In the growing awareness of the AIDS epidemic, the Shanti Project has become a significant resource for those coping with these diseases. Working closely with numerous local and regional agencies, Shanti provides support, through education and counseling, for those facing life-threatening illness and bereavement.

HISTORY:
Clinical Psychologist Charles Garfield founded the Shanti Project in 1974. In less than a decade, Shanti has become a model for volunteer counseling agencies.

Largely funded by private foundations, Shanti soon increased its outreach. In November of 1981, Shanti initiated the first AIDS support group. At the same time, the Project began to recruit "gay sensitive" and "gay identified" counselors. Shanti sponsors several AIDS support groups, two for persons with AIDS, a group for lovers, family, and friends of persons with AIDS, and a chronic health crisis group for persons with AIDS symptoms.

The Shanti Project relocated to the Pride Center in San Francisco in September 1982. With the growing demand through the Bay Area for volunteer counselors, the Project has expanded its outreach efforts to meet this critical need.

Although not all volunteers have a counseling background, without exception they are individuals willing to explore their own feelings about grief, death, and dying. More importantly, they are able to put aside their own issues while with clients, honoring the clients' needs and beliefs and offering emotional support. In addition to working with persons with AIDS, volunteers assist people with life-threatening illnesses and those who are experiencing the loss of a loved one.

Due to the AIDS epidemic, Shanti has conducted several emergency training sessions in addition to the regularly scheduled ones. The July training was highly successful, and another will be held in September. Volunteers make a one year commitment to the Project, often working more than the required minimum of eight hours weekly. (A detailed article on the application and training process for Shanti counselors appears on Page 6.) cont. Page 3
Some time ago, two Shanti clients, who participate in a Shanti support group for persons with AIDS, were interviewed about their disease by Monica Greene, a Shanti volunteer. Monica commented on the willingness of these young men to speak openly and honestly about their feelings that dying is a part of living. Following are some excerpts from her conversations with Chuck Morris and Bobby Reynolds:

CHUCK:
I contacted Shanti out of desperation. No place left to run. My God, now what am I to do? Is there any way I'm supposed to act? I realized I couldn't do it alone. I was looking for a personal miracle, a rescuer, a saviour. My emotional needs have been met through Shanti. The support group has been most valuable. I've been made aware of strengths I didn't know I had. You don't have to pretend in the group; you can be honest. Since everyone has been there, it doesn't take much time to communicate; everyone knows exactly where you're sitting. When you're freaking out and didn't know why, I only had to say a few words and everyone understood. Almost everyone new in the group says they're confused, but someone who doesn't have AIDS could not know the extent of this confusion. It's overwhelming. It's so disorienting. Sometimes it seems like I've lived this way forever ...

Suicide is not really a viable alternative. I keep looking to see what's around the corner. My philosophy is a "mean-to-be" sort of thing: meant to be that I'm sick; meant to be that I joined Shanti. Somewhere down the line I'll be a better person. I'm here for a reason. I have to do the best with what I have for as long as I can. Different people keep going for different reasons. I would like to feel that I will leave having accomplished something. I used to see someone going through something painful and think I'd not be able to deal with that if those things happened to me. I am, dealing with those things.

BOBBY:
Communication between the medical profession and persons with AIDS is a big problem. Trying to get information from the medical profession is difficult. The sensitivity of doctors is often lacking. Many doctors are not trained to talk openly with patients about life-threatening illnesses.

I can't think of anything in my life that is the same. You can't come through something like this without being profoundly affected. I'm more emotionally dependent on people than I ever was and a lot more honest. My perspective on a lot of things in life has changed. I'm more aware of health now; I get more rest, eat more sensibly; I am aware of my body's needs and the changes necessary because of my lowered resistance.

I'm more peaceful with myself than I've ever been. I've stopped going to work. I take more vitamins and seek more quiet moments. I think about God more. I use visualization. I try to show people that I care with a hug or a touch, a phone call, a card to let them know I'm thinking of them. I'm doing more interviews and working at giving facts to people to minimize AIDS hysteria. I'm more willing to talk about my feelings. My relationship with my lover has deepened and strengthened. It's nice to know how many people care. People in the support group have become better friends to me than some people I've known for years. I don't brood about those friends who find it hard to call. I can sort of understand where they're coming from. It's a fearful thing, this disease.

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VOLUNTEER TRAINING:
The Shanti Project maintains a high standard of excellence in training volunteer counselors. For two successive weekends, 30 to 40 participants receive an intensive 40 hour training. The staff provides close and caring supervision. "These training sessions have a unique dynamic which is life-changing for new as well as experienced counselors," asserts Jim Geary, Executive Director.

FUNDING:
The Shanti Project receives funding in a variety of ways. Donations and funding from private foundations, much greater in the past, constitute only a portion of current expenses. Newly acquired contracts with the City and County of San Francisco are presently Shanti's main source of income.

The initial contract, approved in October 1982, supports operation expenses of the Project, including position of Executive Director and Office Manager. The city granted substantial funding for the Shanti AIDS Residence Program to provide housing for displaced persons with AIDS.

The City has also awarded a contract to Shanti for a Director of Community Volunteers. In this newest program, Shanti will train volunteers to assist persons with AIDS who have practical needs such as transportation, shopping, or help with errands.

With additional grants from the City, Shanti has established two part-time Volunteer Coordinator positions. Furthermore, the Project is now able to provide San Francisco General Hospital with inpatient counseling for persons with AIDS. (Articles about Shanti's staff and programs appear on Pages 6 & 7).

The Shanti Project receives contributions from private donors and concerned organizations and businesses.

A major fundraising campaign, the AIDS Fund Emergency Sweepstakes, is currently underway to provide support services for persons with AIDS and to assist in needed research. (For details, see Page 5.)

Although funding is considerable, Director Jim Geary makes it clear that the needs are greater: "The funding we have received due to increased outreach in response to the AIDS crisis is seen as necessary to fulfill only the basic mandates of our work. There is a minimum no-frills staffing at the Shanti Project for reaching over 250 persons with AIDS and over 600 family members, friends, and lovers."

SHANTI'S COMMITMENT:
"The heart of the Shanti Project has always been and continues to be the relationship between clients and counselors. Despite the recent increase in staff and the demand for funding, we continue to train and maintain excellence in volunteer services," says Jim Geary. "I feel that Shanti Project has maintained the essence which has always made it outstanding in meeting community needs as a model volunteer services agency. That essence remains the one-to-one relationship between volunteer and client."

Shanti remains committed to all levels of support services for persons with AIDS and other life-threatening illnesses, and for persons who are grieving the loss of a loved one.
Volunteer Counselor with Grieving Client

Poetry

Gary Lee, a published poet, was a Shanti volunteer counselor for the last year. His professional name, below, means "truth seeker."

NIGHTMARES

I am often misled by familiar shadows that bring to the darkest edge Nightmares without a memory faceless bodies calling out from a fiery altar A glimpse of death exchanged for water A child asleep inside my mother's mouth full of smoke and kisses I bleed watching the ashes of my father's words pull me into winter's arms Retreat, holding sorrow deep inside my eyes Why must I always wait in places only he remembers When I, too, have visions

If only I could hold the moon in my own eyes for just a moment longer I know, I know I could outrun them all ...

- Lee Mun Wah

Nancy was a Shanti client and a Shanti volunteer during the final year of her life. This was written six months after she was diagnosed with cancer and is the only poem she ever wrote. On May 29, 1983, Nancy died.

Wrapped in pure clarity while the universe hung suspended.

Time Space Matter

Hovering on the edge of movement Breath held beyond endurance waiting for absorption.

Barren anguish pierced my soul. Gripping the sides of reality Mauled Violated I'm raped Plunged into an abyss of terror Not knowing shattered against my being.

Wailing Whishing I turned I turned inward I turned to my bed I turned to the wall.

Sweet G'd Cover me. Hold me. Save me. Nourish me. Strengthen me. Give me life

I HAVE CANCER

- Nancy Kaye

17 JUNE 1982

Imaging

Dis-ease, whether caused by physical illness, grief from the loss of a loved one, or some other form of stress, often manifests as tension, fatigue, restlessness, headaches, or other pains. Many people are able to alleviate these symptoms through relaxation and visualization exercises. The following is an imaging technique which can be done alone or with a guide.

Begin by becoming settled in a comfortable position, either sitting or lying down. Take a deep breath, and as you inhale, sense the life force of the universe flowing through your body, penetrating every cell. As you exhale, begin to let go of any tightness, any tension, any holding in your body. Continue this for several minutes, focusing on your breath, the inhale and the exhale.

As your body becomes more relaxed, fewer thoughts interfere with the process. If you find yourself distracted, be gentle with yourself. Your awareness of the distractions allows you the choice to let them go and again place your attention on your breathing.

Pace yourself. You are in control. When your body feels a little softer, when your mind becomes more quiet, notice the place in your body that is behind your navel. Imagine a gold dot in that space and let it expand into your personal inner gold sun. Let your body, larger or as small as is comfortable for you. Stay with that image, and at your own pace, begin to sense the warm rays from your sun reaching out in all directions throughout your body. Let yourself feel its gentle healing as it melts any tightness, as it dissolves any pain.

Some people sense a dark color at the points of pain, and as the golden rays penetrate those areas, they become lighter while simultaneously diminishing the pain. Those who have felt restless become relaxed, sometimes falling asleep during this imagery exercise. Others feel the fatigue leaving and become more energized. It is a very personal experience, with the results corresponding to your purpose for using it.

You can do the exercise for five minutes or twenty. It's your decision. You can end it by seeing the sun contract. Let it become a dot of gold that you allow to disappear, knowing you can recreate it another time. Focus on your breathing again for a moment, and gently open your eyes. You might want to stretch.

If the image of the sun is not a comfortable one for you, relax, and let your non-ego state present the image which will be most healing.
AIDS Sweepstakes

The AIDS Fund Emergency Sweepstakes is a campaign of Shanti Project designed to help persons with AIDS and to fight the AIDS epidemic. One goal is to raise $150,000 to provide support services, such as individual and group counseling, training and supervision of additional volunteer counselors, residential facilities for displaced persons with AIDS. This money will be divided between Shanti Project in San Francisco and a similar service in the Los Angeles area. Additional proceeds will support AIDS medical research.

About the time Mark Feldman was diagnosed with AIDS, he and his close friend and business partner, Bill Shear, began formulating the idea of a major fundraiser for Shanti Project in response to the AIDS crisis. Mark had been active with Bill in similar public relations activities for many years. They started a continuing education program for New College, where Mark became the Director of Admissions. Since Mark's death on June 2nd, 1983, Bill, along with Stephen Tripp, Mark's Shanti volunteer, have dedicated themselves to making this a truly successful fundraising campaign.

The co-chairs of the AIDS Fund Emergency Sweepstakes are Mike Hennessey, Sheriff of San Francisco; Elizabeth Gatov, former Treasurer of the U.S.; Dick Collier, owner of Trocadero Transfer, San Francisco; and Sherman Williamson, M.D., President of the Southern California Physicians for Human Rights. A number of community groups are promoting this statewide campaign: the Lesbian/Gay Community Center in Orange County, the AIDS/KS Foundation in Sacramento, the Mariposa Foundation, Human Rights Foundation, Universal Federation of Metropolitan Community Churches and others.

Tickets can be obtained at the Shanti Project AIDS Sweepstakes Office; a tax deductible donation of $10 is requested. Major prizes include $25,000 in cash; a Kawai Console piano valued at $4,000, donated by Russell Kassman Pianos in honor of Mark Feldman; a sailing weekend for two from Los Angeles to Catalina Island on a 60' ketch; a $1,000 gift certificate for a trip of your choice; a case of your choice; a case of 1970 Special Selection Cabernet Sauvignon wine valued at more than $400 (donated by Shanti board member and volunteer counselor Carol Tocher). Other prizes will be announced. The drawing will be held on October 15th at Trocadero Transfer. Winners need not be present.

Sweepstakes tickets will be distributed through direct mail solicitation. Everyone is invited to send a mailing list of potential donors to the Sweepstakes office. Consider enclosing copies of a personal note in support of the Sweepstakes. The Sweepstakes staff will mail tickets, return envelopes, and your personal notes to all the people on your list. The office is located at 890 Hayes Street, San Francisco, CA 94117.

If you would like to participate as a volunteer in this fundraising campaign to fight AIDS, call Stephen at (415) 558-9625.

Board of Directors

The management of the Shanti Project is the responsibility of its Board of Directors. The Board President and members all volunteer their services in securing adequate funding, overseeing Shanti's administrative and financial functions, establishing community contacts, and assuming responsibility for the Project's direction.

Each member is elected to a three-year term following a three-meeting trial period as a Board Member Elect. This process provides a mutual period of assessment for potential new members and current board members. Currently, there are nine members of the Board of Directors, with Sam Mills of Orinda, California, serving as President.

Other Board Members Include:

Bill Bradley, marketing consultant, who is Acting Secretary/Treasurer and is responsible for Public Relations;

Carol Tocher, counselor and teacher, who chairs the Community Outreach Committee and is responsible for the Speaker's Bureau;

Dr. Steve Mehalko, a San Francisco physician in private practice;

Bobby Reynolds, a person with AIDS who serves as the Persons with AIDS Coordinator for Shanti;

Dr. Charles Garfield, clinical psychologist and founder of the Shanti Project;

George Tuttle, attorney at law with the firm of Brobeck, Phleger and Harrison;

Gary Walsh, a counselor and a person with AIDS who is active in the community;

Auna Preston, counselor and Ph.D. candidate who helps coordinate special fundraising events.

Members are chosen on the basis of particular skills needed. Seats on the Board of Directors are open to former and current Shanti volunteers and clients, and also to interested and active members of the community. All members of Shanti's Board of Directors are available and interested in your input. People who are interested and willing to commit themselves to a working Board of Directors should submit a letter outlining experience and skills that might be useful to Shanti. Letter should be sent to:

Sam Mills
C/o Shanti Project
890 Hayes
San Francisco, CA 94117
**Becoming a Volunteer Counselor**

When you make your first call, a Shanti staff member will explain the volunteer process and will mail an application to those interested in becoming volunteers. All volunteers must serve at least eight hours a week for a minimum of one year.

The application provides a vehicle for self-examination. Applicants answer a few factual questions and respond in essay form to others. Most would-be volunteers find this application process helpful in defining their commitment to this special work.

After the application has been reviewed, an interview appointment is usually scheduled. Experienced Shanti counselors facilitate this interview in a group situation. After an interview of about 1½ hours, facilitators give feedback to applicants and inform them of their suitability for the Project. Those who are not accepted into the training program for counselors are often invited to participate in other ways, such as being an office volunteer or helping clients with non-counseling direct services through the Community Volunteer program.

People who have been invited to participate in the training have two long weekends ahead, filled with a well-organized series of experiences exploring their responses to illness, survival, death, and grief. Members of the health professions share areas of special expertise such as AIDS or hospice work or working with children. Potluck lunches provide an opportunity for participants to socialize and process their experiences in a more informal setting. Most of those who complete the training eventually become volunteer counselors.

Soon after training is complete, volunteers are matched with clients by the Volunteer Coordinator. Volunteers attempt to make contact within 48 hours.

Client-volunteer relationships take many forms, and it is impossible to predict how much time a volunteer will spend with any client. A volunteer with three clients might spend less time in active counseling than another with only one. In many instances, a close bond forms between client and volunteer, with each person learning and growing.

Each volunteer meets on every Monday evening in a small support group. Experienced counselors serve as group leaders and supervisors who provide essential support for volunteers. These meetings are mandatory.

Training does not end once one becomes a counselor. Shanti offers inservice training for all volunteers throughout the year. Training focus on specific issues of interest and concern.

Although the commitment required is great and the work with clients often difficult, volunteers value the rewards and meaning derived from this work.

**SHANTI Staff**

The Shanti Project has grown quickly into an organization that demands a larger professional staff. With the help of city funding, several people have been hired to oversee both ongoing and new programs:

JIM GEARY, Executive Director for the past 18 months, is responsible for the fiscal management of Shanti, and media outreach, volunteer counselor training and facilitation of weekly groups for people with AIDS. An interview with Jim appears on Page 7.

RANDY CHELSEY is the new Community Volunteer Director. She trains and coordinates the Friends of Shanti who provide non-counseling direct services to clients. A psychotherapist with a small private practice, Randy has been a volunteer counselor for a year.

FLO ELYON, Volunteer Coordinator, matches clients with volunteers and shares with Rik the supervision of support groups and counselors. Flo's first association with Shanti was as a volunteer counselor. She became a volunteer counselor in November 1981. Flo's other work includes massage visualization and stress reduction techniques. Both Flo and Rik's positions are currently funded as half-time positions. Our hope is with increasing donations we will be able to have two full-time positions.

RIK ISENSEE serves as Clinical Supervisor and provides crisis intervention and makes further professional referrals when necessary. In cooperation with the Volunteer Coordinator, he supervises support groups and participates in training and supervising volunteer counselors.

ANDREW LEMALLEN has recently assumed the responsibilities of Office Manager. He channels all incoming calls, prepares monthly volunteer memos, maintains office security, and supervises office volunteers. Andrew co-facilitates a support group for persons with chronic illness who fear development of AIDS in addition to serving as a volunteer counselor and group leader.

JESS RANDALL, newly appointed Administrative Assistant/Financial Manager, comes from 3½ years of service with the Institute for Food and Development Policy where the budget grew from $200,000 to $1,000,000 under his management. His duties include keeping account of Shanti's city contracts, assisting the Executive Director with budgets and supervising all financial transactions and reports.

Other Shanti staff members, Helen, Linda, Ed, Jan, and Jeremy, are introduced in the articles on Page 7.
Director Speaks

Executive Director Jim Geary joined Shanti as a volunteer more than 5 years ago, after eight years experience in crisis intervention and work with the dying and the bereaved. Jim has a warm laugh and an animated face which readily reflect his inner thoughts and feelings. The meaning of his work with Shanti came through in the following statements excerpted from an interview.

