

studio 180

My Night With Reg

by Kevin Elyot

***Winter 2017
Study Guide***

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A. Guidelines for Safe & Productive Classroom Discussion

Studio 180 is known for provocative shows that tackle potentially sensitive, personal and controversial topics. *My Night With Reg* contains mature themes including sexuality and mortality. The play also includes nudity and strong language that may be familiar to some students and uncomfortable for others.

We have developed the following guidelines to help you lead productive pre- and post-show sessions in which all students feel safe, respected and able to contribute openly and honestly to discussion:

- Class members should make a commitment to respecting one another. Invite suggestions from students as to what **“respect”** means to them. Some of these guidelines may include a commitment to confidentiality, or the agreement that only one participant speaks at a time or that ideas are never to be ridiculed or put down.
- Your class may include students from a wide variety of cultural, racial, religious and national backgrounds. Students may come from different socio-economic backgrounds and some may identify as LGBTQ. It is possible that some students are dealing with mental health issues. Students will enter into the conversation as they feel comfortable. **Teachers and students must resist the urge to place individuals in the spotlight based on their perceived identity or point of view.**
- It is the moderator’s role to establish as safe a setting as possible, and they must take special care to **ensure that students holding a majority opinion do not vilify those “on the other side” who hold a minority view.** The moderator should also pose questions to the class to help keep the conversation on track.
- The point of a classroom discussion about the issues addressed in *My Night With Reg* should not be to reach a class consensus. The goal should be to **establish a forum for a free and respectful exchange of ideas.**
- **Please keep in mind that the better students are prepared prior to attending the play, the more they will get out of the experience.** An awareness of what they are about to see will provide students with greater access to the ideas presented onstage. For this reason, this Study Guide is filled with background information and suggestions for classroom discussions and activities.
- Your students’ experiences of the play will also be heightened by effective follow-up class discussion. **We offer post-show Q&A sessions after every Wednesday matinée and Thursday evening performance** to assist in the follow-up process, but it is important to note that students will continue to process their experiences long after they leave the theatre. If time permits, a follow-up discussion a few days later will likely be helpful and productive.

If you are interested in finding out about **Studio 180 IN CLASS** – our program of production- and topic-based **workshops** – please visit our website at studio180theatre.com/in-class or contact **Jessica** at **416-962-1800** or jessica@studio180theatre.com.

B. Feedback

1. *Teacher Response Form*

Studio 180 is grateful for your feedback and strives to incorporate your suggestions into our education programming. Kindly complete this form and return it by mail to **Studio 180 Theatre, 19 Madison Ave, Third Floor, Toronto, ON, M5R 2S2**. We welcome student feedback as well, so please do not hesitate to send us student reviews, reports, projects and other responses.

1. How did you find out about *My Night With Reg*?
2. Did you find the Study Guide useful in preparing your class for the play and/or in helping to shape post-show class discussion?
3. Did you find the post-show Q&A session productive and interesting?
4. Did the themes and issues of the play inform or enhance your course curriculum? Were you able to use the experience at the theatre as a springboard to class work and if so, how?
5. If your class participated in a Studio 180 IN CLASS workshop in connection to the play, please tell us about the experience. What were your favourite parts of the workshop and was there anything you would have changed or wish was different?

6. What did you think of the Artist Educators and their ability to engage and inspire the students?

7. Please share any additional feedback.

2. Student Response Form

Thank you for taking the time to respond to Studio 180 Theatre's survey about your recent experience with us at *My Night With Reg*, presented by David Mirvish. Your feedback is important and we appreciate your help!

NAME (optional)

SCHOOL

YOUR GRADE LEVEL

YOUR SUBJECT OF STUDY (e.g., Drama, World Issues, etc.)

- 1. What did you think of the play?**

- 2. Did you feel prepared for the play? What activities helped you feel comfortable with its themes and content? What would have helped your experience of the play?**

- 3. If you participated in a Studio 180 IN CLASS workshop, tell us about that experience. What were your favourite parts and was there anything you would have changed?**

- 4. Tell us about the Artist Educators who led the workshop sessions. How did they do?**

- 5. Please share any additional feedback on the other side of this page.**

C. Introduction to the Company and the Play

1. *Studio 180 Theatre*

Inspired by the belief that people can engage more fully in the world through the experience of live performance, Studio 180 Theatre produces socially relevant theatre that provokes public discourse and promotes community engagement. Our inaugural production of *The Laramie Project* played to sold-out houses at Artword Theatre in 2003. Its success led to a 2004 remount at Buddies In Bad Times Theatre, which earned two Dora Award nominations. Since then, Studio 180 has continued to offer acclaimed productions of plays that tackle difficult issues and generate powerful audience and community responses. These are often Toronto, Canadian and/or North American premieres of large ensemble pieces that are contemporary, internationally renowned, and unlikely to be produced elsewhere.

As an independent theatre company, we are a nomadic group of artists. We create and produce our work in various spaces and venues across Toronto and we frequently partner with other companies to produce our work. Past partnerships have included collaborations with Buddies In Bad Times Theatre, Canadian Stage, Acting Up Stage, The Theatre Centre, Tarragon Theatre and Mirvish Productions. We are looking forward to announcing some new partnerships soon.

In addition to our producing partners, we have a proud history of collaborating with community and advocacy organizations to raise funds and awareness around issues, causes and communities. Through special events, art exhibits in our theatre lobbies, pre- and post-show conversations, and panel discussions, we work together with artists, community leaders and subject matter experts to bring conversations ignited by our plays [Beyond the Stage](#). Community partners have included Supporting Our Youth, The Triangle Program, Givat Haviva, Palestine House, Democrats Abroad, The 519, AIDS ACTION NOW!, AIDS Committee of Toronto, Toronto People With AIDS Foundation, Positive Youth Outreach, Peace Now, The Polish-Jewish Heritage Foundation of Canada, Women in Capital Markets, Black Coalition for AIDS Prevention, CATIE, Alliance for South Asian AIDS Prevention, the Cities Centre at U of T, Feminist Art Conference, Shameless Magazine and the Dotsa Bitove Wellness Academy.

Outreach to high school audiences has always been a crucial component of our work, and in 2009, we launched [Studio 180 IN CLASS](#) – an innovative workshop model that fosters productive dialogue, encourages critical thinking, and promotes empathy by exploring the uniquely humanizing capacity of live theatre. Our Studio 180 IN CLASS program has grown to reach hundreds of high school students across the GTA each year.

We love plays that provoke Big Questions about our communities and our world, and have introduced Toronto audiences to a significant number of socially relevant plays from international stages. In 2015, inspired by our eagerness to investigate more locally rooted questions, we launched [Studio 180 IN DEVELOPMENT](#) – one of Toronto's newest theatre creation initiatives. Working with both established and emerging playwrights and creators, we provide financial and artistic resources to a broad range of issue-based works at various stages of development. We then invite student and general audiences to hear the work and engage in the development process.

In 2016/17, we have introduced [Studio 180 READS](#) – a free reading series of published plays that we are considering for future production. This series offers audience members opportunities to experience scripts that provoke dialogue and promote community engagement in a casual, intimate setting. Studio 180 READS launched with *The Christians*, by Lucas Hnath, in October 2016 at Buddies In Bad Times Theatre.

2. Studio 180 Theatre's Production History

2003	<i>The Laramie Project</i> , Artword Theatre
2004	<i>The Laramie Project</i> , at and in association with Buddies In Bad Times Theatre <i>The Passion of the Chris</i> , Toronto Fringe Festival
2006	<i>The Arab-Israeli Cookbook</i> , Berkeley Street Theatre Upstairs
2007	<i>Offensive Shadows</i> , SummerWorks Festival
2008	<i>Stuff Happens</i> , Berkeley Street Theatre Downstairs
2008/09	<i>Offensive Shadows</i> , Tarragon Theatre Extra Space <i>Blackbird</i> , Berkeley Street Theatre Downstairs, in association with Canadian Stage
2009/10	<i>Stuff Happens</i> , Royal Alexandra Theatre, presented by David Mirvish <i>The Overwhelming</i> , Berkeley Street Theatre Downstairs, in association with Canadian Stage
2010/11	<i>Parade</i> , Berkeley Street Theatre Upstairs, in association with Acting Up Stage <i>Our Class</i> , Berkeley Street Theatre Downstairs, in association with Canadian Stage
2011/12	<i>The Normal Heart</i> , at and in association with Buddies In Bad Times Theatre <i>Clybourne Park</i> , Berkeley Street Theatre Downstairs, in association with Canadian Stage
2012/13	<i>The Normal Heart</i> , at and in association with Buddies In Bad Times Theatre <i>Clybourne Park</i> , Panasonic Theatre, presented by David Mirvish <i>The Laramie Project 10th Anniversary Reading</i> (featuring 50-member ensemble), Panasonic Theatre
2013/14	<i>God of Carnage</i> , Panasonic Theatre, presented by David Mirvish <i>Cock</i> , The Theatre Centre
2014/15	<i>NSFW</i> , The Theatre Centre <i>Love, Dishonor, Marry, Die, Cherish, Perish</i> , Fleck Dance Theatre, co-presented with PANAMANIA presented by CIBC; in association with IFOA
2015/16	<i>You Will Remember Me</i> , at and in co-production with Tarragon Theatre
2016/17	<i>My Night With Reg</i> , Panasonic Theatre, presented by David Mirvish

3. *My Night With Reg* by Kevin Elyot

Kevin Elyot's acclaimed tragicomedy reveals the complicated, interconnected lives of Guy and his friends as we meet them over the course of a series of get-togethers at Guy's London flat. This is an urban gay community in the mid-1980s and as the men drink, reminisce, confide and conceal, we become painfully aware of the looming AIDS epidemic poised to ravage their lives. At once profoundly moving and hilariously funny, *My Night With Reg* examines friendship, love, fidelity and trust, and the universal desire for human connection.

