’s this shift like for you? You did *Long Day’s Journey Into Night* with Bob Falls 12 years ago and you did *Love Song of J. Robert Oppenheimer* about eight years ago. But other than that you haven’t been acting for other people or with other people.

DC: No, no.

PJP: So what’s this shift like?

DC: I still believe that I can play the role and there are things about it that I think I have easy access to and there are things about it that I don’t have access to at all yet. I worried a little bit—this is probably a dangerous thing to say—but you have to stick to it, you can’t drift in and out of it as an art form. I can probably play catch up a little bit and get away with it but I haven’t been exercising the muscles well enough, so it’s going to be a little bit of a crash course in getting back in. And I don’t just mean physical shape, I don’t mean like vocally or anything like that, I just mean like “Oh, right you have *be*.”

I have my work cut out for me just trying to do the things a halfway decent actor is supposed to be doing. So the transition for me is fine.

PJP: Do you find that your role in the rehearsal room is different than it is when you’re a director? As a director you have to be the leader in the room in one respect but now while it is very much an ensemble show, it’s Ned’s story. Ned is Larry Kramer, so you have to be a leader in a different respect. Does it feel different than how you’re a leader as a director?

DC: I expect my lead actors to be much more generous than I am being.

(Laughs)

NB: It reminds me, you said something to me very early on in our conversations on the phone. You said something like “We need to be partners on this.” Not just because we’re both directors or whatever, but because anyone who’s playing Ned Weeks and the director need to be partners, and it’s felt that way and that’s exciting.

What’s great about you Cromer is that you’ve brought ideas into the room that are directorial ideas, but that’s what I want from every actor. And you’re doing it in the most gracious, smart and helpful way, so it’s actually been really a good relationship and process that way. I’d say you’re leading that for the cast and that’s a way I think you’re a natural leader like a director but you’re shifting that into your acting, which is cool.

DC: OK good, well, we'll keep doing that.

NB: Yep, good job. Keep it up. Two weeks down.

DC: Yeah, two weeks down.

PJP: David, prior to starting this you got to meet and spend some time with Larry Kramer.

DC: I did. I hopefully will have another opportunity to do it. It's one of those things where I'm always bad at meeting the famous person, having a conversation. I always have to go to meetings and things like those, I mean I have to sit down and have lunch with, you know, Person X.

NB: Drop. Drop it.

DC: Yeah, with whoever.

PJ: Let's have some names, David.

DC: You know, like *Larry Kramer*. And it never goes well. I'm never interesting, I'm never clever, I never ask the right questions so it's always a little bit of an "Oh, doh."

So it's a little bit trying to rewrite history and fix it after I'm done with it. We met at the opening night of *Hit the Wall* at the Barrow Street Theatre. And he said he was very excited that I was going to be doing it.

I went over to his house in the afternoon and he gave me a signed copy of *Faggots* and it's the apartment that is the apartment in the thing and Ed Koch had just died.

PJP: Wow.

DC: I googled Larry's address to get directions from the subway and it said, "Mayor Koch's apartment"—they lived in the same building.

Larry said one or two things to me that really struck me. I said, "Had you ever been involved in anything politically before that?" and he said, "Never." I don't know if that's fully accurate but in his assessment of it at this point in his life he was saying "I never had a mission before," That's what I took. And the other thing is that he said he's actually very shy.

PJP: Wow.

DC: I didn't get enough information about him and his brother. I didn't know to ask. But what I did get was the idea that I think his behavior is ... I won't say fearless. I think that he is very brave. I think about how many conflicts, how many situations, how many arguments, I walk away from, that all of us do all the time, just because we're not willing to be disliked.

NB: Yeah. That's it, right.

DC: We're just not willing to be disliked. You know? And he would always do that. He was shy, he didn't like to talk to people he didn't like and be confrontational with people. If he was shy, doing that would have taken a great deal of courage. Learning to be unpopular would be, for a shy and needy person, would be harrowing, you know? So I thought that was interesting.

NB: He takes that journey in this play. It has to start that he's not inherently that person who doesn't mind not being liked. In some way he hears that for the first time from Emma Brookner, the doctor in the play. She's the one that points it out to him. And the fascinating thing is how much you end up liking Larry Kramer or Ned Weeks for not caring about not being liked.

DC: And it's only part way through that Emma says it to Ned, in scene 8—

NB: The beginning of the second act.

DC: The beginning of the second act, which is when you realize retroactively that he has been worried about it, wanting to be liked.

NB: Yeah. That's right.

DC: That Larry conversation also helped me with something very basic that I forget which is what we all know here as actors and/or directors—that you can't play the end at the beginning, you know? And I was probably thinking about the first scene as if he was already Larry Kramer, as if he was already a pushy militant.

NB: Right.

DC: He just followed his nose to this doctor's office, you know?

NB: Yeah.

DC: And so it's about the birth of someone becoming ...

NB: It is. Yeah, that's right.

PJP: David, here we are sitting in our home on Wellington Avenue and the first play I ever saw in this building in 1998, a year before TimeLine unexpectedly took over the space and made it our home, was your production of *Angels in America*. In this building in 1998 you directed that play and also played Louis.

It's interesting. *The Normal Heart* isn't going to take place in this building—we're doing it over at Stage 773—but the times that *Angels in America* and *The Normal Heart* are mentioned in the same sentence is often. I think there are some similarities between Louis and Ned as an agitator. What's it like coming back into this building after 15 years and taking on the other great AIDS play, the other great agitator in an AIDS play?

DC: First of all, there's echoes in *Angels in America* that I can only imagine are aggressively an homage to *The Normal Heart*.

NB: Yeah. Feels that way.

DC: I'm taking this line from *The Normal Heart* because it's a great line: "You can't not know, how can you not know that?"

NB: Right.

DC: It's something that Louis says to Joe about Joseph McCarthy and it's something that Ned says to Hiram about the health crisis.

I've thought about that because they are New York Jews of a certain age with almost identical tracks. The difference is Louis is not strong enough to do what he knows he is supposed to do. And Larry, Ned, somehow is. So I don't think it's an issue of being made of sterner stuff necessarily. I think it's about whether the thing you want is important enough to get over what you're scared of.

I identify far more with Louis because I understand my own cowardice. I'm not flagellating, I'm simply saying: I'm very comfortable with the idea of seeing this person, Louis would like to have this conviction, he would like to say this, he would like to make this point, but he can't really.

NB: Right.

DC: He's just got to dither, he's just got to go in the corner and dither. Where as Larry and Ned committed their lives to a fight.

PJP: And this just popped into my head. Didn't Joe Mantello play Louis also?

DC: He played Louis, yeah.

PJP: Yeah, I think I saw him play Louis. Wow, that's freakiness. And Nick, you've directed *Angles in America*, too.

NB: Yes I have. It was ... (*laughs*) ... challenging.

DC: You had the craziest schedule in the world, right? Like some stupid schedule.

NB: It was a challenging. It was a stupid schedule and, frankly, it was in the shadow of Cromer's production.

PJP: Which was pretty good.

NB: Which was damned good and it was earth-shattering that you decided to go in the direction of *incredibly* simple, the complete stripped-down production of *Angels in America*. So then to follow that, right after that, out in DuPage at Buffalo Theatre Ensemble, I had a possibility to do something similar, which seemed wrong, just blatant stealing—or to try to go in a different direction, which is what we tried to do. In some ways I think your production of *Angels* screwed me up. I'm going to tell you that.

(Laughter)

DC: It screwed me up, too. It screwed us all up. I'd never seen it, I didn't have any context for it.

I was just thinking about how that play and this play have a power. They have the power of the word and they have the power of an event and the power of an idea that almost no other plays have. They're really devastating and people tend to be devastated by productions of them, and then I get very nervous. We have to find our way to be devastating.