"It's hard to open oneself to what is, because to do so, we feel the pain within another. And yet, by opening and feeling, the more fully we can respond with an appropriate degree of empathy and compassion. To find I can be there with someone is not always easy, but it is possible.

"My experience of living and my experience with Shanti are one. Dying is all around us, as is joy and suffering. I cannot escape, nor do I wish to, that reality in my work and in my life. My goal is to resist holding back, to live each moment as fully as I can.

"In each moment we surrender to death, for each moment could be our last. Life is a constant process of letting go and becoming more. People ask: "How can you let go and become more?" For me, it is letting go of the limited way in which I see myself, the safe ways in which I operate. Letting go of both the pains and joys of life allow me to experience each moment as richly and honestly as I can.

"This work has made me easier on myself, more loving and tender with myself. I value others and myself much more by seeing the threads that connect us all. People want to love and people want to be loved; for me, it's as simple as that.

"In terms of Shanti's direction, I see its ripples extending far and wide. I see the Project as one of the necessary organizations working to transform this land into a world of no barriers."

AIDS Residence

"Twenty of us with AIDS are living around town in midst hotels with minimum financial subsistence because our landlords and roommates think we're pariahs," related one member of an AIDS support group.

"The situation is no longer unusual," Helen Schietinger, newly appointed Director of Shanti Project's AIDS Residence Program. "Our community is slow in learning that persons with AIDS--lovely, vital people--are not casually contagious nor unhealthy to live with. The AIDS Residence Program is providing a solution to this serious community problem."

Helen Schietinger comes to Shanti Project from her position as Nurse Coordinator for the U.C.S.F. Kapossi's Sarcoma Clinic. Helen was also Co-Chair of the Second Annual National AIDS Forum which was held in Denver recently. Her administrative expertise, counseling background and experience in working with the AIDS crisis have proven invaluable in coordinating this new outreach project.

AIDS Unit at SFGH

Shanti Project has received funding from the City of San Francisco to contract with San Francisco General Hospital for AIDS inpatient counseling. Linda Maxey, R.N., a Shanti volunteer and board member for the past year and a half, is serving as Counseling Coordinator of this program.

"We hope to increase the quality of care given to AIDS patients. Right now many hospital staff members are fearful of working with these patients." This new program will offer support and education to hospital staff, hopefully alleviating their fears. The Shanti staff has been chosen on the basis of their expertise, sensitivity and skill in working with AIDS patients.

Two part-time counselors will be working with Linda, Ed Brophy and Jan Boddie, both of whom are Shanti volunteers with professional counseling background.

The program started in August 1983. The three-member team will provide psychological support seven days a week through individual and group counseling with patients, their families and loved ones.

In addition to these services to inpatients at SFGH, another Shanti volunteer, Jeremy Landau, works at the AIDS outpatient clinic at SFGH. Jeremy, a professional counselor and minister, provides counseling for newly diagnosed patients and persons with AIDS awaiting weekly chemotherapy or interferon treatments.

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

□ I would like to support the Shanti Project with a donation of

  □ $15.00  □ $25.00  □ $50.00  □ $100.00  □ Other $_____

□ I am interested in becoming a volunteer

□ The enclosed is a Memorial Gift from

IN MEMORY OF

□ Please notify the family members at the address below:

  Name_________________________Phone_________________________
  Street_________________________
  City_________________________State_________Zip_________

□ I have moved; my new address is:

  Name_________________________Phone_________________________
  Street_________________________
  City_________________________State_________Zip_________
SHANTI
Client Groups

The Shanti Project currently facilitates four Support Groups which meet weekly:

Wednesday 7-9 p.m. for persons with diagnosed AIDS, led by Bill Bradley and Jim Geary.

Wednesday 7-9 p.m. for lovers, friends and families of those with AIDS, led by Rob Grantham and Tina Murch.

Thursday 7-9 p.m. for persons with chronic AIDS symptoms who fear development of AIDS, led by Andrew Lewallen and Jim Tate.

Friday 11 a.m. - 1 p.m. for those with diagnosed AIDS, led by Jim Geary and Don Briggs.

Meeting
Community Needs

Another major aspect of work is providing community education.

Shanti Project speakers bureau has provided over two hundred specialized presentations in the past six months. Participants in these sessions include Chief Administrator Roger Boas, city departmental heads, numerous Department of Public Health workers, including 600 social service workers, employees of San Francisco General Hospital and other City health center workers.

Shanti played a major role in the Mayor's AIDS symposium in May. Shanti has also held two well-attended trainings for therapists and another for the clergy.

Shanti has responded to requests from other cities and conducted successful trainings in Sacramento and has been asked to provide training for new organizations in Los Angeles, Seattle, Denver, and Houston.

Announcement

SHANTI TRAINING
for Volunteer Counselors

November 11, 12, 13, 18, 19, 20

For details and application, phone the Shanti Project at 558-9644.
Survival In Extremity

Dr. Charles Garfield has devoted his life to the pursuit and study of excellence. Starting college at the age of 13, Charlie went on to earn two PhDs—in mathematics and psychology. He was both a computer analyst for the design team for the Apollo 11 moon landing module and an Olympic weightlifter. Charlie has authored and edited numerous books and articles and has spoken internationally on subjects of human achievement and death and dying. His most recent book, Peak Performance, is being published this month. In 1974, after interviewing hundreds of cancer patients in an investigation of what personal qualities might enhance survival, Dr. Garfield founded Shanti Project.

Following are excerpts from a recent conversation between Charlie and Shanti Clinical Coordinator Bea Tracy.

"Survival is a collective act."

"We cannot understand the survivor’s behavior apart from the context. We cannot ignore the simple fact that the survivor’s situation is itself abnormal. In the same exact way as the context of the AIDS patient or any other patient facing life-threatening illness is abnormal, you can’t judge it by the standards of daily life for healthy people. The rules of the game are different, so behavior will be different. If you judge it from the point of view of healthy people, it’s not going to look right. That’s something that helpers in healthcare and elsewhere sometimes miss—the fact that you’re looking at behavior that is not bad and good. That’s not the dichotomy; it’s just different.

"I think that when we talk about AIDS patients or anybody else facing extreme situations, people frequently have the tendency to look for some magic, spiritual insights and great revelations that seem to make life worth living. The fact is that so much of survival is an act of will based on simply getting up and getting going. It has been called the secret fortitude of the heart. If there is any secret it is the physical act of getting going one more time.

"Survivors acquire a tremendous capacity for realism—impersonal and without the least delusion."
Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

Survival in Extremity, cont'd.

"In extremity, the function of intelligence is not to judge one's chances, which may be nearly zero, but to make the most of each day's opportunity for getting through that day. The key when you talk about people adapting well when facing life-threatening illness is not to think about survival as the goal—of course it is a goal, and there is power in that—but the key is an ability to stay with and work on the moment. That's what "be here now" really means. Life in extremity is a particularly powerful way which forces one to do it. Whenever I hear of people spending lots and lots of time on the survival issue, my inclination is to work with them toward improving that day.

"The way you win an Olympic gold medal is not to spend all of your time thinking about Olympic gold medals but to work hard each day at getting better at what you do. The same is true with survival. What we're talking about here is peak performance. People faced with life-threatening illness frequently use the same approach to living life optimally as do our best bodybuilders, gymnasts and creative geniuses. They are people who beat the situation, beat the odds, get through it. And, if you're talking about peak performance, the single greatest thing that one can do in terms of effectively using intelligence and resources is to focus on how to get through each day optimally.

"Life in extremity reveals in its movements a definite rhythm of decline and renewal. Survivors not only wake but re-awake, fall low, begin to die, and then turn back toward life.

"In all the years since I founded Shanti Project, one of the things I've been most aware of is how helpers see their clients. What they see is a slice of life. They report on the single time period in which they met with their client; and, if the client was feeling good that day, the helper's report three or four or seven days later is, 'My client is better,' or, 'My client is okay.' All they're commenting on in actuality is an abstract, single slice of life. If they had been seeing their client later in the day, the client may have felt inordinately sick; in that case the helper would have seen that slice of life and would have said, "My client is out of sorts. She's getting worse.

"It's important to remember this natural fluctuation when we work with clients or people in any extreme or life-threatening situation. People don't usually go from a terrible to better in one direct line. There are many ups and downs, and it's a rhythm. I think the key is to recognize that we're talking about a rhythm where people get much better than they were before and feel great. They're not well, but they're better. And that is extremely important when you have been feeling worse than you have ever felt in your life.

"The survivor's experience also is evidence that the need to help is as basic as the need for help. This fact points to the radically social nature of life in extremity and explains an unexpected but very wide-spread activity among survivors. A major form of behavior among survivors of the World War II concentration camps was gift-giving. The survivors were continually giving and sharing little items with each other. There was just the delight of being able to give something. It did not matter what, as long as it was distinctly a gift. Perhaps the most striking thing about this kind of giving is the extreme gratitude it could generate, and the fact that it played no part.

"I can't help but think of Shanti volunteers when I think of that. Why would people, many of whom are in a high risk category for contracting AIDS, push through their own fears to work with people with AIDS? Why do people who are already working or busy and leading demanding lives devote so many hours per week for no money to work with people who are seriously ill and dying? Where does that come from? I think this supports that the need to help is as basic as the need for help. Gift-giving is what the Shanti volunteers are trying to do and in many cases doing extremely well. They are giving the gift of themselves. To give the gift of being with somebody and of caring, that giving is your essence, your best part, whether it takes the form of shopping for somebody, or counseling in the formal sense, or whether its just being present is an amazing gift.

"Just realizing the difference between zero and one is a big difference. The difference between having nobody there and one person who cares is an enormous difference. This difference may be the single determining factor in whether a person will live and whether a person really cares to survive.

"When men and women know they are dying, the smallest favors can shatter the frail world of their being with seismic force. The power of such moments is enormous. No favor is too small.

"I think some of what we're talking about here has to do with compassion. Compassion as a state of being in which we realize, 'There but for fortune go I.' To see how we could be in the other role so
EXECUTIVE DIRECTOR'S UPDATE

New Groups Starting

In order to continue providing services for non-AIDS clients in San Francisco the following support groups will begin June 1, 1984.

**Life-Threatening Illness**
- Thursdays, 7:00-9:00 p.m.
  - Facilitated by Flo Elyon and Gillian Herbert

**Anticipatory Grief**
- Wednesdays 7:00-9:00 p.m.
  - Facilitated by Rev Flynn and Robin Johnson

**Bereavement**
- Thursdays, 7:00-9:00 p.m.
  - Facilitated by Bev Flynn and Robin Johnson

In addition to these non-AIDS groups, the following groups are currently being offered for those dealing with AIDS.

**Life-Threatening AIDS Illness**
- Wednesdays, 7:00-9:00 p.m.
  - Facilitated by Bill Bradley and Jim Geary

**Life-Threatening AIDS Illness**
- Fridays, 11:00 a.m.-1:00 p.m.
  - Facilitated by Andrew Lewallen and Ed Wolf

**AIDS-Related Condition**
- Thursdays, 7:30-9:30 p.m.
  - Facilitated by Mike Brennan and Jim Hickman

**Anticipatory Grief**
- Wednesdays, 7:00-9:00 p.m.
  - Facilitated by Tom Mahler and Sarah McPherson

**Bereavement**
- Wednesdays, 7:00-9:00 p.m.
  - Facilitated by Eddie Blandini and Sea Tracy

Persons are asked to make a commitment to attend the group for at least four weeks after the first meeting. The groups provide a setting to meet other persons facing similar situations and an opportunity to both give and receive support. Groups are facilitated by experienced volunteer counselors and staff persons who emphasize peer support and nonjudgemental listening rather than advice giving and problem solving. Persons interested in attending these groups should call the Project at 558-8644 for location of meetings and more information.

Volunteer Counselors Program

Fourteen new counselors were trained in our March training, and we are very glad to welcome them to the Project. A new way of providing feedback to trainees during the forty-hour training session was implemented and well received. Three half-hour feedback sessions were scheduled during the training. Trainees were assigned to small groups in which both positive and constructive criticisms were shared.

Six of our counselors donated their time to help facilitate the training. Our next volunteer counselors' training is set for May 11, 12, 13, 18, 19, and 20. Our hope is to have 40-50 new volunteers attend that training.

Practical Support Program

An early April training welcomed 18 volunteers into our Practical Support Program (formerly the Community Volunteer Program). Twelve volunteers helped facilitate at the training, which prepared volunteers to assist persons with needs such as shopping, house cleaning, and transportation. Persons with AIDS participated in both of our volunteer counselor and practical support volunteer trainings to help educate our trainees regarding the emotional and practical needs of our clients.

AIDS Residence Program

Shanti's Residence Program continues to operate well in serving the long-term housing needs of persons with AIDS. Much emphasis has gone into working with agencies such as Hospice and Visiting Nurse Association in assisting them to provide home care to persons within our Residence Program. Shanti has succeeded, in cooperation with these other agencies, in enabling people to receive quality care while in a supportive home environment.

We are in need of a ground floor flat or one-story house in San Francisco to be the next residence for persons with AIDS. Needed is a 4-6 bedroom unit in a safe neighborhood and preferably with two baths. Confidentiality of the residence is assured. If you know of any possibilities, please contact Bill Barksdale at 558-8611.

San Francisco General Hospital

Staff counselors working with people with AIDS in the outpatient clinic on Ward 5B have been doing their best to meet the dramatic increase in patient census. There are many weeks when the AIDS unit is full and AIDS patients must be admitted to other areas of the hospital. Patients off the unit often deal with increased feelings of isolation, and the need for these persons to receive Shanti counseling services is great. Donations have allowed us to increase staff time to provide an additional twenty hours of counseling services a week. It is our hope that the Department of Public Health will be able to allocate more funding for Shanti counseling staff in the 1984-85 budget.

AIDS Recreational Program

The Persons with AIDS Recreation Committee has scheduled a May Spring Fling dance for persons with AIDS and their friends. A picnic on Mount Tamalpais is scheduled in June. The Committee also has organized an afternoon each week for playing board games and socializing. The Castro Country Club provides the free space for these afternoons, and the Shanti "Fun Squad" the amusement.

Administration

We are averaging close to 2000 incoming telephone calls each month. We have recently hired our newest staff member, Percy Glover. Percy will help with the increasing amount of clerical responsibilities of our staff. Staff spirits remain high despite the often overwhelming amount of grief experienced.

Shanti Project's Board of Directors has retained the services of an accountant to perform an audit review for 1983. The 1983 financial report will be printed in the next issue of Eclipse.

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Harry Lesley and Mark Jones have been lovers for over three years. In July of 1983 Harry was diagnosed with both pneumocystis pneumonia and Kaposi's sarcoma. Following are excerpts from a conversation in which Harry and Mark discussed how Harry's diagnosis has affected their lives, how it has changed their relationship and their feelings toward one another.

HARRY: "In July 1983, after a couple of months of respiratory symptoms, I was diagnosed with pneumocystis and within the next couple of days Kaposi's sarcoma. I spent over a month in the hospital, having days of delirium in the beginning. Mark was allowed to sleep in my next bed. He would just conduct his business and would come to be with me as soon as he could during the day.

"I had night sweats where the bed had to be changed three or four times a night, and Mark was there to comfort me.

"I was very afraid of the medications that they were giving me. I had a reaction to the Septra which the doctors believed caused part of the delirium. My blood counts fell, and so they had to change me to another medication. During this time I asked Mark if he would please stay during the entire time of therapy. He was there every day.

"I required a great deal of chest physiotherapy (a kind of chest massage) to help clear my lungs, and Mark did a great deal of that. He learned how to do it well. He did it when it didn't show up, and I felt more comfortable with him than with anybody else.

"Our relationship was enhanced during this time because I realized that Mark was all I had and that there was not going to be any more waiting for "Mr. Right." My illness helped me to realize that Mark was not only what I wanted and what I had but also what I was blessed with.

"I've been sick several times since. I had pneumocystis again with more periods of delirium. Mark has never wavered in his devotion."}

MARK: "When the doctors told me that Harry had pneumocystis my first reaction wasn't about where he got it or any anger toward him. There was anger toward the illness. The first thing I asked the doctor was, 'How do we get rid of it?' I didn't know much about AIDS at that time, other than it being a life-threatening and basically fatal illness.

"After Harry got out of the hospital I did have some thoughts about where he may have picked this up, but mainly I was angry at his illness. I'm still angry with what's happening to the person that I love. I won't carry it happened in the past or before he made a commitment to me, and I don't care how he got AIDS. All I care about right now is about his getting rid of it."

HARRY: "When diagnosed I wasn't surprised but I was stunned. I went into a withdrawal period which was perhaps part of the delirium. I had a tremendous amount of guilt. I felt like I should have been wise enough months before, when the AIDS epidemic was surfacing, to lead a more responsible life. I had still been running away, though.

My self esteem had first a slow and then a rapid deterioration. I was carrying around all this guilt about picking up a disease that was sexually transmitted. It had "dirty" written all over it. Since then I've gone through the whole thing of questioning why God did this to gay people and, in particular, to me. I have questioned if it really is wrong to be gay.

I had a very hard time accepting Mark's love and accepting that there could be one person in my life that cared for me that much. I was expected to accept the love of somebody who was loving me in spite of what had happened. It was very difficult. I did a lot of crying and I still do.

"I feel I have learned a lot about life's priorities. I have learned that sex is nothing by itself and that it can be used like alcohol or drugs to run away. I have learned most importantly that regardless of where we feel we have erred we have to forgive ourselves and let the process of healing occur.

"Body image has been a difficult issue for me. I have always prided myself in an active bodybuilder. This contributed to my self esteem; it was my therapy. Even though I had some hangups about my body, I didn't have to contend with KS lesions all over my body. This has been another area where I've suffered a deterioration in self esteem. I'm not afraid to show some of the lighter lesions on my forehead; however, I cover my body and I don't think I'd go to the beach without a shirt and long pants because the lesions are so large at this point.