This Olivier Award-winning play was first produced in 1994 when it was hailed by critics and audiences alike, confirming its status as a classic of modern British theatre. In 2014 it enjoyed a successful London revival at the Donmar Warehouse. Studio 180 Theatre is proud to be producing the Canadian premiere, presented by David Mirvish at the Panasonic Theatre.

"*My Night with Reg* is the **MOST ARTIFICIAL** and the **TRUEST**, the **FUNNIEST** and **MOST SEARING** play to be found anywhere on the London stage."
THE TELEGRAPH

"Kevin Elyot's 1994 modern classic about gay love, life and loss in the shadow of AIDS, is the most delicately calibrated piece of writing... British drama **DOESN'T GET BETTER THAN THIS.**"
EVENING STANDARD

"The perfect British comedy of manners... **TENDER AND CONSISTENTLY FUNNY!**"
THE SUNDAY TIMES

WARNING:

Nudity, strong language and sexual themes.

If you have questions or concerns about the content of the play or would like to request an electronic reading copy, please do not hesitate to contact our education department at education@studio180theatre.com or **416-962-1800**.

4. Kevin Elyot – Playwright

Born in Birmingham in 1951, and educated there at King Edward’s School and then at Bristol University, Kevin Elyot studied theatre and was an actor before becoming a writer.

When Kevin was 10, his father took him to Stratford-upon-Avon to see Christopher Plummer in Shakespeare’s *Richard III* and he was hooked. In his youth he frequently travelled back on his own to see as many plays as he could.

After graduating from university, Kevin pursued an acting career, working with companies such as London’s Bush Theatre. This association led him to write his first play, *Coming Clean*, in 1982. This play about sexual relationships, written during a time when AIDS was just barely being recognized, won him a Samuel Beckett Award and helped him land a literary agent.

His next works were a radio play called *According to Plan* (1987), an adaptation of *The Moonstone* (1990) and Ostrovsky’s *Artists and Admirers* (RSC, 1992). However, it was Elyot’s 1994 play *My Night With Reg* (Royal Court Theatre) that put him on the map. It was hailed as “a play of genius” by the *Daily Mail*, won the Evening Standard and Laurence Olivier Awards for Best Comedy and ran for almost a year in the West End. Subsequent works include *The Day I Stood Still* (National Theatre, 1998); *Mouth to Mouth* (Royal Court, 2001), which also transferred to the West End; and *Forty Winks* (Royal Court, 2004).

Kevin’s screenplays include *Killing Time* (BBC, 1990), which won the Writers’ Guild Award for Best TV Play or Film; an adaptation of *The Moonstone* (BBC, 1996); the film version of *My Night With Reg* (BBC, 1997); and *No Night Is Too Long* (2002), adapted from the novel by Barbara Vine (Ruth Rendell) for BBC Films/Alliance. He adapted six of Agatha Christie’s *Marple* novels as well as three of her *Poirot* novels, including the show’s final episode *Curtain*. Also *20,000 Streets Under the Sky* (BBC, 2005), adapted from the novel by Patrick Hamilton; *Riot at the Rite* (2005) for the BBC; *Clapham Junction* (2007), a film for Darlow Smithson and Channel 4, starring Rupert Graves, Paul Nicholls and Luke Treadway; and *Christopher and His Kind* (Mammoth Screen/BBC, 2011), based on Christopher Isherwood’s novel, starring Matt Smith, Lindsay Duncan, Imogen Poots and Toby Jones.

He died at the age of 62, in June 2014, shortly before the Donmar Warehouse revival of *My Night With Reg*.

5. Q&A with Director Joel Greenberg

How did Studio 180 decide to bring Kevin Elyot's renowned British tragi-comedy to Toronto? Artistic Director Joel Greenberg sheds light on what draws him to the play and provides some context for *My Night With Reg* as the cornerstone of Studio 180's 14th season.

Q: You felt an immediate connection upon reading *My Night With Reg*. Can you talk about what draws you to the play and why you wanted to direct the Canadian premiere?

I was immediately struck by Kevin Elyot's balance of humanity and utter lack of sentimentality – the depth of characters and the blend of humour and sadness, neither one limiting the other. I can't say that I know or have spent time with these characters, and yet they are immediate, knowable and sympathetic.

At the same time, I am amazed at Elyot's playfulness and subtle manipulation of time. He was a very gifted dramatist, one who understood the demands of writing for the stage and especially writing with actors firmly in mind.

Q: In 2011 and 2012 you directed *The Normal Heart* for Studio 180. How are these plays different from one another and what interests you about these differences?

The plays are almost antithetical in nature, tone and purpose. Whereas *The Normal Heart* is agitprop at its finest, *My Night With Reg* is character-driven. In *The Normal Heart*, Larry Kramer wrote about a community of people, each of whom represented a larger voice in the fight against indifference to the AIDS crisis. The play is fuelled by anger, outrage and an unapologetic demand for rising up and taking action.

Kevin Elyot, whose play premiered almost 10 years after *The Normal Heart* and a few years after Tony Kushner's *Angels in America*, was determined to write a play where the people were credible individuals who didn't speak to a particular political agenda. Elyot was adamant that *My Night With Reg* was not a "political play" in the way that Kramer and Kushner had used the stage as a much larger platform.

Reg is a play about six men who are gay, yes, but whose lives are consumed in issues more universal than the particulars found in both *The Normal Heart* and *Angels in America*.

Q: Do you think the contrast between these plays is representative of a difference in style or approach between American and British sensibilities?

It's hard to say whether *Reg* would have its shape and tone if the other plays hadn't come before. It's important to know that Elyot wrote a number of plays, all of them addressing gay themes and characters. He wasn't coy or cautious about any subject that he took on.

On the topic of national sensibilities, British writing for stage and film has always been far more willing and able to put tough issues on the stage. American writing, again for stage and film, is slower to be bold and almost always rather puritanical. Political theatre in American hands is rarely direct and stripped to essentials; rather, most efforts at political theatre tend to be both cautious and circuitous. British writing, by contrast, certainly since the mid-1950s, has been more robust and certainly more daring.

Q: Looking back at your experience with *The Normal Heart*, what stands out to you?

The Normal Heart was a tremendously valuable experience – I think it's fair to say that applied to everyone involved. The rawness of the writing and the relentless focus on its purpose was energizing from the first reading long before I even began to gather the company. The company of nine actors was always pushing to tell the story in the clearest way possible – Kramer's writing underlined how to do this.

I was surprised by the degree of humour in a play that one imagines has no room for laughter – but this, too, speaks to Kramer's strength as a writer – he knew that a play as sad and terrifying as this needed moments to breathe and laugh. We all felt an enormous obligation to tell Kramer's intensely personal story with truth and without overburdening the darkness that is obvious from the play's opening line.

Q: Followers of Studio 180 will recognize that more and more you are drawn to working on comedies, or at least plays with significant comedic elements (*Clybourne Park*, *God of Carnage*, *Cock*, NSFW). What is compelling to you about the comedy in *Reg*?

The laughter in *My Night with Reg* arises from the characters' responses to how they see the world, past and present. They are smart and, especially for the three college friends – Guy, John and Daniel – have a shared past that allows them both license and familiarity in the ways they comment on each other and themselves. The laughter (or comedy) in the writing is Elyot's way of opening the characters' thoughts and hearts to us so that we, in turn, gain a more personal view of each man.

Q: Speaking of those characters – specifically Guy and Daniel – you've cast actors Jonathan Wilson and Jeff Miller. Studio 180 followers will recognize them from numerous past productions and readings, including the lead roles of Ned and Felix in *The Normal Heart*. How did you make casting decisions for this production of *My Night With Reg*?

All of the actors in *Reg* auditioned by reading scenes from the play. None were pre-cast. The value in working with people more than once is that you have already established a working and personal relationship – and when that relationship is fulfilling, as indeed it has been with both Jeff and Jonathan, it's exciting to extend the opportunity. Of the six actors in this production, I've worked with three previously, Martin Happer being the third (he played Bruce in the 2012 remount of *The Normal Heart*). And it's also exciting to add three new people to the experience – they are new to me, and Studio 180, at the same time that I/we are new to them.

When I am casting any play, I want to work with people who are well suited to the roles, of course. But as much as that is vital, equally necessary is to create a team of artists who will be greater than their separate contributions. So, I do my best to help shape that kind of ensemble – and this extends to all members of the company, onstage and offstage.

Q: What are you most looking forward to as you prepare to go into rehearsals for *My Night With Reg*?

I am very, very eager to hear the words aloud after having had the play in my head for more than a year. And I want to be in the room with all the actors, designers, etc. Lead time is a great luxury – time to read and think, to research (as a play demands it), to put the script down and let ideas percolate. But the heart of theatre is working in collaboration, sharing insights, making mistakes as a way of clearing the path, participating in the creation of something that has never before existed.