NB: Right, right.

PJP: Nick, just riffing on this space and now us doing *The Normal Heart*, not in our home but over in Stage 773. You probably more than any other director at TimeLine have exploited in great ways the versatility of our home. At Stage 773, we benefit from getting to play to a larger audience, but we do not have that versatility. How have you approached this play without as much of a blank canvas as you get in our home, but still with your inimitable innovation?

NB: Thank you.

DC: Fundamental Nick.

NB: One of the starting points in this space that we get to play around with is having the audience be a flexible thing. Normally, in almost every theatre experience you don't get that. We can make a decision here to put something in the round or to make it a proscenium or to make it thrust or to make it runway, and that decision by itself is an enormous decision.

If you're going in the round you're not going to have walls, probably. So that already says it's not going to be so realistic that you can have doors slamming and walls and all that.

That's something that you take away over at Stage 773. But we actually get some things over there that we don't have here. There's some scale there that's quite beautiful, there's a canvas to play with that is not flexible but it's bigger than the canvas that we get here.

We've really tried to use as inspiration Larry Kramer's apartment itself. There are some beautiful pictures of Larry in his house in front of his bookshelf that became very inspiring to us. That bookshelf has become a backdrop for us. And the play needs so many locations, from hospitals to offices to apartments, that there's an inherent coldness that comes with that many space changes because of how spare you need to be. So we've tried to find the balance in this very heated play of not putting it in an incredibly cold world. This bookshelf is one way that we've found that brings this layer of personal and mess and human to the play.

DC: It's where you keep all your stuff. I might be experiencing this wrong, but I got this impression it wasn't only going to be books, right?

NB: It's not. It's going to be pictures and memories—it's what would go on a bookshelf.

DC: Stuff. Yeah. It's like all these people, all these lives, all these people we've lost.

NB: That's right.

DC: I don't mean to be reductive about the imagery here at all but it's just the idea that that's where you put your stuff. As you have a life you say, "I read this, I'm going to put this over here."

NB: Yeah.

DC: "Here's that tsotchke."

NB: It's these little bits, right.

DC: "Here's some tsotchke here."

PJP: My office is filled with shelves of tsotchkes.

NB: Right. These little bits of all these peoples' lives and in some ways it stands as a memorial. We're looking at this play from such distance now, looking back at it, and it's not that this crisis of this plague is over, it surely isn't, but in some ways there needs to be this sort of living memorial along with the actual play itself. That was the idea.

PJP: Just briefly shifting gears and then I'll let you get off to rehearsal. David, so now you've caught the acting bug and you're going to do *A Raisin in the Sun*—a play that we're ironically also currently running— with this young upstart actor named Denzel Washington.

DC: Yes, I have high hopes for him.

PJP: Is this just a coincidence that you're doing two acting things back to back?

DC: That's a good question. Yes, it is a coincidence. It just happened to land that way. Part of it was led by doing *The Normal Heart*, which is, I was pretty burned out. I just did six plays in 12 months in four cities, some ridiculous large number of plays. So I was a little tired and I was not taking other work. And I had no idea how I was going to make any money and so luckily I—

PJP: You said, "Come to TimeLine, that's where the cash is!"

NB: Big bucks.

DC: I said, you know, "You want to make some money, come and act—

NB: In Chicago.

DC: —make some money in this business.” I just needed a break, but I don’t really take breaks that far away from my—

PJP: Yeah. You’re not a Sandals Resort kind of guy.

DC: Nah, I just take the job where I get to leave, where I get to be one of the first people out the door at the end of the day. (*Laughs*) “So long suckers!”

PJP: Are you going to enjoy today after the run—you don’t have to stay for the production meeting?

DC: Oh my god. Do you guys watch shows now and watch a moment in a show and think, “Oh, I know what that production meeting was like.”

(*Laughter*)

NB: Yes.

DC: “I’ve been to that meeting.”

PJP: Either that, or you watch a moment and you’re like, “How did no one question that in a production meeting, how did that not come up?”

Nick, up next for you here is something very different, your first musical at TimeLine in six years.

NB: Yeah, we’re doing the Chicago premiere of Joseph Stein and Marc Blitzstein’s *Juno*, which is based on Sean O’Casey’s classic Irish dark comedy *Juno and the Paycock*. It’s a gorgeous score and I think it helps answer that question of “Why make a play into a musical?” The music in this case feels so right with that lyrical Irish language and the music adds even a deeper level of despair and a higher level of comedy, so it pushes the boundaries of both those elements that make great Irish theatre.

PJP: Well, great.

DC: I’ll see that.

PJP: Thank you both for being so generous with your time before rehearsal. Keep up this great partnership!

NB: Thank you.

PJP: Thanks guys.

The People

Many of the characters in *The Normal Heart* are based on real people. Ned Weeks stands in for Larry Kramer, Ben Weeks for Kramer's brother Arthur. Dr. Emma Brookner is based on Dr. Linda Laubenstein, who used a wheelchair because of childhood polio. GMHC co-founder Paul Popham was the inspiration for Bruce. Tommy is based on former GMHC Executive Director Rodger McFarlane; Mickey is based on Dr. Lawrence Mass, another co-founder of GMHC. Hiram Keebler is based on Mayor Ed Koch's liaison to the gay community, Herb Rickman. Other characters are a composite or fiction.

“We have our own lives and our own set of problems; I don't ask you to fight my battles don't expect and demand that I fight yours.” — Larry Kramer quoting his brother Arthur's response to his demands for support in his activism⁸

Arthur Kramer is Larry Kramer's brother. He graduated from Yale Law School in 1953 and co-founded the law firm Kramer Levin Naftalis & Frankel since many established firms were averse to hiring Jews. His conflicts with and support of his brother are represented in the person of Ben Weeks in *The Normal Heart*.

Arthur's law firm was and remains the attorneys for Gay Men's Health Crisis and more recently, the firm has been among those arguing in support of gay marriage. However, initially when Larry asked Arthur for his firm to represent them, Arthur said he had to run it by committee. Larry went to another partner, Maurice Nessen, who said the firm could represent them, and a furious Larry stopped speaking to his brother for a time, as depicted in the play. At about the same time, Larry called for protests on MCI for discriminating against gay employees. MCI was one of Arthur's biggest clients and he perceived this as a hostile act toward him and the brothers stopped speaking again. While his portrayal as the straight brother who could not fully accept his gay brother as normal pushed on the relationship, the two are now close, although Kramer describes the depiction in the play as “all true.”

Larry Kramer was quoted in a 2006 *New York Times* piece about his relationship with his brother: “He and my lover are the two most meaningful people in my life.” Arthur raised Larry, who was the unwanted second child, and both brothers expressed distaste for their parents. Arthur said he regretted putting Larry in therapy (after Larry's suicide attempt at Yale and the revelation that he was gay) to try to cure him, and over time came to acknowledge that Larry was born the way he is. Larry for his part felt that ultimately the work he did with many psychiatrists was valuable. In 2001, Arthur gave Yale \$1 million to found the Larry Kramer Initiative for Gay and Lesbian Studies. Arthur died from a stroke on January 31, 2008 at the age of 81.⁹

⁸ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (218).

⁹ <http://www.nytimes.com/2006/06/25/nyregion/25kramer.html?pagewanted=all>
<http://www.nytimes.com/2008/01/31/nyregion/31kramer.html>

"She is incredibly important in the history of AIDS, a genuine pioneer and a real fighter for what she believed."

— Larry Kramer on Linda Laubenstein in her *New York Times* obituary

Dr. Linda Laubenstein was the inspiration for Dr. Emma Brookner. Born in Boston, Laubenstein contracted polio as a child. Three operations left her in a wheelchair at the age of 5. Throughout her life she suffered from asthma and weakness related to polio.