"I was a big husky guy, but I've lost 40 pounds in the last two months. All this change has affected Mark's and my sex life. I have lesions in areas that are very intimate between the two of us. I have this thing about Mark touching my lesions in these areas. I know I need to work on these negative emotions. There's no easy answer. I can't just say that it's okay. It hurts. It really hurts."

MARK: "Well, for one thing Harry has lost too much weight. When I hug him I can feel his ribs. His lesions don't bother me at all. I still find him as attractive and as sexual as the first day I met him. The person I fell in love with is the same person who has the lesions. It wasn't the muscles and the arms and all of his physical beauty. It was Harry's inner beauty that I fell in love with. It was the soul.

"I feel so lucky and proud to be with Harry. I'm not afraid to go anywhere with him or have anyone know he's my lover. I let everyone know.

"Our sex life has been affected. He hardly lets me touch him or rub him down like he used to. And that leaves me feeling quite alone at times."

HARRY: "When Mark feels alone at those times I want him to know that's just a reflection of how alone I feel. I know he's with me and I know he wants so much to continue loving me. I wish we didn't feel so alone at times, and I want to work on those feelings and bring us closer together.

"I know that very often there's nothing more comforting than Mark holding me. It is the most wonderfully comforting thing in the whole world. I want Mark and me to have more of these times.

"Another thing I'd like to talk about is the threat of losing each other. I myself can't fully comprehend death right now. All my philosophies—and I've had a lot of them—about what death is have gone down the drain. When you're facing the stark reality of things you find you look at them in a different way. You can't just draw a line.

"Sometimes I'm angry. More often than that I'm sad. I'm sad that I..."
SHANTI TO BENEFIT FROM JULY 14 GALA

Shanti Project will be one of three beneficiaries of the proceeds from a lavish variety show, "San Francisco Saturday Night," scheduled for July 14 at 8:30 p.m. in Davies Symphony Hall. Conceived as a "celebration of life and living in San Francisco," the star-studded revue is designed to put San Francisco's best foot forward to the rest of the nation and the world at the onset of the Democratic National Convention.

Michael Smuin, Tony-award winning Broadway director and Co-Director of the San Francisco Ballet, will direct the show. Musical director for the evening will be the Ballet's Musical Director, Denis de Coteau, conducting the critically acclaimed SF Ballet Orchestra. The elaborate production plans for the revue will be under the supervision of the Ballet's Technical Director, Richard Carter. Smuin, de Coteau and Carter are donating their services, as will all the performers in the show.

Keith Thomas, producer of the extravaganza, is currently negotiating with several big-name entertainers who are either from the Bay Area or are in some way associated with San Francisco. In describing the show, Thomas reports, "It will include a broad cross section of our cultural/performing arts groups with artists not only from our famous SF Opera, Ballet and Symphony, but also less-widely known groups such as The Pickle Family Circus and the San Francisco Gay Men's Chorus.

For 125 people, the evening will begin with an elegant champagne buffet catered by Narsai David in the Wattis Room of Davies Symphony Hall. (The price for the buffet had not been determined as we went to press.) For the show, prices range from $11 to $125. For more information and a ticket order form, call Shanti (415/338-9644) or Thomas's office (415/922-0632).
San Francisco psychologist and Shanti Project Board Member Gary Walsh died of AIDS on February 22. Gary was well known for his work counseling gay couples. He had spent much of the past year organizing and informing the public about AIDS and appeared in a televised debate with Jerry Falwell. Last spring, Gary was instrumental in organizing the AIDS Candlelight March in San Francisco. The idea of the March spread nationwide, and the resulting media attention was instrumental in obtaining additional federal funds for AIDS research.

Many lives were touched by the joy and wonder of Gary Walsh. For many the pain of losing him is equalled only by the blessing of having known him. In the months before his death Gary’s laughing eyes seemed to echo his statement that "Love really is the answer."

Jim Elliot has been diagnosed with several AIDS-related conditions. Jim has provided a very caring presence in Shanti support groups and has worked with the AIDS Interfaith Network during the past year. Jim has written a number of poems which he has privately published and dedicated to his brothers with AIDS.

With a Little More Time and Loving

With a little more time and loving, We may begin to see The power of our being, Our endurance through sorrows.

Our beginning from seed, sprout, To broken bud, open bloom, And then the loss of each petal gently falling to the earth, Returning beauty to power.

With a little more time and loving, We may begin to see The miracle of life and death, The endings and beginnings within each moment, The loving bond within us today, Guiding and healing our spirits toward tomorrow.

With a little more time and loving, We may begin to see The beauty and strength within love and human imperfection And accept without fear The gift of faith In our own return and passage to power.

As with our days passing until death, It is the same with the petals That gently fall from a flower, Returning beauty to power.
Survival in Extremity, cont'd.

...easily. It is important to realize that compassion is the way we bridge the gap between the two, that it's not a matter of pity, it's an imaginative entrance into the world of another's pain--to feel oneself into--there's a German word, "einfühlen". Compassion is not kindness. To be kind is nice, and the choice to be kind is determined by a judgement you make about the other person and about what actions would be kind. But it can be an impersonal action that doesn't have to take into consideration knowing the other person. Compassion is a stronger term. It means to feel oneself into the world of another's pain and to realize that your roles could very easily be reversed.

"In time we will learn more about the psychosomatic conditions that enhance survival for people with AIDS or other life-threatening illnesses. We will understand better the psychophysologic variables that promote health and even the kinds of human relationships that emotionally and physically enhance life most. For now, in the words of C.S. Lewis, 'Whatever is, matters. And whatever happens has consequences.' In the final analysis, what may matter most is the love that we have given and received and the quality of caring that we've offered our clients and each other.

"Thus the most important insight gained from my work with those who have not is best expressed by a difference of opinion between Goethe and the Spanish writer Miguel Unamuno. Goethe, as he lay dying was heard to say, 'Light, light. The world needs more light.' It was much later that Unamuno responded, 'Goethe was wrong. What he should have said was, "Warmth, warmth, more warmth!" For we die of cold and not of darkness...'. I think he's right."

Growing Closer, cont'd.

...may lose the wonderment of aging, of going through all the stages of life and experiencing new visions. I become real sad about losing the new feelings I have about myself and the people I love.

"I've become so much more vulnerable. I cry so much easier. I love human affection more than ever before. Just watching people on TV when there's an intimate moment, I turn into a baby.

"So, as far as death goes, I think I'm still learning about life. I'm still learning what in life counts. I don't know if that's going to heal me. I don't know if when my time comes I'll be prepared. But I know that right now I'm still learning; I'm still learning about the human soul.

"If I were to put it into one word, it would just be love, just pure love. Everytime I look into somebody's eyes, all I see is love. Everytime I look at a flower, all I see is love. I'm afraid I'll lose that because I see it now so clearly in this world and I don't know what awaits in the next world."

MARK: "The possibility of losing Harry is absolutely petrifying. I haven't accepted it. I'm not sure if I ever will, even if it comes right down to losing him.

"I know I will be there and I'll be praying for a miracle right to the last moment. I've worn out my knees with a lot of prayers, and a lot of them have been answered.

"If I lose Harry I don't know what I'll do. It's so frightening to think of being without him. I can't even comprehend what it would be like. I know how miserable it was the couple of times we broke up.

But that was only for a week or maybe two. This would be for the rest of my life. I wouldn't even be able to run into him on the street. And I don't know if I could handle that."

HARRY: "I think the final thing I'd like to speak about is hope. It's something that all mankind has and desires to keep. I think it is what has kept me going.

"Yet at the same time I can't say that I know what hope is. I don't really think it's the type of positive thinking where you say, 'I'm going to beat this no matter what.' That would mean not looking at a lot of issues because I would be so intent on beating the disease.

"I guess hope is a combination of many things. Probably if I think of hope and picture it in my mind, it would be eternal life, that there really is no end. Even in the midst of loss, in the midst of our deepest grief, there is a very vulnerable beauty. Hope is our ability to feel that beauty--to still desire life while experiencing the deepest pain.

"Hope is very hard to define for me. I've often said that my hope is that wherever I go, whether in this life or another, there will be peace for me and for those that I love.

"I have a lot to learn about where I'm going, and there are still many unknowns. I just hope that I continue to grow even closer to life's truths, even if it leads me toward death."

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

☐ I would like to support the Shanti Project with a donation of
☐ $15.00 ☐ $25.00 ☐ $50.00 ☐ $100.00 ☐ Other $

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from________________________

IN MEMORY OF ________________________

☐ Please notify the family members at the address below:

Name __________________________ Phone __________________________

Street ___________________________ City ___________________________ State ______ Zip ______

☐ I have moved; my new address is:

Name __________________________ Phone __________________________

Street ___________________________ City ___________________________ State ______ Zip ______
SHANTI PROJECT PROVIDES

FREE Services to Persons
Facing Life-Threatening Illness and Grief

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

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Announcement

SHANTI PROJECT TRAINING

for Volunteer Counselors

May

11. 12. 13. 18. 19. 20

For details and application, phone Shanti Project, 558-9644.

Shanti trainings are co-sponsored by the Pride Center.
The following article was printed in two parts in the July and August issues of Network. The author, Tom Gschwind resides in San Francisco and in addition to writing is an accomplished violinist.

Shanti, from the Sanskrit, translates loosely as "inner peace" or, "the peace that comes from a fuller understanding". The Shanti Project was conceived in Berkeley in 1974. Being the first volunteer organization of its kind to lend positive support to individuals with life-threatening illnesses, it was originally devoted to helping cancer patients at UC Medical Center. More recently it has come to symbolize the courageous fight against the international AIDS epidemic. Much of this fight has been on supporting people with AIDS (a life-threatening disease) to live with dignity. This major shift in the emphasis of Shanti since its beginnings has continued to transform the traditional perspectives on death and disease in the community at large. Jim Geary, Executive Director of the Shanti Project in San Francisco, sees it this way, "With the present crisis, about 90% of the people diagnosed with AIDS are at least initially seeing themselves as being in the process of recovery, an emphasis on the living rather than the dying process is called for." A welcome new approach towards self-healing and acceptance.

Jim Geary's enduring involvement with Shanti goes far back to 1977. Four years after joining, with the alarming increase of AIDS suddenly becoming evident, he initiated the very first support group for those diagnosed with the malady. Yet hard times always seem imminent where controversy rages. By March, 1982 "the Project basically went broke, the staff left, the Board turned the Project over to the Volunteer Body and resigned." Jim Geary was promptly voted Executive Director... on unemployment...by the volunteers, who then elected their own Board. Another legacy of struggle destined for success.

After a trying and uncertain year with no substantial funding, the public began its slow recognition of the Project's tremendous power and extraordinary service to our communities. Having always been a non-profit organization, major funding from outside gradually began manifesting with the severe AIDS upsurge. Shanti's present day budget exceeds the $890,000 mark. Aside from receiving strong support from...
The Shanti Project is a contract agency of the San Francisco Department of Public Health.

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Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

(Continued from page 1)

the City and County of San Francisco, the community-at-large has also been very generous. Individual and private foundation donors have been essential to the Project's continued operation accounting for about 30% of the entire Shanti budget.

With the primary focus of the past year on keeping up with the newly diagnosed AIDS cases, a current core of 100 volunteers (up from about 60 a year ago) is busy with individual counseling to AIDS patients and their loved ones, as well as offering support groups for both those in bereavement around AIDS and non-AIDS issues. Ongoing trainings every two months add 25 new volunteers to the list in an attempt at keeping up with the ever-increasing need for counselors.

In addition, Shanti's growth in service related areas has been encouragingly rapid. A successful Program of Residence Facilities based on the independent living model have been opened, as well as introducing a Practical Support Program with trained volunteers assisting clients in domestic chores such as shopping, cooking and housecleaning. Also, SF General Hospital now employs 5 Shanti trained counselors working directly with hospital patients in their new well-publicized Ward 86 and Unit 5B. With 1.4 new cases of AIDS being diagnosed per day in S.P., Jim estimates that Shanti has worked with at least 75% of these, and hastens to include the many parents, friends and families with which Shanti often has direct and prolonged contact on a regular basis.

As regards to the immediate future, the Shanti Board is fully committed to "riding the AIDS epidemic out", their main priority being to continue recruiting, training, and supervising enough new volunteers and related staff members to meet the demand brought about by the epidemic.

Even prior to the advent of AIDS there were some 200 groups modeled after the Shanti Project throughout the country. Many others are still using the impetus of the Mother Project in San Francisco to found new organizations offering volunteer services to those with life threatening illnesses. Jim and other Shanti members often assist in out-of-town trainings after which the new group becomes autonomous and free to create its own programs.

Community support for Shanti's work is a subject of great concern for many. "A major and essential role in the crisis is the power generated by the individual volunteers, often dealing with difficult situations. In Shanti we have a tremendously brave group of people who have gone past their own fear of developing AIDS...some who may have symptoms themselves...but who feel the need to be there for their brothers and sisters being affected." However, gay media coverage on Shanti's accomplishments have been conspicuously scant. Jim Geary's slight disappointment is easily understood. The "marvelous contributions" of its volunteers seem plainly deserving of undivided acknowledgement by both the gay and non-gay press.

With the frequent exploitation, even misrepresentation of the issue of sexuality by the media at large, Shanti has chosen to deal with it on open and non-exclusive terms. In fact, one might say that for them, sexual preference is hardly an issue at all. Although past years have shown a significant change in Shanti volunteer membership, having currently become about 75% gay identified, AIDS, Jim affirms, is by no means viewed as a gay issue (about 30% of AIDS cases internationally are non-gay identified). Also, a good number of Shanti clients are non-gay, consisting of family members and friends of those diagnosed. Thus the kindred revolution comes full circle.

The ultimate rewards of Shanti's great service to humanity are mostly not visible, not to be seen nor heard or spoken. They are instead harbored deep within the "inner peace" of a new understanding.

PART II

Personal interviews come in variable and intriguing sizes. Sometimes they evoke melancholy and leave one saddened. Other times they are all bundled up in joy and laughter, the rich charisma of a radiant personality. My recent meeting with Jim Geary, Executive Director of the San Francisco based Shanti Project, reached easily beyond the emotional states of sadness and joy. It left me, indeed, would leave anyone, with an inner peace and fullness transmitted by a mind and spirit in extraordinary harmony. Jim exudes the simple love of self, of humanity, and of serving each of these to the utmost.

Jim Geary's involvement with death and dying has deep roots beginning with the death of his grandparents who were partially responsible for his upbringing. The intensity of observing his grandmother in the dying process for three long years at age 10 helped move him past his fear of working with people facing such crises. His gaze seems somehow grateful when he speaks of the many hours at her bedside "talking to her about visions she was seeing", a seemingly vicarious experience to
Practical Support Program

By Randy Chelsey

In July of 1983, Shanti was providing a volunteer counseling program for emotional support and a residence program which offered housing for people with AIDS who were homeless. These two programs helped meet many of the needs of people with AIDS. Yet, much was still to be done. There was no one to help with the every day tasks that on one level are simple and at the same time directly relate to the physical well-being of a person. These are things like cooking a meal, buying groceries, doing laundry, and providing rides to the hospital clinic for treatment.

I was hired to set up a program to meet these needs. My education and previous employment had been in counseling. I was a Shanti volunteer counselor and had served on the Shanti Board of Directors.

The Community Volunteer Program began in July, 1983 (the name was later changed to Practical Support Program). I arrived to find a desk awaiting me halfway in the hall. I pushed it into the office, found a chair, and got to work. On August 14 we completed the first practical support training. Twenty-two people were available to assist people in San Francisco who had been diagnosed with AIDS.

I had decided that support groups, patterned after those of the volunteer counselor program, would be necessary to provide supervision and support to the volunteers. We met in my home every two weeks until a few volunteers had enough experience to function as group leaders. After completing group leaders' training for the volunteers, the support groups began to function on their own. There have been very few problems in the groups. In some cases the members have become "family" scheduling regular dinners and even vacations together. One very enjoyable part of my job is attending support groups and maintaining contact with the volunteers.

I am amazed over and over about the work done by the volunteers. I am in awe. I interview prospective volunteers–secretaries, beauticians, architects, doctors–they tell me all they want to do is help. They don't need glory. They know that people are sick, people are dying and they want to assist in any way they can. One of the volunteers described his work as "doing what needs to be done." And that's exactly what they do.

One extraordinary volunteer accompanied his client to the Philippines where he was seeking alternative treatment. The client became quite ill in Manila and the volunteer, an attorney, arranged for emergency care. The client died the day after he returned to San Francisco.

Another group of volunteers worked with people with AIDS in Shanti's Residence Program. They coordinated a menu, did food shopping, cooking, and clean up for the household every day of the week. The volunteers joined in eating the meals and socializing. Strong friendships were made.

Volunteers do almost everything. They have helped do taxes, applied hot and cold compresses for someone undergoing hydrotherapy, given haircuts, found accommodations for visiting family, sat with people as they died, and officiated at memorial services.

Some have been volunteering for over a year now continuing to "be there" in every way, week after week. In many cases, they see their client weaken and die. They grieve the loss. And, then they call me to say they are ready to work again.

We now have 40 volunteers and have hired an Assistant Director, Steve Brewer. Daniel, a volunteer counselor, serves as van driver and residence cleaner. Previously, our biggest unmet need was medical transportation. Daniel is now available to transport people with AIDS to their clinic appointments on a prearranged schedule. The residence cleaning is also needed because it is very important that the living environment of people with AIDS be as germ free as possible.

