WORDS on PLAYS

INSIGHT INTO THE PLAY, THE PLAYWRIGHT, AND THE PRODUCTION

The Normal Heart

by Larry Kramer
Directed by George C. Wolfe

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AIDS IS EVERYONE'S PROBLEM

PROTECT YOURSELF AND THOSE YOU LOVE

- AIDS USE CONDOMS
- AIDS AVOID ANY EXCHANGE OF BODY FLUIDS
- AIDS LIMIT YOUR USE OF RECREATIONAL DRUGS
- AIDS ENJOY MORE TIME WITH FEWER PARTNERS

AIDS IS NOT SPREAD THROUGH CASUAL CONTACT.

FOR YOUR INFORMATION
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**COVER** (top to bottom) Larry Kramer at the *Village Voice* AIDS conference on June 6, 1987 (photo by Catherine McGann/Getty Images); Larry Kramer with his friend, author and AIDS victim Vito Russo (photo by Michael Abramson/Time Life Pictures/Getty Images)

**OPPOSITE** Signs and informational brochures warning about the AIDS virus are displayed at the predominantly gay Sutro Bath House, June 19, 1983 (photo © Roger Ressmeyer/CORBIS).
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.

From “September 1, 1939”
W. H. Auden
Characters, Cast, and Synopsis of The Normal Heart

The world premiere of The Normal Heart opened on April 21, 1985, at The Public Theater in New York, where it ran for 294 performances. In 2011, Joel Grey and George C. Wolfe directed the revival of the play on Broadway—it won three Tony Awards, including one for Best Revival of a Play. That production moved to Arena Stage in Washington, D.C., in June 2012, before coming to A.C.T.

Characters and Cast of The Normal Heart

CRAIG DONNER ............................................ Tom Berklund
MICKEY MARCUS ........................................... Michael Berresse
NED WEEKS .................................................. Patrick Breen
DAVID ............................................................... Matt McGrath
DR. EMMA BROOKNER .................................... Jordan Baker
BRUCE NILES .................................................. Nick Mennell
FELIX TURNER ............................................... Patrick Alparone
BEN WEEKS .................................................... Bruce Altman
TOMMY BOATWRIGHT ..................................... Sean Dugan
HIRAM KEEBLER ........................................... Jon Levenson
GRADY ........................................................... Tom Berklund
EXAMINING DOCTOR ........................................ Jon Levenson

Setting

The action of The Normal Heart takes place between July 1981 and May 1984 in New York City—in apartments, offices, hospitals, and meeting rooms.

Synopsis

ACT 1. It is July 1981, and an unidentified illness has started infecting members of New York's gay community. While many remain ignorant of the threat, those directly touched by the disease are terrified. After reading an article in the New York Times that announced there were “41 cases of a rare and often rapidly fatal form of cancer,” Ned
Weeks, a writer, visits Dr. Emma Brookner at her office to better understand what is happening. Brookner has treated 28 men with the mystery illness; 16 have died. She tells Weeks that the contagion appears to shut down the immune system and that there is no cure. She predicts that even though there will be thousands of cases within the next year, the political response to the outbreak will be slow because the disease is targeting gay men. Reluctant to publicly involve herself, however, she pressures Weeks, known to be outspoken, to use his “big mouth” to spread awareness in his community—and take on the impossible task of persuading gay men to stop having sex.

Two months later, Weeks goes to the offices of the New York Times in search of Felix Turner, the paper’s society writer. Weeks has solicited the help of a number of straight reporters and editors, but he has been refused by all of them. He hopes Turner, a closeted gay man, will write about the virus, but Turner turns him down: science and medicine are not his department. The encounter is, however, the beginning of a romance between the two writers, which blossoms into an important relationship for them both.

Weeks, with a group of friends and the support of his brother Ben’s law firm, founds an organization committed to raising money and disseminating information about the disease. The group operates out of Weeks’s apartment, but when it comes time to elect a president, they choose the affable (and “gorgeous”) Bruce Niles. Almost immediately, Weeks finds himself at odds with the other members: he wants to tell the brutal truth about the disease and scare men into action and abstinence. The others don’t want to be alarmist and are uncomfortable telling men how to live their lives. Niles wants to stay away from anything “too political.”

Weeks begins writing articles about the disease, but, despite the media’s growing attention to the illness, he worries that no one is taking the epidemic seriously. He has faced violent opposition from members of his community, who are angry with him for his depiction of gay men as sick. Weeks is further discouraged when his brother refuses to sit on his organization’s board of directors—and hurt when Ben won’t concede that gay men are no different from straight men. Then, in October 1982, Weeks discovers that Turner, his lover of almost a year, has begun to show symptoms of the disease.

ACT II. After learning that his lover is ill, Weeks visits Dr. Brookner, who has by this point seen 238 cases and estimates that more than half of the gay men in New York City are carrying the virus. She calls Weeks’s organization “worthless.” Weeks agrees, but he hasn’t been able to convince his timid colleagues to take a strong, politically risky stance. Instead, they are focusing their attentions on providing resources for patients who already have the disease. Weeks lashes out at Brookner: Why has the medical community remained silent? What has it done to find a cure?

His frustration carries over to the next day, when he and Niles wait in a windowless meeting room in the basement of City Hall for the mayor’s assistant. Weeks hopes to convince the mayor to declare a state of emergency and pressure the capital to fund research; Niles is hoping to at least secure office space for their group. As they wait, Weeks and Niles argue about their organization’s focus, Weeks’s incendiary articles, and
Niles’s decision not to go on national television because he is afraid he would lose his job if he came out of the closet. When the mayor’s assistant finally arrives almost two hours late (or, in Weeks’s estimation, 14 months late), Weeks attacks the administration for its inaction, infuriating the assistant, who leaves before promising any kind of assistance to their cause.

By February 1983, Weeks’s organization is logging more than 40 new local cases of the disease a week. Niles learns that San Francisco’s mayor has pledged $4 million to fight the disease. The organization still hasn’t received an audience with New York’s mayor, but he has secretly contributed $9,000, and the New York Times finally publishes a big article about the epidemic. Weeks’s radical message of personal responsibility and his confrontational tactics continue to alienate many, but by April his letter-writing campaigns, picketing, and acts of civil disobedience win a meeting with the mayor. Weeks, however, is not invited. In fact, despite the success of his tactics, he is expelled from the organization.

A year later, in May 1984, Turner’s health takes a turn for the worse, and he visits Ben to make out a will that names Weeks as his beneficiary. Weeks and his brother have not spoken in two years. Turner informs Ben that Weeks spends most of his time at home punishing himself. Later that month, Dr. Brookner officiates at the deathbed wedding of Turner and Weeks, who is surprised when his brother arrives for the ceremony. After Turner dies, Weeks tells Ben the hopeful story of his recent visit to Yale during Gay Week, which was attended by 600 “smart, exceptional young men and women.”
PLEASE KNOW

A Letter from Larry Kramer

As theatergoers exited the 2011 Broadway premiere of The Normal Heart, playwright Larry Kramer personally handed them this letter. When asked why, he responded: “You just have to say these things over and over again, so people hear them. People are dying again. People who have been healthy and on the drugs are dying of AIDS now. I want to get the word out.”

Please know that everything in The Normal Heart happened. These were and are real people who lived and spoke and died, and are presented here as best as I could. Several of them have died since, including Bruce (whose name was Paul Popham) and Tommy (whose name was Rodger McFarlane and who became my best friend and who, after building three gay/AIDS agencies from the ground up, committed suicide in despair) and Emma (whose name was Dr. Linda Laubenstein), after a return bout of polio and another trip to an iron lung. On his deathbed at Memorial, Paul called me (we’d not spoken since our last fight in this play) and told me to never stop fighting.

Four members of the original cast died, as well, including my dear sweet friend Brad Davis, the original Ned, whom I knew from practically the moment he got off the bus from Florida, a shy kid so very intent on becoming a fine actor, which he did.

Please know that AIDS is a worldwide plague.

Please know that no country in the world, including this one, especially this one, has ever called it a plague, or acknowledged it as a plague, or dealt with it as a plague.

Please know that there is no cure.

Please know that after all this time the amount of money being spent to find a cure is still miniscule, still almost invisible, still impossible to locate in any national health budget, and still totally uncoordinated.

Please know that here in America case numbers continue to rise in every category. In much of the rest of the world, like Russia and India and Southeast Asia and in Africa, the numbers of the infected and the dying are so grotesquely high that they are rarely acknowledged.

Please know that all efforts at prevention and education continue their unending record of abject failure.

Please know that there is no one in charge of this plague. This is a war for which there is no general and for which there has never been a general. How can you win a war with no one in charge?
Please know that every single president beginning with Ronald Reagan (who would not say the word “AIDS” publicly for seven years) said nothing and did nothing, or in the case of the current president, says the right things and then doesn’t do them.

Please know that most medications for HIV/AIDS are inhumanly expensive and that government funding for the poor to obtain them is dwindling and often unavailable.

Please know that pharmaceutical companies are among the most evil and greedy nightmares ever loosed on humankind. What “research” they embark upon is calculated only toward finding newer drugs to keep us, just barely, from dying, but not to make us better or, god forbid, cured.

Please know that an awful lot of people have needlessly died and will continue to needlessly die because of any and all of the above.

Please know that as I write this the world has suffered at the very least some 75 million infections and 35 million deaths. When the action of the play that you have attended tonight begins, there were 41.

I have never seen such wrongs as this plague, in all its guises, represents and continues to say about us all.

Please know that this is a plague that need not have happened.

Please know that this is a plague that has been allowed to happen.
Larry Kramer
The Man Who Shouts

By Dan Rubin

As Reynolds Price writes in his introduction to the 2000 edition of Larry Kramer’s best-selling satirical 1978 novel about the appetites of New York’s sex-centric “gay ghetto,” “the wounds inflicted by *Faggots* are burning still.” In the book, Kramer’s self-styled protagonist complains that all gay men do is “dance and drug and fuck,” and he presciently warns his philandering boyfriend to slow down “before you fuck yourself to death.”

Kramer received letters of appreciation from gay men around the world who, like him, had become disillusioned with the oversexualization of their community. But to many, the book was a self-loathing, homophobic attack from a moralizing killjoy. The American press, both gay and mainstream, denounced *Faggots* as “revolting,” “depressing,” “outrageous,” and “appalling.” Few could deny the accuracy of its depiction of the testosterone-driven, pharmacologically enhanced happenings on Fire Island, at apartment orgies, and in anonymous bathhouses, locker rooms, and discos. It was a novel, yes, but, Kramer later wrote, the world he painted was the “real McCoy” to him. That Kramer was critical of a lifestyle enjoyed by so many, however, was cause for concern. John-Manuel Andriote explains in *Victory Deferred: How AIDS Changed Gay Life in America*: “Forced to be ‘sexual outlaws’ by an oppressive American society, many homosexuals defined themselves as society defined them, by the very trait that distinguished them from heterosexuals: their sexuality. It was one thing they fully possessed, and they were damned if they’d let anyone take it away from them.” Especially one of their own.

In the 1970s, gay sex was an act of political rebellion inextricably entwined with a sense of individual and communal identity. But where, Kramer dared to ask, do intimacy, connection, and love fit into an evening of frenzied promiscuity? And why did the gay liberation movement stop at the right to screw in an alleyway rather than the right to marry—or the right to live openly without fear of being labeled and persecuted for being “different”? Kramer’s audacity made him infamous. Friends stopped speaking to him. People avoided him on the street and at parties. He became an outcast in a community of outcasts. Perhaps it was this position on the periphery that allowed Kramer to perceive the ominous warning signs of the coming plague.

Lonely Boy

Larry Kramer, born on June 25, 1935, in Bridgeport, Connecticut, was the unwanted second child of an American Jewish father and a Russian Jewish mother. He was eight years younger than his brother, Arthur, who ended up raising him because both parents were almost always working. When his parents were at home, they were bickering.

The family moved to Maryland when Kramer was six, and two years later he discovered The National Theatre of Washington, D.C. After attending a puppet show with a friend, he returned every other week to see whatever was on the bill. His mother gave him money for bus fare and a ticket; his father called him a sissy for not engaging in more manly activities. In junior high, Kramer worked on the student newspaper, appeared in theatrical productions, and had his first gay experience. “The boy, however, was only interested in physical release,” explains Patrick Merla in his 1997 essay “A Normal Heart: The Larry Kramer Story,” “and after two years dropped Kramer, which did little to bolster Kramer’s confidence in his ability to connect intimately with another person.” During high school, Kramer made his parents happy by dating rich girls. He also became the editor of his newspaper.

Kramer reluctantly attended Yale University, the alma mater of his father and brother. In 1953, three months into a lonely freshman year, he attempted to kill himself by swallowing 200 aspirin. The university required he see a psychiatrist before returning to class. In the summer of 1954, following a romance with his male German professor, Kramer came out to his brother. Arthur promptly returned him to psychotherapy in hopes it would cure him. Merla contends it was singing, not therapy, that saved Kramer’s Yale career. He joined the world-famous Varsity Glee Club as a sophomore. During his junior year, he also starred in a production of Arthur Laurents’s Home of the Brave.

After graduating from Yale with a degree in English in 1957, Kramer joined Eisenhower’s Reserve Forces Act program, which required six months of active army duty followed by five and a half years in the reserves. Then Kramer set out to make a career in film, working his way up at various agencies and studios. He was an associate producer by the time he was 30 and produced his first film at 33. He discovered he could write drama, cutting his teeth as a dialogue writer for the 1967 film Here We Go Round the Mulberry Bush. He followed with the 1969 Oscar-nominated screenplay for Women in Love, an adaptation of D. H. Lawrence’s novel, which he also produced.

After coming to terms with his homosexuality—“It took years of psychoanalysis and therapy and many fights with and estrangements from my family,” he writes—it became important to Kramer to make movies he could identify with, but he found the industry was not interested in gay themes. In 1973, he wrote a play instead: Sissies’ Scrapbook, a play about “cowardice and the inability of some men to grow up,” according to Kramer. “It was a resounding failure,” the playwright remembers. He swore off theater. After a failed attempt at getting his film The Big Three at Yalta made, he sat down to write his novel about gay life.
The Crisis

Larry Kramer did not consider himself political. In the 1960s, he writes in *Reports from the holocaust: the story of an AIDS activist*, “Gay politics had an awful image. Loudmouths, the unkempt, the dirty and unwashed, men in leather or dresses, fat women with greasy, slicked-back ducktail hairdos. Another world. Certainly not a world that connected to mine.” In the 1970s, when Gay Pride marches came to Los Angeles, he escaped to New York’s Fire Island. He was in San Francisco for the candlelight vigil for Harvey Milk in 1978, but he admits he didn’t know Milk and had only vaguely heard about him.

Even still, when he returned to New York after the memorial for Milk, he wondered (in his *New York Times* op-ed “Gay ‘Power’ Here”) whether the million gay men in New York would ever rally together like the community he had found in San Francisco. He received numerous phone calls and letters, all basically saying the same thing: “Who the fuck are you and what right do you have publicly mouthing off?” This on top of the chilly reception to *Faggots* persuaded Kramer to keep a low profile for a number of years.