She graduated from Barnard and New York University's medical school where she specialized in hematology and oncology. She also served as a clinical professor at the New York University Medical Center. She was one of the first doctors to begin investigating the mysterious disease that would come to be known as AIDS. She started by investigating Kaposi's Sarcoma, a rare disease of skin lesions that seemed to be affecting homosexual men with collapsing immune systems.

By May 1982, she had seen 62 patients with AIDS, one fourth of all cases recorded in the United States at that time. With her colleague Dr. Alvin Friedman-Kien, she arranged the first full medical conference on AIDS at NYU in 1983. Her practice became primarily AIDS patients and she was known to be an attentive doctor, using her motorized wheelchair to visit her patients at home and in the emergency room.

She was also outspoken on the seriousness of the epidemic and the need for homosexual men to refrain from sexual behavior that might put them at risk. She founded Multitasking, a nonprofit employing people with AIDS as the workers since many lost their jobs after the disease was known. She also founded the Kaposi's Sarcoma Research Fund in 1983. She died on August 14, 1992, at the age of 45.¹⁰

"AIDS pointed up the inequitable status of gays. We were forced to take care of ourselves because we learned that if you have certain diseases, certain lifestyles, you can't expect the same services as other parts of society."

— Rodger McFarlane in a 1983 interview in *The New York Times*

¹⁰ <http://www.nytimes.com/1992/08/17/nyregion/linda-laubenstein-45-physician-and-leader-in-detection-of-aids.html>
<http://nymag.com/health/features/49240/index4.html>
<http://www.capecodonline.com/apps/pbcs.dll/article?AID=/20110423/LIFE/104230304/-1/rss10>

Rodger McFarlane was the inspiration for Tommy in *The Normal Heart*. He was born February 25, 1955, in Mobile, Alabama. He played football in high school and attended the University of South Alabama. He enlisted in the Navy and served on a nuclear submarine. He moved to New York and worked as a respiratory therapist. He walked into Gay Men's Health Crisis and offered his services as a volunteer. He ended up starting a crisis hotline, at first using his home phone. He was the first paid Executive Director of GMHC and served in that role between 1982 and 1985.

Rodger and Larry Kramer were lovers for a time after Larry had left GMHC and it caused certain tensions for Rodger with members of the board.¹¹ He went on to lead a number of prominent AIDS organizations. From 1989 to 1994 he was Executive Director of Broadway Cares/Equity Fights AIDS. He later served as President of Bailey House, an organization providing housing for homeless people with AIDS. He was Executive Director of the Gill Foundation, which advocates for civil rights for gay, lesbian, bisexual and transgender civil rights.

He was caregiver to his brother David, who was also gay, and who died of AIDS in 2002. In 1998, he co-wrote with Philip Bashe *The Complete Bedside Companion: No-Nonsense Advice on Caring for the Seriously Ill*. He committed suicide on May 18, 2005. He had broken his back in 2002 and was debilitated by heart and back problems.¹²

“Nobody wanted us. We had no money, no office space, and single-handedly Rodger took this struggling ragtag group of really frightened and mostly young men, found us an office and set up all the programs. The G.M.H.C. is essentially what he started: crisis counseling, legal aid, volunteers, the buddy system, social workers.”¹³

— Larry Kramer quoted in *The New York Times* obituary of Rodger McFarlane

Paul Graham Popham was the inspiration for Bruce in *The Normal Heart*. Popham was born in Emmett, Idaho, on October 6, 1941. He graduated from Portland State College in Portland, Oregon. As a first lieutenant in the Fifth Air Cavalry during the Vietnam War, he was decorated with the bronze star after his platoon had been a lure for the North Vietnamese. He retired in 1969 as a Special Forces Major in the Army Reserves.

He worked as a Wall Street banker for the Irving Trust Company, retiring as a president in 1980. He then worked for McGraw Hill as a General Manager. He was president of the Gay Men's Health Crisis between 1981 and 1985. He also helped found and was chairman of the lobbying group, the AIDS Action Council.

¹¹ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (77).

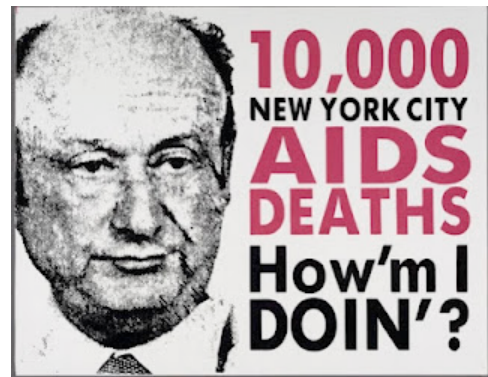
¹² http://www.nytimes.com/2009/05/19/nyregion/19mcfarlane.html?_r=0

¹³ http://www.nytimes.com/2009/05/19/nyregion/19mcfarlane.html?_r=0

Popham was diagnosed with AIDS in 1985 and remained active with AIDS organizations until he became too sick to participate. He died from complications from AIDS on May 7, 1987 at the age of 45.

His fights with GMHC co-founder Larry Kramer are represented in the play *The Normal Heart*. Kramer has written that at the time he was half in love with Popham and that increased the discomfort between the two of them as well as their fundamentally different approaches to how the GMHC should take action. Popham was also closeted, which prompted more caution on his part and was another source of tension with Kramer. Kramer and Popham reconciled, as Popham grew weaker from AIDS. On his deathbed, Popham repeated to Kramer on the phone, “keep fighting, keep fighting, keep fighting”.¹⁴ He was survived by his mother, brother, two sisters and his longtime partner Richard DuLong.¹⁵

Ed Koch was the Democratic Mayor of New York City between 1978 and 1989 during the emerging AIDS crisis. His sexuality was the subject of rumor for years and during the 1977 mayoral elections signs appeared that said, “Vote for Cuomo not the Homo.” He refused to speak publicly about his sexuality except in a 1989 interview in which he said he was heterosexual. Many homosexuals in New York City blamed his lack of response to the AIDS crisis on his closeted lifestyle. A recent documentary, *Outrage*, features interviews with friends of a man who claimed to be Koch’s lover for two years, then was threatened that bad things either physical or financial would happen to him if he went public.¹⁶



¹⁴ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (161).

¹⁵ <http://www.nytimes.com/1987/05/08/obituaries/paul-popham-45-a-founder-of-aids-organization-dies.html>

¹⁶ <http://www.nytimes.com/2013/02/02/nyregion/edward-i-koch-ex-mayor-of-new-york-dies.html?pagewanted=all>
<http://www.apnewsarchive.com/1989/Mayor-Koch-I-m-A-Heterosexual-/id-a2878d372adbfd2c50331ea6ed62d74d>
http://www.huffingtonpost.com/michelangelo-signorile/ed-koch-how-the-gay-close_b_2614722.html

The Context

“A very strange thing has happened in the post-AIDS generation. I don't know what to call them; it's not really post-AIDS, but let's call them the healthier, younger ones. They don't want to know. They don't want to know the old people; they don't want to know the history; they don't want to acknowledge that the people who died were even part of their history. I talk about this a lot. How can you dare to ignore everything that happened? These people died so that you could live. Those drugs are out there because people died for them. [It's] shocking what's going on now in the gay population. I have lost a great deal of pride in being gay. ...”¹⁷

— Larry Kramer in an interview with PBS's *Frontline*

“The poor homosexuals—they have declared war against nature, and now nature is exacting an awful retribution.”