All in all, this has been a year filled with much hard work, grief and many rewards. Practical support volunteers have provided over 10,000 hours of help to people with AIDS and their loved ones. What makes this all possible is the knowledge that in "doing what needs to be done" we do make a difference.
The following letter was written by six Shanti clients who wanted to help with volunteer recruitment and community education. The letter was distributed at this year's Lesbian/Gay Day Parade and at various San Francisco street fairs:

As people with AIDS we would like to say that there is nothing pleasant about rejection. In the last few years we have been ostracized, blamed and damned by many throughout the community. We have been denied funeral services, medical treatment, housing and employment. We have been shunned in public and isolated because of fear and hysteria. We have been forced to fight for our lives by demanding Federal and local funding that would have been offered automatically to a more socially acceptable minority. We have had to undo the harm and hurt inflicted upon us by false stereotypes that depict us as less than human and as immoral people. We have been told by the "moral majority" that AIDS is the wrath of God. Even within the gay/lesbian/bisexual community, there have been frightening attempts to scapegoat us and deny us our freedoms. When stated this way it is less prejudice and divisiveness and more compassion and unity.

People with AIDS are ordinary people. We are your sons and daughters, brothers and sisters, friends, co-workers and neighbors. We developed AIDS simply because an unknown agent has attacked our immune systems. Despite the media's often sensationalistic attempts to depict AIDS as a disease resulting from gay lifestyle, AIDS has affected men, women and children regardless of their sexual identity. AIDS does not discriminate on the basis of age, race, religion or sexual orientation.

WE KNOW THE FEAR OF AIDS. We understand how frightening AIDS can be, and we understand the fears that it might be transmitted. We encourage you and those people to learn what is known about AIDS and not become paralyzed with fear. We suffer when uninformed people spread fear and misinformation. In fact, everyone in the community suffers. It is important for you to know that medical experts agree that AIDS is not casually transmitted. We need your caring and support more than ever. We aren't helpless but sometimes we need help. Having us over to dinner and a loving hug is no risk to you and good medicine for us.

SHANTI PROJECT PROVIDES US GOOD MEDICINE. Volunteer counselors attend to our emotional needs. Practical support volunteers assist us with shopping, housecleaning and transportation. The Shanti Residence Program is providing us supportive places to live. Shanti staff counselors at San Francisco General Hospital help us and our loved ones cope with diagnoses, treatments and grief.

Shanti Project is in need both of donations to continue offering these vital services and of volunteers to meet the needs of the continuing

(Continued on page 6)
LEARNING TO LIVE

By Jim Rulon

Six months ago today I mailed in my application to become a Shanti volunteer counselor and I have been matched with my friend and PWA (person with HIV/AIDS) for over four months now. How different my experience has been than I thought it would be! I thought I would be helping people die. Instead, I'm learning how to live.

I've never had a particular fascination for death. In fact, I thought 'Harold and Maude' was a strange movie. The truth is I volunteered because of a growing feeling that my life was becoming increasingly self-centered and selfish. I wanted to do something for someone else—do feel needed, and I was touched by stories in local gay press about the predicament of PWAs.

The emotional support training, which is mandatory for volunteer counselors, literally changed my life and helped me seek new directions. The training is intense and while it contains much technical information the primary focus seemed to be "gentle nudging"—an invitation to explore my own feelings of where I had been and where my present journey was taking me. The safe environment created during the training through hugs, emotional stroking and an incredible sense of bonding with the other trainees enabled me to take risks—to examine hurts that I had blocked from the past and to heal the wounds that had resulted from them. When I left the training I felt that I had a clean slate. I was able to engage in some self-examination that helped me be more comfortable with who I am. I could now make changes in my life more easily and open more of myself to others without being afraid that they might see me and disapprove. And, I was ready for Jerry, who had been diagnosed with AIDS about the time I began the training.

I will never forget how frightened I was as I walked down the hallway that first time and knocked on the door to Jerry's apartment. My stomach felt queasy. I was sweating, and worse, I dropped my motorcycle helmet just as he was opening the door. I wasn't sure at the time whether the "clunk" was the helmet hitting the terrazo or the gulp of my Adams apple as I tried to draw breath.

I wasn't nervous because I was afraid of getting AIDS from Jerry. I had dealt with those fears in the training and knew that AIDS is not spread through casual contact. Several PWAs who participated in the training with me helped alleviate this fear. Self-imposed barriers and fears had fallen as I had dealt with the initial shock of seeing someone with Kaposi's sarcoma lesions for the first time and became comfortable with hugging, touching and interacting with PWAs. My fear was the fear of saying or doing the wrong thing.

I wanted desperately to "do a good job", to "be there for him" and "not make an ass out myself". Although I still worry sometimes about whether I have said the right thing, I have learned that what is most often helpful to Jerry is for me to listen to him while he sorts through his problems and concerns. I've also learned to express my helplessness to him when I feel helpless.

The first thing Jerry asked me after we settled into comfortable chairs in his living room was "How many people have you counseled before?" I have seldom felt so inadequate or defensive. "You're the first", I stammered. "Well, this is the first time I've had AIDS", he countered. We both smiled and the tension melted.

When Jerry called the Shanti office to request a counselor, he told the coordinator that he wanted to talk about "death and dying". He was matched together by the Shanti coordinator because we had some things in common. We both attended the same local church, we both identify ourselves as a part of the South of Market gay community, and, perhaps more importantly, the coordinator had a "feeling" that we would "hit it off". She was right.

Despite his initial indication that he wanted to talk about death, Jerry found that he wasn't ready to do so. Although it comes up now and then, such as when he asked me to find out about legal services to assist in the preparation of his will, most of what we talk about has to do with the problems of living as a person with AIDS. How do you tell your loved ones? How long am I going to feel well enough to do the things...

(Continued on page 6)
Shanti emotional support volunteers engage in "fish bowl" role plays at the most recent Shanti training. Fifty-five new counselors, the largest class ever, were graduated from the training.

(Continued from page 5)
I like to do? Can I beat this thing or am I going to die from it? What will I do for money if I get sick and have to quit my job? If I can't pay rent, where will I live? Jerry has been feeling well after his initial bout of Pneumocystis, but the uncertainty of his situation brings him pain, anger and a feeling of helplessness.

There are many happy times. Times spent cooking dinners at his home or mine, listening to music, watching TV or chatting on the telephone. And, there are sad times.

Once, Jerry looked at me with anger bristling in his eyes and said, "How would you like to be in my shoes!" His attitude was challenging and cocky. In an instant, the Shanti training flashed through my mind and I remembered the importance of matching feelings with him. I remembered how good it is for him to be able to express his anger and get it out. And, perhaps most importantly, I remembered not to take it personally and become defensive. "No", I said, "I wouldn't want to be in your shoes for shit." Jerry's eyes moistened, his body softened and, as he lowered his head in pain, he said "Thank you". And then explained to me that a close friend that day had said to him, "Oh, it's not so bad, at least you know when you're going to die."

We talked that night about how difficult it is in this society for our friends and loved ones to deal with AIDS and we talked about our feelings of anger and rage. We talked about the "why" of this disease, the randomness of its manifestation, and explored a wide range of other feelings that had been building up.

I haven't been able to cry for Jerry. Maybe later. Right now, he's too full of vigor and courage and life for me to feel sorry for him. If Jerry dies before I do, I'll grieve because of my loss - but not for him. Jerry's life has meaning and purpose. And, Jerry is gradually defining his own concept of death and what it means to him. As I see him grow, I become more aware of my own self-imposed barriers and limitations. I have asked myself, "Does it take a life-threatening illness to come to terms with life?" The answer, of course, is that it does not. I too can learn to live life to its fullest extent for each day of living that I have. Jerry is teaching me how to live.

And, so, I have completed six months as a Shanti volunteer counselor. I do not know what will happen to Jerry, but then I don't know what will happen to me either. We continue living, each of us in his own way, one day at a time.

(Continued from page 4)
We want to thank the many people and organizations who have given of themselves to help nature and support us. This expression of love contributes to everyone's well-being.

For information on Shanti's ongoing volunteer counseling and practical support programs, call 415/558-9644. For more information about AIDS, call the S.F. AIDS Foundation Information Hotline, 415/663-AIDS.

We wish health and love to fill your lives.

Signed,
Bobby Reynolds
Ron Carey
John Lorenzini
Scott Cleaver
Dale Hansen
Andrew F. Small
A Letter To The Mayor... And Her Response...

We sometimes receive letters from the loved ones of our clients but don't always have the opportunity to share them. Following is one that generated a response from Mayor Feinstein.

Dear Mayor Feinstein:

Our son ---- died from AIDS in San Francisco on June 14, 1984. He became ill last October and was hospitalized several times, but during the intervals when hospital care was not required, he needed assistance that was not available except through the Shanti Residence Program.

In our hometown in ----, physicians suggested that we should not bring our son home, claiming they had no knowledge of how to treat AIDS, and the hospital staff threatened to walk out if AIDS patients were ever admitted. Even admitting to homosexuality is not comfortably permitted in this city so the service offered by Shanti was an answer to our prayers.

The Shanti Residence Program not only moved ---- into a room with his personal furnishings, but also arranged for 24 hour nursing care, much needed companionship, personal counseling, assistance with his banking, car care, ordering and preparing favorite foods, and taking him to appointments when death was drawing near. Our son chose to stay with his family at Shanti rather than be moved to a hospital atmosphere.

We spent as much time as possible in San Francisco to be with our son. The knowledge of the Shanti staff on how to deal with this illness and his death was invaluable to us. We would have been lost without their loving guidance and shall always be grateful to everyone associated with this worthwhile program.

Please consider the importance of funding for the AIDS Home and Hospice Care Unit. We shall contribute in the future, and hope you share our concern.

Sincerely,

AND THE RESPONSE FROM THE MAYOR

Dear Mr. and Mrs. ----,

Thank you for your moving letter regarding your son and the services he received from the Shanti Project.

Please be assured that I will continue to ensure City funding for the Shanti Project. The City calls upon Shanti to provide a wide range of services to AIDS patients. In addition to the residential program your son participated in, Shanti administers counseling services for AIDS patients and their families and loved ones, services at the special AIDS ward at San Francisco General, information and referral, and other services. I appreciate your advising me of the type of treatment you and your son received from Shanti; it is consistent with the positive reports I have received from other sources.

I have forwarded a copy of your letter to the Executive Director of the Shanti Project, so that he knows of your appreciation. I have also forwarded a copy to the San Francisco Director of Health, who administers the Shanti Project.

Please accept my sincere sympathy on your son's death. He was fortunate to have such loving and understanding parents.

Warmest regards,

Diane Feinstein
Mayor

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 880 Hayes St., San Francisco, CA 94117.

☐ I would like to support the Shanti Project with a donation of
☐ $15.00 ☐ $25.00 ☐ $50.00 ☐ $100.00 ☐ Other $___________

☐ I am interested in becoming a volunteer
☐ The enclosed is a Memorial Gift from ____________________________________________________________________

IN MEMORY OF

☐ Please notify the family members at the address below:
Name__________________________ Phone__________________________
Street__________________________
City________________ State________ Zip________

☐ I have moved; my new address is:
Name__________________________ Phone__________________________
Street__________________________
City________________ State________ Zip________
SHANTI PROJECT PROVIDES

FREE Services to Persons
Facing Life-Threatening Illness
and Grief

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
Dr. Paul Dague was a Bay Area psychologist, noted for his work with gay and lesbian service organizations. He worked as mental health director at the Pacific Center and executive director of Operation Concern. As staff psychologist at the Kaposi’s Sarcoma Clinic at University of California at San Francisco, Paul helped Shanti Project establish the first support group for people with AIDS in November 1981. In June 1982 Paul himself was diagnosed with KS. He died the morning of January 20, 1984.

We dedicate this issue of Eclipse to Paul Dague and to the spirit of love, hope, strength, beauty, understanding, and community which he fostered. Following are excerpts from a talk Paul gave to a group of Shanti counselors last fall.

---

For all of us with AIDS, how we go about the issue of treatment plays a major role in our lives. I was on interferon for seven months, and then I no longer qualified for the program because I had gone from seven lesions to thirty. Within three weeks of the time I was off interferon I had over 200 lesions. You can guess just how freaked out that caused me to be. Now I’ve stopped counting.

I spent a month in a metabolic nutritional hospital in Mexico. I felt a lot better but I kept getting new lesions. Two months after that there were still more lesions coming, and so we tried a high-powered chemotherapy. The major effect of that was bye-bye beard and hair. I’m currently undergoing 36 treatments of full body radiation.

In addition, I have used visualizations, prayer, meditations, all the homeopathic and vitamin kinds of stuff.

From the very beginning, I’ve taken the most active role I can in managing my own therapeutic treatment program. Not knowing what remedies might work to counteract the syndrome, I’ve made the most reasonable choices I could, trying each possible solution, one after the other.

My initial goal was naïve—to restore my faulty Immune system and achieve complete remission. Bitter failures along the way have forged more realistic benchmarks. Yet at the same time I am moving toward the same goal—total cure, not remission but total cure.

Patients, more often than not, have a decent idea of what they need for themselves. The psyche, I believe, takes care of us in terms of coping. When we are able we handle some of the deep-seated feelings that come from dealing with the prospect of death, which is essentially what AIDS is all about—dying a hell of a lot sooner than you had planned and having lots of time to think about it.

I’m fed up with hearing, “We all die. If it’s not AIDS, you could walk out into the street and get run over by a truck.” That’s a crock of manure. I’ve had 17 months to contemplate my early potential death. There is time to do a lot of thinking and a lot of fearing. cont’d. p.2
The Shanti Project Newsletter
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WINTER 1984 NEWSLETTER
Managing Editors: Andrew Lewallen, Jim Geary
Contributing Writers: Paul Bagge, Dale Hansen, Joanna Holster, Steven Lessure, Andrew Lewallen, San Mills, Bobby Reynolds
Photography: Ron Carey
Graphics and Layout: Kevyn Lutton
Word Processing: Andrew Lewallen
Distribution: Charles Herrington & Volunteers
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The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coning Attractions Communication Service, created the logo.

Inner Voice, cont’d.

There is absolutely no denial that death is one of the possible outcomes for me. I am intimately aware that I could be dead within six months, a year, or two years. The men in my family live into their eighties—what a cheat! There’s no denial; it’s more like an acceptance of the variety of possibilities which exist and working with that and finding your peace with it.

The diversity we bring to thinking and feeling about AIDS is incredible. And it is important to honor that diversity, to have a sense of love and caring. One of the most important therapeutic interventions is to be there with them, not to kick them, not to go digging for their feelings. For almost everybody the deep feelings will come up. For some it takes longer.

Some days I feel together. I just feel good, alive, vibrant. I feel closer to myself, to God, to my eighteen-year-old daughter. But there are days when if the Buddha would come to visit I would find something wrong. None of us knows what tomorrow’s going to hold.

I live in fear of pneumocystis. I’ve had a cough for over two weeks. The X-rays show clear, but my fear about pneumocystis is very high. I don’t like coughing; I find it upsetting. But in general I’ve moved from more time being scared to more time feeling at peace with myself.

In the aftermath of one of the most severe dislocations of my 46 years, I find myself able to weather the storm with fortifying doses of humor, screaming fits, meditation on the positive forces around me, crying, and the support of children and loving friends. My friends have opened their arms to me in love in ways that before they hadn’t. Plus my clients have hung in there.

I’ve come to know some of the other people with AIDS, and friendship has developed there—deep, caring kinds of friendship. I’ve discovered an amazing reserve of equanimity and tenderness in the face of terrifying pain and isolation. I’d even call it courage. These are qualities I share with a surprising number of people with AIDS. It is this kind of sharing that helps sustain me, as I hope I can contribute to helping sustain them through our common tribulation.

Three weeks ago a rather close friend who had AIDS died. But the times that we had together were good for both of us. I’ve really just discovered what a community is all about, and it’s the most delightful realization to know you are able to rise up from the bitterness and hopelessness of your circumstances to help others discover the rare and essential beauty of life.

Impending death is a reality for us all. But to me it has become far less important to dwell on that fact than to address the tragedy of living life burdened with fear, lies or indifference in all the stunning variety of forms that these take—like perpetrating a negative self image, doing a job that one hates or making oneself hostage to the rules of the jungle at the expense of all else in life. Since contracting AIDS I’ve been trying not to accept my unconsciousness as I did before. In fact, I’m trying to see everything I say or do in the light of the underlying truth or lie I’m creating for myself—because I can’t afford the cost of allowing anything but that reality to guide me now.

Because nobody can tell me what’s causing AIDS, I have to listen much more closely to my inner voice than I have ever done before. I have to listen to my body tell me what it needs. I have to listen to what my spirit says it needs. And I have to have the courage to follow my inner voice even though it may differ from medical advice.

In the words of Dr. Richard Alpert/Ram Dass, and this is my statement, too:

My goal is to be Free, to be Truth, to be Love, to be God.

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Facilitating a Support Group

As in all Shanti's counseling work, facilitating groups provides us opportunities to learn from our clients. When we listen sensitively, our clients tell us everything we need to know. When we open ourselves to our own vulnerability, when we realize how close--rather than how different--we are to these people who have AIDS, then we provide the best setting to love and live and grow.

I have been a co-facilitator of Shanti client support groups for one year. Last year I helped initiate the first support group for men with AIDS-related conditions and have recently begun co-facilitating one of the weekly AIDS support groups.

Shanti Project began a support group for persons with AIDS in the fall of 1981. As the epidemic increased, Shanti expanded its groups and other services for people facing AIDS. Currently, Shanti sponsors two groups for people with AIDS; a group for families, lovers and friends of people with AIDS; and a group for people with AIDS-related conditions. Each group meets weekly.

In Shanti, we feel that it is important to offer groups comprised of people facing similar situations. In particular, it is important to offer separate groups for clients with AIDS and their family members, friends and lovers. Even in the best of relationships, it is vitally important to have a safe place to express feelings of grief, hope, anger, love, fear, and concern that may arise--and these may not be comfortably expressed with the significant other present.