D. Attending the Performance

Prior to the performance, please ensure that your students are well prepared. The better prepared they are, the more they will get out of the experience. The following guidelines should help you and your students get the most out of attending *My Night With Reg*:

- **Please arrive early.** When travelling in the city, whether by school bus or TTC, it is always best to leave extra time in case of traffic or transit delays. **The Wednesday, February 22, matinée performance will begin promptly at 2PM.** To avoid disruption, **LATECOMERS may not be admitted.**
- **All photography and recording of the performance is strictly prohibited.**
- Please impress upon your students the importance of **turning off all cell phones**, music players and other electronic devices. If students understand *why* it is important to refrain from using electronics, they will be more likely to adhere to this etiquette. **Remind students that they will be seeing people performing live in an intimate space** and, as a rule, if you can see and hear the actors, the actors can see and hear you. Even text messaging – with its distracting, glowing light – is extremely disruptive in the theatre. **Please be courteous.**
- **Outside food and beverages are not permitted in the auditorium.** Spills are messy and noisy snacks and bottles can be disruptive for performers and patrons alike. Please ensure that students have the opportunity to eat lunch prior to attending the performance.
- **We encourage student responses and feedback.** Please take the time to discuss appropriate audience responses with your students. After our Wednesday matinée and each Thursday evening performance, we offer a talkback (Q&A) session because we are interested in hearing what our audiences have to say and engaging in a dialogue inspired by the play. If students are aware of the post-show talkback they will be better prepared to formulate questions during the performance. And they will better remember to remain in their seats following the curtain call! After the show, kindly take some time to complete our online [Teacher/Student Response Form \(studio180theatre.com/education-feedback\)](http://studio180theatre.com/education-feedback), or use the forms included in this Guide in **Section B**, and ask your students to do the same. Your feedback is valuable to us.

E. Timeline of Events

This timeline is intended to provide a historical context prior to attending *My Night With Reg*. Because the play captures a specific time and place (London, UK, in the early 1980s), this timeline extends beyond the timeframe of *My Night With Reg* to bring the issues of the play into a contemporary context, highlight the Canadian experience and, we hope, inspire audiences to learn more about issues faced by people living with HIV/AIDS and the global AIDS crisis.

June 28, 1969: During a routine raid of Greenwich Village's **Stonewall Inn** (a bar with a mixed clientele including Black and Latino drag queens, students, homeless youth, hustlers and transgender patrons) by the New York City Police Department, a riot breaks out. Demonstrations start the following night and for subsequent nights throughout the week as New York's LGBTQ community – long the target of discrimination and persecution – declare enough is enough. "Stonewall" signals a new era of freedom and forever symbolizes the birth of the **Gay Liberation** movement.

1979: The epidemic later discovered to be AIDS becomes evident in Haiti.

1980: In Toronto's Mayoral election, gay rights emerge as a major issue, with Mayoral incumbent John Sewell endorsing openly gay alderman candidate George Hislop. The defeat of both Hislop and Sewell on **November 10** reflects the city's anti-gay climate and provides a police mandate to attack Toronto's LGBTQ community.

1981: On **February 5**, Toronto police raid the city's four largest bath houses, causing major property destruction, verbally abusing and publicly humiliating hundreds of gay men and conducting the largest mass arrest of citizens in the city's history. The incident becomes a catalyst for LGBTQ action, galvanizing the community.

In response to the raids, the Right to Privacy Committee (formed in 1979 in response to a raid of a small bathhouse called The Barracks in which fewer arrests were made) steps up its efforts, establishing a model of community organization, leadership and advocacy that will lay the groundwork for the soon-to-come fight against AIDS. Importantly, in later years, when San Francisco and New York baths are shut down, gay activists and Public Health officials in Toronto succeed in keeping the city's bathhouse doors open as they are recognized as an important forum to educate many gay men (particularly closeted gay men) about AIDS and safer sex.

Outbreaks of pneumocystis carinii pneumonia ("PCP") and a rare cancer, Kaposi's Sarcoma, are reported by doctors in Los Angeles and New York among gay male patients. On **June 5**, the Centers for Disease Control and Prevention ("CDC") in the United States publishes news of the outbreaks and the deaths of five gay men. The syndrome is first referred to as "gay cancer" and later, GRID ("Gay-Related Immune Deficiency"). One month later, on **July 3**, the *New York Times* publishes an article: "Rare Cancer seen in 41 homosexuals."

In New York, Larry Kramer invites 80 friends into his home to discuss these sudden deaths of otherwise healthy gay men and the Gay Men's Health Crisis ("GMHC") is formed.

In the fall, renowned Toronto-based newsmagazine and LGBTQ collective *The Body Politic* addresses the mainstream media's portrayal of the emerging American epidemic, confronting what writers identify as homophobic and fear-mongering perspectives.

1982: In **March**, the first AIDS cases are officially reported in Canada and the UK.

The syndrome is linked to blood and is identified not just in gay men but also in recent Haitian immigrants, women, male heterosexual injection drug users, hemophiliacs, blood transfusion recipients and babies. On **July 27**, GRID is renamed AIDS ("Acquired Immunodeficiency Syndrome"). Fourteen nations report AIDS cases.

In **November**, writer and professor Michael Lynch – soon to become one of Canada's leading AIDS activists until his death in 1991 – publishes a controversial feature article in *The Body Politic* condemning the American gay community's acquiescence to institutionalization, medicalization and fear-mongering in the press. He calls for a more personal, community-based approach that will lay the foundation for AIDS service and activism work in Canada.

1983: The United States reports 3,000 AIDS cases and over 1,000 deaths due to AIDS-related illnesses. Fifty-one cases are reported in Canada.

From **March to June** of this year, a group of Toronto activists, writers, health care professionals and social workers join forces in an effort to establish an ongoing AIDS committee to organize a coordinated response, and address the needs of AIDS patients and the community's need for AIDS education. At a **July 19** press conference, the AIDS Committee of Toronto ("ACT") makes its debut to the community.

At Paris's Pasteur Institute in France, a team of scientists led by Dr. Luc Montagnier isolates the virus that may cause AIDS. They name it lymphadenopathy-associated virus ("LAV").

1984: American Dr. Robert Gallo and his team confirm the discovery of the virus causing AIDS, claiming it as their own and renaming it human T-lymphotropic virus type III ("HTLV-III"). Montagnier and Gallo eventually agree to rename the virus human immunodeficiency virus ("HIV"), but their acrimonious ownership dispute continues for years.

Western scientists become aware that AIDS is widespread in parts of Africa.

The first needle exchange program is established in Amsterdam to help stop the spread of infection among injection drug users.

In San Francisco, the bathhouses are closed down. The community protests adamantly and, after a legal battle, they reopen.

In the US, AIDS rates have doubled within the year and over 6,000 cases are reported. About 150 cases are reported in Canada.

1985: *The Normal Heart*, by Larry Kramer, opens at New York's Public Theatre on **April 21**.

On **September 17**, US President Ronald Reagan publicly says the word "AIDS" for the first time.

In **November**, an HIV antibody test is developed in Canada. Community leaders fight for anonymous testing, though until any treatment becomes available, people are encouraged to not get tested for fear of stigmatization.

The first International AIDS Conference is held in Atlanta, Georgia. 2,000 people, primarily doctors and scientists, attend.

The UK Government invests millions of dollars in research and launches its first AIDS awareness campaign.

1986: 38,000 AIDS cases have been reported globally from 85 countries.

The CDC reports significant racial disparities in rates of infection, recognizing that Black and Hispanic Americans are developing the disease at three times the rate of Caucasian Americans. Among children, the disparity is even greater.

Toronto becomes the first city in Canada to develop an AIDS strategy including funding for community-based organizations.

The Ontario Human Rights Code is amended to protect against discrimination based on "sexual orientation."

In New York, Mayor Koch shuts down the bathhouses.

Dr. Jonathan Mann founds the World Health Organization's Global Program on AIDS, alerting international leaders to the crisis and establishing AIDS as a global human rights issue.

1987: The first anti-HIV drug – AZT – is approved by the US Food and Drug Administration ("FDA") and becomes available for people living with HIV and AIDS ("PHAs") in America. There is limited access to AZT for Canadian PHAs and, over the next several years in Canada, PHAs will fight for access to experimental treatments available elsewhere.

The Toronto People With AIDS Foundation ("PWA") is formed.

In New York, Larry Kramer, ousted from GMHC, which he founded, joins with other activists to form the AIDS Coalition to Unleash Power ("ACT UP") – a "nonpartisan group of individuals united in anger and committed to direct action to end the AIDS Crisis." On **March 24**, ACT UP organizes its first demonstration at Trinity Church in the Wall Street business district, to demand affordable life-saving medicines be made available to patients, an end to discrimination against PHAs, AIDS education and a coordinated government response to the crisis.

In **April**, President Reagan delivers his first major speech on AIDS.

In **October**, hundreds of thousands of people take part in the March on Washington for Lesbian and Gay Rights. ACT UP's now iconic "Silence = Death" logo gains visibility.

In the UK there are over 1,000 reported AIDS cases. The government launches its “Don’t Die of Ignorance” campaign, delivering leaflets to every home in the country.

Princess Diana opens the first HIV ward in a UK hospital. A photograph of Princess Diana holding the hand of a patient is broadcast across the world.

The UK’s National AIDS Trust is founded to provide community education, support and advocacy. Needle exchanges are piloted in the UK and the government’s “Don’t Die of Ignorance” campaign is launched.

HIV testing is introduced across the UK.