Then, in 1980, a few friends died from mysterious illnesses, and a few more were sick with rare cancers and variations of pneumonia. On July 3, 1981, the *New York Times* printed “Rare Cancer Seen in 41 Homosexuals.” “I don’t know why, but I was scared,” remembers Kramer. He began collecting what few facts he could find on the disease. He visited Dr. Alvin Friedman-Kien’s office on July 29 for information and tests. There, in a moment later dramatized in the opening scene of *The Normal Heart*, he remembers meeting a man he recognized:

> Everything in his expression and posture told me what he’d just been told. He sat down next to me in the waiting room and we nodded to each other and I shook my head softly from side to side in what I hoped would pass for sympathy and understanding. “I don’t have anyone I can tell,” he finally said to me. “I’m afraid to tell my friends, because they won’t understand, and I can’t tell my boss or I’ll lose my job. There isn’t anyone I can talk to.”

Downstairs, Kramer met his close friend Donald Krintzman while they waited for bloodwork. Krintzman told him he had Kaposi’s sarcoma. He died three months later. Friedman-Kien warned Kramer that these cases were just the tip of the iceberg. Kramer asked the doctor what he could do to avoid catching it—whatever “it” was. “I know what I’d do if I were a gay man,” he responded. “I’d stop having sex.” Furthermore, Friedman-Kien said, Kramer, as a well-known figure in the gay community, had a responsibility to organize. He had to raise money for research, because grants would be slow in coming for a disease attacking the gay community. He had to spread the word.

Two weeks later, Kramer and a small committee held an 80-person gathering at his apartment. Friedman-Kien expressed his concerns to the crowd. When they hesitated to commit to action, Kramer yelled, “You’re a bunch of fucking sissies!” recounts Rodger McFarlane. “I just remember marveling at his manifest belief that we could accomplish anything that we decided to—and that we were shit if we didn’t.” The event raised an impressive $6,635.
Soon after, Kramer wrote his first article about what would become known as AIDS in the *New York Native*, warning, “The men who have been stricken don’t appear to have done anything that many New York gay men haven’t done at one time or another,” and pleading, “In the past we have often been a divided community; I hope we can all get together on this emergency, undivided, cohesively, and with all the numbers we in so many ways possess.”

It was a hard sell coming from the author of *Faggots*. “That’s Larry, was the word around town: always screaming,” writes novelist Andrew Holleran, recounting the general dismissive reaction to Kramer’s article. Other responses were more pointed. “Read anything by Kramer closely,” wrote the playwright Robert Chesley in the *Native*. “I think you’ll find the subtext is always: the wages of gay sin are death.” He accused Kramer of “gay homophobia and anti-eroticism” and thinking that “gay men deserve to die for their promiscuity.”

Regardless of what they felt about Kramer, many men just didn’t want to hear that their lifestyle was harmful. They’d heard it all before, from a moralistic perspective if not a medical one. A Labor Day fundraiser on Fire Island netted a mere $769.55.

**The Voice of GMHC**

That August meeting at Kramer’s apartment and the Labor Day fundraiser were the start of something big. On January 4, 1982, Kramer founded Gay Men’s Health Crisis (GMHC) with his friends Nathan Fain, Dr. Lawrence Mass, Paul Popham, Paul Rapoport, and Edmund White. Popham, a handsome A-lister and former Green Beret (whom Kramer not-so-secretly fancied), was elected president. Kramer arranged for his brother’s law firm to represent the organization pro bono. By October, GMHC had raised more than $150,000 and donated a third of it to research. It had printed two issues of its *Newsletter* and distributed 300,000 copies of its *Health Recommendation Brochure*, which included a list of AIDS symptoms gay men should look out for. GMHC’s emergency hotline had received more than 5,000 calls. It had started a Crisis Intervention Counselors program providing companionship and support to patients immediately after they received an AIDS diagnosis. “It was one of those rare moments in life when one felt completely utilized, useful, with a true reason to be alive,” Kramer remembers.

But GMHC was far from perfect. Kramer and Popham had very different ideas about the style and purpose of the organization, and almost everyone found Kramer’s public rhetoric too incendiary. The first major disagreement occurred when Popham became incensed that 10,000 invitations to an April 1982 fundraising event at the Paradise Garage disco were printed with “Gay Men’s Health Crisis” on the return address. Popham worried they would be outing countless closeted gay men. Kramer explains:

> Basically, Paul Popham and I differed philosophically on points that were soon to alienate us completely. He was, for a start, a closeted gay man, who was also now the president of the board of a gay organization. He felt GMHC should
not in any way tell people anything, not in any way make up their minds for them. All we could do was pass out the latest word of what was known and said officially about AIDS, which was very little, usually insensitive and homophobic, and quite often spurious. Paul and the board were determined not to issue sex recommendations. . . . The gay community had fought for so long for the sexual freedoms it now enjoyed that any aspersions cast upon the validity of these were bound to be destructive. It had taken so long for gay men to feel good about themselves. Paul’s position seemed to be shared by just about everyone else—in and out of GMHC.

Kramer wanted GMHC to be a bold advocacy organization that prevented the spread of AIDS and pressured the government and medical community to find a cure. Popham and the board, on the other hand, wanted it to be a quiet social service organization that primarily helped those already infected. Popham wanted to work within the system. Kramer, however, would attack anyone who stood in the way of his crusade. If his actions were controversial, so much the better. “It was controversy that helped sell so many copies of Faggots,” he notes. “It was, and is, controversy that helps an issue stay before the public, so that more people join in debate.” In the name of GMHC, Kramer would attack the mayor, the New York Times, the president, the National Institutes of
Health. With the rest of GMHC’s board in the closet, Kramer was the shouting face of the organization.

The internal struggles between Kramer and Popham came to a head when Kramer printed the ferocious “1,112 and Counting” in the March 14, 1983, edition of the Native. Even with the disclaimer—“My views are not to be attributed to Gay Men’s Health Crisis”—the board of GMHC hated the article.

Four months earlier, on October 28, 1982, Kramer, Popham, and other members of GMHC had met with Herb Rickman, Mayor Koch’s liaison to the gay community, in a dark and chilly room in the basement of city hall. After arriving an hour and a half late, Rickman made a number of promises, but by March 1983, no AIDS organization had received an audience with the mayor.

Just weeks after the publication of “1,112 and Counting,” Mayor Koch finally agreed to meet with members of the AIDS Network (a coalition of which GMHC was a part). Kramer, however, was not invited. He told Popham that if he was not allowed to attend, he would resign—which was just what the board wanted to hear.

Kramer’s Normal Heart

Without GMHC, Kramer was without a soapbox—and a social network. He writes,

After such a long period of furious activity, constantly ringing phones, a mountain of problems waiting for solutions, and the sustaining comradeship of so many devoted fellow workers as we all aspired to make something happen, I now found myself alone at home, and feeling very much the pariah.

After three failed attempts to get the board to reinstate him, Kramer turned his energies elsewhere: writing about his experiences on the frontline of history. He contemplated a novel (which he thought he might title City of Death), but Faggots had taken him three years to write, and he wanted something that could make an immediate impact. He knew no film company would touch the story, so, Kramer remembers, “that left only a play, and the only time I’d tried a play before, I’d failed.”

Kramer’s early thinking about what would become The Normal Heart began to take shape when he visited Dachau, Germany, and recognized disturbing similarities between America’s inaction with respect to Jewish victims of the Holocaust and its betrayal of the gay community during the AIDS crisis. He wrote a first, epically long draft of the play in a rented shack on Cape Cod soon after. Once he was satisfied, he submitted it to almost every agent in New York. None of them wanted to represent the notoriously confrontational writer. Kramer remained undeterred. He knew exactly what he wanted to achieve. He recalls: “There was no amount of anything that could repress my hell-or-high-water determination to see that play produced, to hear my words screamed out in a theater, and to hope I’d change the world.” He needed an audience to hear his play’s desperate claim: “The monsters are ruling the world and we’re letting them take it away from us.”
Finally, Kramer found an audience in Gail Merrifield Papp, the wife and partner of The Public Theater’s founder, Joseph Papp, and head of the theater’s new play department. She met with Kramer in April 1984, and they collaborated on the script for several months before showing it to her husband. Papp initially found the aggressiveness of the text off-putting, but by the end, he, like his wife, was deeply moved. He committed to producing the world premiere. Later he would explain that he loved the “ardor” of The Normal Heart, “its howling, its terror, and its kindness.” On opening night, April 21, 1985, he promised Kramer, no matter what happened, “I’m going to keep this play running. I don’t care if nobody comes. I’m going to keep it running.”

People came. In fact, The Normal Heart remains the biggest hit The Public ever produced. It enjoyed 294 performances and an almost year-long run. Productions in Los Angeles, London, and major theaters around the country and the world followed. What little criticism there was of the play came from gay critics who disliked it because they disliked Kramer because they disliked Faggots. They accused Kramer of making himself the play’s hero and using the stage to exact revenge against GMHC. To this, Kramer contends, “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 against everyone and everything else and gets tossed out of ‘the organization’ on his ass. I was trying, somehow and again, to atone for my own behavior.”

While grounded in history and incorporating a number of journalistic moments, The Normal Heart was never meant to be only documentary drama. Kramer explains:

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 a 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.

Joseph Papp would contend that this love gives the powerful political play its essence: it is about “love holding firm under fire, put to the ultimate test, facing and overcoming our greatest fear: death.”

Shouting Still

Despite its successes, The Normal Heart did not change people as much as Kramer had hoped. “The play doesn’t seem to make people into fighters,” Kramer told TheaterWeek magazine in 1988. “I want them to go out there and throw bombs. It doesn’t make people want to stop the wrong; it seems to make them want to manage the wrong. I’m not sure that’s healthy. That’s what the Jews did to help the Germans in World War II. But people don’t like to make waves. That’s why they drown.”

Kramer formed the AIDS Coalition to Unleash Power (ACT UP) in 1987—the same year he found out that he is HIV positive. It was an HIV/AIDS advocacy organization with the political bent that Kramer had always wished for GMHC, which continued, and continues, to be a leading health and social services organization. But he didn’t give
up on theater. In 1988 he wrote the political farce *Just Say No* about sexual hypocrisy, and in 1993 he premiered *The Normal Heart*’s companion piece, the autobiographical *The Destiny of Me*.

Since then, Kramer has written numerous articles and given speeches and made television appearances. In 1978, he started researching the queer history of the United States; 30 years later, he finished a 4,000-page draft of *The American People*, which his publishers categorize as a novel but might more accurately be described as alternative history. “It makes a lot of claims, and some of them are substantiated more than others, and I don’t want to be forced to have to defend everything,” Kramer admitted in 2010.

Today, Kramer is still angry and ready, as playwright Tony Kushner puts it, “to brawl.” He writes in a March 2012 article for *HuffPost Gay Voices* titled “Happy Birthday, ACT UP, Wherever You Are”:

The AIDS plague is worse than ever all over the world and the two organizations I helped found to stop it are, if not no more, then in such pathetic shape as to almost be no more. It’s hard to blame these remnants of former greatness when the gay population of this country continues to be so passive, so apathetic, so shut-the-fuck-up-with-all-your-message-queen-shit.

He still finds himself shouting the same words, trying to make gay men listen to his pleas “to use condoms, to cool it, to make the distinction between sexual freedom (which of course I favor) and promiscuity (which is killing us).” “You are still murdering each other,” he told a largely gay audience in 2004. “Please stop with all the generalizations and avoidance tactics gays have used since the beginning to ditch this responsibility for this fact.”

It is all such a tragic waste, he mourns, because, despite what his critics say, he loves gay people. That is why he has fought so long and hard and loud to save them. “The one question I’m asked more than any other,” he writes in *Reports from the holocaust*, “is how I can take all of the criticism, attacks, denunciations, slurs, and scorn that have been hurled at me over these years. I don’t mean to be simplistic when I say that after a while, you get used to it. (And most gay people have had many years of practice.) . . . No matter what you say, x number of people are going to agree with you and x number aren’t. So you might as well say what you want to say.”

**SOURCES**
Creating “A Community of Strangers”

Director George C. Wolfe on The Normal Heart

By Amy Krivohlavek

When George C. Wolfe was named a “living landmark” in 1995 by the New York Landmarks Conservancy, he joined a group that includes photographers, philanthropists, real estate developers, musicians, opera stars, and other individuals who have made a lasting impact on New York. A longtime New Yorker, Wolfe has transformed the country’s cultural scene through his groundbreaking work across multiple genres. A writer, director, producer, and actor who has won countless awards, Wolfe was recently appointed as one of 25 leaders to serve on the President’s Committee for the Arts and the Humanities.

Wolfe first rose to national acclaim in 1986 with his play The Colored Museum, a sharp satire of iconic black dramas (including A Raisin in the Sun) that established him as a fearless theater artist. The New York Times wrote that the play revealed “the cultural blind spots of blacks and whites alike. . . . Wolfe is the kind of satirist, almost unheard of in today’s timid theater, who takes no prisoners.” Next came Spunk, an adaptation of three short plays by Zora Neale Hurston. His first Broadway musical, Jelly’s Last Jam, arrived in 1992. Celebrating the life of complicated jazz great Jelly Roll Morton, the show earned 11 Tony Award nominations (including two for Wolfe, who also directed).

From 1993 to 2005, he served as producer of The Public Theater, where he created legendary productions of Bring in ‘da Noise, Bring in ‘da Funk (which earned him a Tony Award), Elaine Stritch at Liberty, and The Tempest. Other Broadway directing credits include Suzan Lori-Parks’s Pulitzer Prize–winning Topdog/Underdog, Michael John LaChiusa’s The Wild Party, Anna Deveare Smith’s Twilight: Los Angeles, 1992, Leonard Bernstein’s On the Town, Richard Greenberg’s Take Me Out, Tony Kushner’s Caroline, or Change, and John Guare’s A Free Man of Color.

But it was his 1993 collaboration with Kushner on Angels in America: A Gay Fantasia on National Themes that cemented Wolfe’s status as theater icon—and foreshadowed his work on The Normal Heart. Kushner’s two-part, Pulitzer Prize–winning epic about a group of New York friends during the early days of the AIDS epidemic earned Wolfe
Tony Awards as director and producer and the praise of the New York Times for his “coup de théâtre.”

It’s alongside this vital part of the theater canon that Wolfe feels Larry Kramer’s The Normal Heart belongs. The play has influenced his theater career to the degree that, when he was asked to work on the 2011 revival, “I felt like the play chose me,” he recalls. Joel Grey directed a celebrated benefit reading of The Normal Heart in fall 2010, but he was going into rehearsal for a revival of Anything Goes when the opportunity to take the play to Broadway arose. “So they called and asked me to help out,” remembers Wolfe. “I went in and we literally had two weeks of rehearsal. I cast the entire show, then rehearsed it for two weeks, and then we opened—and it miraculously turned into this incredible, thrilling, exciting, and ultimately important revival of a great play.”

