Casey and Diana

Enrichment Guide

Compiled and augmented by Ksenia Broda-Milian for Royal MTC
with contributions from Theatre Aquarius

Royal Manitoba Theatre Centre is proud to call Manitoba home. Royal MTC is located in Winnipeg on Treaty 1, the traditional territory of the Anishinaabeg, Cree, Anishininew, and Dakota people, and the National Homeland of the Red River Métis. We are thankful for the benefits sharing this land has afforded us, acknowledge the responsibilities of the Treaties, and embrace the opportunity to partner with Indigenous communities in the spirit of reconciliation and collaboration.

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The Role of the Audience

Theatre needs its audience! We are happy to have you here. Every staff person, actor, and crew member backstage plays an important part in your experience, and you also have a role in the experience of cast, crew and the people around you.

Arrive Early: Please make sure you give yourself enough time to find your seat before the performance starts. Latecomers may not be admitted to a performance. We ask schools and other groups to arrive at least 20-30 minutes before the show.

Cell Phones and Other Electronic Devices: Please **turn off** your cell phone/mp3 player /gaming system/camera/smart watch. Texting, surfing, and gaming during performances is very distracting for the performers and other audience members. Using cameras and recording devices during a performance is **never** allowed.

Talking During the Performance: Even when you whisper, you can be heard by performers and people around you. Unless it is a relaxed performance, disruptive patrons will be removed from the theatre. Please wait until after the performance to share your words with others.

Food/Drinks: Food and outside drinks are not allowed in the theatre. When there is an intermission, snacks and drinks may be available for purchase. There is complimentary water in the lobby.

Dress: There is no dress code at the Royal MTC, but we respectfully ask you not to wear hats in the theatre. We strive to be a scent-free environment and thank all patrons for their cooperation.

Leaving During the Performance: If you leave the theatre during a performance, you will be readmitted at the discretion of Front of House staff. If readmitted, you may be placed in an empty seat at the back of the auditorium instead of your original seat.

Being Asked to Leave: The theatre staff has, and will exercise, the right to ask any member of the audience to leave if that person is being inappropriate or disruptive including (but not limited to): talking, using devices that produce light or sound, and deliberately interfering with an actor or the performance (tripping, throwing items on or near the stage, etc.).

Talkbacks: A short question and answer period with the actors takes place after student matinees, first Tuesday evening shows, and some public matinees. While watching the show, make a mental note of questions to ask the actors about the production or life in the theatre. Our artists deserve to be treated with respect! It’s okay to have a negative opinion, but this is your chance to ask questions and understand the performance or process, not to criticize. If you have a concern, see the house manager after the show and they will make sure your feedback gets to the appropriate Royal MTC staff.

Enjoy the show: Laugh, cry, gasp – responding to the performance is part of the nature of theatre! As you get involved in the story, try to balance your reactions with respecting the people around you. The curtain call is part of the performance too – it gives you a chance to thank all the artists for their hard work with applause, and for them to thank you for your attention. We all appreciate when you stay at your seat and join in the applause!

Playwright Biography

Nick Green is a Dora Award-winning playwright in Toronto. Most recently, Nick's play *Casey and Diana* premiered to a sold-out run at the Stratford Festival of Canada before transferring to Soulpepper Theatre. His play *Dinner with the Duchess,* which had a developmental production at Next Stage is a part of Here For Now Theatre's upcoming season.

Other favourite credits include *In Real Life* (book, Musical Stage Company, Tom Hendry Award Winner); *Dr. Silver* (book, South Coast Repertory's Pacific Playwrights Festival 2022 and 2023); *Happy Birthday Baby J* (Shadow Theatre); *Body Politic* (lemonTree Creations/Buddies in Bad Times, Dora Mavor Moore Award Winner, Outstanding New Play); *Fangirl* (book, Musical Stage Company); and *Living the Dream* (book, Canadian Music Theatre Projects). Nick is a graduate of the University of Alberta BFA Acting Program.

Related Resource Links: Listen to a CBC interview with Green about writing *Casey and Diana* on Q with Tom Power (19:12).

See the entire creative team and cast for Royal MTC's production, including their biographies, on our website, where you can also download the Ovation program.

Playwright's Notes

There are seven things I'd like to say to you before you watch this production:

1) I really, genuinely hope you like the play and that you're glad you came to see it instead of staying home and watching The Real Housewives of Salt Lake City, which is super good this season.
2) "Great consideration for one another, that's what's going to save the world." Casey House Founder June Callwood.
3) I've been thinking a lot lately about how to behave during times of great division and intolerance. As much as I aspire to be someone who can meet fear and hatred with strength and kindness, I also understand the need at times to run away and hide for a while. I've run away on a few occasions and I probably will again.
4) I am very grateful to Kelly Thornton [MTC's Artistic Director] and the ways that she's supported my career. I think she's quite wonderful and also has a fantastic sense of humour. Thank you Kelly for having my play in your beautiful theatre in the gorgeous hub of arts and culture that is Winnipeg.
5) *Steel Magnolias* is just as good the 10th time you watch it. If you're into that sort of thing.
6) In the end, once you've exhaled and you're dead, all that's left of you is the impact you've had on other people. Give wisely, because what you give is immortal.
7) The Director of this production and my dear friend Andrew Kushnir has a practice of leading us in putting a hand on our hearts and taking a deep breath at the end of a readthrough or run. I like it because it makes me slow down and connect with others in the moment, and as I inhale I feel like I'm pulling in a second in time that is shared and connected to others, and then when I exhale that shared experience is sent out and the world will never really be the same as that second before and it makes me feel very much alive. You know, it might be nice to give it a try at the end of the show you're seeing today. Breathe and connect. Inhale and exhale. Whoosh.

Director's Notes – Andrew Kushnir

When I think of Nick's beautiful play, the historic moment it depicts, and the ongoing echoes of the early AIDS pandemic (the past is all around us!), I keep thinking about one thing: the transformative power of compassion. Compassion is a good word. It's an even better thing. Compassion means to *suffer with*.

In theatre, we hear a lot about empathy. That theatre helps us take a walk in someone else's shoes and thereby, hopefully, better understand them and ourselves. I think this is a good thing. But I also think it can be incomplete. We are, sometimes, at risk of taking a walk in those shoes, returning them, and leaving it at that. Compassion works differently. It's not about borrowing that someone's shoes, it's about taking them by the hand. Metaphorically and literally. It's less about building understanding – because sometimes we can't – and more about simply being there. Presence. Or attunement. Attunement is where attention and affection meet.

This is central to the work Casey House has been doing since 1988. Ever since founder June Callwood rallied her community around the idea of providing people dying of AIDS with what she called a "velvet experience". A soft, warm, home-like space for a far-too hard way to go. Dying of AIDS in the 80s and early 90s was ugly. Opportunistic infections preying on hollowed-out immune systems was only part of it. People with AIDS at this time died social deaths first. In Toronto AIDS wards, furniture was pushed to the extremes of the room. Food was often left in the hospital hallway because workers were too scared to enter a patient's space without a hazmat suit on. Men and women succumbing to AIDS went unbathed, untouched. What's more, too many people with AIDS found themselves abandoned by the families that raised them.

What the heroic nurses, doctors, care teams and eventually a very famous princess did was bring these dying folks back into community. Frank Weller, an expert on grief, writes about how the hormone oxycontin (the "love hormone") is released when we are touched by someone who cares about us and for whom we care: "Genuine community heals the body and soul." There was no curing AIDS but there was a way to help people die in a better, more compassionate, way.

There are still many folks among us both actively and passively grieving the early AIDS era. It was a traumatic time. As a gay man and artist who came out into the chasm left by AIDS, it means the world to me to work on something that honours and acknowledges the grief of those who lost their lover, their uncle, their child, their sibling, their mentor, their best friend. There's no solving that grief, but I do think there's something to making a space for it. To bringing it into community. That grief – your grief – has a place with us. And because we're all grieving creatures (that's just the human condition!), I hope that we can let our losses speak to one another through this play; speak, and laugh, and cry, and remember, and somehow, together, in the dark, feel that little bit lighter.