Each of the groups has two facilitators, chosen from our more experienced and skillful volunteer counselors. It is important for facilitators to be emotionally accessible and open to their own pain, fears, hopes, and intuitions. Facilitators need to be able to express their feelings. Shanti's groups are support groups—not therapy groups; and maintaining a "professional" distance is inappropriate.

It is equally important for facilitators to be good administrators—to be capable of setting things in motion, to direct time, to monitor confrontation or heated exchange and help assure that people are truly hearing one other.

The two facilitators may work together in a variety of personal styles. One may actively direct the flow of conversation while the other observes group processes; one may focus on probing feelings and "bridging" experiences between group members while the other monitors time and stays sensitive to anyone's reaction to what is being said. The facilitator roles can be either explicitly agreed upon in advance or ebb and flow between the two during the meeting.

Because the primary focus of the support groups is to elicit and validate feelings, we do not set any strict agenda, and group meetings are kept rather informal. Groups may begin with a "check-in" in which each person briefly states how he or she is doing and what issues he or she would like to discuss. Check-ins also provide the facilitators a helpful overview of what issues need to be addressed.

In ending a group, a visualization or guided imagery which may relate to the session's discussion is often helpful in providing a sense of relaxation, bonding and closure.

The mutual exploration of issues and feelings can at times leave one feeling "heavy." Sometimes in group we tell jokes, talk about where we'd like to travel, share favorite chicken soup recipes, or go out for ice cream together. We see humor as very healing and it's importance should not be underestimated. For some, the group meeting may be the only time during the week when they feel free to laugh. Before "lightening" up or becoming more social, the facilitator must assure that intense issues have been adequately dealt with, if not resolved.

It's good to end groups with lots of hugs. If a particular member is going through a crisis, we may do a group hug with that person in the middle.

Because there are so many unanswered questions surrounding AIDS, occasional confrontations occur. One person may opt for no treatment; another may be convinced megavitamins will cure him. One member may choose celibacy to protect himself and others; another may continue to have sex while taking risk precautions. It is important (and difficult!) for facilitators to remain open for each person, to encourage each person to find his or her own way, and to encourage other members to hear, respect, and support others with whom they may disagree. If a facilitator even appears to "take sides," the client may feel pushed away—and may not reach out later when in greater need.

The groups do emphasize sharing feelings—hope, anger, joy, rejection, love, and frustration. Some practical topics these feelings revolve around are also discussed, including what a particular treatment/test/procedure is like, how to maintain a positive attitude, how to deal with stress, etc. We share the joys and hopes of those responding well to their chosen treatment. We also share the powerful feelings of grief and loss that come from losing friends who grow more ill and die.

The support and bonding and caring that takes place in the support groups are tremendous. People realize they aren't alone, that the stereotypes and myths about people who get AIDS aren't true, that they can empower themselves to manage their own health care and wellness. After a few meetings, group members often begin caring for each other with great sensitivity and frequently become the best facilitators.

--Andrew Lewallen

SHANTI Client Groups

Shanti Project currently facilitates four support groups which meet weekly. Please call 558-9644 for more information.

Wednesday, 7-9 p.m. for persons diagnosed with AIDS, led by Bill Bradley and Jim Geary.

Friday, 11 a.m.-1 p.m. for persons diagnosed with AIDS, led by Andrew Lewallen and Jim Geary.

Wednesday, 7-9 p.m. for lovers, friends and families of those with AIDS, led by Tree Murch and Tom Mahler.

Thursday, 7:30 - 9:30 p.m. for persons with chronic AIDS-related conditions, led by Mike Brennan and Jim Hickman.
Steven Lessure, a Shanti Practical Support volunteer, assisted Michael, a man with AIDS, with transportation and meals. They became friends during their five weeks together. One morning Michael was feeling afraid to be alone and asked Steven to be with him. It was to be Michael’s last morning. Steven says the following about the experience.

“I was there for Michael.” That says it all for me. Each breath was difficult for him. Wanting to make it less painful for him, I held him in my arms and we looked into each other’s eyes in silence. Finally, Michael spoke, “Well, kiddo, this is it. I’m dying.” Michael was calm, but I could feel my own pounding heart and my anxious and controlled breathing. Michael’s strength and calm supported me.

Michael did not want to take an ambulance to the hospital, but I was physically unable to move him. Aware of his discomfort and feeling helpless myself, I called the ambulance and stayed with Michael, still silently holding him, through what seemed like an endless ride to the hospital. In the emergency room, I felt uneasy, but I found myself dealing with the hospital forms quickly so I could return to Michael’s side.

Michael seemed clear and in control as the doctors spoke with him and listened to his requests. I admired his strength. Then, as the doctor began draining fluid from Michael’s lungs, I sensed a sudden change in him. He was not dealing well with this. He was shaking and I could no longer communicate with him. I was terrified.

A doctor began questioning me about how he should go with life-sustaining procedures. Not knowing exactly what Michael’s desires were, I realized there were other people at the hospital who could help.

I went quickly to the AIDS Special Care Unit and asked for help. Jan, the Shanti staff counselor; Eileen, the hospice counselor; and Steve, a nurse, all came down and were able to answer the doctors’ questions. More importantly, they brought with them a silent caring and ease. Their love transformed the room.

Michael stopped shaking and became alert again. He sat up, removed his oxygen mask and seemed ready to let go. He seemed clear and in control once more. I felt so much respect for this man who was so determined in his will to live but now was able to accept his dying.

Michael was gently taken to a quiet room on the AIDS unit and made comfortable. As he left I told him I loved him. Eileen and Steve remained with him for the brief time until he died.

Jan comforted me. I cried over the sadness and loss, yet there was also a sense that it was okay. Michael had realized that it was time to die, and he died feeling the love of all surrounding him. I felt good to have been there.

**Director’s Update**

Acting on the advice of staff, the Shanti Project Board of Directors voted in November to temporarily limit San Francisco counseling services to persons with AIDS, their families and loved ones. Non-AIDS-related clients are being referred to other city agencies, groups and individuals who can best meet their needs. The Board will review its decision at its February meeting. It is felt that support groups can be formed for the non-AIDS life-threatening illness and bereavement populations at that time.

The decision to limit services was viewed as absolutely necessary for the Project to continue its contractual obligations to the Department of Public Health. Over 90% of Shanti’s funding is restricted to dealing with the AIDS epidemic. Despite the Project’s planned efforts to recruit, train and supervise enough volunteer counselors to meet the demands of the epidemic as well as serve the whole San Francisco community, it had become impossible.

At present, seven-to-eight new cases of AIDS are being diagnosed in San Francisco weekly. Epidemiological experts predict that in six months, there will be 12-14 cases each week. With this type of statistical information at hand, the decision to temporarily limit services in order to continue to meet the mounting needs created by the AIDS epidemic was apparent.

Although the need to limit services was obvious, the action was met with much grief by volunteers, staff and Board members. For the last nine years, Shanti has taken pride in serving a wide clientele and never having to refer a client who met our services criteria. Despite the quality of our referrals, there have to refer someone in need is a difficult task. It is difficult to honor one’s limits. It is difficult to face that the numbers of AIDS cases are increasing and that we are in the midst of a devastating epidemic.

In the East Bay, the Pacific Center (a counseling agency) has been funded by the Alameda County Department of Health Services to work with AIDS and AIDS-related clientele. Shanti Project’s services in Berkeley and Oakland will remain open to people facing life-threatening illness and bereavement. However, AIDS and AIDS-related East Bay clientele will be referred to the Pacific Center.

I know that you share with us our hope that this year will bring discoveries of the cause and cure for AIDS. Our AIDS support group recently had its third Christmas gathering at a group member’s home. As another holiday picture was taken, I felt angry and saddened as I wondered how much longer this would be an annual event and who might be missing from the picture next year.

Thank you for your support of the Project, and I share your hope that this epidemic will soon end and that Shanti will once again serve us all.

—Jim Geary, Executive Director
POETRY

Sam Mills, a Bay Area therapist, has been a Shanti volunteer since July 1982. Sam is the President of the Shanti Project Board of Directors.

We Who Serve

Do we take ourselves for granted, we who serve, Who reach out so willingly to those in need? Do we appreciate the nature of the work we do? Or do we simply go to work to do it? All the nurturing and counseling we provide Are the gifts we give to others. And compassion is the source of what we do. It drives us and sustains us as we serve. How could we do this work without it? And all of us have learned it, even earned it Through the tears of our own suffering and pain. So let's not take ourselves for granted, we who serve, And let's acknowledge how we give and what we gain!

Joanna Holster recently wrote the following in a letter to Executive Director Jim Geary:

My father had cancer for a year-and-a-half and died in April 1979. Lynne Hayes was my grief counselor for approximately six months following his death. In my experience I found Lynne to be empathetic, understanding and supportive of my grief process. One of the most valuable attributes of having Lynne as my counselor was that she told me that my thoughts and feelings about the loss of my father were natural and it was okay. This was extremely important, especially during a painful and yet intense growth period of my life.

Joanna enclosed a copy of a poem she wrote.

Love and compassion Can be seen in children’s eyes When their tears are shed For a sparrow with a broken wing.

Love and compassion Between two beings who were strangers yesterday Happens when they share Their joy and excitement of life In the light of today.

Love and compassion Between friends can be sensed When they embrace and hold each other And know, without words, How the other feels.

Love and compassion Are God’s special gifts to us as His children And His unique way of letting us know That we are not alone.

AIDS Recreation Program

Shanti Project’s People with AIDS Recreation Program, better known as the “Fun Squad,” became a reality in October 1983 when Shanti Project allocated funds collected in the AIDS Emergency Sweepstakes.

The “Fun Squad” was organized to provide recreational activities for people with AIDS. These activities are designed to bring people with AIDS and concerned people of the community together for friendship, laughter, and support. “Fun Squad” events are open to all people with AIDS. Anyone wishing to join the group may call the Shanti Project.

Even though the “Fun Squad” has existed only a few months, we’ve already organized some fun events. Halloween was greeted with a costume and dance at the Pride Center. In December, we had a potluck dinner and dance to celebrate Christmas. A very special Santa visited and brought smiles to many faces. On a weekly basis, the “Fun Squad” meets Thursday afternoons at the Castro Country Club to play cards and board games.

The “Fun Squad” is presently busy planning future get-togethers. Day trips to Great America, the wine country, Muir Woods, nights at the theater and special dinners are some of the ideas being discussed. We would like to hear of any special trips you have made that would be fun for a small group.

The “Fun Squad” looks forward to the coming year with hopes that we can provide some love and good times for people with AIDS. We ask for the support and participation of our brothers and sisters in the community. If you would like to make a donation, whether financial, a board game, or tickets to an event, please contact Shanti Project’s office.

Andrew, Bobby, Dale, Eddie, Joseph and Ron

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

□ I would like to support the Shanti Project with a donation of
  □ $15.00  □ $25.00  □ $50.00  □ $100.00  □ Other $

□ I am interested in becoming a volunteer

□ The enclosed is a Memorial Gift from

IN MEMORY OF

□ Please notify the family members at the address below:
  Name_________________________ Phone_________________________
  Street_________________________ City_________________________
  State_________________________ Zip_________________________

□ I have moved; my new address is:
  Name_________________________ Phone_________________________
  Street_________________________ City_________________________
  State_________________________ Zip_________________________

5
SHANTI PROJECT PROVIDES

FREE Services to Persons Facing Life-Threatening Illness and Grief

Individual Counseling - Support Groups
Residence Program - Practical Assistance Program
SFGH AIDS Counseling

Announcement

SHANTI PROJECT TRAINING
for Volunteer Counselors

March 16, 17, 18, 23, 24, 25

For details and application, phone Shanti Project, 558-9644.

Shanti trainings are co-sponsored by the Pride Center.
The Spirituality of Resistance

By Mary Redick

[EDITOR'S NOTE] Mary Redick has been a volunteer at Shanti Project for the past year and a half and continues to be an inspiration to all of us. A few months ago, Mary was interviewed for National Public Radio's "All Things Considered" — a moving, inspirational interview which continues to generate mail for both Mary and Shanti Project. In January of 1985 Mary joined the Shanti staff as Assistant Residence Manager for the Shanti Residence Program and is now devoting her energy full time to helping people with AIDS at Shanti.

We asked Mary to give us some insight into the Monday night volunteer counselor support groups to which each volunteer is assigned after completing the Shanti training. Following are Mary's comments about her own feelings and some of those of the other six members of her group.

"OUR VOLUNTEER COUNSELORS OFFER SUPPORT, ACT AS SOUNDING BOARDS. THEY DO NOT SHY AWAY FROM PAINFUL EMOTIONS." Jim Geary

Curls of dust, an incense burner and three meditation pillows waited in the shaft of afternoon sunlight coming through a dormer window in the tiny attic room of the Pride Center. Flo Elyon giggled in delight at sneaking us up the secret staircase and far away from the others for small group checkin during our Shanti Training. But her laughter and mine died away as she gently but insistently dragged me into a morass of repressed feelings.

Mary Redick with fellow support group member Manuel Chen.

I am the daughter of an alcoholic. "No big deal. A lot of us in this world," I had thought. But with Flo's help I was able to feel my anger and grief at the bedrock betrayal of my need as a child for security and safety. By the time the training was over I knew I wanted to start attending Adult Children of Alcoholics meetings.

During the training we'd learned we could expect two things at our required Monday night support group.

We would be supervised by co-leaders and monitored by each other in our relationships with our clients. We would also help each other understand the attitudes of family, neighbors and friends as they reacted to us working with people with AIDS. Beyond that, I didn't really know what else to expect but I should have had some strong hints from my experience with Flo.

Each week we share the story, the current events, of our relationships (Cont. on Page 2)
Eclipse
The Shanti Project Newsletter

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Managing Editors:
Jim Rulon, Jim Geary
Contributing Writers:
Mary Redick, Bob Leone, Jim Geary
Graphics and Layout:
Kevyn Lutton
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Christopher Couzens
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Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

(Spirituality, Cont.)

with our clients. But in addition, over the last fifteen months, in a moon-like waxing and waning, I have resisted feeling — yet still open to my emotions, until my struggle has not only gotten easier but is even welcomed. I believe now that I cannot go anywhere with a client, especially not to the very edge of life, unless I am first willing to face issues and emotions, be they painful or joyous, in myself. In the last few months I have become interested in understanding the animating force, or spirituality, of my resistance. These notes are very personal sketches and memories triggered by observations made by members of our support group.

"THE GROUP HELPS US PUT OUR IDEAS TOGETHER, LIKE A NETWORK, TO TALK ABOUT ISSUES AND RESOLVE THEM. I FELT THAT I WANTED TO START MEDITATING, TO DO SPIRITUAL WORK, BY MYSELF AND WITH THE GROUP, TO KNOW MY ROLE. IT IS IMPORTANT TO FEEL A SENSE OF UNITY, WORKING ALL TOGETHER WITH A SENSE OF PURPOSE."

Manuel Chen

Seven apartments have direct access by wooden backstairs to the yard of the double Victorian where I live in the Fillmore District. I'd had family in town, been on vacation, taken the Shanti training, and although my kitchen and living room face directly on the yard, I'd been low profile to my neighbors for over a month. I was standing out back catching up with three neighbors, all gay men, a few days before my first support group meeting.

The minute I mentioned AIDS and that I'd just finished the training all three literally disappeared in mid-sentence. Two rushed back to their apartments and the third escaped through the garbage room out to the street. When I described the incident to our group, we talked together about societal attitudes towards death and AIDS. By the end of that meeting, I felt solidarity. I knew I wasn't alone.

That incident happened in January of 1984 and since then I have heard many similar stories. We have all had close experience with the profoundly death-denying attitudes of our society. We have learned, gut-level, that death is often treated like the grossest kind of pornography. Just recently, while grieving the death of two clients within a few days of each other, Manuel shook his head sadly and said, "My friends don't want to hear about it."

At the same time attitudes do change. This July, when I had three clients hospitalized and was lecturing twenty hours each week to sixty college students in an accelerated summer school schedule, my disappearing neighbors spontaneously formed themselves into a team. They cooked, did my laundry, brought in the mail, took out the garbage, guarded my sleep, wiped my tears and even offered to grade papers!

My Shanti support group sometimes feels like a small band of insurgents. We carry a spirit of resistance and prod those we come in contact with to at least consider the possibility that dying is a particularly poignant stage of living.

"OUR RELATIONSHIP FROM THE START HAS HAD ITS BASE IN BUILDING INTIMACY AND TRUST IN WAYS YOU DON'T SHARE OFTEN WITH PEOPLE. AT FIRST I THOUGHT I WENT INTO THE TRAINING TO "BE THERE" BETTER WITH PEOPLE AND WHAT I'M REALLY AWARE OF IS HOW MUCH PATRICK'S BEEN THERE FOR ME AS WELL, AND HOW BEAUTIFUL THIS SHARING IS."

Lynn Eubanks

True, it was an uncharacteristically sultry day. True, the room was dim. True, my client had smarmy music playing, hypnotic brown eyes and a soft Hispanic accent. But I should have never asked for a pillow and snuggled on the couch while listening. It was entirely my fault. I should have known better, because I fell sound asleep in the middle of heaven knows what kind of heart wrenching tale. Gustavo gently draped his Mother's afghan over me, and an hour later when I woke up, even had the grace not to mention whether or not I'd snored.

Perhaps the most accurate generalization that can be made about Shanti counselors is that we want to give. We can give and serve, serve and give. If we've nothing left, and if we don't fall asleep, still we find more. But we have difficulty and often resist receiving. We work on this problem in our group as we practice risking and trusting with each other. And we work with clients, clients who often resist our gifts, as we in turn resist theirs, until finally, mutually, we each can accept with tenderness, with embarrassment, with tears and laughter, a mother's faded afghan tucked around our weary shoulders and under our cold feet.