Why has there been such a strong reaction to this revival of The Normal Heart?

Two things happened: people were able to discuss the play as dramatic literature as opposed to an important piece of angry political theater, which, in 1985, it needed to be, because of the emotional, personal, political stakes of what was happening. To go back and revisit the play in a completely different climate enabled everybody to appreciate what a smart, incredibly moving, and powerful play it is. And it was interesting to see how people who lived through the time period were able to have a cathartic experience—and at the same time to see younger audiences learning the play. It was thrilling artistically and thrilling emotionally.

A friend of mine told me that, after one performance, one of his 22-year-old students came outside and cried for 20 minutes while he just held him. I love the idea that information was being passed on, and storytelling was being passed on, and history and legacy. There is this whole new generation who didn’t live through the AIDS crisis. It’s kind of like science fiction for them. It wasn’t that long ago, but for very young people it’s another time.

What was your relationship with the play? Had you seen the original 1985 production?

No. My play The Colored Museum was done the following year, and I often tease Larry about how The Normal Heart played at The Public Theater for ten months, while The Colored Museum played for nine months. So we have this playful rivalry because we’ve had two of the longest-running plays in the history of that building.

What was your collaboration with Larry like on this production?

It was a thrilling journey. When you do something like [the Broadway run of] The Normal Heart under that insane timetable and it turns out really well, you think, “Okay, I hope this wasn’t a fluke.” So being able to go back and work on it with a slightly different cast in Washington, D.C., was a great opportunity. And the more you live inside it, the more you realize what an incredibly smart, moving play it is. Interestingly enough, the first time Larry saw a run-through, he said to me, “I didn’t know I’d written a love story.”
It was very much a play of its time, and it's so great to look at something outside of its time and to explore it as dramatic literature. It is an impassioned play and it's a very angry play and it's a very emotional play. It's also an incredibly funny play, an incredibly moving play, and a very theatrical play. It breaks rules and is traditional and nontraditional, and there are these arias, these linguistic arias, that take place in Act II. So it's really fun—not as in zany fun—but fun in that it's smart, rigorous theater. You can't ask for anything better than that.

You've compared the play to a horror film.

Well, that's what that period during the 1980s felt like! Everybody's fine, and then all of a sudden there's a killer. And nobody knows what it is, nobody knows why it's doing what it's doing, and nobody knows how to stop it. And every single day it keeps getting closer and closer and closer to you.

It didn't even have a name.

It didn't have a name, and you don't know how to fight it—and if you don't know what it is and you don't know how to fight it, then you can't stop it. That became my understanding of the play. And so, in lieu of a weapon to fight it, the only things you can use are your emotions, your passion, your love for the people you want to protect, and your language. To me, that's the journey of the play. The characters start out doing a good
deed, and as the play goes on, the monster keeps getting closer and closer and closer, and it reveals things about themselves and things about the world—the political structures of the world they live in.

There’s so much foreshadowing of our current moment—gay marriage, national healthcare . . .

All those issues are there—the play ends in a marriage!

Why else do you think the play should be seen right now, at this moment?

It’s about someone taking a stand. I find myself drawn to projects where someone says, “No. This is wrong.” And then they look across the room and see someone else saying, “No,” and then together they look across the room and see someone else saying, “No.” And that’s how you change the world. That’s how you make the world better. I find myself drawn to plays that are about “heart activism”—taking a stand when you are in the presence of something that requires you to take a stand. There seems to be that pattern in my life: working on characters or situations or dynamics where someone says, “No. This is wrong.” And it’s incredibly ordinary people doing this—not everybody can be a Gandhi, or a Mandela, or a Martin Luther King, Jr. But anybody can stand up in the presence of a wrong and speak their version of truth. That’s what I think is thrilling about the play. Also, I think it is about community and being fueled by responsibility to a community and love.

It can be so enabling and empowering to see that onstage.

Exactly! At the end of Hamlet there are tons of dead bodies on the stage and Fortinbras steps forward and says, “We must continue.” Epic theater is ultimately about empowering us to go forward the next day.

It all starts with Ned Weeks, who is such a complex and sometimes difficult character. Did you try to make him likeable as well?

He’s human. He’s doing what he’s doing because he believes it to be right—and as it turns out, he is right. He believes what he believes with the ferocity of his heart and it’s not an equation of self-aggrandizement—it’s because the issue is so big and the stakes are so large. It’s about human lives, and there’s nothing bigger than that.

Everybody fights the best way they know how. Some people fight through building coalitions, some people fight through getting in people’s faces, some people fight through joining the power structure and trying to change it from within. I think it’s beyond our control: we fight the way we are as human beings. The diplomat—that’s the only way he knows how to fight. The confrontationalist—that’s the only way he knows how to fight. We are the animals we are, and we fight the way those animals fight. I think as long as you are connected to good, it takes all kinds to change the world.
One of the characters says, “I just fight differently from you,” and Ned says, “I haven’t seen it.” It makes for fun theater when everybody thinks they’re right. When everybody’s right and everybody’s wrong at the exact same time.

Did you do much research about the early years of the AIDS epidemic?

Having lived through that time period, having lost friends, having grown up in New York and having seen the indifference of certain structures and people and political figures—all of that was inside of me. A friend of mine said, “When I saw the production, I felt so odd because I knew what was going on [in the early 1980s], but I didn’t know.” Certain people didn’t know; the monster hadn’t invaded their intimate circle.

The actors have talked about the powerful connections they’ve made with audiences. Did you try to facilitate those connections?

Oh, absolutely. The play is an engagement—it is very specifically an engagement. That’s the kind of artist Larry is. Larry loves to engage people in the conversation, and he will use whatever means he needs to in order to do so. The play is also about witnesses. Whether we want to own it or not, we are witnesses to history as it is unfolding. Are you a bystander, or are you somebody who takes a stand? We all have roles to play, and whether or not we accept them or not is up to us—to take a stand or not to.

One thing that theater does brilliantly is that it takes strangers and it makes them a community: they’re laughing together, they’re crying together, they’re engaged together, and they’re invested together. Theater creates, for a time, a community of strangers.

Was the play received differently in Washington, D.C., versus New York?

There were certain lines about political process that got very different responses in D.C., which is a city of nothing but political process. There’s a line in Act I that’s about Mayor Koch and what he ends up doing by way of financial support [for AIDS services]. In New York, that line would get a little bit of a laugh and a gasp. In D.C., it got a huge laugh, because it was a recognition of, “Of course. Of course he would do that—he’s a politician!” It’s fascinating. I’m curious to see what it will be like in San Francisco.

A lot of San Franciscans have a deep connection to the play, to the point where they assume that some of the action must take place here. What excites you about bringing The Normal Heart here?

During the time period of the play, New York and San Francisco were the gay political centers of this country. There’s a line in the show about the mayor of San Francisco and the support she was giving in San Francisco versus what was happening in New York. There are a number of of San Francisco–centric lines, so I’m thrilled to see how the audiences are going to respond.
Throughout your history, you’ve directed some very politically charged work. Do you think that theater has the power to change people?

I think if theater has a very large ambition in terms of altering how the world functions, more often than not it ends up altering people in a very intimate way. I’ve had people stop me on the street after my shows and say to me, “Angels in America” or “The Normal Heart” or “Caroline, or Change” changed my life.” It’s not that the show caused them go out and do something, it’s that it changed something inside of them. I was at an opening of a play recently, and a woman stopped me and said, “I saw The Normal Heart seven times. It changed me.” I’ll take that! [Laughter] I think that theater can alter you. Does it alter the world? I would like to think that it does. But I think it alters the world by altering people.

One person at a time.

One person at a time—or, hopefully, 300 people at a time, or 1,000 people at a time, or 10 people at time, depending on your venue.

I met a woman in L.A. who told me that after she saw Caroline, or Change she left the theater and walked for ten blocks and couldn’t stop crying. I love it when people say “brilliant work,” but I love it even more when they discuss the intimate impact a production I was part of had on them. That a bunch of strangers can come together in a room to create theater, and the best and sometimes the worst of who they are emerges and they all surrender and become part of this collective thing. And then this collective thing is presented. And a whole bunch of strangers come together as an audience, and the same things happen to them. They come and they sit there and they form this community. And somehow the best of the intentions of the artists’ work reaches the best of intentions within an audience member and some combustible phenomenon takes place. And they are altered. They might not be altered in a monumental way, but they are altered. It’s thrilling that theater can do that.

What do you think it is about your direction that makes that happen?

I have this saying: I think an audience can tell when they are in the presence of a truth that was discovered just for them. And they can also tell when they are in the presence of a stale truth. Which is not to say that three or four shows ago that truth wasn’t real or immediate, but it wasn’t a truth that was discovered just for them.

When I’m in the rehearsal process—in addition to the storytelling and the spectacle, which I love to do—I’m really interested in creating a structure so that actors can reveal the intimate secrets that they know from living on the planet for as long as they’ve lived on the planet. And as a result of it, I want the work to have an intimacy within the performance, because if it has the intimacy within the performance, it’s going to conjure up the same level of intimacy in an audience. If the material isn’t intimate, then the audience will watch it as something that is respectful and compelling, but it won’t activate that same level of intimacy.
I was talking to a colleague about how, without *The Normal Heart*, we might not have had *Angels in America*.

I feel an incredible sense of pride that I was the custodian of both *Angels* and *The Normal Heart* on Broadway. And the one that came first, I did last. I think that Tony [Kushner] and Larry are both incredible artists and incredibly committed political people. And their politics spring forth not from an idea, but from their hearts. They’re both political activists fueled by their hearts and their love and their humanity.

**What impact do you feel *The Normal Heart* has had on AIDS awareness overall?**

When I began working on it, guys would take me aside and say, “You don’t understand. This play saved my life. I saw it when it was at The Public in the ’80s, and I would not be alive today had I not seen it.” Or they’d write me and say, “When I met Larry I told him, ‘You saved my life.’” And then it was so interesting to see this younger group of gay men coming in and learning this history that they didn’t know they had. You get the people who are propelled by the activism of the play, and then you get people who were simply getting the information they needed to hear in 1985 that “unprotected sex will kill you.”

**What do you hope our audiences will take away from *The Normal Heart*?**

I hope they have a thrilling theatrical experience. I hope they are moved. I hope they laugh. I hope they are emotionally engaged with the characters. I hope that those who are in need of a cathartic release will get that. For those who are new to the show, I hope they feel empowered by it.

When I did *Elaine Stritch at Liberty*, the first day of rehearsal was supposed to be 9/11. When we were finally in previews at The Public a month and a half later, we were having a talkback, and a woman in the audience raised her hand and said, “This is the first time I’ve laughed in six weeks. This is the first time I’ve laughed, so thank you.” To me, that’s about empowerment, too.
The End of Before
Gay New York in the Summer of 1981

By Michael Paller

The summer of 1981 was shaping up to be much like any recent summer for the gay population of New York. The gay newspaper, the New York Native, was full of the usual stories and disputes attending the annual house-opening rituals on Fire Island, the barrier island to which so many gay men and lesbians repaired between Memorial Day and Labor Day. Should one partake of the sun, sand, drugs, dancing, and sexual frenzy for which it was famous? Or should one avoid the sun, sand, drugs, dancing, and sex, since all but the sand could be had conveniently in Manhattan without subjecting oneself to the crowded sauna of the Friday afternoon train?

In mid May, nestled among other news, the Native ran a story about a rare pneumonia, Pneumocystis carinii, that had been found in the lungs of 11 New York men, four of whom were identified as gay. One had died. It was a disease usually seen only among the seriously immune suppressed. A spokesman for the New York Department of Health was quoted as saying that rumors of an exotic new disease hitting the gay community were largely unfounded. The report didn't cause much of a stir.

The Gay Pride March was coming up at the end of June. A Native columnist wrote, “We who march, we who come out, have at some point said to ourselves, ‘Enough, no more. I will no longer let what other people think force me to pretend to be something other than I am.’” This, of course, referred to sex. Until the ’70s, gay sex had been made furtive and shameful by the dominant culture, so now for many gay men, having sex was a significant act of political defiance, just like holding your lover’s hand in the movies or while walking down the street. It was their right not only to feel good about sex, but to have it with whomever, wherever, and whenever the opportunity arose. Which was likely to be often. Indeed, the Centers for Disease Control would soon estimate that the most sexually active might have as many as 2,000 sexual contacts in a lifetime. Thanks to increased opportunities in the back rooms of bars and bookstores, in bathhouses and porn theaters (everywhere but at home in bed, it was pointed out), liberation had come to equal sex on demand. Thousands of gay men and women flocked to New York precisely because of those opportunities to celebrate the difference for which they’d been punished in one way or another all their lives (in San Francisco in 1981, according to
Randy Shilts in *And the Band Played On*, 3,000 men a week were turning up at the Club Baths at 8th and Howard).

Among New York’s gay population in 1981, however, there were a lot of men not having sex with strangers every night. Many went to work in the morning and came home at night and watched television. Or went to the movies or to the opera, or theater, or baseball games. Or they played baseball, or read books, or wrote them. They participated in gay consciousness-raising groups or bowling leagues, or went dancing and came home alone. While it’s true that many of the men who did all these things went out and had sex after, still, in the summer of 1981, the gay “community” was actually many overlapping communities engaged in all manner of activities, not all of which had to do with sex.

Some communities were very smart and literate; among their members were readers or writers for *Christopher Street*, a magazine with ambitions to be the gay *New Yorker*. In its pages (published by the same people who owned the *Native*) that summer you could read a frank, serious interview with a fetishist conducted by the prominent gay literary figure and anthologizer, George Stambolian, and an equally serious opinion piece questioning whether the gay political movement was mature enough to demand and win the kind of specific equal rights laws and regulations that would define a community. In any given issue, the magazine might run essays by Gore Vidal, philosopher...
Paul Goodman, and composer Ned Rorem; reportage by Randy Shilts; fiction by Edmund White, Felice Picano, and Brad Gooch; and poetry and one-act plays by Tennessee Williams. Surrounding this work were equally varied ads, from the National Gay Rights Lobby, the ACLU, and the Quality Paperback Book Club. Gay guest houses and cruises promoted their services, as did San Francisco’s Brothel Hotel, bars, porno bookstores, video services and, on many outside back covers, the manufacturers of amyl nitrates, inhalants used to enhance sex. Every issue of the magazine made clear the variety of interests and talents of the gay communities that lived and worked in New York. Even so, the common denominator of the essays, fiction, poetry, and ads was our interest in sex. Since Stonewall, it was the basis of gay identity, constructed by gay people themselves.

Even among the sexually active, not everyone was so sure that all this sex was a good thing. As early as 1977, White had written about how sexual permissiveness had become numb repetition, “as rigidly codified as the old morality.” Andrew Holleran, author of Dancer from the Dance, the novel that for many gay men defined the heady era between Stonewall and the advent of AIDS, would write in 1995, “Before the plague, promiscuity was the sore point of homosexual life. Why—even gay men wished to know—did homosexuals convert liberation into promiscuity?”