Content Overview

Some strong language. Mature themes including AIDS, death and dying, and family rifts. Brief references to sex, but it is not a focus – the phrases “dirty magazines” and “cruising in the park” are used.

Plot Summary

In 1991, Thomas is a patient at AIDS hospice Casey House. He wasn’t planning on sticking around much longer, but the prospect of a visit from Princess Diana in a week inspires him to hang on and rally the other residents. But when you have advanced HIV, a week can be a long time. A homage to and humanizing of the men at the heart of the AIDS crisis, their tireless caregivers, and the “People’s Princess” and her famous advocacy.

Synopsis

This section contains spoilers.

Act 1

Nurse Vera introduces Thomas, lying in bed, to Princess Diana, before leaving. Thomas tells Diana about watching her wedding, and how the week leading up to her visit was the longest of his life.

It is October 17, 1991. Andre is arriving at Casey House, pushed in a wheelchair by Vera and followed by volunteer Marjorie. Andre is upset that he will be Thomas’s roommate instead of getting his own room. Thomas is sassy, but Marjorie assures Andre that he’s sweet inside. Thomas has had four roommates in five months. After the women leave, Thomas tries to start a conversation with Andre, but tearful Andres ignores him.

Vera and Marjorie talk downstairs. They light a memorial candle. They discuss exciting news that they will reveal in the morning – “she’s coming in seven days.”

Thomas annoyingly wakes Andre by trying to start Marco Polo. Marjorie and Thomas regale Andre with tales of “gay breakfast” from Frankie’s Diner. Andre insists on using the phone, but Vera interrupts to share the news of Princess Diana’s upcoming visit. Thomas is thrilled. Marjorie wheels Andre away to the phone while Vera checks Thomas over. He says that he hadn’t planned on being there next week. Vera exits, and Diana appears to Thomas.

Andre is not getting any answers to his phone call. He snipes at Marjorie, and she confronts him about having better manners. Marjorie offers to go to Andre’s apartment and get some of his things, even though it’s not technically allowed.

Thomas discusses his “stupid, awful sister” with Diana. He and Pauline were close, but when he got sick, she abandoned him. Thomas tells Diana about focusing on the tiny simple things, and that he has decided that all the residents are going to survive until to Diana’s visit.

The next morning at the nurse’s station, Vera encounters Marjorie, surprised that she’s in for yet another volunteer shift. Marjorie leaves to visit Andre even though Vera suggests she do it later.

Marjorie brings Andre his belongings; he promises that if Vera asks he'll say the landlord sent them. She gets him to try on a sweater; it used to fit but now is much too big. Andre shuts down, but Marjorie cheers him with his teddy bear.

Thomas sings Diana a song he made up to memorize every possible topic of conversation about her life. He's interrupted by Pauline, who he tries to push away, guessing that she's only there to visit because Diana will be coming. She insists that's not why, but shies away when he tries to hug her.

That night, Marjorie brings Andre eggs from Frankie's diner and tells him about her best friend Michael who died of AIDS. He talks about his family and how they rejected him. Thomas enters, angry about Pauline bringing back the past. He is utterly upset in a way Vera has never seen. Marjorie tries to distract them by asking about Thomas' plans for Diana.

Thomas talks to Diana about the next few days, how the residents were beginning to rally, asking for shaves, opening windows, and preparing. The other characters' words – Andre, Vera, Marjorie, Pauline – swirl around Thomas in a cacophony. Intermission.

Act 2

The next morning, Thomas starts to bother Andre with Marco Polo but gets no response and worries – until Andre startles him, finally playing along. Thomas' sundowning has been getting worse; he blames it on Pauline's visit setting him back. He leaves for a walk. Andre is exhausted from thinking about his mom. He wants to call her. Marjorie is unsure if that's a good idea after how his family rejected him, but says she'll support him.

Pauline has returned to Casey House. Vera confronts her. Pauline asks Vera to deliver a note and says she won't come back unless Thomas asks.

Andre is in pain and loses consciousness. Marjorie gets hysterical and refuses to follow Vera's orders to get a doctor or step outside. Thomas speaks to Diana about Andre's arrival at Casey House, how the paramedics who brought him were covered in protective equipment, but Vera embraced him. As Marjorie cries next to Andre, Thomas reads Pauline's letter.

Pauline appears and Thomas goes to her. The next afternoon, they sit at a church. They argue about her abandonment, but Pauline reveals her emotions. She speaks about how her funeral dress was getting worn so often that she didn't have time to clean it, and when Thomas got sick she freaked out – but she's come to realize that she'd rather wear the funeral dress constantly than have no one to wear it for. After a while, Thomas tells her her hair looks like a llama, and they laugh together and begin to heal their relationship.

At Casey House, Marjorie is at Andre's bedside. She angrily tells Vera she's only there as a visitor. Vera went to their supervisor about Marjorie's behaviour. Vera understands that Marjorie is volunteering as a way of reaching out to her friend who died, and insists that she go home, saying that someone will call her if there is any change with Andre.

Thomas introduces Pauline to Vera and shows her the room. Andre opens his eyes and groggily asks if Marjorie will pick up his pillow the next time she's at his apartment. Vera is shocked that Marjorie was there, and leaves.

Thomas tells Diana about how he spent the next day, and then it's "Princess Eve." Marjorie is overcome to see Andre awake – nobody called her. Pauline visits, and Thomas says that she can meet Diana with him – they negotiate the number of sentences Pauline can say. Marjorie has brought Andre some crystals. They talk about calling his mom – now Marjorie thinks Andre should. Marjorie starts to take Andre to the phone, but Vera pulls her aside and asks about her visits to his apartment, which crosses a line.

Pauline invites Thomas to live with her. He can't get her to understand that he sees Casey House as his home. Their argument gets intense. He gets unsteady and reaches for her, but she flinches and Thomas falls. Vera rushes in and Thomas insists on Pauline leaving.

Marjorie relays to Andre that Vera found out about the visits. Andre, mad at Marjorie for leaving him, already called his mom. The number was out of service. He realizes he will never speak to her again. He is angry with Marjorie, saying she forced him to make the call.

Pauline asks Vera about Thomas. She wants to file a complaint and doesn't understand why he has been at Casey House for five months. Marjorie comes to get her coat and Vera asks again why she volunteers. Vera remembers Jacob, who was discharged. She would visit him at home, until she found him fallen. He said he hated Vera – he hated having been allowed to think "there was any kind of escape." Vera reiterates "we are here to help men with AIDS. We are here to help them die. It is a huge gift to give, and it is enough."

Upstairs, Thomas is agitated, talking to himself about preparing for Diana. The women help him tidy and fetch Pauline. When she arrives, Thomas bows and calls her princess. They help him to bed. He continues to see Pauline as Diana, and holds out his hand to her. She takes it.

The play enters a state of semi-consciousness. Thomas is talking to Diana about her wedding. He recognizes Pauline. She says she will hold her brother's hand forever.

Andre and Marjorie look out the window. Marjorie has had a mental conversation with her friend Michael and concluded that she started volunteering too soon after his death. She is going to do something else, but she'll still visit Andre.

Andre and Thomas are in their beds, with the other characters surrounding them. Diana greets Andre and asks how long Thomas has been in a coma. The women begin to tell Diana about him. Andre asks Diana the question Thomas wanted to know – what is she going to be for Halloween?

Diana tells Thomas he can stay here, or go with her. He can't decide – he expected more grandeur. Then he realizes that if living is inhaling, and dying is letting go. Thomas exhales – his spirit passes through everyone, becoming forever a part of who they are. Thomas quotes *Steel Magnolias* one last time, and walks towards Diana.

Context and Related Resources

A Brief Overview of AIDS

AIDS has been one of the most destructive pandemics in the history of humankind; more than 35 million people worldwide have died of AIDS-related illness. **Acquired Immune Deficiency Syndrome** is also referred to as advanced HIV infection or late-stage HIV. HIV stands for **Human Immunodeficiency Virus**. This virus destroys white blood cells, which are our body's natural defence against illness. Without treatment, as the white blood cells are destroyed and more copies of HIV are made, a person's immune system breaks down. This makes it harder and harder for the person to fight off infections and diseases. If untreated, eventually the immune system can be so severely damaged that the body can no longer defend itself at all. The speed that HIV progresses depends on a person's age, health, and background.