1988: First World AIDS Day.

AIDS Action Now! (“AAN!”) forms in Toronto as a result of continuing frustration with government inaction and health care bureaucracy. The activist organization, led by Michael Lynch, pressures politicians and pharmaceutical companies to improve treatment for PHAs, secure access to experimental drugs, establish compassionate arms of clinical trials and guarantee PHA representation at all decision-making levels. Their conviction to remain volunteer-driven and independent of government funding allows AAN! political freedom not afforded charitable organizations like ACT or PWA. Over the years, through their direct action approach, AAN! is successful in bringing about major changes to government and pharmaceutical policy and action.

Michael Lynch’s AIDS Memorial is unveiled on Lesbian and Gay Pride Day, **June 26**. (See **Section I** for a field trip suggestion).

By the end of the year, 1,790 AIDS-related deaths have been reported in Canada.

1989: Several ethno-cultural AIDS service organizations are established in Toronto, including the Black Coalition for AIDS Prevention (“Black CAP”) and the Alliance for South Asian AIDS Prevention (“ASAAP”).

Canada’s first needle exchange program is established in Vancouver.

The fifth International AIDS Conference is held in Montreal in **June**. AAN! and ACT UP members take over the opening ceremonies and AAN! Chair Tim McCaskell officially opens the conference, calling attention to the fact that Prime Minister Brian Mulroney, slated to open the conference, was about to make his very first public speech about AIDS in five years of being Prime Minister.

The first HIV awareness materials targeted at gay men are produced by the Health Education Authority in the UK.

1990: An estimated 8 million people are living with HIV and AIDS worldwide.

Canada’s Federal Health Minister Perrin Beatty announces the first National AIDS Strategy.

The popular British Broadcasting Corporation soap opera *Eastenders* runs a storyline in which a major character is diagnosed with HIV.

- 1991:** Developing from an AAN! initiative, the Community AIDS Treatment Information Exchange (“CATIE”) is established.
- Darien Taylor and Andrea Rudd found Voices of Positive Women Support Services Ontario – funded primarily by the Ontario Ministry of Health and Health Canada – to serve the specific needs of women living with HIV.
- Actor Jeremy Irons is the first to publicly wear the **red ribbon** during the 1991 Tony Awards ceremony in New York. The ribbon soon becomes renowned as an international symbol of AIDS awareness.
- Queen lead singer Freddie Mercury announces he has AIDS the day before he dies at the age of 45. Several months later at the Freddie Mercury Tribute Concert in Wembley Stadium, more than 100,000 red ribbons are distributed.
- 1993:** In the US, the CDC, FDA and National Institutes of Health (“NIH”) declare a joint statement that condoms are “highly effective for prevention of HIV infection.”
- In the US Congress, the HIV Travel and Immigration Ban is passed and HIV status becomes a factor in determining permission to enter the United States.
- 1994:** AAN! successfully pressures the Ontario government to establish Ontario’s Trillium Drug Program, granting drug treatment access to all PHAs, regardless of income.
- 1995:** AIDS is the leading cause of death for Americans ages 25 to 44.
- In the UK there are over 10,000 reported AIDS cases and 25,000 people are living with HIV.
- The United Nations establishes the Joint United Nations Program on AIDS (“UNAIDS”).
- 1996:** New antiretroviral treatments are proven to be highly effective against HIV, substantially improving the lives of PHAs and fundamentally transforming the landscape of the epidemic in the developed world.
- New York Times Magazine, The Wall Street Journal* and *Newsweek* all run cover stories, hailing AIDS breakthroughs and the “end of the epidemic.”
- In the US, AIDS is no longer the leading cause of death among all Americans ages 25 to 44. It remains, however, the leading cause of death of African Americans ages 25 to 44 and the third highest among women in this age group.
- In Ontario, there are about 950 new HIV diagnoses this year. Diagnosis continues at this steady rate over the next five years.
- Activists are successful in pressuring the Canadian government to renew the National AIDS Strategy.
- 1997:** An estimated 22 million people are living with HIV and AIDS worldwide.
- 1998:** The Supreme Court of Canada reaches a decision in the case of *R. v. Cuerrier* and in Canada non-disclosure of HIV status before engaging in

activities that pose a “significant risk” of HIV transmission becomes a criminal offense. The courts, however, provide no definition of “significant risk” nor do they provide any guidelines for determining what “significant risk” might entail. The result is an inconsistent, subjective, case-by-case approach to interpreting the law.

- 2000:** One million people in Africa are newly infected with HIV this year. The UN Security Council discusses HIV/AIDS for the first time.
- Five pharmaceutical companies reduce antiretroviral drug prices for developing countries at the prompting of UNAIDS.
- 2001:** In Toronto, rates of infection among gay, bisexual and other men who have sex with men (“MSM”) are on the rise.
- The World Trade Organization (WTO) announces the Doha Declaration allowing developing countries to manufacture generic medications to combat public health crises like HIV/AIDS.
- The UK starts charging and prosecuting people for transmitting HIV if they did not inform their partners they were living with HIV and transmit the virus.
- 2002:** Ontario HIV diagnoses increase to about 1,100 per year and remain at this rate.
- The Global Fund approves its first round of grants totaling \$600 million and the UN establishes that HIV and AIDS are leading cause of death in sub-Saharan Africa.
- The US FDA approves the first rapid HIV test with 99.6% accuracy and a result in 20 minutes.
- 2003:** Insite, North America’s first legal supervised injection site, opens in Vancouver.
- President George W. Bush announces the creation of the United States President’s Emergency Plan For AIDS Relief (PEPFAR), a \$15-billion, 5-year plan to combat AIDS, primarily in countries with a high number of HIV infections. The UN announces plans to bring HIV treatment to 3 million people.
- 2005:** The UK passes the Disability Discrimination Act, providing legal protection against discrimination for people living with HIV/AIDS.
- 2006:** Approximately 73,000 people in the UK are living with HIV/AIDS.
- 2007:** The Ontario Working Group on Criminal Law and HIV Exposure is formed by PHAs and representatives from community-based AIDS organizations, to oppose the expansive use of the criminal law to address HIV non-disclosure. By 2011 the Working Group is successful in convincing the Attorney General to establish guidelines for interpreting the law.
- Rapid testing for HIV (known as Rapid Point of Care Testing) is established in Ontario by Minister of Health George Smitherman.

On World AIDS Day, George W. Bush's administration commemorates the US's commitment to combating the world AIDS epidemic by hanging a 28-foot AIDS Ribbon banner on the White House's iconic North Portico – the first banner, sign or symbol to prominently hang from the White House since Abraham Lincoln lived in the building.

2010: President Obama lifts the travel ban on HIV-positive people entering the US. Research shows a reduction in HIV infection among men who have sex with men when they take an HIV medication called Truvada as a form of prevention called pre-exposure prophylaxis (PrEP).

2011: "Treatment as prevention" is hailed as the biggest scientific breakthrough of the year by Science Magazine after a major trial shows a 96% reduction in HIV transmission risk during heterosexual sex without a condom when a person is successfully responding to treatment.

Confirmation is published that the first patient cured of HIV, Timothy Ray Brown, still has a negative HIV status, four years after treatment with a bone marrow transplant carried out in Germany.

2012: On **July 16**, the US Food and Drug Administration approves the use of Truvada, an HIV treatment medication, for people who are not living with HIV as a form of HIV prevention.

The Supreme Court of Canada rules in two cases that people have a legal duty to disclose their HIV status to a sexual partner if their sexual conduct poses a "significant risk" of transmitting HIV. The court stipulates that vaginal sex with a condom and a low viral count does not constitute a "significant risk."

2013: Canada and US researchers announce that a 20-year-old HIV-positive adult on HIV medications in the US or Canada is expected to live into their early 70s, a life expectancy approaching that of the general population; however, differences in life expectancy based on sex, race, HIV transmission risk group, and CD4 count remain.

The number of reported people in Canada who died as a result of AIDS related health issues is reported at 31 deaths – thanks largely to Highly Active Anti-Retroviral Therapies.

2014: In the UK, an estimated 103,700 people are living with HIV, with approximately 18,100 being undiagnosed and unaware of their status. About 67% of people living with HIV are men and 33% are women with MSM representing 55% of HIV diagnoses. While Black African and Black Caribbean people represent a small percentage of the population in the UK (about 3%) they account for approximately 30% of people living with HIV. Among men who have sex with men, 6,500 remain unaware of their HIV infection, while 3,900 men and women from black African communities are also unaware they have HIV.

A free HIV home-testing kit is launched across England to lower the number of people who don't know their status, while HIV charities are hit by funding cuts.

Over 95% of people living with HIV in the UK acquired HIV through unprotected sex (49% through sex between a man and a woman and 46% through sex between men). 2% of people living with HIV acquired HIV through injection drug use.

European researchers involved with the PARTNER study announce that after following 767 couples where one person is HIV-positive and taking Highly Active Anti-Retroviral Therapy (maintaining a low viral load below 200 copies/m), **no transmissions of HIV occurred**. This is despite some couples not using condoms, and some couples encountering the presence of STIs.

2015: In Toronto, Humber College Nursing Interns at ACT start a petition –“There’s a pill to prevent HIV... help get it approved in Canada” – and collect 15,331 signatures. The petition is delivered to the Minister of Health prior to Christmas 2015.

2016: On **February 26**, Health Canada approves the use of Truvada, an HIV treatment medication, for people who are not living with HIV as a form of HIV prevention called PrEP. Ontario makes no announcement to cover PrEP through the public health system.