It was a difficult conversation to have in gay New York. In 1981, the chance to have sex without guilt or fear was such a release and potent rejection of the oppressive past that anyone who voiced doubts about indulging prodigiously risked being labeled a puritan or a Nazi. If he were gay, then he was a self-loathing, puritanical Nazi. This had
been Larry Kramer’s experience with his 1978 novel, *Faggots*. Many gay New Yorkers were enraged by its satirical depiction of a community obsessed with sex and appearance, where any kind of meaningful love or accomplishment was impossible. For some, the book’s message was, “Put aside destructive pursuits and seek love,” but for others, it was, “Sexual liberation was evil.” Kramer became a hated individual for suggesting there was something else to being gay than having sex.

Warnings about trouble had been coming. In 1980, a gay physician named Dan William had described an epidemic already raging: “The incidence of the disease is terrible, and it will get worse,” he said. He was speaking of the high incidence of parasites among New York gay men. It was one of many sexually transmitted infections that over time weakened their immune systems, making them vulnerable to diseases that otherwise they could fight off. Meanwhile in San Francisco, an infectious disease specialist for the Department of Health named Selma Dritz said at a meeting of sexually transmitted disease experts at UC San Francisco, “Too much is being transmitted. We’ve got all these diseases going unchecked. There are so many opportunities for transmission that, if something new gets loose here, we’re going to have hell to pay.”

This was no secret among gay men. In the summer of 1981, *Christopher Street* ran a cartoon showing two men embracing in a bar. One asks the other, “What do you say you and me pool our viruses?” A month later, alongside a prescient piece about cancer as metaphor by Dr. Lawrence Mass (who would write most of the *Native’s* early AIDS coverage), another cartoon showed a nurse asking a stereotypical Castro clone, “Now, let’s see . . . would you like your tetracycline in pill or gum form?” STDs were occupational hazards for the sexually active, manageable conditions that still could be the subject of jokes.

Those editions were put together in May and June. In July, the *New York Times* reported the appearance of a rare cancer, Kaposi’s sarcoma, in 41 gay men. Eight of them had died. Later that month in the *Native*, Mass detailed the appearance of KS. In August, Kramer appealed for research funds, telling *Native* readers that 120 gay men were stricken, most in New York, and 30 had died.

But the summer was a good one. Some gay writers were thinking ahead to a coming golden age. The writer John Preston published a piece in *Christopher Street* in which he observed the gay community fostering a sense of “brotherhood,” a bond different and deeper than that between a lover or friend. It suggested a developing sense of family in the gay community, a growing up. “There is no community possible,” he wrote, “among people who have only sex or ideas in common.” He would die in 1994. Before the Gay Pride March in June, the novelist Michael Grumley wrote in the *Native* about why people marched: “We give each other the strength of combined aspiration, the heft of our numbers, the joy of common purpose. It’s something to share, something to be glad of.” Life, he wrote, was, “better in the sunlight.” He died in 1988.
Epidemic of Fear
The Early Years of AIDS

by Dan Rubin

Given that HIV is a virus that attacks the immune system and makes the host susceptible to opportunistic infections, it is perhaps fitting that even the timing of the HIV/AIDS outbreak in the early 1980s was opportunistic. It is as if the disease knew to strike just as the Reagan administration drastically slashed the budget for the Centers for Disease Control (CDC). It knew to strike during the tense war between homophobic fearmongers and vigilantly defensive gay activists. It knew to strike before the medical community fully understood the biology fundamental to how the virus operates: T helper cells were a relatively new discovery in the field of immunology and retroviruses were still considered exotic. It is as if the virus studied our collective weaknesses—social, medical, and biological—and exploited all of them.

In 1981, nothing made any sense. Kaposi’s sarcoma (KS), which presents itself as painless purple lesions on the body, infected old Jewish and Italian men, who lived with the cancer for years, often decades, before dying of something else. There had only been 800 reported cases in the last century. Why was it now aggressively attacking previously healthy 30-year-old Americans?

Cryptococcosis was caught from infected pigeons, which had been dropping the disease on the world’s cities every day for a hundred years. Why would a man from San Francisco suddenly catch it?

*Pneumocystis carinii* pneumonia (PCP) had been known to infect people since at least 1942, but it was always presaged by immune-suppressing circumstances, and once the immune system was restored, the disease disappeared without much fuss. Why was PCP now making it impossible for men in New York and Los Angeles to breathe?

Why was cytomegalovirus (CMV), a herpes virus that was annoying but not dangerous, suddenly killing people? Why had the number of confirmed amebic dysentery cases in San Francisco jumped from ten a year to ten a week? Why the incurable fevers and rashes? Why the chronic fatigue, weight loss, swollen lymph nodes, and candidiasis of the palate?

And why were these bizarre illnesses targeting gay men?
These were the questions that mystified doctors in New York, Los Angeles, and San Francisco as they watched their patients die of infections they shouldn't have contracted in the first place. There was nothing they could do. They had no idea what they were fighting—or how bad things were about to get.

In April 1981, CDC technician Sandy Ford reported an unprecedented number of orders for pentamidine (a drug used to treat PCP), in effect alerting the federal government to a new epidemic of men suffering from opportunistic infections. Because the disease fit comfortably into no existing category, the CDC brought together specialists in immunology, venereology, virology, cancer epidemiology, toxicology, sociology, and parasitology. They defined the disease as the presentation of KS or PCP in patients between ages 15 and 60 so they could begin monitoring patients. Then the guessing began.

Was it a strain of CMV gone wild? Had it anything to do with the new fad of “fisting” in the gay scene? Perhaps it was a new breed of immune-suppressing sperm? Were some gay men simply so riddled with sexually transmitted diseases from years of anonymous bathhouse sex that their bodies couldn’t fight off anything else?

Everyone was hoping that the cause was a bad batch of popular nitrate inhalants (“poppers”) purchased from The Ambush, a gay bar in San Francisco's South of Market district. If it was, the CDC could simply get the stuff banned.

But if it was, in fact, a new virus, the possibilities were infinite—and the implications were devastating. A medical response would take time: time to find the attacker, time to develop a drug to fight it, time to push the drug through the FDA's rigorous three-phase clinical trial process, which took a minimum of four years. Whatever it was, the disease was already on both coasts, which suggested that it had a long incubation period, which meant the known cases were just the tip of the iceberg. More people would be getting sick. Many more. They didn't have time.

Written by doctors at the UCLA School of Medicine, the first official report on what would come to be known as HIV/AIDS was published in the CDC's Morbidity and Mortality Weekly Report (MMWR) on June 5, 1981: “In the period October 1980-May 1981, five young men, all active homosexuals, were treated for biopsy-confirmed Pneumocystis carinii pneumonia at three different hospitals in Los Angeles, California. Two of the patients died.”

The media found the news mildly interesting. AIDS chronicler Randy Shilts writes in And the Band Played On:

The news services carried a dozen or so paragraphs on the pneumonia outbreak. Most gay papers across the country carried the item well off the front pages since it seemed, at best, to be some medical oddity that was probably blown out of proportion by homophobes in both the scientific establishment and the media. It was in the gay press, however, that the complicated phraseology of Pneumocystis carinii pneumonia was first simplified to a term that fit better into headlines. Gay pneumonia, it was called.
A month later, the CDC reported an outbreak of KS in New York and California gay communities, and the *New York Times* and the *Los Angeles Times* ran brief stories. This prompted national attention, which many gay activists objected to as offensive for singling out members of their community as sick. But the coverage was short lived. Editors at “legitimate” papers weren’t overly interested in publishing pieces about the gay community anyway. Likewise, the gay media for the
most part avoided discussing the spreading epidemic. In those early days of overwhelming uncertainty, they could not have reported anything conclusive anyway.

Underfunded and understaffed, the CDC struggled. As they ruled out possible causes, it was starting to look more and more likely that whatever was destroying the immune systems of gay men was new and viral. There was a mounting sense of urgency, but the National Cancer Institute of the National Institutes of Health (NIH) was tying up additional revenue and, writes Shilts, the FDA thought that the CDC had “taken a bunch of
unrelated illnesses and lumped them into some made-up phenomenon as a brazen ruse
to get publicity and funding for their threatened agency."

By August 1981, many at the CDC suspected the new disease was spread through sex
(primarily anal sex); by December, they were all but convinced. Without funds, however,
they could not conduct a case–control study, so their hypothesis would not stand up
to scientific scrutiny. They sat on their theory lest their credibility come under attack.
When it released its first public report on the disease in nine months in May 1982, the
CDC gave no indication as to how the disease was transmitted.

Without federal direction, emotionally haggard doctors around the country were
working independently, on their own time and at their own expense, to help the increas-
ing numbers of terrified gay men who were desperate for any relief, advice, or hope.
Hospitals made their own decisions about how to best care for their patients, but they
were merely treating the various opportunistic infections—no one could fight the virus
that allowed those infections to thrive because no one had any idea what it was. Some
experimented with attempted cures so harsh that they were more painful than the dise-
eses themselves and inadvertently hastened death. Andrew Holleran remembers this
period in his introduction to the 1985 edition of Larry Kramer’s *The Normal Heart*:

> Try to imagine, if you can, the individual horror. The hospitals. The blood. The
> feeling that this was life’s final prize for being homosexual. The wondering how
> our friends would behave, how you would tell your family, what all this had
> been for. While a small fraction of the community cared for those too weak
> to argue with insurance companies, ride a bus to the doctor, go to the grocery
> store, or shave, most of us simply went on in shock wondering when the time
> bomb in our blood would go off, while others, to whom Manhattan was now
> a cemetery, abandoned the city to escape an existence in which sex and death
> were synonymous.

Meanwhile, a lack of understanding about how the contagion was transmitted led to
widespread discrimination against the infected, who were removed from workplaces,
schools, and even medical facilities. Many dying men had nothing to do but suffer.

The NIH did not commit itself to finding the cause of AIDS until April 11, 1983,
almost two years after the first *MMWR* report. During that time, notes Shilts, “1,295
Americans had contracted AIDS and 492 had died. Later the CDC calculated that the
numbers of infected had grown by tens of thousands if not hundreds of thousands dur-
ing those 22 months.”

Cases of heterosexual intravenous drug users (IDUs) with PCP started appearing in
summer 1981, suggesting the disease was transmitted much like hepatitis B, which had
also attacked both homosexuals and IDUs. This implied the disease could be transmit-
ted through blood contact. The first case of the disease in a hemophiliac appeared in
January 1982. It also began appearing in women and babies around that time.
Media attention picked up somewhat. In February 1982, a reporter for the *Wall Street Journal* convinced his editor to run an article on Gay-Related Immune Deficiency (GRID), as it was then being called in some scientific circles, by framing it around heterosexual concerns. The paper ran a story titled “New, Often-Fatal Illness in Homosexuals Turns Up in Women, Heterosexual Males.” In July 1982, with proof that the disease was not limited to homosexuals, it was christened Acquired Immune Deficiency Syndrome, AIDS. Shilts reports that for the next year, editors remained cautious:

The stories were carefully written not to inspire panic, which might inflame homophobes, or dwell too much on the seamier sex histories of gay victims, which might hurt the sensitivities of homosexuals. The pieces always ended on a note of optimism—a breakthrough or vaccine was just around the corner. Most importantly, the epidemic was only news when it was not killing homosexuals. In this sense, AIDS remained a fundamentally gay disease, newsworthy only by virtue of the fact that it sometimes hit people who weren’t gay, exceptions that tended to prove the rule.

Then, *Newsweek’s* April 1983 cover showed a drawing of a disembodied hand holding a tube of blood with the headline “EPIDEMIC: The Mysterious and Deadly Disease Called AIDS May Be the Public-Health Threat of the Century. How Did It Start? Can It Be Stopped?” Inside, the article opened with a quote from Dr. Peter Mansell: “In my professional career, I have never encountered a more frustrating and depressing situation. People who you know are likely to die ask what they can do to help themselves, and you are forced to say, more or less, ‘I have no idea.’” Another doctor compared the treatment of AIDS patients to “throwing darts at a dartboard—blindfolded.”

The *Newsweek* article reported a death toll of 489 and that fewer than 14 percent of AIDS victims survived more than three years after being diagnosed. No patient had recovered. The disease that started in the gay communities of New York, Los Angeles, and San Francisco had spread to 35 states and 16 countries, and while gay men made up 72 percent of cases, “AIDS seems to be moving into the population at large. . . . AIDS will begin appearing with greater frequency among heterosexuals as the epidemic grows.”

Three years later, in his October 1986 “Surgeon General’s Report on Acquired Immune Deficiency Syndrome,” C. Everett Koop recalled, “At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups ‘deserved’ their illness.” Only when *Newsweek* publicized that “innocent” people were also at risk did the country start to understand why gay men were so afraid.

An AIDS Battle Cry
Larry Kramer’s “1,112 and Counting”

*Introduction by Dan Rubin*

Don’t offend the gays and don’t inflame the homophobes. These were the twin horns on which the handling of this epidemic would be torn from the first day of the epidemic. Inspired by the best intentions, such arguments paved the road toward the destination good intentions inevitably lead.

—Randy Shilts, *And the Band Played On*, 1987

Nearly two years after the first official warnings about a new cancer attacking gay men, people were still not paying attention. The more cautious gay men had become celibate, but the owner of Manhattan’s most popular bathhouse proved prophetic when he said, “People will go on doing the same things, but with more anxiety.” If the straight community had heard anything at all about AIDS by March 1983, they were comforted by the fact that it only infected gay men (and the occasional drug addict, Haitian, and hemophiliac).

On March 14, 1983, after 21 months of growing anxiety, fear, and frustration, Larry Kramer forewent what little decorum he had tried to maintain for the sake of Gay Men’s Health Crisis and started shouting about the AIDS epidemic at the top of his lungs on the front page of the *New York Native*. His article, “1,112 and Counting,” attacked politicians, doctors, and the media for not doing more—and gay men for not having risky sex less. It encouraged New York doctors to put aside their concerns about political correctness and start advising their gay patients to avoid risky sexual behavior.

This marked the end of Kramer’s willingness to compromise with New York City’s gay leadership and his own organization, which worried more about avoiding the contempt of homophobes and panicking their own community than about combating the virus. As chronicler Randy Shilts puts it, “As far as Kramer was concerned, gay men needed a little panic and a lot of anger.”

The controversial article, reprinted in full here, polarized the gay community. Many wrote to the *Native* dismissing Kramer as a prudish alarmist. But at least they were talking. At least the anger was there, even if it wasn’t directed toward the disease that was killing them or the government that was watching them die without doing its utmost to protect them. At least it got their attention.
That edition of the *Native* sold out on New York newsstands. Days later, New York Mayor Ed Koch announced the formation of an Office of Gay and Lesbian Health Concerns. “1,112 and Counting” ran in every major gay newspaper in the country, including San Francisco’s *Bay Area Reporter*, next to an editorial from editor Paul Lorch:

[This paper] has been sparse in its coverage of what has come to be known as AIDS. The position we have taken is to portray that each man owns his own body and the future he plots for it. And he retains ownership of the way he wants to die. . . . [Now] we have made a very deliberate decision to up the noise level on AIDS and the fatal furies that follow in its wake.