AIDS is a set of symptoms and illnesses that develop as a result of advanced HIV infection, which has destroyed the immune system. This leaves the person vulnerable to other infections, viruses, and cancers. When HIV is so advanced that it has transformed into AIDS it could lead to death – not from AIDS itself, but from an illness that their body could not fend. In the last stages of AIDS, people may have severe symptoms due to infections, in multiple systems within the body. In the final stages of AIDS, people can experience extreme fatigue, pain, insomnia, severe weight loss, and HIV-associated neurocognitive disorders (HAND), such as impaired memory and concentration, nerve damage, and dementia. Kaposi sarcoma, a virus which triggers a cancer in people with weakened immune systems and results in lesions on the skin, is one of the most common cancers in people with AIDS.

While AIDS didn't suddenly emerge in the 1980s, it wasn't until that point when rare types of pneumonia, cancer, and other illnesses were being reported that the world became aware. HIV is found in semen, blood, vaginal and anal fluids, and breast milk. A person can contract the virus by having unprotected sex (vaginal or anal) and oral sex with someone who is HIV-positive; receiving a contaminated blood; perinatally from birthing parent during pregnancy, childbirth, or breastfeeding; and sharing contaminated needles, syringes, surgical equipment or other sharp instruments. It **cannot** be transmitted through sweat, saliva or urine, or through the air, or by casual or prolonged contact not involving bodily fluids.

Today, HIV is not a death sentence, and treatment can mean a long, healthy life. That consists of a combination of medicines called antiretroviral therapy (A.R.T.). If medication is taken as prescribed, the amount of HIV in your system will diminish. We now know that "U=U" which means "undetectable is untransmittable." With treatment to reduce the amount of HIV in one's system to less than 200 copies per ml of blood which is undetectable by most tests, that person can no longer transmit the virus to others sexually and is unlikely to do so in other ways.

Related Resource Links: CATIE (Canadian AIDS Treatment Information Exchange) shares information about treatment, testing, prevention, sexual health, and harm reduction. They made a clear and understandable video about HIV Basics (5:52) and there is a thorough history of HIV/AIDS timeline on the CATIE website. For those interested in the science, try this video by AsapSCIENCE (3:42).

The Canadian Encyclopedia-hosted article from Maclean's, "How AIDS Really Got Started," explores the origins of the virus and its growth to an epidemic, and the role of colonialism in that growth.

The Canadian Foundation for AIDS research is another good resource, as is their educational platform Sexfluent that aims to educate and empower youth to prevent HIV and take ownership and care of their sexual health and well-being.

HIV Myths and Facts from Canadian Foundation for AIDS Research (https://canfar.com/awareness/about-hiv-aids/stigma/)

Common belief – MYTH	**FACT**
You shouldn’t kiss someone with HIV because they might pass you the virus.	HIV is NOT passed through saliva. It can only be passed through blood, semen, vaginal fluid, rectal fluid, and breast/chest milk.
You can tell someone has HIV by looking at them.	No, you can't! That's just silly. You cannot tell whether or not someone has HIV just by their appearance.
HIV is just a problem for gay men and people who live in big cities.	HIV does not discriminate. Anyone of any sexual orientation and gender identity, in any geographic location, can have HIV.
If someone has HIV, it means they are sexually promiscuous or a pleasure-seeker.	Not all people living with HIV got it through sex. And if they did, it doesn’t mean that they have a lot of sex. Besides, drawing opinions about someone’s morals or values based on their sexual history or drug use is another kind of stigma!
People living with HIV shouldn’t have children because they will pass the virus to their baby.	If a person takes anti-retroviral medication throughout their pregnancy and achieves an **undetectable viral load**, they can deliver a healthy baby with little to no risk of passing HIV to the baby.
Anyone with HIV can transmit the virus sexually.	People living with HIV who consistently take their anti-retroviral medication can achieve an **undetectable viral load**, which means that the amount of HIV in their blood is so low, **HIV CANNOT be passed on to their sexual partner(s)**. This is called **Undetectable = Untransmittable (U=U).**
If you test positive for HIV, you will get AIDS and die.	With proper treatment, people living with HIV can live a long and healthy life that matches similar to people who are HIV-negative. In Canada, most people who have HIV will never get AIDS.

You can also watch a myth-busting video from ShawTV and Nine Circles (20:48)

Stigma

With materials adapted from Canadian Foundation for AIDS Research and Theatre Aquarius.
One of the reasons AIDS has been so devastating worldwide is **stigma**: disgrace or shame associated with a particular circumstance. From the first isolation of the virus, the disease was considered a threat solely to gay men. Because of its association with homosexuality, most authorities were reluctant to endorse public health campaigns targeting the virus. The social stigma attached to AIDS, coupled with fears of contamination and transmission, meant that many victims were even denied proper funerals. HIV stigma arises from fear, lack of knowledge, and existing prejudices against groups of people most affected by the virus. These include gay and bisexual men, people of colour, immigrants, Indigenous people, and injecting drug users.

These prejudices and stigma led and still lead to people not feeling safe to admit they were experiencing HIV/AIDS symptoms, an unwillingness of government or medical systems to acknowledge the disease and provide compassionate care, and governments and organizations being less willing to commit to developing treatments. Stigma affects HIV prevention. Fear can stop people from getting tested regularly and knowing their status. It can also cause people living with HIV to feel uncomfortable disclosing their status to their partners. People who experience stigma are also more likely to miss check-ups with doctors or access medications due to fears of being “outed” or to discomfort speaking with others about their status. That can lead to an increase in their viral load and subsequently increase the risk of onward transmission.

Because of stigma, people known to have HIV may have a hard time finding housing, accessing healthcare, or securing employment, which can leave them more vulnerable to the other injuries and illnesses that play a role in weakness or death. They may also face emotional and mental health challenges associated with isolation and/or discrimination they experience.

While progress in 2SLGBTQ+ rights and HIV/AIDS awareness have been made since the 1980s, many people living with HIV still experience unfair treatment due to their actual or suspected HIV status. However, HIV does not discriminate. It affects people of all genders, races, sexualities, backgrounds, and lifestyles. The recent American presidential election has brought new executive orders about “gender ideology” which have led to the removal of webpages from the Centres for Disease Control and Prevention, and other health agencies. HIV- and LGBTQ+-related information is disappearing from these public sites, which creates dangerous gaps in scientific information. The Infectious Diseases Society of America issued a statement decrying the removal of information saying that access is “critical to efforts to end the HIV epidemic,” as it and other illnesses and infections threaten public health and impact the entire population.

Especially in these circumstances, it’s important that we challenge stigma. Remember and tell others that U=U, and that people living with HIV can take medication that suppresses the virus so effectively that they have an undetectable viral load, which means that they cannot pass HIV on to others. Be mindful of your language – referring to yourself as “clean” because you don’t have HIV implies that people who are positive are dirty, which is untrue and stigmatizing. Don’t say things that might make others feel blamed, shamed, or unwanted. If you know someone living with HIV, show them that you care. Lend a listening ear, have a warm conversation, and do all you can to make your positive friend or family member feel loved and supported. CANFAR says “stigma can be changed one person at a time through awareness, acceptance, understanding, challenging discrimination everywhere it exists, and ultimately through compassion.” With recent medical advances and each of us working within our communities to dismantle stigma, we can disrupt discrimination and take in messages of hope.

Related Resource Links: The Government of Canada has resources about U=U including breakdowns of the science and video testimonials as well as a collection of awareness resources.

This article from NBC looks back at the early days of the AIDS epidemic, government inaction and media’s role in downplaying the “gay plague.”

The People Living with HIV Stigma Index aims to understand the experiences of people living with HIV who have been affected by stigma and discrimination in 50 countries around the world. You can also read about and view short videos in Journeys to living well with HIV: Positive stories by Indigenous women and gender-diverse people.