"THE QUESTION OF CONTAGION CAME UP WHEN SUZANNE ASKED ME TO BE GODFATHER FOR HER INFANT DAUGHTER. I TOLD HER WHAT I KNEW ABOUT AIDS TRANSMISSION - THAT ALTHOUGH CERTAINLY IT WASN'T PASSED BY CASUAL CONTACT - THAT I HAD CLIENTS WITH AIDS BUT NOT AIDS MYSELF. THIS ISSUE COULD HAVE HARMED AN IMPORTANT RELATIONSHIP BUT IT DIDN'T. I GET TO CHANGE DIRTY DIAPERS WHenever I WANT TO."

Bob Leone

(Cont. on Page 5)
AIDS And Family Relationships

By Robert Leone

It is no secret that AIDS is often a devastating disease. It has changed the Gay community for a long time to come and continues to claim lives. There are, however, rays of light in the darkness. Whether we have the disease or not, AIDS can make us aware that our time here is limited. If we are to really understand and love one another, now is the time we can take some risks, come out from behind our walls and be vulnerable, especially to the people closest to us. The only other choice is to stay where we are and wait for a more auspicious moment to begin this often difficult process — a moment which may or may not appear.

As an emotional support volunteer for the last eight months, I often get to share in the personal lives of my two clients. It is clear to me that persons with AIDS and their loved ones are not special because of the intrusion of AIDS on their lives. What is special are the ways in which many of them resist despair and make themselves open to the realities of AIDS.

Last November, Bill was facing his third case of pneumocystis within a year. He was weak, down to 110 pounds, and convinced that he could no longer care of himself — a difficult admission to make.

His father responded by flying out from Michigan to be with his son, followed by Bill's mother a week later. For the first time in 10 years, mother, father and son were living together under the same roof.

Bill was anticipating an infection from which he might not recover and his parents had little knowledge of the disease or what to expect from their son. These were not necessarily the ideal circumstances for a renewal of family ties, yet the three learned more about each other in the last few months than they had in the previous 10 years.

Bill recovered from his pneumocystis, thanks in no small part to his family:

"I feel very fortunate to have parents who were so willing to change the way they lived to come here to take care of me. I don't want for anything and I wouldn't be alive right now if it were for them. It's been a golden opportunity to get to know each other again. I never really knew my father until this illness. Had it not happened we'd never have gotten to know each other, and I'm very grateful to have their support."

Emotional Support Volunteer
Robert Leone

It hasn't been an entirely smooth road for Bill and his family. In December mom and dad planned a family Christmas, including a visit by Bill's two sisters and niece. The visit came at a time when Bill was too sick to appreciate, or even want much company. He was on oral medication, experiencing night sweats, high fevers and an almost total lack of energy. The desire for a "normal" Christmas clashed with Bill's need to be alone. This was undoubtedly a rough period, but to my outsider's eyes a sense of understanding seemed to develop from it.

There was an easing of tension which I first saw in the way Bill's mother would joke with her son, making light of small irritations.

"When you suddenly have two extra personalities in your life there's a lot of give and take that has to happen," Bill told me one afternoon as he sat up in bed, playing with his black terrier and smoking a Marlboro Light. "It's been a hard adjustment, especially after living alone for so long. It's been a good experience though. In fact, I sometimes get tired of extolling the virtues of my situation. I've been able to live my life fairly normally. Do what I want, when I want."

Bill's mother put it this way: "I try and put myself in the same position as Bill. You really can't do that but I can imagine how I would react. It's frustrating, but we take things day by day—you can't ever forsee what the day will bring. Some are good, some bad. You have to be like a cat and land on your feet. I know I can't make it through without faith to fall back on."

Religious faith is important to both of Bill's parents and they were kind enough to share their views on the subject and their feelings about the Shanti Project with me: "Our religious backgrounds have helped us a great deal—believing that this is not the end, but that life goes on. We've heard that families will sometimes reject the person with AIDS—viewing their illness as a punishment. I don't agree with them—that's not my idea of God—that he's a punishing spirit. I see him as a spirit of love...We're also thankful that Shanti is here, not only for the people who are ill, but also for the people who love them."

"We've gained a lot of understanding of AIDS by attending the Wednesday night support group. Most of the people are Gay people and we're sort of the exceptions, but we've gained a lot of acceptance. Not only do you find out that there are people (in the support group) going through the same struggle, and you are not alone, but you also pick up a lot of insight...We've also gained a lot of understanding of the Gay lifestyle."

"I think it is important for people to realize that AIDS is not as contagious as supposed," Bill's father told me. "It is, of course, serious and often deadly but there's a lot of needless suffering that can result from exaggerating the dangers."

It hit home how much Bill's mother and father had changed while listening to them talk recently about a friend—someone they met in the support group. The man's lover has AIDS and he is now experiencing AIDS-like symptoms himself. They expressed concern for their friend, but they also spoke with knowledge and insight about the medical implications of their friend's condition. To me, this level of involvement showed a real willingness to become part of their son's community. Bill, in turn, let his parents into his life at a time when he was most vulnerable. Whatever problems they encounter along the way seem small in comparison to these realities.

It made me wonder how I might do with my family, in a similar situation. At first, my reaction

(Cont. on Page 7)
The number of San Franciscans diagnosed with AIDS rose above 1000 in March, 1985. Fifty percent of those diagnosed since July 1981 are living with AIDS. Unlike New York where only 65% of those diagnosed are gay or bisexual men, 98% are identified in this high risk group in San Francisco. If estimates of a gay/bisexual male population of 70,000 in San Francisco is accepted, this would mean that one out of every seventy gay/bisexual males has been diagnosed in the city. Presently, there are approximately sixty persons a month being diagnosed with AIDS in San Francisco.

On many occasions when AIDS statistics have been presented, it has been done in a manner to emphasize the high morbidity rate amongst those diagnosed. While it is true that 50% of those diagnosed have died of the illness, it is important to affirm that many are living with AIDS. Many of these persons are working and/or contributing in varied ways to the improvement of our city and world.

I also wish to use this opportunity to once again dispel any myths or stereotypes of what types of people succumb to this disease. In the last 3 1/2 years it has been my pleasure to know on an individual and intimate level many persons with AIDS. During this time, it has been impossible for me to develop, nor do I accept, a social or psychological profile. Moreover, there is no shared characteristic or lifestyle that would enable one to identify people with AIDS. Like persons with other forms of life-threatening illnesses they are as diverse and as similar as the next.

I present these statistics to you in hopes that they will not overwhelm or lead to despair, but that they will convey how prevalent is this issue and how many of us are affected by it. It is through our knowledge that ignorance and prejudice is challenged and through our commitment to love and healing that fear is lifted.

Because of the increase in the number of AIDS diagnoses, Shanti has limited its individual and group support focus to persons with AIDS and their loved ones. The Shanti Project Board, staff and volunteers look forward to the time when a decrease in the number of AIDS diagnoses enables the Project to once again serve the needs of all members of our society who need help with the issues of life-threatening illness and grief.
(Spirituality, Cont.)

The symptoms: Lack of energy. Sleeplessness. Sixteen pounds lost in less than three weeks. Cough. Chest pain. And most dread of all, drenching night sweats. A client's problem? A person in the grey zone? No, the symptoms were mine! When I finally talked about it in group, "Check it out! Go to a doctor!" came the predictable chorus.

Fearfully, I finally did get to my doctor, but her cheerful hunch beyond my cigarette smoking, was that I either had tuberculosis or menopause! Blood tests for hormone levels gave the answer and for a time our group was known in the Shanti offices as the Menopause Group. Clients with night sweats who knew the story were told, "Get over it girl, it's a hot flash!"

Two men in our group who had suffered crazed menopausal mothers during their teenaged years, tiptoed around me in justified fear for a few weeks, and we all worked together on politically correct attitudes towards menopause. Whew! I didn't have AIDS, but oh my, the fear of contagion is getting to be almost like an old friend.

We all deal with it. As an anthropologist, I tend to see the humor in rituals and magic associated, for example, with the special garments, masks and gloves that are used so insistently in hospitals. I have been forced to conclude that you can only contract AIDS during certain shifts. Lest I leave myself out of this, let me state categorically that I know the tortuous path between reassuring head and my fearful heart. One of the continuing themes of our group has been to help one another let the fear of contagion come up past our intellectualizing and problem solving, to feel it, name it, and let it go.

"LAST SATURDAY I WAS GOING TO VISIT WITH MY CLIENT IN THE HOSPITAL AND IT TOOK ME UNTIL 4:30 TO GET MYSELF THERE. ALL OF A SUDDEN I WAS PARALYZED. IT WASN'T ABOUT HIM OR THE CONTAGION IDEA, BUT IT WAS ABOUT ME, THE DEFENSES I HAVE ABOUT BECOMING VULNERABLE WITH PEOPLE."

Steve Fish

The heat and still air in the hospital room intensified the odors: Dusty flocking on a month old miniature Christmas tree. A basket of rotten fruit. The acid of vomit. The earth of diarrhea. The musk of massage oil. Disinfectant and alcohol. Unwashed feet. Unbrushed teeth. Unbathed body, unbathed for three long weeks. I concentrated on the smell of a fresh orange heavily studded with whole cloves which was placed on the tray table. The nurse's voice somehow echoed past the orange, "He still won't get cleaned up. See what you can do."

I dutifully suggested a bath and a shampoo, was refused, tentatively began taking deep breaths, felt my empty stomach rebel, and finally settled in for a quiet morning visit.

How many of us are willing to be vulnerable about our personal appearance? Our dishes may be unwashed, our beds unmade, but if we're dirty we make sure everyone knows we've been painting a room, changing the oil, or running a marathon. I'm not without my vanities, and I've noticed about myself that the more unsure I am, the more unfamiliar my surroundings, the more care I take with my clothes.

It is only now that I'm grieving Alejandro, that I have time to reflect on the meaning of that period when he refused to be clean. Three days before he died he asked us to help him; he finally wanted to bathe. He stayed immaculate to the end, wrapped in soft white flannel sheets and covered with a pale blue blanket. His room smelled only of a large bouquet of garden-cut roses.

"MY FIRST CLIENT, MY FIRST CLIENT WHO DIED, HIS NAME WAS GORDON AND I WORKED WITH HIM FOR TEN MONTHS. IN THE COURSE OF THOSE TEN MONTHS I THINK I HAD GLIMPSES OF WHAT UNCONDITIONAL LOVE MEANS. THERE WERE TIMES WHEN HE WAS SO BITTER AND ANGRY AND WOULD SAY REALLY MEAN AND HURTUL THINGS. IT DIDN'T MATTER WITH HIM. I LOVED HIM SO MUCH, UNDERSTOOD HIM, AND MY COMPASSION FOR HIM STRETCHED AND GREW TO A POINT WHERE IT JUST WENT IN ME AND OUT ME. I'VE NEVER HAD A CHILD AND I'VE HEARD ABOUT MOTHERLOVE. I THINK MAYBE SOMETIMES THAT'S WHAT IT MIGHT BE LIKE."

Eddie Blandini

The picture shows us smiling while sitting at a beef n' brew restaurant in Eugene, Oregon. The restaurant was Geoffrey's choice, he'd just graduated from college. Brian, two years older, is bearded. My outspread arms rest lightly along the backs of their chairs and are not familiarly placed around their shoulders. The photography was taken the last time we were together and seems as faded and as far away and as slightly out of focus as their baby pictures. These strangers are my sons. Our values are so different, our way of life so foreign, that sometimes I can only imagine that they are young braves riding out on a Plains Indian hunting party. Or perhaps, conversely, they are at home and I am the warrior.

The birth, the death, the rebirth of motherlove. Perhaps these are our lessons from the intimacy with

(Cont. on Page 7)
We have examined the balance sheet of Shanti Project as of December 31, 1984 and the related statements of support, revenue, expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Shanti Project as of December 31, 1984, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles.

San Francisco, California February 22, 1985

Van Keelen & Lumer

(1) Description of the Project
The Shanti Project (the Project) is a non-profit California corporation established to provide community service. The Project offers free counseling and emotional support for people with AIDS and their loved ones.

The Project provides non-counseling services such as transportation, shopping, and housekeeping to persons with AIDS. The Project provides long-term low-cost housing to persons with AIDS. The Project provides information and referral services regarding AIDS. The Project provides professional counseling to San Francisco General Hospital for AIDS patients and their loved ones.

(2) Summary of significant accounting policies
The significant accounting policies adopted by the Project are summarized as follows:

Contribution revenue
Revenue from contributions is recorded on a cash receipts basis since this most accurately reflects such revenue.

Prepaid expenses
Prepaid expenses are amortized during the period in which the Project derives benefit therefrom.

Depreciation of fixed assets
Purchased fixed assets have an estimated life of five years each, and are depreciated using the straightline method. Depreciation expenses for the year ended December 31, 1984 were $3,177.

Certain fixed assets are not reflected on the balance sheet since they were donated to the Project and fair market value at date of donation is not reasonably determinable.

Fixed assets purchased with funds that were reimbursable under contract with the City and County of San Francisco are accounted for as "Cost reimbursed for fixed assets".

Income taxes
Shanti Project is exempt from income tax under the Internal Revenue Code and Franchise Tax Law of the California Revenue and Taxation Code. Contributions to Shanti qualify as charitable contributions pursuant to the Internal Revenue Code and California Revenue and Taxation Code.

Reserve for uncollectible receivables
The Project used the direct write-off method to account for uncollectible receivables since this method most clearly reflects bad debt provisions.

(3) Cost reimbursable contracts
At December 31, 1984 the Project was party to a contract with the City and County of San Francisco. The contract period is July 1, 1984, to June 30, 1985. The contract calls for the Project to provide community service to persons with AIDS in five distinct areas.

(4) Note payable
At December 31, 1984, the Project owed Hibermia Bank $9,962 on a loan secured by the Project's telephone system. The loan carried an interest rate of 7.75 percent per annum. The note was paid in full in February, 1985.

(5) Restricted donations
Certain donations were restricted to use for specific objectives. Approximately $1,400 is restricted to use with AIDS program, a non-cost reimbursed program of the Project which provides people with AIDS with funds for recreation. The remainder of the restricted donations is restricted for use in the residence program.

Shanti Project
Balance Sheet
December 31, 1984

Unrestricted Funds Restricted Funds Total
Cash $100,007 $ - $100,007
Receivables 4,936 1,000 5,936
Advance to restricted fund 100,691 - 100,691
Prepaid expenses (Note 2) 16,121 - 16,121
Total current assets 127,663 1,000 128,663
Fixed assets, net 142,692 - 142,692
Non-current assets at cost: Office equipment 34,060 - 34,060
Automobiles - - -
Less: accumulated depreciation (Note 2) (7,175) - (7,175)
Total non-current assets, net 26,885 - 26,885
TOTAL ASSETS $254,548 $1,000 $255,548

LIABILITIES AND FUND BALANCE:
Current Liabilities:
Accounts payable & accrued liabilities 21,382 $ 5,322 $ 26,704
Advance on contract reimbursement contract 36,779 36,779
Current maturity of note payable 9,962 9,962
Advance from unrestricted fund 100,691 100,691
TOTAL LIABILITIES 31,344 142,692 174,036
FUND BALANCE 223,204 - 223,204
TOTAL LIABILITIES & FUND BALANCE $254,548 $1,000 $255,548

Shanti Project
Statement of Liquidity
For the Year Ended December 31, 1984

SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN FUND BALANCE

Unrestricted Restricted Total
SUPPORT AND REVENUE:
Contract cost reimbursement (Note 3) $ - $577,110 $577,110
Grants 1,000 1,000
Donations (Note 5) 114,637 1,000 115,637
Fundraising 194,999 - 194,999
Miscellaneous 75,357 - 75,357
TOTAL SUPPORT AND REVENUE 405,024 1,000 406,024
EXPENSES:
Personnel 138,784 371,899 510,683
Residence (Note 3) 85,346 85,346
Contract services (Note 3) 8,316 19,761 28,077
Training and in-service 4,467 5,938 10,305
Public education 10,186 6,439 16,625
General and administrative 55,947 73,722 129,669
Cost reimbursed for fixed assets (Note 2) - 13,621 13,621
TOTAL EXPENSES 217,652 585,552 803,204
EXCESS OF SUPPORT & REVENUE OVER EXPENSES 147,572 - 147,577
FUND BALANCE, beginning 87,687 - 87,687
FUND BALANCE, end 235,259 $ - 235,259
clients and the connections within our support group. As I listen to young men talking about their mothers, I find myself giving up old notions about motherhood. When I watch them with members of their own age and sex I find from their example a growing sense of equal comradeship and an intensification for the desire for consensus. But we do more than listen and watch. A renegade psychologist that I've admired for years once said about the therapeutic interaction, "The real point is whether or not we use each other." With trust, we do use each other very well, each in our own way and with our unique histories, to take out and rework old mother attitudes and old son attitudes.

As I witness moments of unconditional love on the part of young men, I am humbled by the certain knowledge that biological motherhood, however precious and however I miss Brian and Geoffrey, has given me no special knowledge, no special ability to risk.

"I WAS A TWENTY-EIGHT YEAR OLD WOMAN, A VITAL WOMAN, COMPLETELY PARALYZED FROM POLIO AND IN AN IRON LUNG. IT WAS INTOLERABLE. I Couldn'T MOVE. I Couldn'Tstalk. I'D CRY AND TEARS WOULD MAKE MY EARS ITCH AND I Couldn'T SCRATCH. UNTIL I COULD TURN THAT AROUND, I Couldn'T BEGIN TO LIVE AGAIN." Bea Tracy

The nighttime whisper of trees from Golden Gate Park mixed with the faint rush of traffic and blended with the soft music. The coffee table, gleaming from pools of light in far areas of the living room, held a row of rocks. Round sea washed granite from Monhegan Island off the coast of Maine. A wedge of glass dug from a sidewalk on Manhattan and once used with others to illuminate a subterranean world. A crystal geode containing a tiny ice palace world from Banff, Canada. A flat piece of marble studded with needles of rose quartz from Florence, Italy. Red sandstone in a natural flower shape from Oklahoma. A large column of cut crystal from Tiffany which looked like it should, but in fact didn't, throw magical rainbows.