San Francisco’s Department of Public Health had been dragging its heels with respect to printing information about AIDS, worrying about political ramifications. Responding to Kramer’s article, a group of gay activists decided it was time to circumvent their political leadership, to “fuck process,” to quote Shilts. They would send out educational brochures. They would organize a candlelight march. Emboldened by Kramer’s call to arms, UC San Francisco dermatologist Marcus Conant sat San Francisco’s gay politicians down for some tough love: “Things have to change and change fast, or you won’t have any constituents left,” he told them. Every AIDS researcher in town shared their horrifying statistics with the group of leaders—and impressed upon them that it took just one sexual contact to contract the disease.

Back in New York City, the board of GMHC hated the article and the corresponding letter Kramer sent Mayor Koch. Yet they could not argue with its effectiveness. Within weeks, the mayor finally agreed to a meeting with the AIDS activists.

**“1,112 and Counting” by Larry Kramer**


If this article doesn’t scare the shit out of you, we’re in real trouble. If this article doesn’t rouse you to anger, fury, rage, and action, gay men may have no future on this earth. Our continued existence depends on just how angry you can get.

I am writing this as Larry Kramer, and I am speaking for myself, and my views are not to be attributed to Gay Men’s Health Crisis.

I repeat: Our continued existence as gay men upon the face of this earth is at stake. Unless we fight for our lives, we shall die. In all the history of homosexuality we have never before been so close to death and extinction. Many of us are dying or already dead. Before I tell you what we must do, let me tell you what is happening to us.

There are now 1,112 cases of serious Acquired Immune Deficiency Syndrome. When we first became worried, there were only 41. In only twenty-eight days, from January 13th to February 9th [1983], there were 164 new cases—and 73 more dead. The total death tally is now 418. Twenty percent of all cases were registered this January alone. There
have been 195 dead in New York City from among 526 victims. Of all serious AIDS cases, 47.3 percent are in the New York metropolitan area.

These are the serious cases of AIDS, which means Kaposi’s sarcoma, *Pneumocystis carinii* pneumonia, and other deadly infections. These numbers do not include the thousands of us walking around with what is also being called AIDS: various forms of swollen lymph glands and fatigues that doctors don’t know what to label or what they might portend.

The rise in these numbers is terrifying. Whatever is spreading is now spreading faster as more and more people come down with AIDS.

And, for the first time in this epidemic, leading doctors and researchers are finally admitting they don’t know what’s going on. I find this terrifying too—as terrifying as the alarming rise in numbers. For the first time, doctors are saying out loud and up front, “I don’t know.”

For two years they weren’t talking like this. For two years we’ve heard a different theory every few weeks. We grasped at the straws of possible cause: promiscuity, poppers, back rooms, the baths, rimming, fisting, anal intercourse, urine, semen, shit, saliva, sweat, blood, blacks, a single virus, a new virus, repeated exposure to a virus, amoebas carrying a virus, drugs, Haiti, voodoo, Flagyl, constant bouts of amebiasis, hepatitis A and B, syphilis, gonorrhea.

I have talked with the leading doctors treating us. One said to me, “If I knew in 1981 what I know now, I would never have become involved with this disease.” Another said, “The thing that upsets me the most in all of this is that at any given moment one of my patients is in the hospital and something is going on with him that I don’t understand. And it’s destroying me because there’s some craziness going on in him that’s destroying him.” A third said to me, “I’m very depressed. A doctor’s job is to make patients well. And I can’t. Too many of my patients die.”

After almost two years of an epidemic, there still are no answers. After almost two years of an epidemic, the cause of AIDS remains unknown. After almost two years of an epidemic, there is no cure.

Hospitals are now so filled with AIDS patients that there is often a waiting period of up to a month before admission, no matter how sick you are. And, once in, patients are now more and more being treated like lepers as hospital staffs become increasingly worried that AIDS is infectious.

Suicides are now being reported of men who would rather die than face such medical uncertainty, such uncertain therapies, such hospital treatment, and the appalling statistic that 86 percent of all serious AIDS cases die after three years’ time.

If all of this had been happening to any other community for two long years, there would have been, long ago, such an outcry from that community and all its members that the government of this city and this country would not know what had hit them.

Why isn’t every gay man in this city so scared shitless that he is screaming for action? Does every gay man in New York *want* to die?

Let’s talk about a few things specifically.
Let’s talk about which gay men get AIDS.

No matter what you’ve heard, there is no single profile for all AIDS victims. There are drug users and non-drug users. There are the truly promiscuous and the almost monogamous. There are reported cases of single-contact infection.

All it seems to take is the one wrong fuck. That’s not promiscuity—that’s bad luck.

Let’s talk about AIDS happening in straight people.

We have been hearing from the beginning of this epidemic that it was only a question of time before the straight community came down with AIDS, and that when that happened AIDS would suddenly be high on all agendas for funding and research and then we would finally be looked after and all would then be well.

I myself thought, when AIDS occurred in the first baby, that would be the breakthrough point. It was. For one day the media paid an enormous amount of attention. And that was it, kids.

There have been no confirmed cases of AIDS in straight, white, non-intravenous-drug-using, middle-class Americans. The only confirmed straights struck down by AIDS are members of groups just as disenfranchised as gay men: intravenous drug users, Haitians, eleven hemophiliacs (up from eight), black and Hispanic babies, and wives or partners of IV drug users and bisexual men.

If there have been—and there may have been—any cases in straight, white, non-intravenous-drug-using, middle-class Americans, the Centers for Disease Control isn’t telling anyone about them. When pressed, the CDC says there are “a number of cases that don’t fall into any of the other categories.” The CDC says it’s impossible to fully investigate most of these “other category” cases; most of them are dead. The CDC also tends not to believe living, white, middle-class male victims when they say they’re straight, or female victims when they say their husbands are straight and don’t take drugs.

Why isn’t AIDS happening to more straights? Maybe it’s because gay men don’t have sex with them.

Of all serious AIDS cases, 72.4 percent are in gay and bisexual men.

Let’s talk about “surveillance.”

The Centers for Disease Control is charged by our government to fully monitor all epidemics and unusual diseases.

To learn something from an epidemic, you have to keep records and statistics. Statistics come from interviewing victims and getting as much information from them as you can. Before they die. To get the best information, you have to ask the right questions.

There have been so many AIDS victims that the CDC is no longer able to get to them fast enough. It has given up. (The CDC also had been using a questionnaire that was fairly insensitive to the lives of gay men, and thus the data collected from its
early study of us have been disputed by gay epidemiologists. The National Institutes of Health is also fielding a very naive questionnaire.)

Important, vital case histories are now being lost because of this cessation of CDC interviewing. This is a woeful waste with as terrifying implications for us as the alarming rise in case numbers and doctors finally admitting they don’t know what’s going on. As each man dies, as one or both sets of men who had interacted with each other come down with AIDS, yet more information that might reveal patterns of transmissibility is not being monitored and collected and studied. We are being denied perhaps the easiest and fastest research tool available at this moment.

It will require at least $200,000 to prepare a new questionnaire to study the next important question that must be answered: How is AIDS being transmitted? (In which bodily fluids, by which sexual behaviors, in what social environments?)

For months the CDC has been asked to begin such preparations for continued surveillance. The CDC is stretched to its limits and is dreadfully underfunded for what it’s being asked, in all areas, to do.

Let’s talk about various forms of treatment.

It is very difficult for a patient to find out which hospital to go to or which doctor to go to or which mode of treatment to attempt.

Hospitals and doctors are reluctant to reveal how well they’re doing with each type of treatment. They may, if you press them, give you a general idea. Most will not show you their precise numbers of how many patients are doing well on what and how many failed to respond adequately.

Because of the ludicrous requirements of the medical journals, doctors are prohibited from revealing publicly the specific data they are gathering from their treatments of our bodies. Doctors and hospitals need money for research, and this money (from the National Institutes of Health, from cancer research funding organizations, from rich patrons) comes based on the performance of their work (i.e., their tabulations of their results of their treatment of our bodies); this performance is written up as “papers” that must be submitted to and accepted by such “distinguished” medical publications as the New England Journal of Medicine. Most of these “distinguished” publications, however, will not publish anything that has been spoken of, leaked, announced, or intimated publicly in advance. Even after acceptance, the doctors must hold their tongues until the article is actually published. Dr. Bijan Safai of Sloan-Kettering has been waiting over six months for the New England Journal, which has accepted his interferon study, to publish it. Until that happens, he is only permitted to speak in the most general terms of how interferon is or is not working.

Priorities in this area appear to be peculiarly out of kilter at this moment of life or death.
Let’s talk about hospitals.

Everybody’s full up, fellows. No room in the inn.

Part of this is simply overcrowding. Part of this is cruel.

Sloan-Kettering still enforces a regulation from pre-AIDS days that only one dermatology patient per week can be admitted to that hospital. (Kaposi’s sarcoma falls under dermatology at Sloan-Kettering.) But Sloan-Kettering is also the second-largest treatment center for AIDS patients in New York. You can be near death and still not get into Sloan-Kettering.

Additionally, Sloan-Kettering (and the Food and Drug Administration) requires patients to receive their initial shots of interferon while they are hospitalized. A lot of men want to try interferon at Sloan-Kettering before they try chemotherapy elsewhere.

It’s not hard to see why there’s such a waiting list to get into Sloan-Kettering.

Most hospital staffs are still so badly educated about AIDS that they don’t know much about it, except that they’ve heard it’s infectious. (There still have been no cases in hospital staff or among the very doctors who have been treating AIDS victims for two years.) Hence, as I said earlier, AIDS patients are often treated like lepers.

For various reasons, I would not like to be a patient at the Veterans Administration Hospital on East 24th Street or at New York Hospital. (Incidents involving AIDS patients at these two hospitals have been reported in news stories in the Native.)

I believe it falls to this city’s Department of Health, under Commissioner David Sencer, and the Health and Hospitals Corporation, under Commissioner Stanley Brezenoff, to educate this city, its citizens, and its hospital workers about all areas of a public health emergency. Well, they have done an appalling job of educating our citizens, our hospital workers, and even, in some instances, our doctors. Almost everything this city knows about AIDS has come to it, in one way or another, through Gay Men’s Health Crisis. And that includes television programs, magazine articles, radio commercials, newsletters, health-recommendation brochures, open forums, and sending speakers everywhere, including—when asked—into hospitals. If three out of four AIDS cases were occurring in straights instead of in gay men, you can bet all hospitals and their staffs would know what was happening. And it would be this city’s Health Department and Health and Hospitals Corporation that would be telling them.

Let’s talk about what gay tax dollars are buying for gay men.

Now we’re arriving at the truly scandalous.

For over a year and a half the National Institutes of Health has been “reviewing” which from among some $55 million worth of grant applications for AIDS research money it will eventually fund.

It’s not even a question of NIH having to ask Congress for money. It’s already there. Waiting. NIH has almost $8 million already appropriated that it has yet to release into usefulness.
There is no question that if this epidemic was happening to the straight, white, non-intravenous-drug-using middle class, that money would have been put into use almost two years ago, when the first alarming signs of this epidemic were noticed by Dr. Alvin Friedman-Kien and Dr. Linda Laubenstein at New York University Hospital.

During the first two weeks of the Tylenol scare, the United States Government spent $10 million to find out what was happening.

Every hospital in New York that's involved in AIDS research has used up every bit of the money it could find for researching AIDS while waiting for NIH grants to come through. These hospitals have been working on AIDS for up to two years and are now desperate for replenishing funds. Important studies that began last year, such as Dr. Michael Lange's at St. Luke's-Roosevelt, are now going under for lack of money. Important leads that were and are developing cannot be pursued. (For instance, few hospitals can afford plasmapheresis machines, and few patients can afford this experimental treatment either, since few insurance policies will cover the $16,600 bill.) New York University Hospital, the largest treatment center for AIDS patients in the world, has had its grant application pending at NIH for a year and a half. Even if the application is successful, the earliest time that NYU could receive any money would be late summer.

The NIH would probably reply that it's foolish just to throw money away, that that hasn't worked before. And, NIH would say, if nobody knows what's happening, what's to study?

Any good administrator with half a brain could survey the entire AIDS mess and come up with twenty leads that merit further investigation. I could do so myself. In any research, in any investigation, you have to start somewhere. You can't just not start anywhere at all.

But then, AIDS is happening mostly to gay men, isn't it?

All of this is indeed ironic. For within AIDS, as most researchers have been trying to convey to the NIH, perhaps may reside the answer to the question of what it is that causes cancer itself. If straights had more brains, or were less bigoted against gays, they would see that, as with hepatitis B, gay men are again doing their suffering for them, revealing this disease to them. They can use us as guinea pigs to discover the cure for AIDS before it hits them, which most medical authorities are still convinced will be happening shortly in increasing numbers.

(As if it had not been malevolent enough, the NIH is now, for unspecified reasons, also turning away AIDS patients from its hospital in Bethesda, Maryland. The hospital, which had been treating anyone and everyone with AIDS free of charge, now will only take AIDS patients if they fit into their current investigating protocol. Whatever that is. The NIH publishes “papers,” too.)

Gay men pay taxes just like everyone else. NIH money should be paying for our research just like everyone else’s. We desperately need something from our government to save our lives, and we’re not getting it.
Let’s talk about health insurance and welfare problems.

Many of the ways of treating AIDS are experimental, and many health insurance policies do not cover most of them. Blue Cross is particularly bad about accepting anything unusual.

Many serious victims of AIDS have been unable to qualify for welfare or disability or social security benefits. There are increasing numbers of men unable to work and unable to claim welfare because AIDS is not on the list of qualifying disability illnesses. (Immune deficiency is an acceptable determining factor for welfare among children, but not adults. Figure that one out.) There are also increasing numbers of men unable to pay their rent, men thrown out on the street with nowhere to live and no money to live with, and men who have been asked by roommates to leave because of their illnesses. And men with serious AIDS are being fired from certain jobs.

The horror stories in this area, of those suddenly found destitute, of those facing this illness with insufficient insurance, continue to mount. (One man who'd had no success on other therapies was forced to beg from his friends the $16,600 he needed to try, as a last resort, plasmapheresis.)

Finally, let’s talk about our mayor, Ed Koch.

Our mayor, Ed Koch, appears to have chosen, for whatever reason, not to allow himself to be perceived by the non-gay world as visibly helping us in this emergency.

Repeated requests to meet with him have been denied us. Repeated attempts to have him make a very necessary public announcement about this crisis and public health emergency have been refused by his staff. I sometimes think he doesn't know what's going on.

I sometimes think that, like some king who has been so long on his throne he’s lost touch with his people, Koch is so protected and isolated by his staff that he is unaware of what fear and pain we’re in. No human being could otherwise continue to be so useless to his suffering constituents. When I was allowed a few moments with him at a party for outgoing Cultural Affairs Commissioner (and Gay Men’s Health Crisis Advisory Board member) Henry Geldzahler, I could tell from his responses that Mayor Koch had not been well briefed on AIDS or what is happening in his city. When I started to fill him in, I was pulled away by an aide, who said, “Your time is up.”