Nine Circles is a Winnipeg-based organization that has a Lived Experience Advisory, a group of folks living with HIV who consult on Nine Circles’ communications activities. They came up with a list of 10 things they want people to know about HIV, in their own words. You can download a graphic of these 10 things Manitobans living with HIV want you to know here.

1) HIV doesn’t define me.
    - Get to know me before you judge me. Understand me as a person first.
2) If I didn’t have HIV, I wouldn’t be who I am now.
    - Being diagnosed with HIV changed my perspective about everything in my life. It has challenged me to live above everyone’s expectations.
3) People living with HIV can have families.
    - You can still be in healthy relationships with HIV-negative people and have healthy babies that are HIV-negative.
4) Don’t ask me how I got HIV.
    - It doesn’t matter how I got infected.
5) HIV is not a punishment; it can happen to anyone
    - The only difference between me and someone who is HIV-negative is that I have it, not them.
6) The medical system can reinforce stigma.
    - Stigma won’t change unless medical practitioners are taught not to discriminate.
7) HIV is like any other chronic illness.
    - I’m just like any other person, I just need to take my pills.
8) HIV stigma is as strong now as 20 years ago.
    - HIV has less of a physical impact and more of a mental impact now. The meds help you live much longer but the stigma is the killer.
9) Everyone has a stake in preventing HIV.
    - The responsibility to protect yourself is yours, and it’s important for everyone to get tested.
10) Don’t be afraid of people living with HIV.
    - We are not dirty people.
    - We deserve love, respect, and dignity.
    - We all have a responsibility as people living in the world to end stigma.

Casey House

Casey House is located in Toronto, where it was founded by a group of volunteers led by journalist and activist June Callwood in 1988. It was the first stand-alone hospice in Ontario, and Canada's first stand-alone treatment facility for people with HIV/AIDS. It cultivated a welcoming, home-like environment. From the Casey House website:

> "Many people were dying alone, cut off from the support of family, friends, and the medical community because of stigma. Guided by the strong conviction that when a person is dying, they should do so according to their own wishes, surrounded by loving caregivers, June Callwood's goal was to create a place of medical excellence in HIV/AIDS treatment and, most importantly, a place of love and compassion. When the first client arrived at our front door he was greeted with a hug – it was the first time he'd been touched in months."

At the core of Casey House's philosophy was the belief that everyone deserves to be cared for with dignity and compassion. New approaches to palliative care were created there. It has since evolved to a specialty hospital that provides support and care for those living with, and at risk of, HIV.

Related Resource Links: Read more on Casey House's website about its founders, and the organization's work today. Nick Green hosted a 4-episode podcast called With Dignity: The Story of Casey House that you can find wherever you get your podcasts.

AIDS Quilts

Adapted from Theatre Aquarius

Quilts have been associated with memorializing AIDS since 1985. Activist Cleve Jones was organizing a candlelight march honouring the 1978 assassinations of gay San Francisco Supervisor Harvey Milk and Mayor George Moscone when he learned that over 1000 people in San Francisco had died of AIDS. He asked the marchers to write the names of their loved ones, and displayed the placards on a building where they looked like a quilt. This eventually led to the creation of fabric quilt panels by volunteers all over the USA, where it was displayed for the first time in 1987. It toured the US and Canada in 1989, which inspired Canadians to make their own panels. These stayed in Canada as the beginning of the Canadian AIDS memorial quilt. Today, more than 35 countries have their own AIDS Memorial Quilt.

AIDS Quilts have become a cultural expression of bereavement and a part of our heritage of coping with grief and mourning. These Quilts occupy a unique place within the history of quilting and of commemoration. They are not used as a utilitarian object for keeping warm, nor would some consider these decorative objects.

Like quilts, memorials are also cultural expressions that take a material form. Fixed in time and space, memorials serve as sites of public and private mourning. Unlike most memorials or quilts, the AIDS Quilt is a living memorial, growing and changing with the addition of each new panel. Over 48,000 unique three- by six-foot panels comprise the American Quilt, and the Canadian one is made up of over 600 panels (eight are sewn together to make a 12'x12' Section, with more than 80 sections total). The size of the panels was chosen to approximate the dimensions of a grave. Due to both the social stigma of AIDS and the outright refusal by many funeral homes and cemeteries to handle the remains of the deceased, many people who died of AIDS-related causes in the beginning of the crisis did not receive a funeral. Lacking a memorial service or grave site, the Memorial Quilt was often the only opportunity survivors had to remember and celebrate the lives of their loved ones.

Friends and family members design and make these mixed media panels celebrating the lives of mostly ordinary people. The Quilt isn't quite a quilt in the traditional sense. It lacks batting and traditional motifs, although the use of mixed media evokes a Victorian “crazy quilt” of the late 19th century—quilts constructed of different types of fabric often cut into asymmetrical shapes and stitched together in unique and somewhat abstract patterns.

In addition to the Quilts’ importance as memorials of those who some in society have been reluctant to mourn, they also serve as an important educational tools – both as a powerful image to increase AIDS awareness and HIV prevention, and through the archived biographies and stories that accompany each panel. These stories reveal the experience of life lived in the age of AIDS.

During MTC’s production of *Casey and Diana*, a section of Canada’s Quilt, made up from panels from Manitoba, is displayed in our lobby. An art project created by the Rainbow Resource Centre, inspired by memorial quilts, is displayed upstairs.

Related Resource Links: Find more details about the original AIDS Memorial Quilt and the Canadian AIDS Memorial Quilt, where you can also explore the provenance of individual panels.

Princess Diana

Diana, Princess of Wales, was the first wife of Prince Charles (now King of the United Kingdom) and mother to Prince William and Prince Harry. She and Charles married in 1981, divorced in 1996, and she died in a car crash in 1997. Because of her widespread popularity and global humanitarian efforts, she was and is known as the “Peoples Princess.” But why is she a title character in a play about AIDS patients?

One of Diana’s causes was to raise awareness and dismantle stigma around HIV/AIDS beginning in the late 1980s, which was remarkable at the time. Fear and stigma led to many people, including medical staff and families, being afraid to touch patients or even be in the room with them. In 1987, Diana opened the UK’s first HIV/AIDS unit at Middlesex Hospital. During this visit, she made a point of shaking hands with a terminally ill patient, without wearing gloves. In his 1992 biography, Diana: Her True Story—In Her Own Words, Andrew noted that in shaking the patient's hand Diana had "done more than anyone alive to remove the stigma surrounding the deadly AIDS virus." In 1989, she hugged and cuddled infected babies and children at Harlem Hospital, leading the pediatric director to tell her “Your presence here and in Great Britain has shown that folks with this disease can be hugged, can be cared for."

Princess Diana continued her visits to AIDS patients in the 1990s, including coming to Casey House in 1991, which sparked the inspiration for bringing the leadup to this historical moment to life in this play, where Diana’s upcoming visit provides motivation for residents reaching the ends of their lives. In real life, her shaking hands with residents was still considered dangerous, and a subversive act. Former Casey House nurse Erika Eprecht said “she demonstrated to the world that people living with HIV/AIDS also deserved love and care. Her advocacy enlightened and educated many at a time when fear and stigma were rife. We had been recognized and her notice felt both genuine and gratefully supportive. And then, we carried on.”

Diana visiting Casey House in 1991. Her visit made international headlines when she was photographed having physical contact with a patient with HIV.

In 1991, Diana made a speech at the Children and AIDS conference, putting the motivation behind her actions into words.

> "’HIV does not make people dangerous to know, so you can shake their hands and give them a hug,’ she said. ‘Heaven knows they need it.’ She went on to explain that it was also safe to share a home, a workspace or a playground with an infected adult or child, emphasizing scientific fact and logic over hysteria and bigotry. ‘We all need to be alert to the special needs of those for whom AIDS is the last straw in an already heavy burden of discrimination and misfortune’" (Elle).

Because Diana was so popular and brought true passion to her cause, even visiting wards and clinics in London without media present, she had major influence amongst the public in terms of HIV awareness. Her visits brought attention to the need for compassionate care for those dying of AIDS and helped dispel some of the mythology around how the disease is contracted. Ian Green, chief executive of the HIV charity the Terrence Higgins Trust said in a 1997 interview, “did things which were truly remarkable. She was the first person of profile who was prepared to shake hands and touch people with HIV, which at the time was seen as a risk. This statement publicly challenged the notion that HIV was passed from person to person by touch.”