On May 31, in England, the National Health Service announces it will not fund a PrEP strategy to prevent HIV, arguing the NHS is not responsible for prevention. The NHS in Wales, Scotland and Northern Ireland have yet to make a decision on PrEP.

The UK’s National AIDS Trust (NAT) successfully challenges the NHS England’s stance over PrEP with a High Court decision indicating the NHS can fund PrEP as they are in charge of preventative health.

A Toronto physician, Dr. David Knox, reports the apparent failure of PrEP to protect a patient from contracting HIV – the first documented case in the world. A second report from California is documented later in 2016 at a conference in Chicago. While thousands of people in Canada, the US and UK are believed to be taking PrEP, researchers estimate the likelihood of a PrEP user encountering a PrEP-resistant form of HIV at high enough quantities to cause infection are less than 1%.

Toronto City Council approves three supervised injection sites for injection drug users.

December 2016: An estimated 36.9 million people are living with HIV and AIDS worldwide. 25 countries have seen a 50% or greater drop in new HIV infections since 2001. In 2011, new infections in children were 43% lower than in 2003, and 24% lower than 2009. This reflects the continued large number of new HIV infections, but also a significant expansion of access to antiretroviral therapy, which has helped reduce AIDS-related deaths, especially in more recent years. (<http://www.actoronto.org/home.nsf/pages/hivaidstatsglance>)

An estimated 75,500 Canadians were living with HIV or AIDS at the end of 2014. Nationwide, gay, bisexual and other MSM comprise 48.2% of new infections in 2015. Another 10.2% of new infections in 2015 occurred among heterosexual men and women not from countries where HIV is endemic; 10.6% of new infections occurred among heterosexual men and women from

countries where HIV is endemic, and another 11% occurred in heterosexuals with no identifiable risk factors. Aboriginal Canadians continue to be over-represented, comprising 17.5% of all new infections in 2015.

(<http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/hiv-aids-surveillance-2015-vih-sida/index-eng.php>)

An estimated 16,020 people living with HIV remained undiagnosed in 2014. This represents 21% of the estimated number of people living with HIV.

(<http://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada>)

Over 20,000 people have tested positive for HIV in Toronto since HIV testing began in late 1985. This represents 65% of all HIV-positive test reports in Ontario.

Men have accounted for 87.5% of all positive HIV test reports in Toronto since 1985. 82% of all infections among men in Toronto have been among gay, bisexual men, and other men who have sex with men.

Women have accounted for 12.5% of all positive HIV test reports in Toronto since 1985. 48% of all infections among women in Toronto have been among women from countries with high rates of HIV.

(<http://www.actoronto.org/home.nsf/pages/hivaidstatsglance>)

*Information for this timeline was gathered from the following organizations, media sources and publications: AVERT, AIDS Committee of Toronto, BBC, CATIE, Toronto People With AIDS Foundation, Stephen Lewis Foundation, Toronto Star, Ontario HIV Epidemiologic Monitoring Unit, PHAC HIV in Canada Surveillance, Pride Toronto, ACT UP, HIV & AIDS Legal Clinic (Ontario), National AIDS Trust, Public Broadcasting Service's FRONTLINE, Ann Silversides, AIDS Activist: Michael Lynch and the Politics of Community (Toronto: Between the Lines, 2003). **Special Thanks to Rui Pires at AIDS Committee of Toronto for his support and contributions.***

F. Topics for Discussion and Classroom Activities

1. *Theatrical Presentation*

a) ISSUE-BASED THEATRE

Studio 180 is unique in that we produce plays that speak to socially and politically relevant issues. With your class, examine the company's Vision and Mission statements.

Vision: The experience of live performance inspires people to engage more fully in the world

Mission: To produce socially relevant theatre that provokes public discourse and promotes community engagement

1. What do these statements mean to you? Does Studio 180's Vision resonate and have meaning? How effectively do you think the company's Mission serves its Vision? How does this production of *My Night With Reg* work toward fulfilling our Mission?
2. **Why live theatre?** What makes theatre an effective art form through which to explore themes, issues and human behaviour? Numerous excellent feature films, documentaries, books and articles exploring this period in history and its related themes are widely available. What is unique about live theatre? Consider what is specific about your intellectual, emotional and communal responses to attending live theatre, compared to engaging in other forms of art, communication and media.

HINT: How does live theatre HUMANIZE issues and why is the humanization of social and political issues important?
3. Brainstorm issues that you would like to see turned into a piece of theatre. If you were going to see another play, or write a play yourself, what would you want it to be about? This question may serve as a jumping off point for **drama students** to begin their own issue-based theatre projects around stories and topics of particular relevance to them.

b) POINTS OF VIEW – CHARACTERS

One way we hope theatre will be an effective tool to explore important issues is through the portrayal of multiple perspectives or points of view.

How effective is *My Night With Reg* in exploring different sides of a story? Was the play even-handed? Did you feel that a multitude of opinions and points of view were expressed? Were the characters portrayed fairly? Which characters and stories were the most memorable? Which voices remained with you longest and why? Which moments had the greatest impact? Which characters surprised you? Did the play create questions for you regarding the characters or their circumstances? Did you form an emotional attachment to any of the characters? Who did you want to see more of? Did you disagree with what some of the characters were saying? What would you ask those characters, given the opportunity?

c) POINTS OF VIEW – PLAYWRIGHT

What do you think the playwright's point of view is regarding the characters he has created? How is Kevin Elyot commenting on the characters, their relationships and society as a whole?

SUGGESTED ACTIVITY

During an exploration of the questions above there might well be as many different answers as there are students in the class. Use this discussion to **highlight the significant role the audience plays at the theatre** and how audience interpretation is equally as important as the author's intention. **SCULPTING** is a fun activity that illustrates this concept.

Activity goals:

- Get students out of their heads and into their bodies in a fun and creative way
- Challenge students to express themselves physically
- Enhance verbal and non-verbal communication and cooperation skills
- Explore the exciting ways in which art can have multiple meanings and interpretations for both the creator and the audience/viewer

Step by step:

1. Select one student to be the SCULPTOR and four students to be the CLAY.
2. Select a title for the sculpture (this can be designated by the teacher or offered by the class – we like to use theme-based words from the play but you can also use your imagination and come up with things like invented play or movie titles).
3. Designate a brief amount of time (10–30 seconds) in which the SCULPTOR may sculpt.
4. The SCULPTOR must then use the designated title to silently create a sculpture in the allotted time. This can be done with MIRRORING (the SCULPTOR positions him or herself and the CLAY must imitate precisely) or by physically positioning the CLAY.
5. Ask the SCULPTOR to describe their masterpiece and then invite class members (art critics, gallery patrons, etc.) to describe what they see.
6. The activity can be repeated in any number of configurations (e.g., in pairs, with multiple groups of three, four, five or more, etc.)

d) DESIGN

How did the design of the production affect the presentation of the piece? How effective was the **set** in defining the space? What mood or ambience was created? How did **colour, texture and space** add to the theatrical experience? How was **lighting** used to create mood or ambience? How did lighting work to define space and setting? How did the set and the lights work in combination with one another? How was **sound** used to affect the presentation? How were **costumes** used to define characters? How were costumes used to evoke the **historical period** of the play? How did the costume designer make use of **colour, texture and style**?

HINT: To learn more about the role of the designers as well as other members of the creative team, see **Section G: The Creative Team**. Here you will find descriptions of each team member as well as suggestions for further study and post-show activities.

e) MUSIC

What was the place of **music** in this production? How do various pieces of music resonate with the **theme of memory**? Can you identify any songs or pieces of music from the play? Listen to a selected recording from the play and have a group discussion or write a personal response to the piece of music. How did this particular music affect the character(s) in the play? What mood, emotions or memories does this music elicit for you?

f) AMERICAN/BRITISH COMPARISONS

My Night With Reg is recognized as a seminal work in the cannon of gay dramatic literature. Because it deals with the issue of AIDS it is frequently compared to American plays of the same period: *The Normal Heart* by Larry Kramer, and *Angels in America* by Tony Kushner. Read one or both of these plays and/or watch the film versions and compare and contrast the works. How does *My Night With Reg* differ in its depiction of a similar period in history? Learn more about playwrights Kramer, Kushner and Elyot and discuss the differences among their works.

2. Key Themes

a) SECRETS

In *My Night With Reg* which characters keep secrets? Why are they holding onto secrets? What is the risk of revealing the truth?

When do characters reveal their secrets and why? What is the cost of holding onto a secret?

Which characters are justified in keeping their secrets? If you were friends with these characters, who would you counsel to reveal their secret and/or tell the truth and why?

b) REGRET

“I go over that moment again and again. The biggest regret of my life!” – Guy

What does Guy say is the biggest regret of his life and how is this tied to keeping a secret? What has been the cost of keeping his secret?

Which other characters in the play experience/express regret and why?

SUGGESTED WRITING ACTIVITY

When have you experienced regret? Is there something you did or said? Something you didn't do or didn't say that you wish you had? An opportunity you missed? Describe the situation and reflect upon what the cost was to you or to others. If you were able to re-write this story, how would it play out differently? OR How might you overcome the feeling of regret by reflecting upon what you learned from the experience?

c) LOYALTY

Which characters in the play exhibit loyalty? Are they rewarded for their loyalty? Why or why not? What is the value of loyalty among this group of friends?