I could see our mayor relatively blameless in his shameful secreting of himself from our need of him in this time of epidemic—except for one fact. Our mayor thinks so little of us that he has assigned as his “liaison” to the gay community a man of such appalling insensitivity to our community and its needs that I am ashamed to say he is a homosexual. His name is Herb Rickman, and for a while our mayor saw fit to have Rickman serve as liaison to the Hasidic Jewish community, too. Hasidic Jews hate gays. Figure out a mayor who would do that to you.

To continue to allow Herb Rickman to represent us in City Hall will, in my view, only bring us closer to death.
When I denounced Rickman at a recent gay Community Council meeting, I received a resounding ovation. He is almost universally hated by virtually every gay organization in New York. Why, then, have we all allowed this man to shit on us so, to refuse our phone calls, to scream at us hysterically, to slam down telephones, to threaten us, to tease us with favors that are not delivered, to keep us waiting hours for an audience, to lie to us—in short, to humiliate us so? He would not do this to black or Jewish leaders. And they would not take it from him for one minute. Why, why, why do we allow him to do it to us? And he, a homosexual!

One can only surmise that our mayor wants us treated this way.

My last attempt at communication with Herb Rickman was on January 23rd [1983], when, after several days of his not returning my phone calls, I wrote to him that the mayor continued to ignore our crisis at his peril. And I state here and now that if Mayor Ed Koch continues to remain invisible to us and to ignore us in this era of mounting death, I swear I shall do everything in my power to see that he never wins elective office again.

Rickman would tell you that the mayor is concerned, that he has established an “Inter-Departmental Task Force”—and, as a member of it, I will tell you that this Task Force is just lip service and a waste of everyone’s time. It hasn’t even met for two months. (Health Commissioner David Sencer had his gallstones out.)

On October 28th, 1982, Mayor Koch was implored to make a public announcement about our emergency. If he had done so then, and if he was only to do so now, the following would be put into action:

1. The community at large would be alerted (you would be amazed at how many people, including gay men, still don’t know enough about the AIDS danger).
2. Hospital staffs and public assistance offices would also be alerted and their education commenced.
3. The country, President Reagan, and the National Institutes of Health, as well as Congress, would be alerted, and these constitute the most important ears of all.

If the mayor doesn’t think it’s important enough to talk up AIDS, none of these people is going to, either.

The Mayor of New York has an enormous amount of power—when he wants to use it. When he wants to help his people. With the failure yet again of our civil rights bill, I’d guess our mayor doesn’t want to use his power to help us.

With his silence on AIDS, the Mayor of New York is helping to kill us.

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I am sick of our electing officials who in no way represent us. I am sick of our stupidity in believing candidates who promise us everything for our support and promptly forget us and insult us after we have given them our votes. Koch is the prime example, but not the only one. Daniel Patrick Moynihan isn’t looking very good at this moment, either. Moynihan was requested by gay leaders to publicly ask Margaret Heckler at
her confirmation hearing for Secretary of Health and Human Services if she could be fair to gays in view of her voting record of definite anti-gay bias. (Among other horrors, she voted to retain the sodomy law in Washington, D.C., at Jerry Falwell’s request.) Moynihan refused to ask this question, as he has refused to meet with us about AIDS, despite our repeated requests. Margaret Heckler will have important jurisdiction over the CDC, over the NIH, over the Public Health Service, over the Food and Drug Administration—indeed, over all areas of AIDS concerns. Thank you, Daniel Patrick Moynihan. I am sick of our not realizing we have enough votes to defeat these people, and I am sick of our not electing our own openly gay officials in the first place. Moynihan doesn’t even have an openly gay person on his staff, and he represents the city with the largest gay population in America.

I am sick of closeted gay doctors who won’t come out to help us fight to rectify any of what I’m writing about. Doctors—the very letters “M.D.”—have enormous clout, particularly when they fight in groups. Can you imagine what gay doctors could accomplish, banded together in a network, petitioning local and federal governments, straight colleagues, and the American Medical Association? I am sick of the passivity or nonparticipation or halfhearted protestation of all the gay medical associations (American Physicians for Human Rights, Bay Area Physicians for Human Rights, Gay Psychiatrists of New York, etc., etc.), and particularly our own New York Physicians for Human Rights, a group of 175 of our gay doctors who have, as a group, done nothing. You can count on one hand the number of our doctors who have really worked for us.

I am sick of the Advocate, one of this country’s largest gay publications, which has yet to quite acknowledge that there’s anything going on. That newspaper’s recent AIDS issue was so innocuous you’d have thought all we were going through was little worse than a rage of the latest designer flu. And their own associate editor, Brent Harris, died from AIDS. Figure that one out.

With the exception of the New York Native and a few, very few, other gay publications, the gay press has been useless. If we can’t get our own papers and magazines to tell us what’s really happening to us, and this negligence is added to the negligent noninterest of the straight press (the New York Times took a leisurely year and a half between its major pieces, and the Village Voice took a year and a half to write anything at all), how are we going to get the word around that we’re dying? Gay men in smaller towns and cities everywhere must be educated, too. Has the Times or the Advocate told you that twenty-nine cases have been reported from Paris?

I am sick of gay men who won’t support gay charities. Go give your bucks to straight charities, fellows, while we die. Gay Men’s Health Crisis is going crazy trying to accomplish everything it does—printing and distributing hundreds of thousands of educational items, taking care of several hundred AIDS victims (some of them straight) in and out of hospitals, arranging community forums and speakers all over this country, getting media attention, fighting bad hospital care, on and on and on, fighting for you and us in two thousand ways, and trying to sell 17,600 Circus tickets, too. Is the Red Cross doing this for you? Is the American Cancer Society? Your college alumni fund?
The United Jewish Appeal? Catholic Charities? The United Way? The Lenox Hill Neighborhood Association, or any of the other fancy straight charities for which faggots put on black ties and dance at the Plaza? The National Gay Task Force—our only hope for national leadership, with its new and splendid leader, Virginia Apuzzo—which is spending more and more time fighting for the AIDS issue, is broke. Senior Action in a Gay Environment and Gay Men's Health Crisis are, within a few months, going to be without office space they can afford, and thus will be out on the street. The St. Mark's Clinic, held together by some of the few devoted gay doctors in this city who aren't interested in becoming rich, lives in constant terror of even higher rent and eviction. This community is desperate for the services these organizations are providing for it. And these organizations are all desperate for money, which is certainly not coming from straight people or President Reagan or Mayor Koch. (If every gay man within a 250-mile radius of Manhattan isn't in Madison Square Garden on the night of April 30th to help Gay Men's Health Crisis make enough money to get through the next horrible year of fighting against AIDS, I shall lose all hope that we have any future whatsoever.)

I am sick of closeted gays. It's 1983 already, guys, when are you going to come out? By 1984 you could be dead. Every gay man who is unable to come forward now and fight to save his own life is truly helping to kill the rest of us. There is only one thing that's going to save some of us, and this is numbers and pressure and our being perceived as united and a threat. As more and more of my friends die, I have less and less sympathy for men who are afraid their mommies will find out or afraid their bosses will find out or afraid their fellow doctors or professional associates will find out. Unless we can generate, visibly, numbers, masses, we are going to die.

I am sick of everyone in this community who tells me to stop creating a panic. How many of us have to die before you get scared off your ass and into action? Aren't 195 dead New Yorkers enough? Every straight person who is knowledgeable about the AIDS epidemic can't understand why gay men aren't marching on the White House. Over and over again I hear from them, "Why aren't you guys doing anything?" Every politician I have spoken to has said to me confidentially, "You guys aren't making enough noise. Bureaucracy only responds to pressure."

I am sick of people who say "it's no worse than statistics for smokers and lung cancer" or "considering how many homosexuals there are in the United States, AIDS is really statistically affecting only a very few." That would wash if there weren't 164 cases in twenty-eight days. That would wash if case numbers hadn't jumped from 41 to 1,112 in eighteen months. That would wash if cases in one city—New York—hadn't jumped to cases in fifteen countries and thirty-five states (up from thirty-four last week). That would wash if cases weren't coming in at more than four a day nationally and over two a day locally. That would wash if the mortality rate didn't start at 38 percent the first year of diagnosis and climb to a grotesque 86 percent after three years. Get your stupid heads out of the sand, you turkeys!

I am sick of guys who moan that giving up careless sex until this blows over is worse than death. How can they value life so little and cocks and asses so much? Come with
me, guys, while I visit a few of our friends in Intensive Care at NYU. Notice the looks
in their eyes, guys. They’d give up sex forever if you could promise them life.

I am sick of guys who think that all being gay means is sex in the first place. I am
sick of guys who can only think with their cocks.

I am sick of “men” who say, “We’ve got to keep quiet or they will do such and such.”
They usually means the straight majority, the “Moral” Majority, or similarly perceived
representatives of them. Okay, you “men”—be my guests: You can march off now to the
gas chambers; just get right in line.

We shall always have enemies. Nothing we can ever do will remove them. Southern
newspapers and Jerry Falwell’s publications are already printing editorials proclaiming
AIDS as God’s deserved punishment on homosexuals. So what? Nasty words make poor
little sissy pansy wilt and die?

And I am very sick and saddened by every gay man who does not get behind this
issue totally and with commitment—to fight for his life.

* * *

I don’t want to die. I can only assume you don’t want to die. Can we fight together?

For the past few weeks, about fifty community leaders and organization representa-
tives have been meeting at Beth Simchat Torah, the gay synagogue, to prepare action.
We call ourselves the AIDS Network. We come from all areas of health concern:
doctors, social workers, psychologists, psychiatrists, nurses; we come from Gay Men’s
Health Crisis, from the National Gay Health Education Foundation, from New York
Physicians for Human Rights, the St. Mark’s Clinic, the Gay Men’s Health Project;
we come from the gay synagogue, the Gay Men’s Chorus, from the Greater Gotham
Business Council, SAGE, Lambda Legal Defense, Gay Fathers, the Christopher Street
Festival Committee, Dignity, Integrity; we are lawyers, actors, dancers, architects, writ-
ers, citizens; we come from many component organizations of the Gay and Lesbian
Community Council.

We have a leader. Indeed, for the first time our community appears to have a true
leader. Her name is Virginia Apuzzo, she is head of the National Gay Task Force, and,
as I have said, so far she has proved to be magnificent.

The AIDS Network has sent a letter to Mayor Koch. It “contains twelve points that
are urged for his consideration and action.”

This letter to Mayor Koch also contains the following paragraph:

It must be stated at the outset that the gay community is growing increasingly
aroused and concerned and angry. Should our avenues to the mayor of our city
and the members of the Board of Estimate not be available, it is our feeling that
the level of frustration is such that it will manifest itself in a manner heretofore
not associated with this community and the gay population at large. It should
be stated, too, at the outset, that as of February 25th, there were 526 cases of
serious AIDS in New York’s metropolitan area and 195 deaths (and 1,112 cases
nationally and 418 deaths) and it is the sad and sorry fact that most gay men in our city now have close friends and lovers who have either been stricken with or died from this disease. It is against this background that this letter is addressed. It is this issue that has, ironically, united our community in a way not heretofore thought possible.

Further, a number of AIDS Network members have been studying civil disobedience with one of the experts from Dr. Martin Luther King’s old team. We are learning how. Gay men are the strongest, toughest people I know. We are perhaps shortly to get an opportunity to show it.

I’m sick of hearing that Mayor Koch doesn’t respond to pressures and threats from the disenfranchised, that he walks away from confrontations. Maybe he does. But we have tried to make contact with him, we are dying, so what other choice but confrontation has he left us?

I hope we don’t have to conduct sit-ins or tie up traffic or get arrested. I hope our city and our country will start to do something to help start saving us. But it is time for us to be perceived for what we truly are: an angry community and a strong community, and therefore a threat. Such are the realities of politics. Nationally we are 24 million strong, which is more than there are Jews or blacks or Hispanics in this country.

I want to make a point about what happens if we don’t get angry about AIDS. There are the obvious losses, of course: Little of what I’ve written about here is likely to be rectified with the speed necessary to help the growing number of victims. But something worse will happen, and is already happening. Increasingly, we are being blamed for AIDS, for this epidemic; we are being called its perpetrators, through our blood, through our “promiscuity,” through just being the gay men so much of the rest of the world has learned to hate. We can point out until we are blue in the face that we are not the cause of AIDS but its victims, that AIDS has landed among us first, as it could have landed among them first. But other frightened populations are going to drown out these truths by playing on the worst bigoted fears of the straight world, and send the status of gays right back to the Dark Ages. Not all Jews are blamed for Meyer Lansky, Rabbis Bergman and Kahane, or for money-lending. All Chinese aren’t blamed for the recent Seattle slaughters. But all gays are blamed for John Gacy, the North American Man/Boy Love Association, and AIDS.

Enough. I am told this is one of the longest articles the Native has ever run. I hope I have not been guilty of saying ineffectively in five thousand words what I could have said in five: we must fight to live.

I am angry and frustrated almost beyond the bound my skin and bones and body and brain can encompass. My sleep is tormented by nightmares and visions of lost friends, and my days are flooded by the tears of funerals and memorial services and seeing my sick friends. How many of us must die before all of us living fight back?

I know that unless I fight with every ounce of my energy I will hate myself. I hope, I pray, I implore you to feel the same.
I am going to close by doing what Dr. Ron Grossman did at GMHC’s second Open Forum last November at Julia Richman High School. He listed the names of the patients he had lost to AIDS. Here is a list of twenty dead men I knew:

Nick Rock
Rick Wellikoff
Jack Nau
Shelly
Donald Krintzman
Jerry Green
Michael Maletta
Paul Graham
Toby
Harry Blumenthal
Stephen Sperry
Brian O’Hara
Barry
David
Jeffrey Croland
Z.
David Jackson
Tony Rappa
Robert Christian
Ron Doud

And one more, who will be dead by the time these words appear in print. If we don’t act immediately, then we face our approaching doom.

Volunteers Needed for Civil Disobedience

It is necessary that we have a pool of at least three thousand people who are prepared to participate in demonstrations of civil disobedience. Such demonstrations might include sit-ins or traffic tie-ups. All participants must be prepared to be arrested. I am asking every gay person and every gay organization to canvass all friends and members and make a count of the total number of people you can provide toward this pool of three thousand.

Let me know how many people you can be counted on providing. Just include the number of people; you don’t have to send actual names—you keep that list yourself. And include your own phone numbers. Start these lists now.
AIDS Today

By Aliya Charney

With the development of new drugs and the commitment of the international community to combatting the disease, AIDS, which has claimed the lives of more than 30 million individuals since 1981, has transformed from an absolute death sentence into a manageable chronic illness for many. Today, however, the vast majority of the 34 million people living with HIV/AIDS worldwide reside in eastern and sub-Saharan Africa, where medication is in short supply. In those regions, 22.9 million people have been diagnosed with the disease (5 percent of the total population); 3.1 million of the HIV-positive are children. In 2010, 1.2 million Africans died as a result of AIDS, 66.7 percent of the global AIDS mortality rate.