While sitting in a circle around the table our support group talked together about the burdens our clients take up, hold and put down. Then we each chose a stone, found a comfortable place on the floor, and with our stone within reach began a guided meditation for relaxation. In a slow exercise in sensory awareness we experimented with the picking up of our stone, with the placing of our stone first on abdomen, then sternum, and then forehead. We felt the weight, the lightness, our resistance and the eventual meeting of our stones into ourselves. Finally, we set our stones down.

For us the stones were a metaphor. For Bea paralysis and the iron lung was a physical fact. Perhaps these notes are about moments of emotional paralysis and a difficult look at the spirituality of resistance. I do not feel that this is the whole story of our support group for it certainly ignores our natural history, the coming together and the leaving of each important group member.

Perhaps this is not part of each counselor's experience nor every support group's process. But it is, I hope, not entirely unfamiliar, and is a beginning in a continuing dialogue about the meaning of our work.

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

☐ I would like to support the Shanti Project with a donation of
☐ $15.00  ☐ $25.00  ☐ $50.00  ☐ $100.00  ☐ Other $_________

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from_________

☐ IN MEMORY OF_________

☐ Please notify the family members at the address below:

Name__________________________ Phone__________________________
Street__________________________ State__________________________ Zip______________

☐ I have moved; my new address is:

Name__________________________ Phone__________________________
Street__________________________ State__________________________ Zip______________
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones, and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.

SHANTI PROJECT Provides

Free Services To Persons With AIDS And Their Loved Ones

- Individual Counseling
- Support Groups
- Residence Program
- Practical Support Program
- SF General Hospital Counseling
Gentle Brother, Gentle Friend

By Jim Geary

It was June, 1982 when we first connected. He had just been diagnosed and was reaching out to this mysterious group called Shanti, which was then located in Berkeley. There was a remarkable quality in his voice, of steadiness (readiness?), soft spoken determination to take the bull by the horns or at least not get needlessly wounded.

Speaking at his first Shanti volunteer training in July 1982, he addressed forty-five emotional support volunteers on what it was like to have AIDS. He was dazed, scattered but oh, so vulnerable. He wanted so much to serve, teach and help. He sat seemingly naked in a room full of strangers and bared his heart for all to see. He made himself and AIDS real for each of us to learn from and he didn't know what a gift he was giving and how beautiful he shown.

Bobby and I went on to talk at dozens of trainings and inservices on the psychosocial aspects of AIDS. In June, 1983 we presented at the 2nd National AIDS Conference in Denver. It was there I came to see the magic of Bobby Reynolds in relation to other people with AIDS. His immense caring, his childlike desire for everyone to get along, his genuine warmth which had the effect of making everyone realize their importance. His unique commitment to the Voice of people with AIDS belonging to all and not a few.

During the conference, as we spent quiet time together in our room, I experienced my own frustration and sense of helplessness. I felt all I could do was to listen to his stated desire for intimacy and his longing for contact with others. He revealed to me his boy-like shyness as he talked about his fear of rejection. I wanted so much for him not to hurt and feel lonely. Yet I also knew he needed to walk his path and learn his own truth.

After the conference, Bobby and I drove south to Colorado Springs to see some property his lover Mark and he owned. We stopped at a magnificent area called Garden of the Gods and freed ourselves of AIDS a bit. Seeing him amidst the rocks and blue Colorado skies, I felt suspended -- timeless -- in love with life and him.

(Continued on Page 7)
Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

BUDDIES, an Artie Bressan film starring Geoff Edholm as a person with AIDS and David Schachter as a sympathetic volunteer who becomes his "buddy" (Edholm and Schachter are pictured above), will premiere at the Castro Theater September 12, 1985 at 8:30 p.m. as a benefit for Shanti Project.

FRAMELINE is presenting and hosting the benefit. A $10 minimum donation has been set for general admission; a $25 minimum donation includes the 7 p.m. reception with Bressan, Edholm and Schachter.
The day I phoned the Shanti Project's office to find out about volunteering for training to become a peer counselor, I led off by saying "My age might disqualify me: I'm sixty-one."

"No problem," said Marta briskly. And that settled that. When I turned up for the training, my sweatshirt attracted understanding, welcoming smiles; it bore a quotation from Gertrude Stein: "We are always the same age inside." In Shanti's program of offering all manner of direct personal help to the thousands of people affected by San Francisco's horrific AIDS epidemic, the Project needs all the personal and financial help it can get - old, young, gay, straight, black, white, or any gradation in between.

As I write this, I have behind me the two long, intensive weekends of training but I still await - at any time now - the phone call informing me of my first client's name and phone number. When that call comes, I know it will open a new, even more important phase of what I already recognize as one of the pivotal experiences of my life - possibly the most challenging and demanding of all, but also possibly the most rewarding, the most enriching.

As I had expected, I proved the oldest in my class of trainees. The morning after the first evening, the next oldest - an East Bay business executive, the divorced father of three - struck up a conversation and finally, with a quizzical expression on his face, he asked me what he obviously had on his mind: "Would you mind telling me just why you volunteered to take this training and do this volunteer work?"

I did not, I realize, fit the mould of most of the others, many of them still in their twenties, just getting started professionally. I speak the local language without an accent, but sometimes almost like a foreigner -- the result of having lived for the majority of my life in Paris, then Munich, and finally, until 1981, in Berlin, where (among other things) I served as accredited correspondent for Time & Life and then CBS Radio. (I had also had seven years of post-graduate "informatory" training at the Berlin Psychoanalytic Institute). As a journalist, I have helped cover a number of big, historic events: the Soviet-Polish confrontation in Warsaw in 1956, when Moscow had to back down for the first time ever; the Soviet supression of the Hungarian uprising, which turned Budapest into a battlefield; the building of the Berlin wall, and all the other events which turned Berlin - my home for a quarter of a century - into the focal ideological battlefield between NATO and the Warsaw Pact. And now, in San Francisco, the scourge of AIDS has turned this lovely city into another kind of battlefield.

So why, my friend asked me, had I volunteered for the Shanti training? Because I view with a jaundiced, European eye many aspects of the vaunted "American way of life," especially in the medical field, most especially in mental health, and because it enraged me to discover that Shanti, because of limitations, could continue to expand its invaluable work only by appealing for volunteers and for contributions. Any show of valor in the face of adversity has always tended to make me choke up a little, and when I discovered the vast scope of Shanti's operation -- mostly young men and women, most (but far from all) of them gay, quietly but heroically helping themselves because almost no one else has cared to help them - it not only made me choke up a little, it made me feel a moral obligation of solidarity to pitch in and help in whatever way I can.

As an incorrigible news junky (my keeping up merely begins with reading the Chron and The New York Times from front to back every morning), I had thought, complacently, that I knew more about the appalling, probably unprecedented AIDS tragedy than most people. And then I started, very belatedly, hearing about the quiet, unassuming, heroic, but largely unsung activities carried out by Shanti's volunteers, as what had become for them an everyday matter of course, and I gradually discovered how little. Then, in fact, knew. The more I learned, the more the almost indecipherable abyss of suffering, misery, and grief yawned and expanded before my incredulous eyes. This appalling disease takes forms of disfigurement and torture I had never before even dreamed of; the training manual I subsequently received lists fifteen separate infections "frequently associated with AIDS." Adversity, we all know, brings out the best in everyone. I have recently, in Shanti, enriched my life by coming to know fellow human beings - clients and counselors, people with AIDS and without - who have risen to the adversity of this emergency with behavior I can only describe as magnificent.

The urgency of this adversity has stripped away from an extensive gamut of individuals all superficiality, all frivolity, all frippery, all tinsel, and revealed, in each of them, a tough, resourceful, thoroughly admirable core. At the end of the first weekend of training, as we all stood in a big circle in that huge room with our arms round one another's shoulders - Shanti staff members, experienced volunteers, men with AIDS, and trainees - I consciously scrutinized each face in the circle. Before we unlinked arms, I kissed the cheek of the woman beside me and said, "I can't remember how long since I've felt so proud of an entire big roomful of people - or felt such pride in belonging here among them." Driving home, a close shave in traffic decided me to revise my will: if I should die unexpectedly, I wanted to have thought of Shanti and done whatever I could.

The AIDS emergency in San Francisco - the most terrible anywhere in the world, statistically regarded - has already become horrifying, but even the medical experts, when they talk about the development of a vaccine or a curative remedy, talk in terms not of weeks or months but of years. The number of reported AIDS cases now doubles every nine months. That means that the already horrible situation can only get worse, possibly much worse, before it even begins to get better. On May 16, 1985, when The New York Times reported the total number of American AIDS cases at 10,226, I did a little simple arithmetic. Three years from now, at the present rate, this country would have 163,616 cases; six years from now, 2,617,856. Needless to say, any such epidemic (Continued on Page 7)
DISCOVERING A NEW VALUE

[EDITOR'S NOTE; Larry Marcus is one of many persons with AIDS who continues to make a substantial contribution to Shanti Project in many ways. We talked to Larry recently about his involvement with Shanti Project as a volunteer and about how living with AIDS has changed his life.]

LARRY, WHAT WERE THE EVENTS LEADING TO YOUR DIAGNOSIS?

At the end of August, 1984 I was feeling like I had a cold coming on -- a little achy. My appetite wasn't right, my stomach was bothering me a little bit. In the middle of September, I was diagnosed with Shingles. At that point, my doctor didn't seem to think it was AIDS-related. I don't know if I agree with him now. Then, after feeling better for a short period of time, I started going downhill again.

I live in a third floor walk-up and it became increasingly difficult to climb the stairs. Finally, one day I walked up the stairs and into my apartment and had to lay down on the bed for at least half an hour to catch up with myself, with my breathing. I was also having fevers at the time which I thought was all related to the bout of Shingles. It suddenly dawned on me that I wasn't alright.

I went to the doctor and as I was describing my symptoms to him, as the story was unfolding, he was asking me all these questions, and he said to me, "I want to check some things, and I think you have AIDS -- I think you have pneumocystis pneumonia." Frank [Larry's lover of six years] had been with me at the doctor's office and my doctor went out and told Frank what his suspicions were.

I went to the hospital right from that appointment and the next day I had a bronchoscopy done which confirmed the diagnosis, November 3, 1984.

IT MUST HAVE BEEN A TREMENDOUS SHOCK FOR BOTH OF YOU. DO YOU RECALL YOUR FEELINGS AT THE TIME?

There's so much that went on. It took months for me to really realize how I felt and to accept what was happening. I think I felt a couple of different things. It was like, "Oh my God, I have this." This is what has been the Gay community concern for a couple of years and now I have this. And it had been a concern of mine. I got panicky at one point about coming down with AIDS. So, the other side of that was that there was almost a perverse sense of relief. Well I finally got this so I don't have to worry about getting it anymore. I don't want that to be misconstrued that I'm happy with AIDS because I hate that I have this. But, there was that sense that after worrying for two years and going to the doctor every couple of weeks that the burden of worrying about getting AIDS was lifted and replaced by entirely different feelings and concerns.

IS YOUR FAMILY AWARE OF YOUR DIAGNOSIS?

Yes, when I was diagnosed with AIDS and pneumocystis and being hospitalized I called and told them. It was a really difficult call to make. I remember near the end of the phone conversation making a statement that I sort of buried in a bunch of words that this was an AIDS-related kind of pneumonia.

WHAT WAS THEIR REACTION?

My perception is that they did real well accepting it even though it was a real hard thing for them. Some fear and panic and concern, but very supportive. I mean, my whole family flew out here during my second hospitalization. My mother got here Friday with my sister and my father got here Saturday. My brother was here. They were right here for me and some of them even attended the Shanti Friends, Family and Lovers support group.

HOW HAS YOUR DIAGNOSIS AFFECTED YOUR RELATIONSHIP WITH YOUR LOVER FRANK?

How this diagnosis has affected our relationship is that he stuck by me and, not that I ever really thought that he wouldn't, but there's that fear of being abandoned. It's like, "Oh my God, I have this plague," and the fear that everyone is going to desert me. He has some fears around AIDS, but I feel things are on an even keel within the context of what's going on for me and for us.

I WOULD IMAGINE THAT TELLING YOUR FRIENDS WAS ALSO DIFFICULT?

Yes, I told very few people. My fear was that the whole world was going to know and I was going to be a leper type, a social outcast and I didn't want people to know at first. Some of my friends pulled back from me and I pulled back from some of them. I think I started rejecting people before I gave them a chance to reject me or not. What happened though was that my circle of friends all of a sudden moved in real quickly. It was like, I found out who the people were who were going to really be there for me and who wasn't. A couple of people really came through with unbelievable, or actually I should say believable, amounts of love and support.

WHEN YOU WERE AT A PLACE OF PULLING BACK, WHAT DID THAT FEEL LIKE?

I felt like I had to pull back and get back in control. I sort of had this thing that I had to take care of everybody's concerns and fears and I exerted an awful lot of energy in that direction for awhile. I finally realized I couldn't do that. I realized that they were going to have to go through whatever they were going to go through and that I needed to take care of my own fears and concerns. I closed down a little and was sort of afraid of the world for awhile.

YOU DON'T SEEM OUT OF CONTROL NOW, HOW DID YOU WORK THROUGH THAT?

I got a lot of help from Frank, my family and the friends I did stay
close with. The other area that I really received a lot of support and help from was Shanti. I'd been going to the support group after the first hospital visit. That was really helpful for me in several ways. One was to physically see other people with AIDS. I didn't know anybody else who had AIDS or even know of somebody's friend who had AIDS so it was helpful to see other people. Going to the group allayed a lot of fears. Hearing other peoples' stories made me feel not so alone. I get a lot of information from the group and find out what they have gone through and how awful it was or how awful it wasn't.

ARE YOU MATCHED WITH AN EMOTIONAL SUPPORT VOLUNTEER?

Yes. His name is Mike and I've found him real helpful. At first, although it didn't feel like a forced situation exactly, here I was with this guy who I didn't know at all and almost immediately I'm talking about the most personal feelings, fears and concerns that I'm having inside. What was real good about it was that I worked through my own self-consciousness about AIDS and I said if I need this to work I've got to not hold back.

I talk with him about a lot of things that are AIDS-related issues but also my life issues. Some of the stuff that I talk to him about are topics that I felt sort of awkward talking to friends about because it is real sensitive. To talk about dying to the people who are emotionally close to me is a real hard thing and I also imagine it's a hard thing to hear. With Mike I get a chance to discuss with him the uncomfortable parts of these issues.

WHERE ARE YOU AT NOW IN TERMS OF YOUR FEELINGS?

I sort of pared down a lot of things and in an emotional and intellectual way I have gotten rid of a lot of garbage. I've cut through a lot of my own bullshit. I'm realizing that I have a limited amount of time and I've got a real full agenda of things that I need to get done.

LIKE WHAT? WHAT DO YOU WANT TO ACCOMPLISH?

I want to let Frank, my friends and family know that I really love them -- that I appreciate them. I've told them that this is sad, but this is what I have to face. I guess its like saying goodbye.

Also, I want to do something that feels like I'm making a difference in this world, something that I feel that I can be proud of that feels like an accomplishment to me. How I'm doing that is by becoming involved in working in the Shanti Project in the office on a volunteer basis. I went through the emotional support volunteer training and I'm real glad that I did. It helps me to know that I'm part of something that although it isn't claiming to be a solution to the problem of AIDS, is an avenue for us to seek help and support and understanding. Part of working for Shanti is that some of my painful issues are not issues there. That I am gay is not an issue at Shanti. It's not an issue there that I have AIDS. Those are two big things that I don't have to deal with in the context of the rest of my life. Also, working in this context helps me to not feel so helpless that I'm doing something about my situation.

WHY DID YOU GO THROUGH THE EMOTIONAL SUPPORT VOLUNTEER TRAINING?

I went through it for two reasons. Hearing about it from others made me think it could be a personally enriching experience. That was one reason. The other reason was that I felt like I wanted to bring all my personal experience to this training so that it might help all these other people who were going through the training to hear from a person with AIDS about the experiences I've had so far and what my feelings have been.

WHAT DID YOU GET OUT OF THE TRAINING?

What I'm learning still from the training is that I'm OK. What I found is that having AIDS doesn't make a difference at least to some people. I'm learning how to be more open. I'm learning how to be more vulnerable. I've been learning to reach out and I've been learning a lot about having friends and being someone's friend. I'm learning how special some people are and I'm learning about how special I am. I'm discovering a new value in myself that I misplaced for a long time.
AFFECTION NOT REJECTION was the message of the Shanti Project float in the 1985 Lesbian/Gay Freedom Day Parade. The float was accompanied by more than 150 Shanti volunteers, clients, staff, board members and friends and won a Cable Car Award as the Most Inspirational float in the parade. Our congratulations to all who participated in the building and presentation of the float including the Floatettes, the volunteer planning group for the float; Eric Gomoll, Richard McNally, Carol Kleinmaier, Daniel Pike, Manuel Chen, Terry Davidson, Michael Strain and Jim Rulon. (Photo by Rink)
(Bobby, Continued)

On Thanksgiving that year a group of us stayed at a resort near the Russian River and after dinner wrote Japanese haikus. Using the format of 5-7-5 syllables, Bobby wrote about me:

EARTH MOTHER, BUDDHA
RACOUS LAUGHTER, JOY AND TEARS
HE IS LOVE, MY FRIEND

Christmas that year I brought him a crystal which he has worn around his neck ever since. I can remember circling his house several times as I prayed to every deity I could think of to empower the stone. I opened myself to my desire to give him everything I could, the crystal becoming my heart extended.