— Pat Buchanan in a 1983 editorial¹⁸

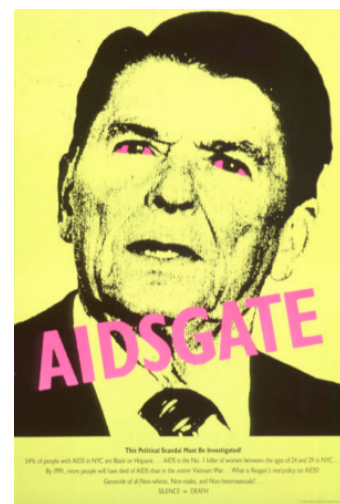
“We've got to have some common sense about a disease transmitted by people deliberately engaging in unnatural acts.” — Jesse Helms on AIDS, in an interview with *The New York Times*, 1995¹⁹

“AIDS is the wrath of a just God against homosexuals.”

— Jerry Fallwell²⁰

Because the first cases of what would come to be known as AIDS were among homosexuals, Haitian refugees, intravenous drug users, and hemophiliacs, the press and the general public were slow to respond to the growing number of mysterious deaths from the disease. Worse, it opened up the disease to a series of moral judgments from the religious right and churches, which suggested that AIDS was God's punishment. President Ronald Reagan would not say the word AIDS publicly until 1985.²¹

As the disease spread, anxiety and fear spread. When it was unclear how the disease spread, rumors about



¹⁷ <http://www.pbs.org/wgbh/pages/frontline/aids/interviews/kramer.html>

¹⁸ <http://www.thedailybeast.com/newsweek/2006/05/14/how-aids-changed-america.html>

¹⁹ <http://www.nytimes.com/2001/08/26/weekinreview/ideas-trends-the-quotations-of-chairman-helms-race-god-aids-and-more.html>

²⁰ http://www.cbsnews.com/8301-500486_162-2816499-500486.html

²¹ <http://www.actupny.org/reports/reagan.html>

getting AIDS from toilet seats and drinking fountains abounded, and there was little government leadership to calm public fears and offer clear information. Surgeon General C. Everett Koop, an evangelical Christian, angered many when he treated AIDS as the illness it is and tried to disseminate clear scientific information. President Reagan had not met with him even when he was going to do his first press conference on AIDS.

“How that information is used must be up to schools and parents, not the government. But let’s be honest with ourselves, AIDS information cannot be what some call ‘value neutral.’ After all, when it comes to preventing AIDS, don’t medicine and morality teach the same lessons?”

— Ronald Reagan in an April 2, 1987, press conference

Fears about AIDS, while largely focused on the homosexual community, also spread to other patients. Hemophiliac AIDS patient Ryan White was forced out of one school and had a shot fired at his home before his family moved and he was able to attend school elsewhere.

As an AIDS test became available, new fears about human rights violations that might occur if testing became mandatory spread through the gay community. Congress banned people who were HIV positive from entering the United States.

For the homosexual community, no one was untouched by the death of a friend, acquaintance or lover, and fears over the seemingly unstoppable progress of the disease, the ineffectiveness of treatments, and the slow response of the government and health organizations was a cause for fear and frustration. Hospitals unwilling, unable or uncertain how to respond to the disease sometimes turned patients away or imposed strict quarantines surrounding patients, which were often humiliating and demoralizing.

The Disease: HIV vs. AIDS

Many people refer to HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) as though they are the same thing. HIV is a virus that can cause the weakening of the immune system, which leads to the cluster of opportunistic infections and symptoms known as AIDS. These definitions have become even more complicated as successful drug treatments may reduce the amount of the virus and increase the number of T cells to the point that a patient no longer has AIDS.

Difficulties with false positives in various AIDS tests, insurance definitions and even definitions used by national and international health agencies can result in different estimates of the numbers of those infected with AIDS. The virus may remain dormant for years before AIDS develops.

Most treatments developed to stop the course of the virus work to disrupt the enzymes involved in the replication of the virus. The virus essentially takes over the cell and uses the cell to create virions, an extracellular virus which is designed to transmit nucleic acid genome when it permeates a host cell. Part of the difficulty in describing the actions of viruses and HIV in particular is that a virus is not alive and can remain dormant until provided with a host. Then the bits of RNA in the virus begin to interact with human cells and replicate, like a simple microorganism.²²

The Continued Fight Against HIV/AIDS

This article courtesy of the AIDS Foundation of Chicago.

AIDS isn't over. It can be tempting—and perhaps easy—to look at this disease and say that it's under control in the U.S., that it's an overseas issue that affects people in the developing world. But that's simply not true.



Let's focus on Chicago: More than 35,000 people in and around the city are living with HIV/AIDS, and only half have access to care. Half. That means that 50 percent of this population is living with a life-threatening disease and is at risk of transmitting it. What's more, studies estimate that more than 6,000 people don't even know they're infected.

If we broaden our perspective to include all of the United States, one person receives a positive diagnosis every nine-and-a-half minutes. That's 15 people during the course of this play. Once somebody tests positive, connecting them with care is paramount for the individual's health and cost effective for the community.

Early HIV treatment can significantly reduce HIV spending. Medical costs more than double from an estimated \$13,885 per year for someone with HIV who is healthy to \$36,352 per year for someone who has advanced HIV.

You can change the story.

The AIDS Foundation of Chicago (AFC) encourages everybody to know their HIV status. Testing is vital to linking people to care and suppressing viral loads. This in turn reduces infection rates and creates a healthier, more knowledgeable society.

We also urge people to join AFC's statewide advocacy network, IL ASAP, which educates public officials on sound HIV policy. Work in this field changes laws that discriminate against people with HIV and creates a more just society.

²² <http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/Biology/pages/hivreplicationcycle.aspx>

Finally, donate. AIDS service organizations need money to function, but just as important, they need time. Volunteering to fight HIV/AIDS is meaningful. It destigmatizes the disease and helps to create a culture of change because someday, we believe, this disease will be over.



Members of the TimeLine/Normal Heart team at the 2013 AIDS Run & Walk Chicago, on their way to raising more than \$3,500 to support the AIDS Foundation of Chicago.

United States AIDS Statistics by Year²³

	New U.S. AIDS Cases to date	U.S. AIDS Deaths to date
1981	159	
1982	771	618
1983	2,807	2,118
1984	7,239	5,596
1985	15,527	12,539
1986	28,712	24,559
1987	50,378	40,849
1988	82,362	61,816
1989	117,508	89,343
1990	160,969	120,453
1991	206,563	156,143
1992	254,147	194,476
1993	360,909	234,225
1994	441,528	270,870
1995	513,486	319,849
1996	518,429	362,004
1997	614,086	390,692
1998	688,200	410,800
1999	773,374	429,825
2000	774,467	448,060
2001	816,149	462,653
2002	886,000	501,669
2003	930,000	524,060
2004	940,000	529,113

As of 2012, between 32.2 million and 38.8 million people are living with HIV worldwide. Since the start of the epidemic 63-89 million people have become infected and between 30 and 42 million people have died worldwide.²⁴

²³ <http://www.amfar.org/thirty-years-of-hiv/aids-snapshots-of-an-epidemic/>

²⁴ <http://www.unaids.org/en/resources/campaigns/globalreport2013/factsheet/>

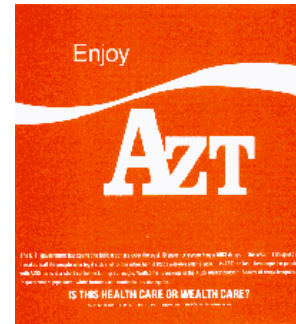
Glossary of AIDS Terminology

AIDS – Acquired Immunodeficiency Syndrome is the name given to the collection of symptoms and opportunistic infections that result when HIV has compromised the immune system. When a T cell count (CD4) falls below 200 and/or a patient manifests a number of the series of 26 opportunistic infections.