Identify instances of infidelity in the play. Who cheats on their partner? Who is disloyal to a friend? Is one worse than the other?

d) PROMISCUITY

1. Reflect upon each character's relationship to promiscuous sex. Which characters are promiscuous? Which characters value monogamy? What do they want or need? What do they fear?
2. Identify the monogamous relationships in the play and the ways in which they are disrupted. What do the different characters think about monogamy? In the play, what is the relationship between monogamy and hetero-normativity?
3. Consider each character's desire for human connection. How do they attempt to attain human connection through various forms of intimacy? In the play, how does the advent of AIDS disrupt or complicate human connection?
4. What does the play suggest about the next generation of gay men coming of age amidst the realities of AIDS? How is Eric similar to or different from the other men?

This topic of sex and promiscuity is an especially complicated and sensitive discussion to have with students. When leading the conversation, here are some key points to keep in mind:

- As with all discussion of *My Night With Reg*, participation by students must be voluntary and no student should be singled out based on perceived notions of his or her sexual orientation or identity.
- Discussions about sexuality and promiscuity in *My Night With Reg* in particular and the early years of AIDS in general must keep in mind the context of the early 1980s, when the gay community was emerging from the recent battles won at Stonewall and the sexual revolution of the 1970s (See **Section E: Timeline of Events** for details). For some gay men (represented by characters in the play), sex was considered a hard won political right and promiscuity was recognized as a vital part of gay identity.
- With regard to the context of the play, it is vital to remind students that at the time, nobody knew what we know now about HIV and transmission. People were only beginning to learn that AIDS was somehow transmitted sexually. Furthermore, because pregnancy was never a risk, ideas of safer sex and condom use that are so familiar to us today were foreign concepts within the gay community. Therefore, we must take care not to view the play through the lens of what we know today.
- Teaching about the politics of sex and promiscuity is not the same as promoting promiscuity. You can lead a productive, mature conversation with students about the politics of sex and sexual identity without encouraging promiscuous or high-risk behaviour among students.
- Remember that the goal is to foster empathy and gain a deeper understanding of multiple points of view. Understanding history and the context of the play are fundamental to achieving this goal.

For more on this important and complex topic, we highly recommend the documentary films ***After Stonewall***, ***Gay Sex in the 70s*** and ***Sex Positive***, listed in **Section I: Recommended Resources**. *Please note that these films contain sexually explicit scenes and imagery and must be pre-screened by teachers!*

e) FRIENDSHIP

What does it mean to be a friend? What are the qualities that make someone a good friend? Reflect on the above-mentioned themes when considering this question. Which characters in *My Night With Reg* could be described as good friends? Which character(s) would you want as a friend and why? Who would you not want to be friends with and why?

How are history, memory and community factors in solidifying friendships in *My Night With Reg*? How does the advent of AIDS have an impact on the characters' relationships? How are the men connected? How are relationships disrupted?

When have you been a good friend to someone? What qualities did you demonstrate? What were the rewards? Were there any costs?

SUGGESTED WRITING ACTIVITY

Write a letter to a friend. Tell them why you appreciate their friendship. Tell them what you value, respect or admire about them. You might even wish to disclose or confess a secret. You do not have to show them this letter.

G. The Creative Team

As a homework assignment, you might want to ask your students to write **reviews** or **responses** to *My Night With Reg*. The following lists of cast and production team members may come in handy for these assignments and the below section, ***The Parts We Play***, will provide some insight into how a production like ours is realized. Complete bios can be found in the show programme you will receive at the performance.

Cast

Tim Funnell	Bernie
Alex Furber	Eric
Martin Happer	Benny
Jeff Miller	Daniel
Gray Powell	John
Jonathan Wilson	Guy

Production Team

Joel Greenberg	Director
Laura Baxter	Stage Manager
Bradley Dunn	Assistant Stage Manager
Chris Prideaux	Production Manager
John Thompson	Set & Costume Designer
Kimberly Purtell	Lighting Designer
John Lott	Sound Designer
Mary Spyraakis	Head of Props

The Parts We Play

The above-listed roles may be familiar to you – but what exactly does each member of the creative team *do*? The role of the actor is of course the most obvious since the actors are the people you actually see onstage. But what other people contribute to the creation of a play? Who is present in the rehearsal hall? What goes on behind the scenes during the show? And what happens before rehearsals even begin? The following job descriptions will begin to answer these questions and, we hope, provoke a series of new questions to which students can seek answers.

The Actors

The work of an actor begins long before they appear onstage. A major part of any actor's job involves working to *get* a job. This involves the audition process whereby the actor is given material to prepare (either one or two monologues of their choice or a section of the script from the specific play) that the actor presents to the director. In some cases, a director may hold a "callback" audition, in which case the actor returns for a second or even third round, often involving performing the material with other actors being considered for the play.

Some of the actors in *My Night With Reg* have been in one or more of Studio 180's productions in the past. Regardless of this familiarity, all prospective actors were required to audition for the director, to determine their fit for each role and because in this play the relationships and dynamics between the characters are so crucial.

Before rehearsals begin, it is the actor's job to learn as much as possible about the play and their character. This individual preparation process is different for every actor, but can involve

re-reading the script for information and “clues” and doing extended research on the subject matter, time period, source material or historical background of the play.

Once in the rehearsal hall, actors typically rehearse eight hours a day, six days a week. For *My Night With Reg* we had three weeks of rehearsal in the rehearsal hall. We then moved into “tech week,” which involves rehearsal in the actual theatre with the incorporation of sets, lighting, sound and costumes. In the case of *My Night With Reg*, our tech period only constituted several days, rather than a full week, prior to our first preview performance.

We had four “previews.” These are performances for a paying audience and serve as a sort of trial run for the company. During previews, critics are not permitted to attend and write about the show (unless they are granted special permission) and the company may still rehearse between performances. It is a time for trial and error in front of an audience, and changes can still be made to just about every element of the production. For a comedy such as *My Night With Reg*, this preview period can be crucial for the actors to navigate their relationship with the audience. While the relationship with the audience is, of course, essential to every play, comedies require particular attention and practice because audience responses tend to be especially present and audible. This takes some getting used to for performers who have become accustomed to rehearsing without the audience for weeks.

After “Opening Night” the production is set. There are no more rehearsals and final artistic choices are in place. Actors usually perform the show eight times a week – five evening performances and three matinées, as is the case with *My Night With Reg*.

The Director

The director is responsible for the creative vision of the production. They must coordinate with every member of the artistic, technical and administrative teams to achieve that vision. They work closely with the designers to ensure the look of the production is coherent and serves the play; guide the actors towards realizing the truth of their characters and circumstances; and, together with the actors, are responsible for establishing the physical reality of the piece.

The director’s job ends on Opening Night. Once the show is “open,” they can no longer call the actors into a rehearsal or request changes to the sets or costumes, etc. At this point in the process, the leadership shifts from the director to the stage manager.

The Stage Manager (SM)

If an SM is doing their job well, you will hardly know they are there – but everything, from the first day of rehearsal to the moment the final set piece is loaded onto the truck to take into storage, will run with the greatest of ease. Most often, their job officially begins a week prior to the first rehearsal during “prep week” when they make sure the script, rehearsal studio and personnel are ready for day one. Some key stage management duties in the rehearsal hall include organizing, communicating and keeping track of the daily schedule; maintaining the “prompt script,” which is a record of all the blocking, sound, lighting and other technical cues; making sure the actors are getting all of their lines right; and organizing any props, set or costume pieces (in the rehearsal hall usually “rehearsal props” and “rehearsal costumes” are used before the real ones are available).

Once the show is open, the SM is the captain of the ship. They make sure everyone arrives on time and stays on track, maintaining responsibility for solving every problem from a flubbed line or burnt out light bulb to a complete power outage, fire alarm or show cancellation. It is the SM that calls the shots.

They also “call the show” while sitting in a booth (at the Panasonic Theatre you can find this located at the very back of the house way up behind the balcony) with technicians who push the buttons for every sound, lighting and special effect cue – when the SM tells them to. The SM must simultaneously keep an eye on everything happening both on and off stage, making sure that every member of the cast and crew is staying on track.

The Assistant Stage Manager (ASM)

As the name suggests, the ASM essentially assists the SM. They offer support to the SM during rehearsals, often taking responsibility for things like props, rehearsal costume pieces and keeping the rehearsal hall in order. They may also have the task of helping the actors learn their lines during times when their scenes are not being rehearsed. Once the company moves from the hall into the theatre, the ASM maintains control of the backstage area during the run of the show. Some common ASM duties include organizing and controlling the backstage traffic during the show; ensuring actors are in place to make their entrances onto the stage; taking responsibility for props and costumes (if there is not an independent wardrobe person or dresser); being in charge of “pre-sets” (all the props, sets and costumes that must be in place at the beginning of the play); daily laundry and occasional dry cleaning (again, if there is not a separate wardrobe person); and assisting with costume quick-changes and prop hand-offs. The ASM remains in constant communication with the SM in the booth through a headset so that, together, the stage management team can address any issues that arise (e.g., broken set pieces or props, a sick actor, disruptive audience members). In some larger theatres such as the Panasonic, which are run by IATSE union crews, the ASM’s responsibilities are more limited during production, since all backstage technical elements (props, microphones, sets, costumes, etc.) are handled by the IATSE crew.