Only eight million of the world’s HIV/AIDS patients are receiving treatment—at a cost of around $17 billion a year. Universal treatment would cost another $22 billion. The question of where this funding should come from is the subject of international debate: poorer countries want to introduce taxes on shipping/aviation and financial transactions (mainly targeting first-world countries), while richer nations, including the United States and the United Kingdom, would prefer to impose higher taxes on alcohol and tobacco to cover the costs.

On December 1, 2011, World AIDS Day, President Obama pledged a 50 percent global increase in the number of HIV-infected people getting treatment through the President's Emergency Plan for AIDS Relief (PEPFAR), a fund started in 2003 by President Bush for the treatment and prevention of HIV/AIDS in the world’s poorest and most afflicted countries. Obama’s pledge would increase the number of patients served from 4 million to 6 million by the end of 2013, focusing mainly on HIV-positive women in developing nations, who pass the disease on to their unborn children. It is seen as a step toward reaching an “AIDS-free generation.”

The distribution of condoms in sub-Saharan African countries has increased significantly in recent years, proving to be a cost-effective and successful way to combat the spread of the disease. Yet there are a number of social, cultural, and practical factors that prevent many from using condoms, and international organizations are still focusing on treatment and prevention of HIV/AIDS through pharmaceutical drugs. Some experts also argue that issues of circumcision (which significantly reduces the risk of contracting HIV) and polygamous sexual networks must be seriously addressed.
In North America, medication and education programs have stabilized the prevalence of HIV/AIDS over the last few years at 1.3 million adults and children, with an estimated annual mortality rate of 20,000. In the United States, HIV/AIDS is most prevalent in the Black American community (16,741 new diagnoses in 2009) and is still largely transmitted through male-to-male sexual contact. Gay African American men make up nearly a quarter of all new HIV infections in the United States. If Black America were a nation unto itself, it would currently have the 16th highest prevalence of AIDS in the world and would be eligible to receive aid from programs such as PEPFAR. Nationally, two-thirds of female HIV/AIDS cases in the United States occur in the Black American community, along with 72 percent of new youth cases within the last decade. Although Black American high schoolers have decreased their engagement in sexual activity (from 82 percent in 1991 to 60 percent in 2011), their use of condoms has decreased. According to the recent PBS Frontline documentary Endgame: AIDS in Black America, this can be attributed to a lack of effective sexual education.

HIV/AIDS is found in every state in the country, with the major cities (New York, Los Angeles, Chicago, San Francisco, and Miami) and the Deep South the hardest-hit areas due to high rates of poverty and low rankings on many basic health measures. An estimated 5 to 8 percent of the adult population of Washington, D.C. (which boasts one of the largest Black American populations in the country), has HIV/AIDS. Even with the recent advances in HIV/AIDS medication and education, it is estimated that 72 percent of the country’s HIV-positive population is not receiving effective treatment because they are unaware they have the disease, they have opted not to seek care, or they do not have access to therapies.

Thirty-one years after its discovery, there is still no known cure for AIDS, and the average per-person cost of drugs that can control the virus ranges from $14,000 to $20,000 a year—prohibitively high for disenfranchised populations. Education programs have helped reduce the number of new infections, but there is still more work to be done: at home, especially in minority populations, and in the world’s developing regions, such as eastern and sub-Saharan Africa and southeast Asia. International organizations funded by first-world governments and the United Nations (as well as non-governmental organizations such as InterAction and the International AIDS Society) commit millions of dollars to testing, treatment, and prevention, but until a cure is found and an affordable vaccine developed, the lives of millions of people around the world remain in jeopardy.

HIV/AIDS: How It Works

by Dan Rubin

The human immune system is a microscopic army, continuously defending our bodies from millions of invading bacteria, viruses, parasites, and toxins. The satellite communication stations for this elite force are white blood cells known as T helper lymphocytes (T_h cells), which recognize hostile antigens in the system and alert B cells, their generals out in the field. B cells subsequently deploy soldier antibodies to neutralize the threat. The human immunodeficiency virus (HIV) infiltrates the body’s defense network by hijacking T helper cells: instead of sending cytokine messages to B cells, HIV-infected T helper cells become industrial virus-replicating factories for the enemy.

First discovered by Professor Luc Montagnier of the Pasteur Institute in France in May 1983, HIV has become the most studied virus in history. It is a retrovirus (more specifically, a lentivirus): a package of two RNA strands and enzymes that facilitate reverse transcription—a process by which the RNA is translated into DNA. Once HIV enters the bloodstream, it binds to receptors that uniquely appear on the surface of T helper cells: CD4 receptors. Once the virus docks at the CD4 receptors, a second set of receptors, CCR5 receptors, grabs hold of the virus’s protein envelope, which then merges with the membrane of the T helper cell and deposits the RNA and enzymes into the cell.

Using nucleotides from the host cell, the RNA is translated into DNA. The newly created hostile DNA then travels into the cell’s nucleus and splices itself into the host chromosome. By so doing, the intruders rewrite the cell’s operating instructions. They have taken over, and the T helper cell will now work for them creating new HIV virions that will leave their new factory to infect other T helper cells. After one or two days, once its resources are exhausted, this host cell dies.

After the initial infiltration of the immune system follows an acute infection and a period of two to six weeks of rapid viral replication, during which the carrier is highly infectious and often presents flulike symptoms. Then the immune system begins fighting back. The compromised T helper cells alert cytotoxic T lymphocytes (CTLs), which can directly kill the infected cells. B cells send out battalions of HIV antibodies to combat the virus, preventing them from infiltrating other healthy T helper cells. The viral load levels off, and the host becomes asymptomatic for an extended period.

But HIV has a head start, and it is quietly but actively multiplying and destroying cells. Without medical help, the body cannot stop the eventual depletion of T helper cells.
Once T helper cell levels drop to a critical point, the host is said to have AIDS. At this point, lacking an essential link in its defensive chain, the body is vulnerable to a number of fatal opportunistic diseases against which it can do nothing. Without instructive T helper cells, a coordinated defense from B cells and CTLs proves impossible. Left untreated, it takes on average ten years from the initial infection to the development of advanced AIDS; about 20 percent of carriers develop AIDS within five years of infection, and for a few it can take as short as one year or as long as fifteen.

In 1987, the FDA approved the use of Zidovudine (AZT), which was originally developed in the 1960s as a failed cancer medication, to prevent viral RNA from changing into DNA. This provided some relief, but HIV became resistant after 22 weeks. In 1995, the FDA approved Saquinavir, a protease inhibitor that interferes with the maturing of new virions after they leave the “factory,” corrupting the viral package before it can infect new T helper cells. This ushered in an era of highly active antiretroviral therapies (HAARTs). Starting the following year, daily cocktails of up to 60 pills steeply decreased AIDS deaths in the United States.

A study of why some at-risk people do not contract HIV led to the discovery of a rare genetic mutation that effects the shape in CCR5 receptors—the receptors that, once HIV has attached itself to a T helper cell at the CD4 connector, allows the virus’s membrane to merge with the host cell’s membrane. The mutated CCR5 receptors do not allow the merge, meaning the virus is unable to deliver its payload. In 2007, the CCR5 inhibitor maraviroc was added to the arsenal of weapons against HIV.

More recently, CCR5 has become the focus of gene therapy, and many medical authorities believe that the HIV of Timothy Ray Brown, “the Berlin Patient,” was cured when he underwent an expensive and painful bone marrow transplant (in effect replacing his immune system) using a donor who has the CCR5 mutation.

**HIV Transmission**

HIV can be transmitted through blood, semen, vaginal secretions, breast milk, and other bodily fluids if they come in contact with a mucous membrane or damaged tissue or are directly injected into the bloodstream with a needle or syringe. Vaginal sex is the most common way the virus is transmitted in much of the world, but, per act, transmission during anal sex is 18 times more likely than transmission during vaginal sex. Condoms are 80 percent efficacious in preventing transmission during anal sex. Circumcision also significantly reduces transmission.

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**SOURCES**

HIV/AIDS: Where It Came From

by Dan Rubin

The rash of discoveries [of HIV/AIDS] in the early 1980s gave the illusion of an explosive new epidemic, but it was in fact medical science discovering an outbreak already decades old and now in an aggressive new phase. . . . There was no way for Kramer or anyone else to know it then, but when his article [“1,112 and Counting”] appeared in 1983 the death toll from AIDS in Africa had already reached into the hundreds of thousands.

—Craig Timberg and Daniel Halperin, Tinderbox, 2012

The best scientifically supported theory of how HIV/AIDS came into existence is currently this: Around 1908 in southeastern Cameroon (about halfway down Africa’s western coast), an unfortunate Central Chimpanzee met his end at the hands of a native hunter—possibly a porter unwillingly commissioned into the service of a German fortune hunter. As the man butchered his meat, the primate’s blood mingled with his own in an open wound. The virus that had been brewing in the animal population for perhaps centuries leaped into its new host. The simian immunodeficiency virus (SIV) carried by the beast mutated, becoming the human immunodeficiency virus (HIV).

Hiding in the bloodstream of its new carrier (possibly multiple carriers), the virus then traveled down the Sangha River, joined the Congo River, and arrived in Kinshasa, 500 miles south of where it started. Founded in 1881, this Belgian outpost had quickly grown into the largest boomtown in Central Africa. Decades before the disease was found in Los Angeles and New York, Kinshasa was ground zero for the AIDS epidemic.

It is possible, probable even, that SIV/HIV had infected humans before 1908 without becoming an outbreak. In remote villages and even small trading towns, the virus would have killed off its hosts before it could jump to other communities, thus extinguishing itself behind the natural firewalls of dense forests, daunting mountains, and vast bodies of water. Having found its way to Kinshasa, however, as the city grew, so, too, did the disease’s opportunity to spread, primarily in the segregated, polygamous African population. After the Democratic Republic of the Congo (DRC) declared independence from Belgium in 1960 and restrictions on where Africans could work, live, and travel were removed, HIV/AIDS escaped Kinshasa by air, road, and rail. As Craig Timberg and
Daniel Halperin explain in *Tinderbox: How the West Sparked the AIDS Epidemic and How the World Can Finally Overcome It*, different mutations of the virus took different routes:

[Genetic researchers] isolated eleven different subtypes of HIV—labeled with letters A through K—that had dispersed across the planet. All shared the essential DNA of the HIV-1 group M strain, meaning they all were descendants of the original infection that was born of the chimpanzee population of southeastern Cameroon and had traveled downriver to colonial Leopoldville [Kinshasa]. But the subtypes followed sharply different paths after that. While subtype A moved slowly, haltingly up the Atlantic coast and into West Africa, subtype B found its way to the opposite end of the earth, in San Francisco. Subtype C rode the postcolonial rail and trucking routes south, through the Katanga Plateau and into Zambia’s Copper Belt region before finding its way into Zimbabwe, South Africa, and, eventually, India and Southeast Asia. Subtype D migrated due east, to Rwanda, Uganda, and Kenya. Several others, meanwhile, never made it far from Kinshasa at all. This scattershot pattern is a reminder that nothing about the spread of the AIDS epidemic was foreordained. HIV followed the networks humans built: the porter paths, the steamship lines, the concrete highways, the air links.

Decades before HIV was identified in 1983, the virus had spread throughout the Congo River Basin and then around the world. The journey of HIV-1 group M, subtype B, is of particular interest to *Normal Heart* viewers, because it infected Larry Kramer’s New York network—and, in fact, almost every HIV-positive person who lived in the United States and Europe. Following the turmoil that enveloped the DRC when it became independent, the United Nations attempted to foster stability by importing educated and experienced French-speaking workers, many of whom came from Haiti. Evidence suggests that, on a visit home, one such Haitian ex-pat carried with him/her the HIV virus, which spread widely in that Caribbean country. This is why the early years of the epidemic in the United States saw a large number of Haitian AIDS patients.

From Haiti, the virus could have entered the United States through immigration (Haitian patients in Florida presented symptoms of HIV/AIDS as early as 1979) or blood products, once routinely imported from Haiti. There is another possibility: during the 1970s, Haiti was a popular tourist destination for gay American men, in part attracted to the country for its inexpensive male prostitutes.

By understanding how the HIV virus has morphed on a genetic level, it is possible for scientists to trace back to the point where and when the virus first took root in the human population. But scientists can only speculate about the specific carriers: starting with the first person who caught SIV/HIV from an infected chimpanzee, all the way down to the person (or people) who introduced it into Los Angeles and New York City’s gay scene, which first brought the decades-old disease to the attention of the world.
“Acquiescence of This Government in the Murder of the Jews”

On January 13, 1944, Treasury Secretary Henry Morgenthau, Jr., gave President Franklin D. Roosevelt the “Report to the Secretary on the Acquiescence of This Government in the Murder of the Jews,” a document showing that the U.S. State Department had prevented news of the Holocaust and the millions of deaths in Nazi concentration camps (the first of which had opened in Dachau in 1933, just weeks after Hitler had been appointed Reich Chancellor of Germany) from reaching the American public. The United States established the War Refugee Board a week later to attempt to rescue the remaining victims—mainly Jews—from death; by the time it was operational, 85 percent of Holocaust victims were dead.

The AMA

Founded in 1847, the American Medical Association is the largest association of doctors and medical students in the United States. Its mission is to promote the art and science of medicine for the betterment of the public health, to advance the interests of physicians and their patients, to promote public health, to lobby for legislation favorable to physicians and patients, and to raise money for medical education.

Alan Turing

Alan M. Turing was a British logician and mathematician best known for his 1940 Enigma code-breaking machine, the Turing-Welchman Bombe, which kept the Allied Forces supplied with intelligence during World War II. In 1952, he was convicted of “gross indecency”—i.e., being gay. His sentence was chemical castration by a series of injections of female hormones. He took his own life in 1954.

Bathhouses

During the 1970s, bathhouses became a popular destination for gay men who wanted to have anonymous sex. They were symbols of the sexual liberation gay men had fought so long to gain, and as gay sex became big business in places like San Francisco and New York City, bathhouse owners became influential community leaders. Even after it became clear that HIV was transmitted sexually, bathhouse owners resisted posting warning signs in their establishments—much less closing their doors. Gay bathhouses remained profitable until 1985, when states gave local health officials the power to
shut down venues of “high-risk sexual activities.”

Bellevue Hospital
Since opening its doors in 1736 as a six-bed infirmary on the second floor of the New York City Almshouse, Bellevue, the oldest continuously operating hospital in the country, has been a haven for the indigent. Since its affiliation with the New York University School of Medicine in 1819, it has also been the site of many medical milestones, including the first ambulance service and the first maternity ward. Between 1981 and 1985, Bellevue treated roughly a third of the country’s AIDS patients.

Craig Claiborne
From 1957 to 1986, closeted gay journalist Craig Claiborne was the food editor for the New York Times.