Antiviral Drugs are a class of drugs designed to attack a virus or prevent viruses from either attaching to a host cell or replicating. The side effects of antiviral drugs can be quite severe, particularly with the prolonged treatment necessary for AIDS patients. Side effects can include anemia, bone problems, wasting, or the collection of fat in certain areas of the body, liver, kidney and heart problems. Current treatments (including switching between the 26 drugs available to help avoid the HIV mutation) extend the life of patients an average of 6-8 years, although some patients are doing well 10 years out. Most patients will have to be on other drugs such as antibiotics to treat opportunistic infections.²⁵

ARC – AIDS Related Complex is used to refer to patients who are HIV positive and are showing symptoms that are often less severe than AIDS, and the destruction of the immune system has not progressed as far as in AIDS.

AZT, azidothymidine, also called zidovudine, is a drug used to delay development of AIDS in patients infected with HIV. AZT belongs to a group of drugs known as nucleoside reverse transcriptase inhibitors (NRTIs). In 1987 AZT became the first of these drugs to be approved by the U.S. Food and Drug Administration for the purpose of prolonging the lives of AIDS patients.²⁶



Its initial cost was \$10,000 per year per patient. It was developed with public funds but the government gave the drug company Burroghs Wellcome a patent on the drug, which allowed for the incredible cost. ACT Up protested and closed down Wall Street to protest the cost. Three days after the protests, the cost was lowered. The side effects of the treatment with AZT were often severe and many patients could not tolerate the treatments. The virus became resistant to AZT and it was not the miracle drug many had hoped it would be.²⁷

CD4 is a large glycoprotein that is found on the surface of helper T cells, regulatory T cells. Its normal function is to assist the T cell receptor (TCR) to activate its T cell following an interaction with an antigen, prompting an immune response to the antigen. CD4 is a primary receptor used by HIV–1 to gain entry into host T cells.

²⁵ <http://www.pbs.org/wgbh/pages/frontline/aids/virus/fighting.html>

²⁶ <http://www.britannica.com/EBchecked/topic/46868/AZT>

²⁷ PBS Frontline: The Age of AIDS

Combination Therapy is used because HIV reproduces so rapidly that treatment with a single drug is often not effective as the virus mutates and adapts to the drug. Combination Therapy uses multiple drugs together to attack the virus in a variety of ways before the virus has a chance to mutate. The most popular version of this was known as “the triple cocktail.” The expense of the cocktail was about \$16,000 per year, making it available to those with health insurance in Western nations, but it was not financially available to the poor or those in developing countries.²⁸

Deoxyribonucleic acid (DNA) is a molecule that encodes the genetic instructions used in the development and function of organisms and many viruses. Most DNA is double stranded or double helix.

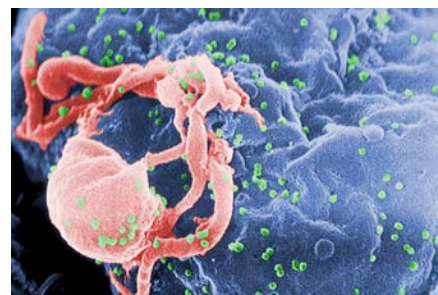
Food and Drug Administration (FDA) is an agency of the United States Department of Health and Human Services. ACT UP protested at the FDA over the slow approval of drugs for treatment and the double blind studies that meant many patients could not try the experimental drugs even if they wanted to.

Fusion Inhibitors are a class of drug that stops HIV from entering CD4 cells in the first place.

GRID Gay Related Immunodeficiency is one of the early names used to describe the illness that would come to be known as AIDS.

Hepatitis B is a liver disease caused by the Hepatitis B virus. It was common in the gay community in the 1980s. It is spread through sexual contact or syringe drug use. It can be a short-term illness or become a chronic disease. The relationship of Hepatitis and AIDS was studied in the early years of the crisis when it was still not clear what HIV was, because many patients had been infected with Hepatitis B as well.²⁹

Human Immunodeficiency Virus (HIV) is a slow reproducing retrovirus that causes the progressive failure of the immune system allowing for a variety of opportunistic infections to develop.



A scanning electron micrograph of the HIV virus (in green) pictured at right.

Human Cytomegalovirus (HCMV) is a viral genus of the Herpes virus family. The virus normally does not cause problems unless the immune system is compromised, in which case it can be fatal. It is an opportunistic infection in AIDS patients and those suffering with HCMV could develop retinitis and blindness.³⁰

²⁸ PBS Frontline: The Age of AIDS

²⁹ <http://www.cdc.gov/hepatitis/b/>

³⁰ <http://www.doctorswithoutborders.org/publications/alert/article.cfm?id=2593>

Integrase is an enzyme found in retroviruses including HIV that permits the viral DNA to be integrated into the DNA of the infected cell.³¹

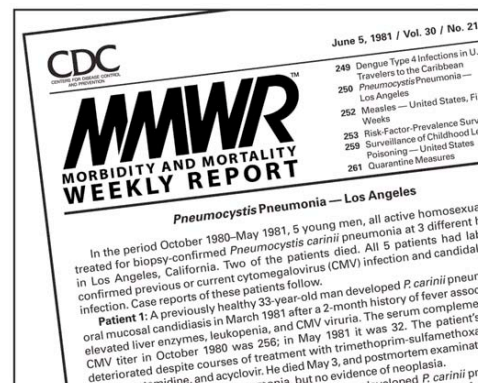
Integrase Inhibitors are a fourth class of drugs that stop viral DNA from being inserted into the T-cell's DNA and are currently in late-stage clinical trials and have shown promising results.³²

Kaposi's sarcoma is a skin cancer common in many AIDS patients, now known to be caused by Human Herpes Virus 8 (HHV8) (although this was not known until 1994). Symptoms include purple, red or brown patches on the skin, which can become raised. These lesions may also be present in the mouth or other mucous



membranes. Lesions in the groin area can become large and restrict the flow of fluids in the legs and feet resulting in pain and swelling. Internal lesions in the lungs can cause difficulty breathing and those in the intestines can cause abdominal pain, diarrhea or bleeding. Diagnosis may require a small biopsy of the lesion and chest x-ray, and bronchoscopy or endoscopy may be used to view internal lesions. It is one of several opportunistic infections that began affecting gay men in the early years of the AIDS crisis.³³

Morbidity and Mortality Weekly Report (MMWR) is a publication of the CDC that looks at the death rates related to various diseases. It is one of the first places where mysterious illnesses in homosexuals were noted. It is public and became a resource for activists attempting to track the progress of the disease and urge further action.³⁴



Monotherapy is the process of treating HIV with only a single drug, which proved to be less effective because of the virus's ability to mutate and adapt to a single drug. Combination therapy would come to replace monotherapy.

Opportunistic infections (OI) are any number of infections that may take hold when the immune system is compromised. The presence of these infections and a low T cell count are used to give a diagnosis of AIDS. Kaposi's Sarcoma and pneumocystis pneumonia are among many opportunistic infections that were the early hallmarks of the AIDS crisis.

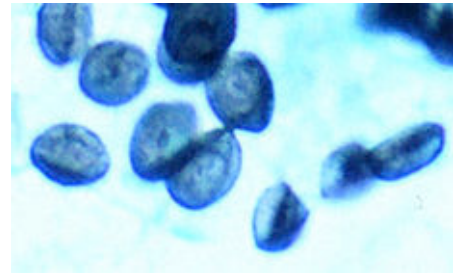
³¹ <http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/Biology/pages/hivreplicationcycle.aspx>

³² <http://www.pbs.org/wgbh/pages/frontline/aids/virus/fighting.html>

³³ <http://www.cancer.org/cancer/kaposisarcoma/detailedguide/kaposi-sarcoma-diagnosis>

³⁴ <http://www.cdc.gov/mmwr/>

Pneumocystis pneumonia (PCP) is a form of pneumonia caused by yeast-like fungus commonly found in the lungs of healthy humans. In patients suffering with AIDS, it is one of many opportunistic infections that take advantage of the compromised immune system. Symptoms include weight loss, cough, shortness of breath, and lack of oxygen to the extremities. It can be diagnosed through symptoms, blood tests and chest x-rays.