The Production Manager (PM)

The Production Manager oversees all elements of the production. They are usually a mid-career to senior-level professional with considerable technical theatre experience and, frequently, experience as an SM. The PM undertakes a balancing act – making sure the show stays on budget while ensuring that all designers and technicians have the resources and support they require. The PM supervises the progress of the designers, technicians and other staff members, keeping everyone on schedule so that sets, props, costumes, lights, special effects and all other physical components of the show are ready for opening night. They are a behind-the-scenes person and, like the SM, will appear to be invisible or non-existent to the audience, even though they have been working around the clock since long before rehearsals even began.

The Set Designer

The work of the set designer is the first thing that catches the eye of the audience. Before you even find your seat, you view the set (or at least the set for the beginning of the play) – this establishes the mood of the show and gives you clues as to what you will soon experience.

Most of the set designer’s work happens long before rehearsals begin. They work closely with both the script and the director to determine what the physical reality of the production will be. Then, within the confines of a designated budget, they must balance available resources with the needs of the production. The set designer must take into account questions like, *Where does the play take place? Is it a literal or abstract space? How many locations are indicated in the script? What essential physical components are there (e.g., a functioning door, stairs, a trap door in the floor, a window, trees, etc.)? How can the themes of the play be physically and/or symbolically represented?*

Once the designer and director agree upon a design concept, the designer will create sketches and a three-dimensional model (called a maquette) that is presented to the company on the first day of rehearsal. They will then supervise the crew that builds the set, ensuring that their vision is fully realized.

The Costume Designer

As the title suggests, the costume designer is responsible for everything the actors wear on stage. Depending upon the needs of the play and factors such as budget, they may design costumes that are built explicitly for the show, or they may rent or purchase clothes (as is the case for *My Night With Reg*) to create the desired look.

Like the set designer, the costume designer relies on both the script and the director's vision to come up with their designs. In many cases, set and costumes may be designed by the same person. This is the case for *My Night With Reg* (as has been the case for several Studio 180 productions that John Thompson has worked on). This helps achieve a unified aesthetic. When set and costumes are designed by two different people, the designers commonly work closely together to coordinate their ideas.

Prior to the start of rehearsals, the costume designer must have a great deal of their work accomplished so that the actors can incorporate the physical realities of their characters into their performances. On day one of rehearsal, the costume designer will typically present costume sketches of each character, to which the company may refer throughout the rehearsal process. As rehearsals progress, the designer will supervise "fittings" during which the actors try on their costumes and have everything altered accordingly.

The costume designer will participate throughout the tech rehearsal period, making adjustments until everything is just so. The smallest costume detail can have a great impact on the actor. The shoes an actor wears will heavily influence the way the character walks and moves around the stage; the choice of fabric will determine how warm or cool an actor will feel; costume pieces from historical periods such as corsets and hats will significantly impact posture and carriage and will influence character choices. Every pocket, accessory, wig and pair of glasses can be a transformative element for a character, and the designer selects everything with care and precision.

The Lighting Designer

Far more subtle to the inexperienced eye than sets and costumes is the lighting design of a play. Still, lighting is a crucial component of any production. The lighting designer creates the mood and sets the tone of the piece. The lighting can indicate whether the characters are indoors or outdoors, whether it is day or night, hot or cold, sunny or cloudy. Through lighting, a designer can put us in a forest, behind a window, under the sea.

Like the other designers, the lighting designer pays close attention to the script and to the director's vision. They watch rehearsals early on in the process to get a feel for the play and to gain an understanding of what the lighting requirements will be. They must then work within their assigned budget to determine which lighting instruments they will use, precisely where each instrument will be placed, what colours they will use and how each instrument will work together to create the desired effect of each lighting configuration or "cue."

Once all the lights are hung and focused in the theatre, the lighting designer demonstrates each of their lighting states to the director and makes appropriate changes until the desired effect is achieved. Next, the actors are brought into the theatre to go through their blocking on the set,

in costume, with the lights. The designer can make final adjustments and the actors in turn can adjust blocking to make full use of the lights provided.

The Sound Designer

Mood and ambience are similarly created in the theatre through the creative use of sound. A sound designer's job may involve creating sound effects (like street traffic, a doorbell or the ambient sound of crickets), selecting or even composing music, or creating soundscapes or vocal recordings. Some sound cues may be obvious from the script, such as the requirement of a ringing telephone. Others are born from the designer's imagination and enhance the production by contributing to the mood, feel, suspense, intensity or rhythm of the piece.

POST-SHOW ACTIVITY A

Have each student select one member of the company of *My Night With Reg* and write a report on how their role contributed to the overall production. For example, a report on the set and costume designer John Thompson might include a description of the set and costumes and a specific analysis of how they contributed to the student's experience of the play. Was the set realistic or abstract? What feelings did the design evoke? How did the costumes contribute to your understanding of each character? How did the design signify the play's setting – the time period and location of the play?

POST-SHOW ACTIVITY B

Assign the following research project: Each student selects one member of a production or theatre's creative team. Roles can include those not listed for *My Night With Reg* such as Dramaturge, Choreographer or Fight Director. Have students contact professionals at theatres throughout the city and interview them about the roles they play and the various elements of their jobs. Have students present their findings so the class may compare how roles differ from theatre to theatre and show to show. Of course we will be happy to put students in touch with some of our own artists and technicians, but their research need not be limited to Studio 180 Theatre. It will be fun for students to present their findings from a broad range of Canadian theatres according to budget, location and mandate.

H. Field Trip Suggestion: The AIDS Memorial

The Panasonic Theatre is located near Toronto's "Gay Village." This area of the city is a culturally vibrant LGBTQ neighbourhood where bars, clubs, restaurants, cafés and shops abound. Most establishments prominently display rainbow flags – a symbol of LGBTQ Pride. Many of Toronto's LGBTQ community and HIV/AIDS organizations maintain offices in this neighbourhood.

Just blocks from the theatre, you can find Toronto's permanent AIDS Memorial, located in Cawthra Square – one block north of Wellesley Street East, between Church and Jarvis. The AIDS Memorial was the brainchild of AIDS activist Michael Lynch and began as a temporary memorial in 1989. In June 1993, this permanent memorial by architect Patrick Fahn was unveiled. If time and weather permit, we recommend that you include a visit to the memorial in the day's itinerary.

A visit to the memorial can be used as a time of quiet and personal reflection for students prior to or following the performance. Strolling the path and taking in the inscribed names forges a personal and human connection through 30 years of history, guiding us to the here and now.

Take the time to debrief on the experience. The following questions may help direct the conversation. Remember there is no right or wrong answer, only personal responses. Invite students to contribute to the conversation voluntarily, as they feel comfortable. For some students, five or ten minutes dedicated to private journaling may be a more appropriate follow-up activity.

- What impact does seeing the individual names have on you? Why do you think they were chosen to be the focus of the memorial?
- How is the memorial incorporated into its natural surroundings? Why do you think the artist chose this approach and what impact does it have?
- You have now experienced two different artistic approaches to AIDS – live theatre and visual art. What are the strengths of each medium? What are each able to convey? How do they each elicit an emotional response? What does each make you think about? How are they different in terms of their impact?
- Consider the ways in which you experience the play and the memorial individually and collectively. Is one a more individual experience? Is one a more collective or communal experience? How are you affected differently by a personal experience compared to a collective experience and why?
- How do the experiences of the play and the memorial impact and inform one another? Are there emotions, thoughts and experiences that are reinforced? Do you think a visit to the memorial without having seen the play may have been different and how?

I. Recommended Resources

Plays

The Normal Heart

By Larry Kramer

Angels in America

By Tony Kushner

Films

The Age of AIDS, produced by Frontline, PBS (2006)

- This amazing documentary initially aired on PBS and provides a clear and comprehensive explanation of the history of HIV/AIDS and the stigmas that have persisted historically and to the present day. The accompanying website provides a wealth of information and access to the film itself: pbs.org/wgbh/pages/frontline/aids

After Stonewall, directed by John Scagliotti (1999)

- An excellent documentary and comprehensive look at the significance of Stonewall and the galvanizing of America's LGBTQ community, including the advent of AIDS.

Track Two, directed by Harry Sutherland (1982)

- A documentary about Toronto's Bath House Raids and an excellent resource for understanding Toronto's political climate and activism within the LGBTQ community around the time of the play. It is available to view online for free at youtube.com/watch?v=iN4_8eurids.

Gay Sex in the 70s, directed by Joseph Lovett (2005)

- This documentary is an excellent resource for understanding the sexual politics and context of *My Night With Reg*. **Please note that the film includes sexually explicit scenes and imagery that may not be appropriate for young audiences.** You may choose to screen selected excerpts for your students.

Sex Positive, directed by Daryl Wein (2008)

- A documentary about lesser-known activist Richard Berkowitz, the film provides more background regarding sexual politics of the 70s and 80s and the debate about safer sex within the gay community with the advent of AIDS. **Please note that the film includes sexually explicit scenes and imagery that may not be appropriate for young audiences.** You may choose to screen selected excerpts for your students.

Books

AIDS Activist: Michael Lynch and the Politics of Community, by Ann Silversides (Toronto: Between the Lines, 2003)

- We highly recommend this wonderful book about the history of AIDS activism and community organization in Canada for all teachers and students interested in learning about HIV/AIDS in a local context.

Community Organizations and Websites

You can seek support, deepen your learning or get involved with a great number of local service and advocacy organizations.