Christiaan Barnard
Christiaan Barnard (1922–2001) was a South African surgeon who in 1967 performed the first human heart transplant operation, which made him one of the most famous doctors of his day.

Fire Island
Adjacent to the south shore of Long Island, New York’s Fire Island has been a haven for the LGBT community since the 1930s. Many gay men remember summers on the island during the 1970s as a never-ending, hedonistic party. Afternoons were spent on the beaches, followed by light dinners and early evening naps. Then came outrageous parties followed by dancing and drugging at the discos until dawn. Larry Kramer became infamous in the gay community after depicting scenes of Fire Island’s activities in his 1978 novel, Faggots.

Firm Hand
Operation Firm Hand is one of many conspiracy theories surrounding the appearance of HIV. The rumor was started with a 1983 publication of a letter in a pro-Soviet New Delhi newspaper. The letter accused the U.S. Army of manufacturing the AIDS virus at Fort Detrick, Maryland, where, in fact, it had for many years operated a biological weapons program. It is true that scientists at Fort Detrick produced anthrax bombs in 1944 and germ warfare weapons it almost deployed during World War II. In the 1950s, the Army developed the capacity to produce millions of mosquitoes infected with yellow fever.

In 1971, President Nixon ordered the termination of the offensive biological weapons program, but research continued under the umbrella of defensive weapons. During the 1970s, Fort Detrick focused on cancer research, which involved collecting and testing potential cancer-causing viruses. Robert Gallo, the American scientist who would discover HIV in 1983 (months after the French), was a project officer for the viral cancer program. In 1996, AIDS conspiracy theorist Leonard Horowitz publicly accused Gallo of creating the HIV virus while searching for a hepatitis B vaccine. “No scientist could have deliberately created it unless he was a super genius and ten years ahead of his time,” Gallo scoffed.
Green Berets
The motto of the U.S. Army Special Forces, also known as the Green Berets, is *De Oppresso Liber*—To Free the Oppressed. Since 1952, this elite force has specialized in counterinsurgency and unconventional warfare. Often confused by civilians with the also impressive Navy SEALs and Army Rangers, Green Berets train not only in the combat tactics and reconnaissance those groups perform but also in languages, culture, diplomacy, psychological warfare, disinformation, and politics.

Hepatitis B
While hepatitis B is many times more infectious than HIV, it is similarly transmitted through contact with blood, semen, and vaginal fluids. It occurs predominantly among gay and bisexual men and intravenous drug users, and it is quite common for people with HIV to be coinfectected with hepatitis B.

*Holiday*, by Philip Barry
*Holiday* (1928), by American playwright Philip Barry, features the character Ned Seton, who is perpetually lonely even in the presence of others. He is described as having “fine features . . . too fine,” leading some interpreters to believe that Ned’s depression is a result of closeted homosexuality.

Jerry Falwell
Widely watched televangelist Jerry Falwell, founder of the Moral Majority in 1976, a political organization that promoted conservative social values, condemned what he perceived as the sinfulness and godlessness of contemporary society. He preached: “AIDS is not just God’s punishment for homosexuals; it is God’s punishment for the society that tolerates homosexuals.”

League of Women Voters
Founded in 1920 to secure the right to vote for women, the League of Women Voters is a nonpartisan political organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.

Legionnaire’s Disease
Legionnaire’s disease is an acute, at times life-threatening respiratory infection caused by bacteria found in water delivery systems. The federal government spent about $9 million investigating the disease after an outbreak in Philadelphia in 1976 killed a group of 32 predominantly white, heterosexual, middle-aged members of the American Legion.

New York Mayor Edward Koch
Edward Koch was mayor of New York City from 1978 to 1989 and was in office at the beginning of the AIDS epidemic. Larry Kramer reserves a special hatred for the man; he said in a 2004 speech: “Of all the people in the world I condemn Koch as the person most responsible for allowing HIV to grow unimpeded from 41 cases to more than 70 million now being tallied. It was on his watch it all began. He could have sounded the first and most important alarm: to the city, to
the president, to the media, to the world. In any and every way he did not do so.”

Many speculate that Koch was reluctant to align himself with the gay community because his own sexuality had often been questioned. When AIDS first attacked, Koch had just lost a primary for the New York governorship to Mario Cuomo, whose campaign had spread propaganda that read, “Vote for Cuomo, Not the Homo.” Kramer has long suspected Koch was gay and might have responded with interest if Ned Weeks had “hired a hunky hustler and sent him up to Gracie Mansion,” the official residence of the mayor of New York City, as the character suggests in The Normal Heart.

New York Native

The New York Native was a gay newspaper published every two weeks in New York City from December 1980 until January 13, 1997. The Native reported on the early AIDS epidemic when most papers (both gay and mainstream) ignored it. On May 18, 1981, it published the first newspaper report on the disease that became known as AIDS under the headline “Disease Rumors Largely Unfounded.” After its initial success in making the gay community aware of the AIDS crisis, the paper became unpopular for promoting conspiracy theories about AIDS and its causes, including the claim that HIV did not cause AIDS.

The NIH

The National Institutes of Health (NIH) is comprised of U.S. agencies that conduct and support biomedical research into the causes, cures, and prevention of disease. During the early years of the AIDS epidemic, the NIH was dismissive of the CDC’s concerns and tied up funds that could have sped up research.

Perry Ellis

In 1980, fashion designer Perry Ellis created the Perry Ellis Menswear Collection, which revolutionized men’s casual clothing. He became known for his innovative modern classics. He died of AIDS-related complications in 1986.

Polio and the Salk Vaccine

Polio is an acute highly contagious viral infectious disease of the nervous system that can lead to permanent paralysis. More than half of all cases occur in children under the age of five, and through the middle of the 20th century, hundreds of thousands of children were struck by the disease each year. There is no cure, but since the 1960s, vaccines like the one developed by American virologist Jonas Salk in 1955 have eradicated polio from most of the world.

Ralph Nader

In 1965, at the age of 31, Ralph Nader started his career as the founder of the consumers’ rights movement when he took on General Motors by documenting defects in U.S. automobiles. His team of lawyers and researchers (“Nader’s Raiders”) would go on to expose numerous cases of industrial hazards, pollution, unsafe products, and governmental neglect of consumer safety laws.
St. Vincent’s Hospital
Founded in 1849 in Greenwich Village, St. Vincent’s was “ground zero” for New York City’s AIDS epidemic and housed the first and largest AIDS ward on the East Coast. At the time of its closing in 2010, it had one of the oldest HIV centers and most-renowned HIV treatment programs in the country.

Sixth Avenue between Nineteenth and Eighth Streets
New York’s Greenwich Village, which encompasses the 11 blocks mentioned here, was one of the country’s gay epicenters in the 1980s. It boasted the famous Christopher Street, which, lined with bars and shops, was the main strip for New York’s gay community in the 1970s.

Stonewall Riots
In the early hours of June 28, 1969, police raided the Stonewall Inn, a popular gay hangout in Greenwich Village. Such harassment was not unusual. What was unique about this night was that the gay patrons fought back, throwing whatever they could at the police officers and shouting, “Gay Power!” The police responded by calling for backup and beating and arresting dozens. Word spread throughout the city, and protests raged for days. The incident was a turning point in the gay rights movement, and advocacy and lobbying groups—such as the Gay Liberation Front, the first group to use the word “gay” in its name—sprouted across the country in response. The nation’s first gay pride parades took place on the first anniversary of the riots.

Swine Flu
In 1976, after 19-year-old private David Lewis died from swine flu at Fort Dix, New Jersey, President Gerald Ford ordered a $135 million nationwide vaccination program to prevent an epidemic that medical experts advised him could rival the 1918 Spanish flu, which killed 20 million people worldwide. A later examination revealed that the virus was nowhere near as deadly as Ford’s advisers thought. Lewis was the only casualty. Federal health official David Sencer lost his job over the mistake. In 1982, he became the Health Commissioner of New York City.

That’s why New York went broke.
In 1975, having run chronic budget deficits since the early 1960s, New York City faced a significant fiscal crisis and almost defaulted. After borrowing $2.3 billion in short-term loans from the federal government, slashing local spending, and pushing the city university system off on the state government, New York finally ran a balanced budget in 1981. By 1985, the city no longer needed financial assistance from outside parties.

The Great Plague of London was caused by polluted drinking water.
In his description of the Great Plague, Ned Weeks conflates the cause of the 1664 bubonic plague (rats) with the cause of the 1832 cholera outbreak (polluted drinking water from a well that was near an open sewer). The plague killed more than 75,000; the cholera outbreak killed 6,500 and then 14,000 more when it resurfaced in 1848.
Toxic Shock Syndrome

Toxic Shock Syndrome, an inflammatory disease caused by a toxin formed by bacteria, was first described in 1978. The mortality rate is 5 percent; the remaining 95 percent of victims recover in seven to ten days. Between March 1980 and March 1981, 942 women were diagnosed with Toxic Shock Syndrome that they contracted from using a certain brand of tampons; 40 died. Between 1980 and 1989, the New York Times published 250 articles reporting on the syndrome.

Tylenol Scare

On October 1, 1982, the New York Times first reported the discovery of cyanide in Tylenol capsules found in the Chicago area. The national media frenzy lasted the entire month. AIDS chronicler Randy Shilts writes, “Within days of the discovery of what proved to be the only cyanide-laced capsules, the Food and Drug Administration issued orders removing the drug from store shelves across the country. Federal, state, and local authorities were immediately on hand to coordinate efforts in states thousands of miles from where the tampered boxes appeared. No action was too extreme and no expense too great, they insisted, to save lives... In the end, the millions of dollars for CDC Tylenol investigations yielded little beyond the probability that some lone crackpot had tampered with a few boxes of pain reliever. Altogether seven people died from the cyanide-laced capsules... By comparison, 634 Americans had been stricken with AIDS by October 5, 1982. Of these, 260 were dead.”

A Brief AIDS Timeline

June 1981 The CDC reports the outbreak of rare opportunistic infections, mainly KS and PCP, in previously healthy gay men in Los Angeles, marking the first official report of what will be become known as the AIDS epidemic. Almost immediately, doctors begin noticing similar symptoms in intravenous drug users (IDUs). By the end of the year, there have been a cumulative total of 270 reported cases across 15 states of severe immune deficiency; 121 people have died.

January 1982 Paul Volberding and Marcus Conant open a Kaposi’s sarcoma clinic at UC San Francisco. The CDC receives its first report of a hemophiliac dying from Pneumocystis carinii pneumonia.

June 18, 1982 The CDC publicly hypothesizes for the first time that “infectious agents are being sexually transmitted among homosexually active males.”

July 1982 The term Acquired Immune Deficiency Syndrome (AIDS) is coined. The CDC reports that AIDS has been found in IDUs, Haitians, and hemophiliacs, which suggests transmission through blood.

December 10, 1982 The CDC reports that a 20-month-old infant died of AIDS after blood transfusions; days later, they report the AIDS-related deaths of four other infants, none of whom received blood transfusions.
January 7, 1983 The CDC reports cases of AIDS in female sexual partners of males with AIDS: “Other than their relationships with their male sexual partners, neither patient had any apparent risk factor for AIDS.”

May 1983 France’s Luc Montagnier discovers the Lymphadenopathy Associated Virus (LAV).

September 2, 1983 The CDC reports that AIDS is transmitted by “intimate sexual contact or by percutaneous inoculation of blood or blood products. There has been no evidence of transmission by casual contact or airborne spread.”

November 1983 Dr. Robert Gallo at the NIH discovers HTLV-III.

April 1984 Up to this point, 4,615 diagnosed cases of AIDS and 2,000 deaths have been reported.

June 1984 Gallo and Montagnier announce that LAV and HTLV-III are the same retrovirus and it is likely the cause of AIDS. It would be renamed HIV in 1986.

April 1985 The drug AZT is found to be effective in combating HIV, but it will not be approved by the FDA until March 1987. Ironically, the patent rights are granted to the Burroughs Wellcome Company, the creators of amyl nitrite, the medicinal form of the party drug “poppers,” popular among gay men for enhancing the pleasure of sex.

Atlanta hosts the first International AIDS Conference.

July 21, 1985 Famous actor Rock Hudson collapses while undergoing treatment for AIDS. The news of his diagnosis creates the first real public mobilization.

December 1985 At least one HIV case has been reported from each region of the world. By the end of 1985, there are 20,470 reported cases of AIDS in the United States; 8,161 people have died.

May 1987 The FDA creates the new class of Treatment Investigational New Drugs, which accelerates drug approval by years. HIV is added as a “dangerous contagious disease” to the U.S. immigration exclusion list. President Reagan makes his first public speech about AIDS.

July 1987 Congress bans the use of federal funds for AIDS education materials that “promote or encouraging, directly or indirectly, homosexual activities.”

May 1988 The United States mounts its first HIV/AIDS education campaign, mailing 107 million “Understanding AIDS” booklets to households.

November 7, 1991 Basketball star Magic Johnson announces he is HIV positive.

1992 AIDS becomes the number one cause of death for U.S. men ages 25 to 44.

1993 Angels in America wins the Tony Award for Best Play and the 1993 Pulitzer Prize for Drama. Philadelphia opens in movie theaters.

1994 AIDS becomes the leading cause of death for all Americans ages 25 to 44.
June 1995 The FDA approves the first protease inhibitor, a new kind of HIV-fighting drug. This ushers in an era of highly active antiretroviral therapy (HAART) and the innovative “hit early, hit hard” strategy. As a result, over the next two years, AIDS-related deaths in the United States decline by 47 percent.

1999 President Clinton declares HIV/AIDS a threat to national security.

2001 Several pharmaceutical companies agree to sell HIV/AIDS medication to developing countries at reduced prices.

2006 Researchers identify the ancestor virus of HIV in chimps in West Africa.

2010 The United States lifts the travel/immigration ban on people living with HIV/AIDS.

    After receiving bone marrow transplants, Timothy Ray Brown is declared cured of HIV/AIDS.

2011 Studies show that a daily oral dose of antiretroviral drugs can reduce HIV acquisition among uninfected individuals.

July 22–27, 2012 AIDS 2012 is held in Washington, D.C., the first international AIDS conference to be held in the United States in more than 20 years.

    Approximately 30 million people worldwide have died of complications associated with HIV/AIDS since 1981; 33.3 million more are living with HIV, including 1.3 million Americans.

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Questions to Consider

1. In what ways is *The Normal Heart* still relevant to today’s discourse about gay politics and federal crisis management?

2. How is your experience of *The Normal Heart* today different from how an audience may have received it in 1985?

3. What role do the journalistic devices, both in terms of the dialogue and the projected facts and figures, play in the overall experience of *The Normal Heart*?

4. What role does the romance between Ned and Felix serve in the play?

5. What kind of fighter are you—a Ned or a Bruce? What would you fight for? When was the last time you, as director George C. Wolfe puts it, “stood up in the presence of a wrong and spoke your version of truth”?

6. How has your life been touched, directly or indirectly, by the HIV/AIDS epidemic?

For Further Information . . .