Pneumocystic cysts stained blue pictured above.

Poppers is the nickname for a type of amyl nitrite or alkyl nitrite inhaled stimulant and aphrodisiac. It was popular on the club scene starting in the 1970s. Because of their use in the gay club scene, they were incorrectly targeted as being a possible cause of Kaposi's Sarcoma.



Various brands of poppers pictured at right.

Protease is an enzyme that hydrolyzes or cuts proteins and is important in the final steps of HIV maturation.³⁵

Protease Inhibitors prevent the new virions from cutting their enzymes into usable pieces.³⁶

Retrovirus is a group of viruses that replicate by reverse transcription. It is composed of a single strand of RNA rather than DNA. When it infects a cell, a retrovirus uses reverse transcriptase (an enzyme) to convert its RNA into DNA, which can then hijack the cell's machinery to produce more viruses.

Reverse transcriptase is an enzyme found in HIV that creates double stranded DNA using viral RNA as a template and host tRNA as primers.³⁷

Reverse Transcription is a means of replicating DNA by copying a single strand of RNA. Retroviruses take advantage of the cell's system of replication to replicate the virus using the enzyme reverse transcriptase.

Reverse Transcriptase Inhibitors are a group of drugs that disrupt the reverse transcription process by stopping viral RNA from being turned into DNA. There are two types (nucleoside and non-nucleoside) that target slightly different parts of the enzyme.³⁸

³⁵ <http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/Biology/pages/hivreplicationcycle.aspx>

³⁶ <http://www.pbs.org/wgbh/pages/frontline/aids/virus/fighting.html>

³⁷ <http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/Biology/pages/hivreplicationcycle.aspx>

³⁸ <http://www.pbs.org/wgbh/pages/frontline/aids/virus/fighting.html>

Ribonucleic Acid (RNA) is a family of molecules that are necessary to code, decode and regulate the expression of genes. RNA is usually single stranded, as opposed to DNA, which is double stranded. In HIV the viral RNA inserts itself into the host cell DNA and is able to replicate and spread.³⁹

T cells or T Helper Cells are a type of white blood cells involved in human immune function. HIV attacks the T cells, and a low T cell count is used as a measure in the diagnosis of AIDS.

Triple Cocktail is the nickname for the combination therapy developed in 1996 which showed great success in treating AIDS and has been used to treat the illness ever since. Protease inhibitors seemed to work better when used in combination with two reverse transcriptase inhibitors. Patients described the treatment as the “Lazarus effect” because those who had been on the verge of death got out of bed, gained weight and went back to work. Dr. David Ho was named *Time* magazine's “Man of the Year” and hailed as a pioneer of what became known colloquially as the “triple cocktail.” The success of the treatment was due to the mathematical improbability that HIV could mutate around three drugs at the same time. The expense of the cocktail was about \$16,000 per year, making it available to those with health insurance in Western nations, but it was not available financially to the poor or those in developing countries.⁴⁰

Virion is a single and complete infective form of a virus that consists of an RNA or DNA core with a protein coat or “envelope” a particle of a virus or viral material. It is outside the host cell and as a result dormant.⁴¹

Virus is an infective agent that typically consists of a nucleic acid molecule (DNA or RNA) in a protein coat with a semi permeable membrane. It multiplies only within the living cells of a host. It can be seen either as an extremely simple microorganism or as very complex group of molecules.⁴²

³⁹ <http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/Biology/pages/hivreplicationcycle.aspx>

⁴⁰ <http://www.pbs.org/wgbh/pages/frontline/aids/virus/fighting.html>

⁴¹ <http://www.virology.ws/2010/07/22/the-virus-and-the-virion/>

⁴² <http://www.virology.ws/2010/07/22/the-virus-and-the-virion/>

The Organizations

“We have many small organizations that don’t cooperate, many duplicating the same efforts and budgets and responsibilities and fighting for the same turf. We have too many Boards of Directors and Task Forces and Defense Funds and Advocates and Action Councils and AIDS networks and Coalitions and Alliances for this and that. Each fights for the same dollars, and, hence, none of them receives enough to be truly effective.”

— Larry Kramer in an October 17, 1987 speech accepting the Arts and Communication Award at the Sixth Annual Human Rights Campaign Fund Dinner⁴³

AIDS Coalition to Unleash Power (ACT UP)

Larry Kramer spoke at the Gay and Lesbian Community Center in New York City on March 10, 1987 (after Nora Ephron had to cancel). After his galvanizing speech, there was much discussion among the large number of attendees and a meeting was set for 2 days later.



Those who met pledged to be a direct action protest group, concentrating in particular on fighting for the release of experimental drugs.

On numerous occasions over the ensuing years, the group organized protests on Wall Street, at the U.S. Food and Drug Administration (FDA), the National Institutes for Health (NIH), drug companies and elsewhere to advocate for speedier drug testing and lower prices for existing treatments. Their protests garnered national and international media attention and resulted in the cost of the AIDS drug AZT being reduced, among other successes.

Ultimately, like GMHC before it the group split (TAG broke off) and changed focus, as it got larger and institutionalized.⁴⁴ Today there are ACT UP chapters around the United States and beyond, “united in anger and committed to direct action to end the AIDS crisis.”

Image by Keith Haring of ACT UP members protesting.

⁴³ Kramer, Larry. *Reports from the Holocaust*, 1994, St. Martins Press, NY (p 187-188)

⁴⁴ <http://www.thedailybeast.com/newsweek/2006/05/14/how-aids-changed-america.html>

“While these two organizations, GMHC and ACT UP, have given me a certain pride that I helped to start them, I’ve discovered from both experiences that I’m better as an idea man than as someone easy to have around after that. The kind of Energy that helps start organizations, and fuel them in the tentative early days, is also the same kind of energy that becomes embarrassing to organizations once they become healthy large and, in the case of GMHC, bureaucratized.”

— Larry Kramer reflecting on the founding of ACT UP in *Reports from the Holocaust*⁴⁵

American Foundation for AIDS Research (amfAR) was founded in April 1983 to fill the gap in research funds by using private funds to support medical and scientific research on AIDS. Its founding Chairman was Dr. Mathilde Krim, a researcher at Memorial Sloan-Kettering Cancer Center. Elizabeth Taylor served on the Board.⁴⁶

Centers for Disease Control and Prevention (CDC) originally opened on July 1, 1946, to stop the spread of malaria. The CDC is a government agency tasked with trying to prevent and control infectious and chronic diseases. They were a target of protests by AIDS activist because of the slowness of their response and lack of support for immediate research.⁴⁷

Food and Drug Administration (FDA) is the government agency in charge of the health and safety of food and prescription and over the counter drugs. Their slowness to approve new AIDS drugs or allow patients to volunteer for experimental drugs opened them to criticism from AIDS activists as well.

“The only thing that makes people fight is fear. That’s what we discovered about AIDS activism”

— Larry Kramer, *The Daily Beast* May 14, 2006⁴⁸

Gay Men’s Health Crisis (GMHC)

In 1981, Larry Kramer, Nathan Fain, Dr. Lawrence Mass, Paul Popham, Paul Rapoport, Edmund White and their friends gathered in writer Larry’s New York living room to address the “gay cancer” and raise money for research. This informal meeting provided the foundation for what would soon become Gay Men’s Health Crisis. In 1982, an answering machine in the home of volunteer Rodger McFarlane acted as the first AIDS hotline — receiving more than 100 calls the first night. Today, GMHC continues to work on HIV prevention, care and advocacy.