AIDS Committee of Toronto (ACT): actoronto.org

Toronto People With AIDS Foundation (PWA): pwatoronto.org

AIDS Action Now! (AAN!): aidsactionnow.org

Gay Men's Health Crisis (GMHC): gmhc.org

AIDS Coalition to Unleash Power (ACT UP): actupny.org

Community AIDS Treatment Information Exchange (CATIE): catie.ca

HIV & AIDS Legal Clinic (Ontario) (HALCO): halco.org

Black Coalition for AIDS Prevention (Black CAP): black-cap.com

Alliance for South Asian AIDS Prevention (ASAAP): asaap.ca

Ontario Aboriginal HIV/AIDS Strategy (OAHAS): oahas.org

Asian Community AIDS Service (ACAS): acastoronto.tumblr.com

Prisoners' HIV/AIDS Support Action Network (PASAN): pasan.org

Pride Toronto: pridetoronto.com

The 519 Church St. Community Centre: the519.org

LGBT Youth Line: youthline.ca

Toronto Public Health: toronto.ca/health

British Columbia Centre for Disease Control: bccdc.ca

Insite Supervised Injection Site: supervisedinjection.vch.ca

APPENDIX A:



HIV BASIC FACTS



Canada's source for
HIV and hepatitis C
information

**There is no vaccine to prevent HIV.
There is no cure for HIV but there is treatment.
Anyone can be infected with HIV.**

What is HIV?

HIV is a virus that can make you sick.

- HIV weakens your immune system, your body's built-in defence against disease and illness.
- You can have HIV without knowing it. You may not look or feel sick for years, but you can still pass the virus on to other people.
- Without HIV treatment, your immune system can become too weak to fight off serious illnesses. HIV can also damage other parts of your body. Without treatment, you can eventually become sick with life-threatening infections. This is the most serious stage of HIV infection, called AIDS.
- There is no vaccine to prevent HIV but there are things you can do to avoid passing or getting HIV. Read on to learn more!

HIV stands for human immunodeficiency virus.

AIDS stands for acquired immunodeficiency syndrome.

There is no cure for HIV... but there is treatment.

- There is no cure for HIV, but with proper treatment and care, most people with HIV can avoid getting AIDS, stay healthy and live a long life.
- HIV drugs have to be taken every day. They cannot get rid of HIV but they can keep it under control. They can also dramatically lower your risk of passing HIV to the people you have sex with.

Who can get HIV?

Anyone can get HIV, no matter...

- your age
- your sex
- your race or ethnic origin
- who you have sex with

How does HIV get passed from one person to another?

- Only five body fluids can contain enough HIV to infect someone: blood, semen (including pre-cum), rectal fluid, vaginal fluid and breast milk.
- HIV can only get passed when one of these fluids from a person with HIV gets into the bloodstream of another person—through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum or foreskin.
- HIV cannot pass through healthy, unbroken skin.

The two main ways that HIV can get passed between you and someone else are:

- through **sex**
- by **sharing needles** or other equipment to inject drugs (including steroids or hormones)

HIV **can** also be passed:

- by sharing needles or ink to get a tattoo
- by sharing needles or jewelry to get a body piercing
- by sharing acupuncture needles
- to a fetus or baby during pregnancy, birth or breastfeeding

HIV **cannot** be passed by:

- talking, shaking hands, working or eating with someone who has HIV
- hugs or kisses
- coughs or sneezes
- swimming pools
- toilet seats or water fountains
- bed sheets or towels
- forks, spoons, cups or food
- insects or animals

HIV & Sex

HIV can be passed during sex (this includes vaginal, anal and oral sex and sharing sex toys).

But there are things you can do to practise safer sex. You can protect yourself and your partner(s) from HIV by doing the following:

- **Use a latex, polyurethane or nitrile condom** correctly every time you have vaginal or anal sex. You can use an external condom (also called a male condom) or an internal condom (female condom). Throw out the condom after each sex act and do not use a condom with more than one partner. This will protect you from HIV and other sexually transmitted infections (STIs), such as gonorrhoea and syphilis.
- **Use only water-based or silicone-based lubricants** with latex condoms. Oil-based lubricants can make them break.
- **If you are HIV-positive and not already on HIV treatment, talk to your doctor about starting treatment.** HIV drugs can not only protect your health but also greatly reduce the risk of HIV transmission.
- **If you are HIV-negative and at higher risk for HIV, you might be a candidate for PrEP**, or pre-exposure prophylaxis. PrEP involves taking certain HIV drugs every day to reduce the risk of getting HIV. Talk to your doctor to find out if PrEP might be right for you.
- **Get tested for STIs regularly.** Having an STI increases your risk of getting and passing HIV and other STIs.
- **Avoid sharing sex toys** (and if you do, cover each one with a new condom before each use). It is also important to clean your toys between vaginal and anal use.
- **Use a condom or dental dam every time you have oral sex.** Oral sex is much less risky than vaginal or anal sex, but it's not completely safe.
- **Choose forms of sexual stimulation that pose little or no chance of HIV**, like masturbation or sensual massage.

People can have HIV or other STIs without knowing it because these infections often do not cause symptoms. Don't assume that your partner knows if they have HIV or any other STI. The only way to know for sure is to **get tested**.



Safer sex protects you and your partner(s) from HIV and STIs.

HIV & Pregnancy

Without proper treatment and care, HIV can pass from a woman to her baby:

- during pregnancy
- at birth
- through breastfeeding

Protect your baby.

If you are HIV-positive and pregnant, you can reduce the chances of your child being HIV-positive to **less than 1 percent** by getting proper HIV treatment and care and not breastfeeding after birth.

Talk to your healthcare provider to find out more.

If you are pregnant or thinking about getting pregnant, get tested for HIV.

If you are HIV-positive, with proper treatment you can have a healthy pregnancy and a healthy baby.

HIV & Drug Use

HIV can be passed by sharing needles and other drug equipment.

Sharing needles and other drug equipment is very risky. It can also spread hepatitis C, a virus that damages the liver. Hepatitis C is passed when the blood of someone who has hepatitis C gets into the bloodstream of another person.

Protect yourself and the people you do drugs with.

If you use drugs, there are things you can do to protect yourself and use drugs in a safer way. This is called **harm reduction**.

To practise safer drug use...

- Use a clean new needle and syringe every time you use.
- Use your own drug equipment (such as pipes, bills, straws, cookers, water, alcohol swabs) every time. Never share equipment, not even with your sex partner.
- Get new needles and supplies from your local harm reduction program, needle/syringe program or community health centre.
- Get tested for HIV and hepatitis C. If you know that you have HIV or hepatitis C, you can take steps to protect yourself and others. If you test positive for HIV or hepatitis C, talk to your doctor or nurse about getting treatment.

HIV & Blood Products

Since November 1985, all blood products in Canada are checked for HIV. A person's risk of getting infected from a blood transfusion in Canada is **very, very low**.

There is no chance of getting HIV from donating blood.

HIV & the Law

In Canada if you have HIV, you have a legal duty to tell your sex partner(s) before having any kind of sex that poses a "realistic possibility of transmitting HIV." People with HIV have been convicted of serious crimes for not telling their sex partners they have HIV.

- You **do** have a legal duty to disclose your HIV status before having:
 - o vaginal or anal sex without a condom (regardless of your viral load); or
 - o vaginal or anal sex when your viral load is not undetectable (or not low), even if you use a condom.

- You **do not** have a duty to disclose before having *vaginal* sex if your viral load is low (or undetectable) and you use a condom. It is not clear whether this also applies to *anal* sex.
- It is not clear how the law applies to oral sex (with or without a condom).

For more information on HIV and the law, contact the Canadian HIV/AIDS Legal Network. People there may be able to refer you to a lawyer but cannot provide you with legal advice.

www.aidslaw.ca • info@aidslaw.ca
416-595-1666



Know your HIV status.

The only way to know if you have HIV is to get tested. If you know you have HIV, you can get the treatment and care you need.

It's important to know your status and start treatment as soon as possible, as it can help you to stay healthy, live a long life and avoid passing HIV on to others.

The HIV test involves having some blood taken from your arm or a couple of drops of blood taken from your finger.

After HIV enters the body, it may take time before the test can detect the virus (this is known as the window period). Different HIV tests have different window periods. Some tests can detect HIV as early as 7 days and all tests give accurate results within 3 months.

Don't wait. Speak to a healthcare provider about getting tested for HIV as well as other STIs and hepatitis C.

You can't tell whether you have been infected with HIV by how you feel.

- Some people have flu-like symptoms when they first get infected (fever, sore throat or swollen glands). But some people have no symptoms at all.
- You can have HIV and not know it.

If you test positive:

- There have been significant advances in the care and treatment of HIV, and with the right treatment, you can stay healthy.
- To protect yourself and your partner(s), practise safer sex and do not share drug equipment.
- Get connected. Call or email CATIE for information on HIV services in your area or visit HIV411.ca.

About 1 in every 5 Canadians with HIV does not know they have it. The only way to know for sure if you have HIV is to get tested. An HIV test could save your life.

Contact information:

For more information on HIV, contact:

- a public health unit
- your local sexual health or family planning clinic
- your local HIV organization
- an HIV and sexual health hotline
- your doctor or primary healthcare provider
- a community health centre or, in Quebec, a CLSC

Need more information and resources on HIV or hepatitis C?

Contact CATIE at:
1-800-263-1638 • www.catie.ca

CATIE accepts collect calls from Canadian prisons.



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