Related Resource Links: Read more about Princess Diana’s AIDS awareness work and legacy in articles from Elle, Tatler, and the Terrence Higgins Trust; or watch a video from BBC (4:03). Find out more about Diana’s life from Biography.

Expanding Understanding: HIV/AIDS in Manitoba

Casey and Diana takes place in another city decades ago, but the disease the characters are facing is not a thing of the past or far away. Manitoba has the second-highest rate of HIV diagnosis in the country (19.3 people per 100,000), with newly diagnosed cases increasing every year from 2018-2021, and 40% more diagnoses in 2023 than in 2022. A recent study found that in Manitoba, HIV clearly intersects with lack of housing, mental illness and methamphetamine use. Nine Circles Community Health Centre ED Mike Payne notes:

> “The most structurally disadvantaged communities in Manitoba are disproportionately impacted by this crisis, including Indigenous people, 2SLGTBBQIA* people, members of the African, Caribbean and Black communities and people who use drugs. Consider that when we create or sustain barriers to accessing health information and resources, we create the environment to harm those most in need.”

In this study, women made up 45% of new cases, which suggests that they represent a particularly vulnerable population in Manitoba. Initiatives that specifically address barriers women face, such as disproportionate childcare responsibilities, experiences of intimate partner violence, and decreased access to supports for sexual and mental health, including an approach called the Women-Centered HIV Care Model, could make an impact.

The over-representation of Indigenous people in the number of cases, researchers say, “reflects the complex social and structural barriers many Indigenous people face due to systematic oppression by all levels of government over generations.” Researchers referenced the Truth and Reconciliation calls to action to redress harms inflicted upon Indigenous peoples, and paraphrased the call of “all levels of government to recognize health disparities faced by Indigenous people, and to support and implement Indigenous-led strategies, as well as to collaborate, listen and meaningfully engage with Indigenous peoples to close healthcare gaps.”

A challenge in Manitoba includes that community members may have had traumatizing experiences with public health; because of the stigma of drug use encountered in the medical system, someone who struggles with drug use might decide to take health care into their own hands and forego or be inconsistent with treatment for HIV. Other issues include lack of health-care resources that shut down during the pandemic, difficulties accessing medication – not everyone has access to a health card, or they may lack funds for medicine – and stigma or HIV being a taboo topic in their community. Unsurprisingly, people who are unhoused have lower rates of being able to participate in or keep up with treatment. But, as Helina Zegeye, director of Sunshine House’s sexual health outreach program said, “taking a pill every day is not easy for anybody.” They believe that other options for medications would be helpful.
It is worth noting that treating HIV without addressing other social determinants of health does not lead to better health outcomes overall.

There are several organizations in Manitoba that serve people living with HIV. One of these is **Nine Circles Community Health Centre**, which provides low barrier, culturally safe prevention services, comprehensive care, treatment, advocacy and education for Manitobans susceptible to, or living with HIV; they also work to eliminate stigma and advocate for health equities.

Nine Circles was created through an amalgamation of four AIDS Service Organizations (ASOs), which emerged in the late 1980s to early 1990s. The founding agencies were:

- **Village Clinic,** which emerged as a gay men's health centre and was at the forefront of the community-based response to HIV testing, primary care and treatment.
- **Kali Shiva AIDS Services,** which prioritized volunteer in-home/community supports, peer involvement and empowerment. Kali Shiva would also emerge as an early leader in the advancement of harm reduction in Manitoba.
- **AIDS Shelter Coalition of Manitoba,** which emphasized advocacy and support related to the social determinants of health: housing, income security and social justice
- **Manitoba Aboriginal AIDS Task Force,** which led the response to HIV's impact on Indigenous people of Manitoba including the introduction of indigenous teachings into prevention and care models, cultural safety and social justice. MAATF's Four Doorways Project was a groundbreaking educational tool that continues to influence HIV education to this day.

This model of HIV care shifted from hospital-based care to community-led, where wholistic service planning can more easily occur.

Sunshine House, Inc. began its life in 1983 as the Kali-Shiva Society. Kali was a group of volunteers who organized to care for Brian Taylor, the thirteenth person to be diagnosed with AIDS in Manitoba. Kali was later renamed in honour of Dione Sunshine — two days before she died of AIDS at the St. Boniface Hospital in January 2000. Today, Sunshine House exists as a community drop-in and resource centre in Winnipeg focusing on harm reduction and social inclusion. Participants can come as they are, and are not expected to be "clean" or sober. They also operate MOPS, the Mobile Overdose Prevention Site, where people can access information on harm reduction, get referrals and can use drugs in a safe, warm space where they are supervised by staff who are trained in overdose response. By providing access to clean supplies, Sunshine House and MOPS reduce the risk of people who use drugs contracting HIV.

The **Manitoba HIV Program** believes that every Manitoban should have the same access to HIV care, regardless of where they reside in the province. They coordinate service coordination, educate healthcare providers, and work with these providers to help people get care and treatment close to their homes.

In June 2024, the Manitoba government began a program that covers most medications used for the prevention and treatment of HIV. This includes pre-exposure prophylaxis (PrEP) for people at ongoing high risk of acquiring HIV, post-exposure prophylaxis (PEP) for people who may have been exposed to HIV within the last three days, and anti-retroviral therapy (ART) for people living with HIV.

Related Resource Links: Read a more detailed account of the study mentioned here on CATIE's website; a CBC news article summarizes findings from December 2024.

Find out more about each of the organizations mentioned on their websites: Nine Circles, (which also has specific information about getting tested for HIV and other infections); Sunshine House, and the Manitoba HIV Program.

Manitoba Pioneers in AIDS care and activism

Dr. Dick Smith was one of the first Winnipeg doctors to support patients diagnosed with HIV and AIDS. He moved to Winnipeg from England in 1972. Here he helped found the Village Clinic, which was one of the organizations that evolved into Nine Circles. After formally retiring, he continued to work, founding the Gay Men's Health Clinic (since renamed Our Own Health Centre). Smith was a powerful educator, working to prevent and manage AIDS even before doctors had access to tests that screened blood. Through the 80s, 90s, and beyond, he made pamphlets, did direct outreach – including setting up testing clinics in bathhouses – taught other health care providers, and led fundraisers. He protected the privacy of his patients but encouraged them to break the secrecy and go public about living with HIV to end stigma. One of his patients referred to Smith as a "gay hero." Dr. Smith passed away through medical assistance in 2023.

Learn more:
Retirement Article
CBC Biography
Video

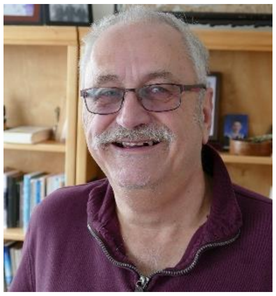
On his own website, **Albert McLeod's** biography says that he has ancestry from Nisichawayasihk Cree Nation and the Metis community of Norway House in northern Manitoba. He has over thirty years of experience as a human rights activist and is one of the directors of the Two-Spirited People of Manitoba.

McLeod began his Two-Spirit advocacy in Winnipeg in 1986 and became an HIV/AIDS activist in 1987. He was the director of the Manitoba Aboriginal AIDS Task Force from 1991 to 2001. In 2018, McLeod received an Honorary Doctorate of Laws from the University of Winnipeg.

He works as a consultant specializing in Indigenous peoples, cultural reclamation, and cross-cultural training.

McLeod is known by some as the Grandmother of Manitoba's Two-Spirit movement. He and his peers adopted the term "Two Spirit" in the 1990s to create community for themselves and for thousands of other sexually and gender diverse Indigenous people across North America.

Learn more in this extended biography.