⁴⁵ Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (138).

⁴⁶ <http://www.amfar.org/About-amfAR/Introduction-and-History/>

⁴⁷ <http://www.cdc.gov/about/history/ourstory.htm>

⁴⁸ <http://www.thedailybeast.com/newsweek/2006/05/14/how-aids-changed-america.html>

As the group grew, Kramer became frustrated that the focus shifted entirely to providing services and information to people with AIDS (which he felt the city should be providing) rather than to putting pressure on political figures and keeping AIDS in the public eye.

Kramer was often the spokesman for the group, but his anger and sharp words rubbed the more diplomatic members of the group, often Paul Popham, the wrong way. When the board prevented him from attending a meeting with Mayor Ed Koch, which had been two years in the making, he quit in a rage. He tried to get back into the organization without success, although now his is on friendlier footing with the current leadership.⁴⁹

Multitasking is a nonprofit organization selling office services to other businesses and employing people with AIDS as the workers. It was founded by Dr. Linda Laubenstein, who was concerned that AIDS patients often lost their jobs. She felt that work was vital to emotional and physical health as well as to financial support.⁵⁰

National Institutes of Health (NIH) is the government agency that is to provide research into a range of health issues. ACT UP protested at the NIH in 1990 during the Presidency of George H. W. Bush about the inaccessibility of clinical trials to many people with AIDS.⁵¹

Treatment Action Group (TAG) in 1992 members of the Treatment and Data Committee of ACT UP broke away to form TAG and focus on accelerating treatment research.⁵²

⁴⁹ <http://www.gmhc.org/about-us>

Kramer, Larry. *Reports From the Holocaust*, St. Martin Press, New York, NY, 1994, (22).

⁵⁰ <http://www.nytimes.com/1992/08/17/nyregion/linda-laubenstein-45-physician-and-leader-in-detection-of-aids.html>

⁵¹ <http://www.nih.gov/>

⁵² <http://www.treatmentactiongroup.org/>

Timeline: The Early Years of the AIDS Epidemic⁵³

1979 Epidemic becomes apparent in Haiti.

1981 No T-cells are found in a Los Angeles man.

On July 3, MMWR reports 26 cases of Kaposi's sarcoma (KS), a rare cancer, in homosexual men in both New York and California.

In August, Larry Kramer reads a *New York Times* article by Dr. Alvin Friedman-Kien on cancer in the homosexual community and holds a meeting in his apartment in New York. Within a year they form the Gay Men's Health Crisis (GMHC), the first AIDS activist organization.

1982 Gay Men's Health Crisis official forms.

Rep. Henry Waxman (D-Calif.) holds hearings on what is being called gay-related immunodeficiency syndrome (GRID).

Centers for Disease Control and Prevention (CDC) convenes and gives the illness a name — acquired immunodeficiency syndrome (AIDS).

On November 5, CDC issues a warning to health workers to treat AIDS patients like those being treated for Hepatitis B.

1983 In January, Dr. Francoise Barre Sinoussi, a researcher at virologist Luc Montagnier's lab at the Pasteur Institute in Paris, finds evidence of the enzyme reverse transcriptase (RT) in lymph node tissue taken from an AIDS patient, suggesting AIDS is being caused by a retrovirus.

AIDS Medical Foundation (AMF) is formed by Dr. Mathilde Krim, a cancer researcher at New York's Memorial Sloan-Kettering Cancer Center. It is the precursor to the American Foundation for AIDS research, which will be formed two years later.

People with AIDS (PWA) issues "The Denver Principles," a statement from their advisory committee advocating that blame or generalizations not be made about those with AIDS.⁵⁴

The first AIDS discrimination case is brought to court by Dr. Sonnabend, a cofounder of AMF, to prevent his practice from being evicted.

President Reagan names Margaret Heckler Secretary of Health and Human Services.

⁵³ <http://www.amfar.org/thirty-years-of-hiv/aids-snapshots-of-an-epidemic/>
<http://www.pbs.org/wgbh/pages/frontline/aids/cron/>

⁵⁴ <http://www.actupny.org/documents/Denver.html>

“Throwing money at the problem was exactly the kind of philosophy that President Reagan would have hated and was not authorized.” — Former Secretary of Health Heckler interviewed by *Frontline* ⁵⁵

Kramer writes an article for the gay newspaper the *New York Native* called “1,112 and Counting,” calling on the gay community to act to save themselves.

“The Denver Principles” are published by the National Association of People With AIDS, calling for a humane response to the crisis and giving healthcare providers a list of recommendations on how to treat people with AIDS.

The CDC reports of a possible problem with the blood supply.

AIDS cases have now been reported in 33 countries.

1984 On April 23, Secretary of Health and Human Services Margaret Heckler announces that Dr. Robert Gallo of the National Cancer Institute (NCI) has isolated the virus that causes AIDS. It is later found to be similar to a sample isolated by French researchers and sent to Gallo. A dispute between the researchers would be settled out of court and give joint credit to the teams.

Gallo also develops a blood test, known as ELISA, to determine the presence of the virus. However, the test raises concerns about confidentiality and civil rights for patients.

San Francisco’s Director of Public Health, Dr. Merv Silverman, orders the Bathhouses closed. 14 bathhouses sue to reopen.

The AMF distributes its first 18 basic research grants.

1985 President Ronald Reagan responds to a question about AIDS at a press conference. He gives an ambiguous answer to a question about sending a child to school with another child with AIDS, despite having been briefed that there is no risk. White House lawyer (and future U.S. Supreme Court Chief Justice) John Roberts had sent him a memo saying, “I would not like to see the president reassuring the public on this point.”

Hemophiliac teenager, Ryan White is denied entry to school in Kokomo, Indiana. After a court battle he is allowed to return, but his family moves after a bullet is fired into their house.



⁵⁵ <http://www.pbs.org/wgbh/pages/frontline/aids/cron/>

The first international AIDS conference is held in Atlanta, Georgia.

The Normal Heart opens at The Public.

AmFAR (the American Federation for AIDS Research) is founded by Dr. Mathilde Krim and Dr. Michael Gottlieb to unify AIDS research organizations on the East and West coast. Elizabeth Taylor is the national chair and Rock Hudson donates \$250,000 to the organization.

In February, the "Review of the Public Health Service's Response to AIDS" is prepared by the Office of Technological Assessment in response to a request from Congress. The report is highly critical of the lack of federal funding for research.⁵⁶

Rock Hudson dies of AIDS in October; he had previously allowed his doctors to confirm his AIDS diagnosis publicly.

1986 U. S. Surgeon General C. Everett Koop calls for a comprehensive program of AIDS and sex education and urges the use of condoms.

Dr. Krim and Elizabeth Taylor testify before Congress on the need for clinical research and accelerated access to experimental HIV/AIDS drugs.

Fashion designer Perry Ellis dies of AIDS.

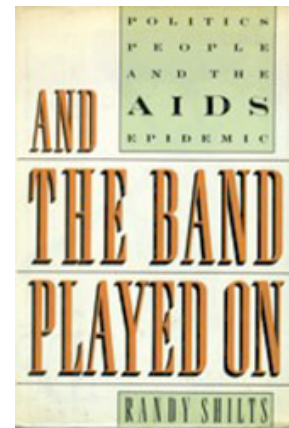
1987 Kramer founds ACT UP (AIDS Coalition to Unleash Power) to agitate politically for attention to the AIDS crisis.⁵⁷

Aidovudine (AZT) becomes the first anti-HIV drug approved by the Food and Drug Administration (FDA). At \$10,000 for a one-year supply, AZT is the most expensive drug in history.

The AIDS Quilt went on display at the National Mall for the first time.

And the Band Played On, by reporter Randy Shilts, a history of the AIDS epidemic, is published.

The U.S. Government bars HIV-infected travelers and immigrants from entering the country.



1988 In New York City, new AIDS cases that result from shared needles exceed those attributable to sexual contact, and the city's Health Department begins an experimental needle exchange program.

ACT UP demonstrates at FDA headquarters to protest the slow pace of AIDS drug approval.

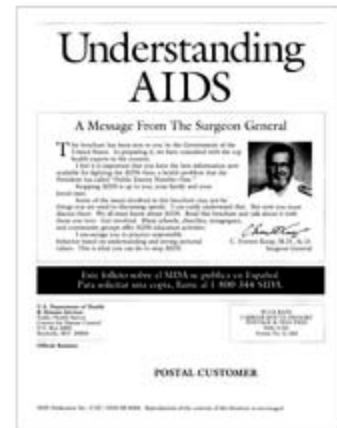
⁵⁶ <http://www.princeton.edu/~ota/disk2/1985/8523/852301.PDF>

⁵⁷ <http://www.pbs.org/wgbh/pages/frontline/aids/interviews/kramer.html>

The federal government mails an educational pamphlet, "Understanding AIDS," to 107 million homes nationwide.

Anthony Fauci, M.D., is named acting director of NIH's new Office of AIDS Research.

The World Health Organization designates December 1 as World AIDS Day.



1989 amfAR establishes a Community-Based Clinical Trials (CBCT) program and awards grants to 16 research units.

The NIH funds 17 community-based AIDS clinical research units as part of a federally sponsored research program.

The FDA approves treatments for AZT-induced anemia and Mycobacterium avium complex and a new method of preventing pneumonia.

Robert Mapplethorpe dies of AIDS.

1990 Ryan White dies; his funeral is attended by Michael Jackson, Elton John and First Lady Barbara Bush and broadcast on national television.

Congress passes the Americans with Disabilities Act, which protects individuals with disabilities, including both people with HIV/AIDS and those suspected of being infected, from discrimination.

To date, nearly twice as many Americans have died of AIDS as died in the Vietnam War.

Elizabeth Taylor and Jeanne White testify before Congress, in support of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990.

Keith Haring dies of AIDS.

Halston dies of AIDS.

1991 The CDC reports that one million Americans are infected with HIV.

Congress enacts the Housing Opportunities for People with AIDS (HOPWA) Act of 1991 to provide housing assistance to people with HIV/AIDS.



Earvin "Magic" Johnson announces that he is infected with HIV.

The red ribbon is introduced as a symbol of hope and compassion in the face of AIDS.

The World Health Organization (WHO) estimates that nearly 10 million people are infected with HIV worldwide.

Freddy Mercury dies of AIDS.

1992 Both the Democratic and Republican national conventions are addressed by HIV-positive women.

The first clinical trial of combination antiretroviral therapy begins.

The FDA issues new rules that allow accelerated approval of new AIDS drugs based on “surrogate markers” of their efficacy, such as laboratory tests, rather than long-term clinical outcomes such as the relief of symptoms or prevention of disability and death.

President Clinton establishes a new White House Office of National AIDS Policy.

Anthony Perkins dies of AIDS.

1993 AIDS patients start to show signs of resistance to AZT.

The CDC's decision to revise its definition of AIDS to include new opportunistic infections, cervical cancer, and HIV-positive people with T-cell counts under 200 results in an 111% increase in the number of U.S. AIDS cases. Many of these new cases are among women.

A three-year European study shows no evidence that AZT delays the onset of AIDS.

The FDA approves a female condom for sale in the U.S.

Tom Hanks wins an Oscar for his role as a gay man with AIDS in the film *Philadelphia*.

Tennis player Arthur Ashe dies of AIDS.

Ballet dancer Rudolf Nureyev dies of AIDS.



1994 An NIH-funded trial demonstrates that AZT can reduce the risk of mother-to-infant HIV transmission in humans.

U.S. Surgeon General Joycelyn Elders, a vocal advocate for increased AIDS education, is forced to resign.

Drs. David Ho and George Shaw show that following initial infection HIV replicates in the body continuously, producing billions of copies each day.

Elizabeth Glaser dies of AIDS.

Randy Shilts dies of AIDS.

1995 The New York Times reports that AIDS has become the leading cause of death among all Americans ages 25 to 44.

Between 1991 and 1995, the number of American women diagnosed with AIDS has increased by more than 63%.

A clinical trial establishes dual combination therapy with AZT and other nucleoside analogues as a standard approach for HIV treatment. The FDA approves the first protease inhibitor (saquinavir).

Actress Sharon Stone becomes Chairman of amfAR's Campaign for AIDS Research.

Author Paul Monette dies of AIDS.

1996 For the first time in the U.S., a larger proportion of AIDS cases occur among African Americans (41%) than among whites (38%).

The FDA approves the first non-nucleoside reverse transcriptase inhibitor (nevirapine), as well as a new viral load test that can measure the level of HIV in a patient's blood.

Combination therapy is made available to HIV/AIDS patients for the first time, leading to a dramatic decline in AIDS-related deaths.

The Joint United Nations Programme on AIDS (UNAIDS) is established to coordinate a global response to the pandemic.

Reports from the XI International Conference on AIDS in Vancouver, Canada, indicate that new combination therapies that include a protease inhibitor are extending the lives of some HIV/AIDS patients.

The FDA approves the first home HIV test.

The U.N. estimates that 22.6 million people are infected with HIV and 6.4 million people have died of AIDS worldwide.

The Poem

The windiest militant trash
Important Persons shout
Is not so crude as our wish:
What mad Nijinsky wrote
About Diaghilev
Is true of the normal heart;
For the error bred in the bone
Of each woman and each man
Craves what it cannot have,
Not universal love
But to be loved alone.

* * *

All I have is a voice
To undo the folded lie,
The romantic lie in the brain
Of the sensual man-in-the-street
And the lie of Authority
Whose buildings grope the sky:
There is no such thing as the State
And no one exists alone;
Hunger allows no choice
To the citizen or the police;
We must love one another or die.

Excerpts from "September 1, 1939" by W. H. Auden

Discussion Questions

About the play

1. The words AIDS or HIV are never used in *The Normal Heart*. Why do you think Kramer avoids those words?
2. Do you think Ned is an effective activist?
3. The title comes from a poem by Auden. What do you think a normal heart is?

About the production

1. Projections and music are used in the production, particularly between scenes. How did the images and music create a certain mood or highlight certain themes in the play?
2. The set is filled with books from floor to ceiling. What do think the books represent for the character of Ned Weeks? What details did you notice?

About the context

1. When was the last time you heard AIDS mentioned in relationship to the U.S. population? Do you think AIDS has fallen out of our current cultural consciousness? Why or why not?
2. How do you think attitudes about AIDS have changed since the play was written?

Resources

- Aids Foundation of Chicago
<http://www.aidschicago.org/>
- Season of Concern
<http://www.seasonofconcern.org/>
- Howard Brown Health Center
<http://www.howardbrown.org/>
- UNAIDS
<http://www.unaids.org/en/>
- World AIDS Day
<http://www.worldaidsday.org/>
- AIDS.gov
<http://www.aids.gov/>

- Gay Men's Health Crisis
<http://www.gmhc.org/>
- NIH Aids Information
<http://aidsinfo.nih.gov/>
- AmFar
<http://www.amfar.org/>
- The Names Project / AIDS quilt
<http://www.aidsquilt.org/>
- CDC HIV/AIDS
<http://www.cdc.gov/hiv/>

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Documentaries

- *Frontline: The Age of Aids* available online at <http://www.pbs.org/wgbh/pages/frontline/aids/view/>
- *How to Survive a Plague*
- *We Were Here*
- *Outrage*
- *The Band Played On*