Jim Kane was once one of Dr. Smith's patients. He was diagnosed at the age of 32, in the 1980s. He and his peers volunteered for clinical drug trials because "we thought we had nothing to lose. But, we wanted to help for the sake of humanity in the struggle to defeat HIV AIDS." In the late 1990s, Kane responded well to treatment. He said: "I had an opportunity to look at life through a different lens. It was less about me. I became a community activist. In the beginning it was about staying alive. In the end, it was about giving back to community." Kane has served on the boards of Nine Circles, the Canadian AIDS Society, the Global Network of People living with HIV/AIDS, and was on the Canadian Treatment Action Council. Kane acknowledges the deep-rooted stigma of the past and present, and that it is still a factor today – "I know a lot of people in my peer group who are dealing with the effects of trauma on their mental health" – so his continued advocacy is important and appreciated.

Learn more:
Interview with Egale
CBC Article

Glossary and Mentions

Cruising – Because of persecution of same-sex couples, traditional dating and meeting for friendship or romance have been dangerous and illegal. In the 1970s, cruising, to search a public place for a sexual partner, became more common. Casual hookups, one of the only ways to find connection, were one of the risk factors of HIV spreading.

Docent – Someone who leads guided tours especially in a museum or gallery.

Golden Girls – An American sitcom that aired from 1985 to 1992, about four older single women sharing a home in Miami. It was a particular hit with queer audiences (see this article for more).

Hazmat Suit – A heavy-duty protective suit worn when dealing with hazardous materials (hence the name) like toxic waste or ash. When there was stigma and fear about how AIDS was spread, even medical professionals would sometimes overreact and wear enough protective gear that Thomas refers to it as a hazmat suit.

Hospice – A facility that provides palliative care and emotional support to the terminally ill in a home or homelike setting.

Marco Polo – A form of tag where the person who is “it” has their eyes closed and calls out “Marco!” to which other players respond “Polo!”

Memorial Candle – Lighting a candle in memory of someone who has died is a tradition in many cultures and faiths. The flame can be seen as a metaphor for a soul; light can represent hope or a guide; and the act of lighting calls for a moment of pause and reflection. The International AIDS Candlelight Memorial started in 1983. It serves as a community mobilization campaign to raise social consciousness about HIV and AIDS.

Protocol – A code of correct etiquette.

Steel Magnolias – A 1989 film set in a hair salon with strong themes of community, family, friendship, and love.

Sue Grafton – American author of detective novels, including one for every letter of the alphabet (except Z – she died before writing her last book.) Andre would have had access to A through H in 1991.

Sundowning – Sundowning, also known as “sundowner’s syndrome, describes behavioural changes that can occur in people with dementia in late afternoon or early evening. It’s characterized by increased confusion, restlessness, and neuropsychiatric symptoms like anxiety, agitation, and aggression. Sundowning can occur at any stage of dementia, but it’s more common in the middle and later stages. It’s not necessarily linked to the sun setting. [Definition provided by Theatre Aquarius.]

The Emmanuels – David and Elizabeth Emmanuel designed Princess Diana’s engagement and wedding dresses. The engagement dress was strapless black taffeta that cemented Diana’s status as a fashion icon.

The Wizard of Oz – A 1939 musical film that is part of queer canon, possibly from interpreting the three central male characters as gay men revolving around a campy heroine. It also involves found family, journeying to a big city, and features the song “Over the Rainbow.”

Train – Part of a gown that trails behind the wearer.

Explore More: Recommended Library Reading List

Explore More 2SLGBTQ+ History

Out North: an archive of queer activism and kinship in Canada by Craig Jennex and Nisha Eswaran. Dive into Canada's 2SLGBTQ+ history with the crème de la crème of resources. Filled with stunning archival materials sourced from The ArQuives: Canada's LGBTQ2+, the largest independent queer archives in the world, Jennex and Eswaran take you on a journey through intimate and powerful yet often silenced Canadian histories. 323.3264 JENNEX 2020

Len & Cub: a queer history by Meredith J. Batt and Dusty Green. Discover one of the oldest photographic records of a same-sex relationship in the rural Maritimes. Leonard "Len" Keith was an amateur photographer, automobile lover, WWI vet, garage, and pool hall owner, and Joseph "Cub" Coates, a lover of horses, butcher, contractor, and veteran. Len captures their affection and time together in this book that challenges the ideas about love and friendship, sex and gender expression in the early 20th century. B KEITH 2022

Fierce desires: a new history of sex and sexuality in America by Rebecca L. Davis. Davis takes readers on a sweeping narrative across 400 years of the dramatic and changing history of sex and sexuality in America. From Two-Spirit Pueblo people in the 17th century to one of Martin Luther King Jr's aids and gay rights activist, Kiyoshi Kuromiya. Throughout Davis highlights gender nonconformity, queer love, abortion, and facts the Right have said are recent phenomena. 306.70973 DAVIS 2024

Casa Susanna directed by Sebastien Lifshitz. An underground community of transgender women and cross-dressing men find refuge in the Catskills Mountains, New York. This house, known as Casa Susanna, allowed space for true expression while the transphobic world of the 1950-60's raged. The film interviews those who visited and looks at the covert world that offered solace, safety, and freedom. Available through Hoopla and Kanopy.

Explore More 2SLGBTQ+ Fiction

The house of impossible beauties by Joseph Cassara. Throwback to *Paris is burning* and take a trip to New York in the 1980s where the Harlem ball scene is beginning to flourish. Angel is seventeen and falls in love with Hector. They decide to form the first-ever all-Latino house in the Harlem circuit – the House of Xtravaganza. Recruiting a myriad of charismatic personalities to the house, the Xtravaganza's navigate their tough life of 1980s NYC at the beginning of the HIV/AIDS epidemic. FICTION CASSARA

The great believers by Rebecca Makkai. At height of the AIDS crisis in Chicago, Yale works for an art gallery and is about to acquire a hoard of amazing 1920s paintings. As Yale's friends continue to die, soon the only person left is Fiona. Thirty years later Fiona is tracking down her daughter who joined a cult. Staying with a photographer friend who captured the crisis she confronts the devastating impact AIDS had on her life with her daughter. Reader's journey through the anguish of the 80s to the chaos of today's world as characters try to see the light amidst the darkness. FICTION MAKKAI

An evening with Birdy O'Day by Greg Kearney. Take a dive into this hilarious and moving novel about aging hairstylist Roland and his now estranged childhood best friend and first love, washed-up pop icon, Birdy. Roland shares a contented life with Tony until one day Birdy plays his first hometown concert in decades. Witness Roland and Birdy come to terms with their past in this novel about heartbreak and queer survival, filled with wit and boisterous laughs.
FICTION KEARNEY

There are 1.4 million books, movies, audiobooks, eBooks and more at the Winnipeg Public Library, and all you need to borrow them is your library card. There are 20 locations throughout the city and there's an online catalogue for requesting items for pick-up at your library of convenience. An e-Library has thousands of eBooks, eAudiobooks and more! All free with your card. Visit us at Winnipeg.ca/library

Discussion Prompts

Provided by Theatre Aquarius

- The play *Casey and Diana* presents many contrasting themes (eg. reality vs fantasy, wellness vs illness, hope vs despair, loneliness and isolation vs community, intimacy vs distrust). A director has many devices at their disposal to convey these ideas to an audience including lighting, props and furniture, blocking (location on stage), wardrobe, makeup, and sound**. Before the show, imagine you are a director.** How would you use these devices to convey:
    - a real person vs an imaginary one or a ghost
    - people in a hospital vs people in a park
    - a happy, optimistic character vs a sad or lonely character
    - a healthy person vs a sick person
    - a character changing their mind

  After the play, revisit this question and discuss the artistic choices the director made to convey these themes. How did these elements elevate/strengthen the story?

- Have you ever heard of Casey House? If so, what do you already know? If not, what questions do you have?
- What do you already know about HIV/AIDS? What questions do you have?
- What myths are there about HIV/AIDS? (There is a table of examples in the Context section)
- How would you define activism? Where have you seen examples of activism throughout history and today? Can you think of any examples of activism in your school and/or community?
- What does it mean to live and die with dignity? How might people change how they live when they know they are dying?

Suggested Classroom Activities

Provided by Theatre Aquarius

Choral Speaking and Movement

Before beginning this, please have a discussion with students using the various resources provided, about AIDS/HIV, and the need to treat this exploration with respect and seriousness. This set of exercises uses the poems available at https://engdic.org/poems-about-hiv-aids/

- Warmup: Have students look at the various poems and ask them to choose one word or phrase that speaks to them emotionally. Write it down on a piece of paper. Place all the words into a hat and have students randomly pick a word (don't share with anyone else).
    - Word toss: Have students stand in a large circle and begin to toss the word they chose to someone across the circle. Remind them to make clear eye contact and to indicate clearly who they are tossing the word to. Ask students to toss the word with the emotion that they associate with the word. The student who catches the word repeats it, with the same emotion, then tosses their chosen word across the circle to someone else. This should go as quickly and smoothly as possible. As a variation, have students travel across the circle to deliver their word, with the emotion and energy of the word. The person receives and repeats the word, then crosses to someone else. You could have several students crossing simultaneously. It may create chaos, but lots of great energy!
    - Gestures: Ask students to walk around in 'neutral' (no emotion, hands at side, quick, efficient walking). Choose a word from the hat and call it out loudly. Students will immediately use their entire bodies to reflect the emotion and energy of the word and FREEZE. Hold for 5 seconds, then release them into neutral walk. Encourage students not to walk in a circle but randomly, and not to think about, plan, or edit their reactions or each other. They may react with a student near them but there should not be contact.
- Choral Speaking Part 1:
    - Review the elements of effective choral speaking (same pacing, tone, emotion, clear diction/enunciation, volume...).
    - 2. Divide students into smaller groups (4 – 5) and have them choose a poem (you can place copies of each poem on the stage for one group leader to come pick).
    - Each group will silently read their poem, then discuss what the poem is saying, the emotional tone of the piece.
    - 4. Have students say the poem chorally (in unison). Now find ways to make it more interesting using the various voices in the group (ex: have two voices on one line, all on another, ...). Make sure they include the meaning and emotion in the poem as well as the technical delivery.
    - 5. Share the poems as a class, with each group presenting, and all students critiquing how they felt about the poem and the choral speaking of the group. (What I liked, suggestions to make it better – always positive, never personal).

- Choral Speaking and Movement, Part 2: Using the poems that have been chorally presented, students will now add movement and gesture to their pieces.
    - Choose a song that they feel embodies or reflects the feeling of their poem and its meaning and use this as an entrance/opening and exit/closing piece to frame the choral speaking and movement.
    - Students will now create movement/gesture to accompany their lines. The entire group can share the movement as well or some can freeze while others move. Encourage students to feel the words in their movements and to be as creative as possible with their choices. Remind them, that the movements should never contradict or upstage the words – meaning first, movement compliments.
    - Share final pieces with the class as a whole and offer critique.
    - As a class project, try to thread each piece together, one after another, so it becomes one presentation piece. A note: this piece could be resurrected for December 1, World AIDS Day, and presented at school or in the community.
- Character development: Ask students to choose a poem that might fit the voice of one of the characters in *Casey & Diana* - Thomas, Majorie, Andre, Pauline, Vera, Diana. How might *they* deliver the lines from the poem, to impact the audience?

Monologues: Ask your students to select one of the monologues from the play and to create a "Monologue Worksheet**",** having students map out who their character is, why they are saying the monologue, to whom are they speaking, and the emotional moments of the monologue. Monologues are available online here – they may NOT be shared beyond your class for the purpose of this exercise – and resources from Theatre Aquarius about how to explore a monologue are available here.

- Have them begin to learn the monologue and create a daily journal of their process. *What did they discover in today's rehearsal? Did they try something different?*
- Once they have shared their worksheet with you, let them begin to rehearse their monologue.
- It is helpful if they pair off with another student so they can listen to, watch, and critique each other's rehearsal.
- If they are comfortable and give permission, have them film each other's monologue (make sure there are strict rules in place that nothing filmed will be shared on any social media platform. That is a violation of privacy and copyright).
- Encourage students to try several ways of delivery. Once they are satisfied with choices, REHEARSE, REHEARSE, REHEARSE….

Confronting Stigma: Read each of the following "Stigma Scenarios" and "What You Can Do" suggestions. https://www.cdc.gov/stophivtogether/hiv-stigma/stigma-scenarios.html Write a short scene to act out one of these scenarios. Follow-up questions:

- How would you react if these situations happened in your life?
- How easy would it be to respond as the characters in your skit responded?
- What social challenges are faced by people diagnosed with HIV?
- What social challenges are faced by their allies?
- What is the difference between "awareness" and "acceptance"?

Creating a Musical Mnemonic: Thomas creates a silly song to help him remember the facts of Diana's life. In a similar fashion, compose a song or chant to help you remember something: the dates of a historical period, the names of cities or scientific elements… anything at all!
After you have written your song/chant/rap, consider how the musical elements contributed to the mood - how might it be different, if you change the tempo, dynamics, articulation?

Re-writing the song for the time: When Princess Diana died in 1997, the pop artist Elton John re-wrote lyrics to his popular song "Candle in the Wind" to reflect Diana's life and impact. Listen to and analyze both songs, comparing the lyrics and musical elements as well as the effects that these changes have on the song's impact.

Class Memory Quilt: Quilts and other cloth-based narrative art are used to record and preserve history in many countries and cultures. As a wrap-up activity, teachers can introduce narrative fabric art from different countries and ask students to compare the formal elements as well as the historical purposes with those of quilts explored in connection to the AIDS Memorial Quilts.
Determine a theme or deeper connection for the classroom memorial quilt you and your students will make. Determine whether this will be done with paper - various found and cut papers, drawing, painting etc. or through various found fabric pieces and sewn items like buttons, ribbons, felt, clothing scraps etc.
Lesson extensions:

- Invite a quilter to your classroom.
- Invite family members of students to bring their quilts to class for "show and tell." Where quilting is still a tradition, students can also conduct interviews about quilts in their homes.
- Study cross-cultural connections regarding quilting using quilts from other countries or cultures.
    - African Kente cloth: the lesson plans: Fabric patterns/African Peoples and Textiles Convey Meaning Through the Use of Pattern and Color, Art and Life in Africa. Information on the history and meanings of Kente cloth is located at History and Significance of Ghana's Kente Cloth.
    - Latin American arpilleras (wall hangings made of cloth pictures that tell a story): Arpilleras have also been used to chronicle political injustices in various Latin American countries. Pictures and descriptions of arpilleras are available at Community Resource Library (Chile -- Children's Literature and Holidays and Celebrations -- Children's Literature and the Latin American Network Information Center (LANIC)
- Use the book *The Keeping Quilt* by Patricia Polacco to introduce an activity in which students make a 'keeping quilt' and hang it in the school. Read aloud from The Keeping Quilt and then ask students to write about and draw a memory.

World AIDS Day: What can your students and staff do to raise awareness for World AIDS Day, 2025? Brainstorm with your students what they can create and contribute to commemorate this day in their schools, their community, their city. Research how AIDS/HIV has impacted their city and the cities around them.

Looking at Death: The topic of death may be familiar to students through the loss of a family member, a pet, or a famous person, and must be approached with care and sensitivity. Death is a key focus point for many of the characters in *Casey and Diana* and discussion of death as the final stage of life supports the play's content.

- With your class, read the poem ‘The Next Place’ by Warren Hanson and discuss how the words and images in the poem might offer comfort to each of the characters (Thomas, Andre, Pauline, Vera, and Marjorie) as they consider death - their own as well as the deaths of people they loved. You can also hear the poem recited here or watch the picture book version.
- In discussing the funeral dress she has worn too often, having lost so many friends to AIDS, Pauline says: “I realized that I’d way rather wear the dress than have no-one left to wear it for.” Discuss this, perhaps with reference to the quote from *The Other Side of the Mountain* (often misattributed to Winnie-the-Pooh): “How lucky am I to have something that makes saying goodbye so hard.”

Curriculum Connections

Attending Royal MTC’s production of *Casey and Diana* and discussing it, engaging with this guide, or participating in some of the suggested or similar activities, will fit into the Manitoba curricula in the following ways.

English

(https://www.edu.gov.mb.ca/k12/cur/ela/framework/full_doc.pdf**)**

As the English Curriculum in Manitoba is in flux, we have not designated SLO numbers to these outcomes, but they all show up in both the 2000 curriculum and the most recent drafts of the new curriculum.

- research and study topics and ideas
- interpret and integrate information and ideas from multiple texts and sources
- manage information and ideas
- recognize and analyze inequities, viewpoints, and bias in texts and ideas
- investigate complex moral and ethical issues and conflicts
- Become aware of and articulate the ways that one engages with text
- recognize, apply and adapt rules and conventions

Drama

DR–M2	The learner learns to use and is exposed to a variety of elements of drama and theatre
DR–M3	The learner learns to use and is exposed to dramatic forms and styles
DR-CR1	The learner generates ideas from a variety of sources for creating drama/theatre.
DR-CR2	The learner revises, refines, and shares drama/theatre ideas and creative work.
DR-R3	The learner analyzes and interprets drama/ theatre experiences.
DR-R4	The learner applies new understandings about drama/theatre to construct identity and to act in transformative ways.

DR-C1	The learner develops understandings about people and practices in the dramatic arts.
DR-C2	The learner develops understandings about the influence and impact of the dramatic arts.
DR-C3	The learner develops understandings about the roles, purposes, and meanings of the dramatic arts.

Music

M-M1	The learner develops competencies for using elements of music in a variety of contexts.
M-CR2	The learner experiments with, develops, and uses ideas for creating music.
M-C1	The learner develops understandings about people and practices in music.
M–C2	The learner develops understandings about the influence and impact of music.
M–C3	The learner develops understandings about the roles, purposes, and meanings of music.
M-R2	The learner critically listens to, observes and describes music experiences.
M-R3	The learner analyzes and interprets music experiences.

Visual Arts

VA-C1	The learner develops understandings about people and practices in the visual arts.
VA–C2	The learner develops understandings about the influence and impact of the visual arts.
VA–C3	The learner develops understandings about the roles, purposes, and meanings of the visual arts.
VA–CR1	The learner generates and uses ideas from a variety of sources for creating visual art.
VA–CR2	The learner develops original artworks, integrating ideas and art elements, principles, and media.

Health

Casey and Diana may also connect to Grade 7 Lesson 5 and Senior 1 Lesson 6.

Further Resources for Educators

The Get REAL Movement Educator Resources

I'm From Driftwood Videos and oral histories that aim to help LGBTQ people learn more about their community, cishet people learn more about their neighbors and everyone learn more about themselves through the power of storytelling and story sharing.

Rainbow Resource Centre Educational Workshops

Children and Youth Grief Network – Grief and Death Education Toolkit Request Form

Canadian Queer History timeline, sortable by decade.

HIV/AIDS Lesson Plans from KidsHealth and Advocates for Youth.

World AIDS Day:
https://www.youtube.com/watch?v=GwPMqraNmyU
https://www.sdgresources.relx.com/events/world-aids-day-2025
https://www.youtube.com/watch?v=fBQp0T-CTTw
https://www.cbc.ca/news/health/world-aids-day-2022-1.6670635

Mental Health, Grief, and 2SLGBTQ+ Resources

If you are feeling overwhelmed, talking about what you saw with a trusted friend, family member, Elder or teacher can be helpful. If you or anyone you know needs support, please access some of the following resources. If you need a moment for reflection or recovery, we have a quiet room available to you on the second floor (balcony level). The room will remain open for 30 minutes following every performance.

For immediate help in a mental health crisis:
KLINIC Crisis Line: Winnipeg 204-786-8686; toll-free Manitoba 1-888-322-3019 (24/7)
Manitoba Suicide Prevention and Support Line: 1-877-435-7170
Manitoba Farm, Rural, and Northern Support Services: 1-866-367-3276 (24/7)
Hope for Wellness Indigenous Peoples Helpline: 1-855-242-3310 (24/7)
Winnipeg Crisis Stabilization Unit: 204-940-3633 (24/7)
Winnipeg Mobile Crisis Service: 204-940-1781 (24/7)
Winnipeg Youth Mobile Crisis Team: 204-949-4777, 1-888-383-2776
Seneca Warm Line: 204-942-9276 (24/7)
Kids Help Phone: 1-800-668-6868 or text 686868 (24/7)
Trans Lifeline: 1-877-330-6366

KLINIC Community Health - http://klinic.mb.ca
Provides health care, counselling, and education as well as a crisis line for people of every age, background, ethnicity, gender identity, and socio-economic circumstance. Klinic's crisis line (number above) is open to people of all ages, genders and backgrounds. You do not have to be in crisis or suicidal to call Klinic. Calling the Crisis Lines can be a good place to start when trying to sort out a problem. Klinic can also refer you to other services or programs.

MB Farm, Rural and Northern Support Services besides the 24/7 number above, offers free, confidential, non-judgmental counselling and resources for anyone living on a Manitoba farm or in a rural or northern community. Live chat and resources online at https://supportline.ca

Wellness Together Canada - https://www.wellnesstogether.ca/en-CA offers free and virtual support related to mental health and substance use for anyone in Canada, 24/7.

Rainbow Resource Centre - https://rainbowresourcecentre.org
RRC offers support to the LGBT2SQ+ community in the form of counselling, education, and programming for individuals ranging from children through to 55+. It also supports families, friends, and employers of LGBT2SQ+ individuals. RRC also has a volunteer program, community library, and coordinates the community-led groups and committees. They have curated resources on their website: https://rainbowresourcecentre.org/resources and see their programming for various ages here: https://rainbowresourcecentre.org/programs

Our Own Health Centre serves the 2SLGBTQ+ Community and Men who have Sex with Men (MSM). https://www.ourownhealth.ca/

Egale is a Canadian organization for 2SLGBTQI people and issues that works in research, education, awareness. They advocate for human rights and equality in Canada and around the world, and run a national resource centre on 2SLGBTQI aging. https://egale.ca/

The Get REAL Movement - https://www.thegetrealmovement.com/
A Canadian non-profit focused on combatting 2SLGBTQ+ discrimination, racism, and bullying in schools, summer camps, and workplaces.

Trans Lifeline - https://translifeline.org/
Peer support, run by and for trans people. Based in the US, but has a Canadian crisis line (see above).

Grief and Bereavement

Canadian Mental Health Association – has online resources on grief and can also help connect you to other services. https://mbwpg.cmha.ca/documents/grieving/

Age & Opportunity (A&O) Support Services - https://www.aosupportservices.ca/our-three-pillars/counselling-services/counselling/
Support services for older adults, including counselling services and support groups.

Thrive Community Support Circle -
https://thrivecommunitysupportcircle.com/resource-centre/counselling-wellness/
Not-for-profit primarily serving Winnipeg's with free services.

The Compassionate Friends - http://www.tcfwinnipeg.org/
Offering understanding and support to anyone grieving the death of a child at any age.

Palliative Manitoba - https://palliativemanitoba.ca/support/
Support, education, and grief seminars as well as a volunteer-run telephone support line (not a crisis line but an ongoing phone-based relationship to help deal with grief). Services include specific supports for kids and teens, an online support group for adults, and supplementary resources.

Canadian Virtual Hospice - https://www.virtualhospice.ca/
Discussion forums, and inclusive resources for palliative and end-of-life care, loss, and grief.

Children and Youth Grief Network - https://www.childrenandyouthgriefnetwork.com/
Offers various resources including downloadable tip sheets and handbooks.

Why are there so many different variations of the LGBT acronym?

Language around gender and sexuality is constantly evolving. Some organizations use a + or * to denote those who might identify along a non-heterosexual or non-cisgender spectrum, but not with the same terms; other organizations might prefer to use specific initials in their acronyms. In this study guide, Royal MTC has used the preferred acronyms of contributing organizations and sources.

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Contributors to Theatre Aquarius' Arts Alive Guide:
Carol MacKenzie, Project Coordinator/Editor
Carol Broer, Contributor
Maureen Dwyer, Contributor
Tawnya Johnston, Contributor
Trevor Nicoll, Contributor
Karen Wilkins, Contributor
Jeanette Wilkinson, Contributor

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