February 1984 brought the death of a very close friend of ours. Bobby would often say that he had let Gary in farther than the rest. Gary and Bobby had played a major role in planning the first AIDS candlelight March. They admired and loved each other deeply, gaining strength from one another to keep opening to what was needed. Bobby grieved a long while after Gary's death. In ways, I think Gary's death not only allowed Bobby to grieve for him but for the hundreds of friends Bobby had already lost to AIDS. After Gary's death, Bobby would frequently tell me he doubted he would ever be able to open that much again but at the same time, we both knew he would.

Bobby has continued to serve on Shanti's Board of Directors, participate as a facilitator at our emotional and practical support volunteer trainings, talk to dozens of newly diagnosed persons monthly in San Francisco, write and help produce a monthly person with AIDS newsletter, and continue to open to the depth of his own feelings as a way of teaching.

At a bereavement workshop we did in New York City this April, Bobby participated with the knowledge that Mark, his lover of six years, had been diagnosed with AIDS a week before. He decided to do the workshop and used it as an opportunity for his own healing and our learning.

Since that time, Mark has been on the respirator twice and Bobby has had to let go of, or at least suspend, his hope that Mark would be there to take care of him. Instead, he has opened to what Mark is teaching him on what may lie ahead.

The two of us had breakfast this morning. As we walked through the San Francisco Castro district arm and arm, we talked about what we have been through and of our feelings for each other. Bobby shared how, in the midst of all the suffering, he was still glad he could treasure this time with Mark and open to the beauty life still offers. He stopped me twice to smell the roses and stopped him once to tell him how much he had grown in knowledge and unassuming acceptance of the vital role he has played.

As we continued walking, I was increasingly aware of what Bobby has taught me and the truth that he shares with us all. He has lived a life of tremendous change. Yet, despite periods of considerable pain and doubt, he keeps opening to it and offers his insights as a teaching. Faced with so much visible suffering, he still beholds the beauty.

Bobby Reynolds isn't an extraordinary man, at least he doesn't want to be. And, perhaps, this is his greatest gift to us all — that when with him we believe that what he has done is attainable for each of us — if we but open to all of who we are.

(Battlefield, Continued)

ignores all such factors as age, sex, social class, ethnic origin, or sexual orientation.

The Shanti training weekends dredged up out of my memory, for the first time in several decades, something I remembered reading in Victor Hugo's great novel Les Misérables; meanwhile, I have managed to track down the exact quotation:

"Life, misfortunes, isolation, abandonment, and poverty are battlefields which have their heroes; obscure heroes, sometimes greater than the illustrious heroes."

My acceptance by Shanti has afforded me, late in my life, the privilege of admission into personal contact and friendship with the heroes and heroines emerging now from this new sort of battlefield.
SHANTI VIDEOTAPE
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
EXPERIENCE AT THE EDGE
A HOSTAGE STORY

(Editors note: Jack McCarty, a Shanti Volunteer, and Vic Amburgy were on the last leg of a trip around the world when their plane was hijacked. They were held captive for seventeen days in Lebanon by the Amal Militia.)

TELL ME ABOUT THE TRIP AROUND THE WORLD THAT YOU AND VIC WERE ON...HOW DID IT COME ABOUT?

Initially we set off saying, "I'd like to just go around the world, to do and see and experience now." We decided to do it as a celebration of life. It was not running away. We enjoy each other's company so much. My client, Jay, was probably the person who encouraged it the most. He would say, "Are you going to do that trip?, I think it's fabulous... leave it to you to think of something like that, go for it, do it now...."

KIND OF LIVING THROUGH YOU?

Jay would say, "If I could take the chance, if I knew my health would hold up, if, if, if,"...and in my case there were no "ifs." So that's what it turned out to be; the dream trip of a lifetime.

Most people think of doing this at retirement age.

WHAT'S YOUR EARLIEST RECOLLECTION OF THE HIJACKING?

The plane was hijacked almost immediately upon taking off, within five minutes after it was in the air and my first reaction was, "Oh, shit, here we go." There was no question as to what was happening. You kind of hoped that your initial reaction was that two people had decided to have a fist fight on the plane, but when you saw a pistol go up in the air, you knew what was happening...total disbelief.

IS THIS SIMILAR TO DENIAL WHEN YOU ARE FIRST FACED WITH A LIFE-THREATENING ILLNESS?

I think there are a lot of similarities in the denial stage in both situations. Jay, my client, has mentioned... (Continued on Page 2)
(Experience, Continued)

that my empathy level has transcended into a completely different realm. It is no longer empathy and understanding from logic. It is now understanding from experience and our conversations now are so free...the associations are so easy to make, in fact, they are exactly the same in many, many ways.

SO SOMEONE WHO IS DYING IS TELLING YOU THAT YOU NOW KNOW WHAT IT IS TO BE DYING YOURSELF?

Yes, I now know more of what it is. I know the thought process that occurs. You kind of stare into space when two people are brandishing weapons on a plane, using the phrase "We come to die" and saying that they want to go to Allah, that they want their God to honor them with their death and your death and everybody around them. It's quite a reality. Vic and I were also separated on the plane at the time, so we didn't have any communication with each other for almost two days, which in many ways was the worst part of the whole ordeal. All of it had a very surrealistic sense to it. A lot of "what's happening to me" which I had heard during training, doing role plays or working with clients. There was a lot of making it okay.

I remember an extended period of time thinking about the quality of my life up to that point and that I really lived quite a full and probably, by most people's standards, an exceptionally good life. I was making it okay to die. My chief regret was that I wasn't anywhere near Vic, and that I wanted to say goodbye. This thinking was not very rational, but it speaks to some of the issues you deal with when you are working with a client, some of the very things they try to explain to you.

IS THIS THE UNFINISHED BUSINESS THAT CLIENTS SOMETIMES NEED TO ADDRESS?

Yes. A lot of unfinished business and it is a wrapping up of a lot of loose ends, sometimes very good loose ends. I just wanted to say goodbye, I wanted to touch, I wanted a physical closeness. Through that process, in that space, I was okay for me to reach out more than to satisfy my own needs. There was a young woman from the Midwest who was placed next to me, who was absolutely trembling. We weren't allowed to talk. We communicated non-verbally, all by touch. I put my knee against her and the response was there. We maintained this intense muscular contact and after about ten or fifteen minutes she stopped trembling. Hours later when we were allowed to sit up, I said to her, "It's okay, it's not wonderful, but it's going to be okay." At one point we were probably side by side for eight to ten hours. Everybody got all shuffled around again. She was released from the plane early on. I slipped her a note that simply said "Jack and Vic" with a phone number on it. She had no idea who she was contacting. It was my family's summer home outside of Boston. She told my folks, "I couldn't have made it without him."

HOW DID YOU AND VICTOR MANAGE TO GET BACK TOGETHER AGAIN?

I got relatively friendly with the leader of the second group that came on the plane. We manipulated the situation so that at one point we got to sit beside each other.

HOW IS IT THAT YOU AND HE WERE ABLE TO COMMUNICATE?

He liked my appearance. They all liked my appearance. Initially I thought I was going to get in a lot of trouble. I was attracting a lot more attention than I was trying to, at first. I couldn't understand why so much attention was being gravitated toward me.

DO YOU THINK YOU LOOKED LIKE ONE OF THEM?

Yes, or maybe from Egypt or somewhere, not their concept of American looks. They weren't even sure Vic was American because he's so Nordic looking. I think they were seeing something in me, a combination of anger, absolute terror and a resolution.

WAS THERE ANY ONE OF YOUR CAPTORS IN PARTICULAR THAT SHOWED YOU FAVORITISM?

Yes. His name was Jamil. He was one that delivered a lot of political speeches and he had the eastern propensity to get very excited and have his voice raise very dramatically. He gave the impression that he was not out for any-
body's death. He would be speaking about not wanting anyone to get hurt, wanting his people to be freed from Israel. At the same time one of his young punks would walk up to somebody with a pistol and stick it to their head. At one point, Jamil looked at me and said "sick" as he motioned to the man in the seat in front of me, and I said, "Yes, bad." And he looked at me again and said "very sick," and I looked at him directly in the eyes and said, "Very bad, very bad." And he said "Fine. Go."...snapped his fingers and Bob's father was off the plane in minutes.

DID YOU FACE THE POSSIBILITY THAT YOU AND VIC WERE GOING TO DIE?

Yes, there was a period of time where we accepted that we were going to die and the pain of not being able to say goodbye to Vic was overwhelming. I was writing these things to a priest, I said to him, "If I don't get near my buddy, I'm going to lose it." I was going in and out of tears and that wasn't cutting it. If you started crying you got a lot of rough treatment. I finally used my influence with "It would have been the kind of crying that comes from the well of all the sorrows that you carry with you."

Jamil said, "Can I go talk to my friend?", and he accommodated me by saying, "Everyone here is down, sleep, do what ever you want." Interesting, out of some of my own needs, good things happened for other people. That particular time, if I had not been able to get close to Vic, I would have started crying uncontrollably. It would have been the kind of crying that comes from the well of all the sorrows that you carry with you. The kind of crying that's really good for you. It's the kind of thing you can do with a counselor, a very close friend or a loved one. When we finally got to sit next to each other we spoke of dying. You can see the similarities of working with a client making very conscious choices. A client saying, "I want to put my wishes on paper, in case somebody tries to over¬ride my decisions." Now I know how very, very important it is for a client to make their own decisions. We didn't have any choices.

WHAT HAPPENED WHEN YOU WERE TAKEN OFF THE PLANE?

Being taken off the plane was probably one of the most frightening parts of the whole experience.

We were all herded into a wagon, which, from the smell of it, I would say was a corpse wagon. Jammed together, everyone was trembling uncontrollably. I was sitting next to Vic at the time and I whispered in his ear, "I love you." There was a tremendous amount of relief in that. How important this is in the Shanti experience. A counselor can give someone the gift of love when they need it the most.

WHERE WERE YOU TAKEN?

We were taken to a garage and told to line up against the back wall. The older hostages speak of the St Valentine's Day Massacre. The younger men figured this was a nice convenient place to kill us. We were in this garage from five to seven hours, then removed to a building with confusing rooms that ended up being the ground floor of an entire apartment building. Rubbermats and blankets were thrown on the floor and that became our home for about seven days.

HOW MANY OF YOU WERE IN THIS APARTMENT?

There were eighteen of us in a combination of three rooms, a hallway and a little kitchen.

It was during that period of time that one of the men, Cy Grossmeier, who had a lung removed because of previous cancer, was doing very badly. This turned into a real counseling session. I went into talk to him. I don't know how that happened, but Vic says that someone asked me to go talk to him. He ended up crying, being very concerned, explaining his medical situation. Because I had made some contact with our captors, I was able to get him to a hospital by communicating with the right person and letting them know what his condition was.

WAS THIS LIKE LIVING YOUR LIFE FROM MOMENT TO MOMENT?

Yes and fantasy wasn't going to get you anywhere. We did a lot of talking, a lot of communication and the bonding that happened within that period of time was tremendous.

WHERE WERE YOU TAKEN AFTER THE FIRST LOCATION?

We were taken to another location in the city. There were five older men there. Initially we were allowed to stay upstairs in an apartment with them and then from out of nowhere, Vic, Ralph, and I were locked in the basement for three days. The basement was slightly below ground level. We couldn't open the (Continued on Page 7)
REMEMBERING ERNIE

(Editors note: Robin Johnson is an Emotional Support Volunteer Coordinator for the Shanti Project.)

WHO WAS THAT PERSON WHO WALKED INTO SHANTI FOR THE INTERVIEW?

When I first came to Shanti I thought I already knew how to do this work. And I thought that I knew what it would be like if I was diagnosed with a life-threatening illness. I did not think I needed the training; it was a waste of my time. I was eager and open to doing this work, yet a part of me which was shut down at first really opened up during the training.

WERE YOU SURPRISED TO DISCOVER THAT PART OF YOURSELF?

I was gratified, I guess. I wasn't surprised. I wanted to have a deepening experience.

HOW LONG AFTER YOU TOOK THE TRAINING DID YOU START TO WORK FOR SHANTI?

I became a Shanti volunteer two years ago. In July of the following year there was job opening for receptionist, information and referral person.

DID YOU HAVE ANY GAY FRIENDS BEFORE WORKING AT SHANTI?

I've had several gay friends over the past seven or eight years.

WAS COMING TO SHANTI AN UNUSUAL MOVE FOR A HETEROSEXUAL WOMAN WITH A CHILD?

I guess in a way it was an unusual move. It wasn't that Shanti was mostly gay men, it was that there were so many men. When I walked into the room for my training and looked around I felt a little overwhelmed. Then I had to deal with coming out as heterosexual for the first time in my life. I don't think anybody else was judging me. They were just probably wondering whether I was gay or straight.

Robin Johnson and son, Sam

TELL ME ABOUT ERNIE?

I met Ernie because I became involved facilitating the Shanti trainings. He had been diagnosed with AIDS in March of '84 and he came to do the training in May.

I saw him sitting there and I said, "You seem to be real fragile and I am sure things will come up for you in the training that may be difficult."

He looked at me real puzzled and said, "Did you get that from my application? I didn't write that in my application did I?"

I said, "No, you did not write that in your application, I just got that feeling from you."

During his training I felt very connected with him. I told one of the volunteer coordinators that if he requested a volunteer I wanted to be matched with him. I was one of three people that he said he wanted to be matched with. We sort of chose each other.

HOW DID THAT FEEL...TO CHOOSE EACH OTHER?

It is a little bit frightening because a part of me worried that I had made the wrong choice. However, the bigger part of me really was aware of feeling that he was special to me, and that it was going to be quite a journey. One which would involve some pain.

TELL ME ABOUT THE JOURNEY.

I tend to be very verbal. Ernie wasn't like that at all. I would ask him things like, "How are you?", and he would say, "Fine", and that would be it. He loved to ask about my life which was a little disconcerting to me because I was supposed to be there for him. He wanted to enter into my life and to know about me and my son Sam, and to share that. He also wanted to be there for me. It was kind of serendipitous that the hardest part of our relationship was to let him be there for me.

WOULD THE RELATIONSHIP HAVE GONE ANY FURTHER IF YOU HAD NOT LET HIM INTO YOUR LIFE?

I believe it was essential for me to open up to him. It was through this process that trust was established.

One day we were walking down the street holding hands. He said he wasn't sure that he could open up to a woman. We both talked about that as our relationship began and it was okay with him to have me as his volunteer. I would sit with him and have feelings that I wasn't letting out one hundred percent. So I decided that I needed to tell him how much I cared about him in the next session.

I went there that day knowing I was really taking a risk. When I think about it now, I think, "Gosh, what was the big deal?", but what I feared was that he would feel uncomfortable and he would decide that he did not want me as his volunteer...that I was somehow too involved. I guess it was that point that I talk about now, in the trainings, where you go over the edge, and it needed to happen in order for the relationship to evolve.

I was sitting on a couch with him and I remember saying, "I have to talk to you...there are some things I need
to say that I have been holding back".

He said, "Okay".

I was holding his hand and I wasn't looking at him and I was saying all these things that I had decided to say, like, "I love you" and "I care about you and I feel I have this connection with you".

Then I looked up at his face and he had this little smile and he just looked at me and said, "Thank you."

And I thought, "How amazing!" I had been so absorbed with my own process, how uncomfortable it was for me and that he might reject me, that it never occurred to me that I was giving this man a gift. I was giving him the gift of love and he received it that way. In his receiving it I felt the beauty of the Shanti relationship.

HOW DID THE PROGRESSION OF HIS ILLNESS AFFECT YOU?

Ernie was pretty healthy through most of our relationship. He had been initially diagnosed with pneumocystis. His first bout was very severe...I think he was on a respirator...I did not know him then. It was even vague in his recollection because he was so sick. He recouped very well from that first bout and then I was matched with him in May. In July he went into the hospital with his second bout. It seems paradoxical and ironic that the second bout really forged and deepened our bond. We knew we were absolutely with each other when that happened.

It had been building up for awhile, that he had been coughing and he would say, "I just have cold." I remember coming home and listening to his message on the tape machine.

"Ernie is going to the hospital tomorrow and, I'm scared....I guess you probably know I'm scared." With Ernie it was such a gift when he'd share something vulnerable it was very poignant and moving. Later that evening I say him at a volunteer meeting. He just fell in to my arms. We didn't say anything. I just held him, and everyone disappeared. The next day, I think I said to him, "Look, I'd like to come with you to the hospital"...because he probably was going to have to be admitted....and he said, "that would really be nice,"...I remember it one of my relationships with Ernie...that message on my tape machine...moments of holding moments of control as long as he could. He wanted to do it for himself. He did not want me to do things for him. At one point he talked to me about how I should talk in the training, about how you just can't tell a blind person "here," because "here" is infinity.

HE WAS BECOMING A TEACHER TO YOU.

Right, and he wanted that. It was very important to him and he expressed that to me.

His vision was about talking to the group and telling them how to talk to a blind person and how important it was to be able to do as much for himself as possible. Even to the day when he could not communicate anymore and when the nurses would come in to change his bed or to turn him he would grab the edge of the bed and pull himself up. He wanted to do it himself.

IN THE END, WAS HE SPEAKING TO YOU?

Very little...the last week or so he was clearly deaf and it got hard to tell whether he was hearing us or not. He was also getting more and more comatose. He wasn't very much in touch with his physical reality. He would communicate by writing on his palm...the nurses and his sisters and I designed this. He would write then trail off. He was on morphine. Mostly it was a matter of being with him...I can remember just sitting in that room and being amazed that I could sit there quietly, for such long periods of time. There was such a feeling of peace. It was different with my other client Al. He was kicking and screaming...his family would say, "Al, wake up, Robin is here," and Al was in a coma! It was very different with Ernie. There was a feeling of honoring and being honored. There was a grace to it...a reverence...a very deep peace in that room. Ernie was not giving up or fighting it either. He was riding with it.

From that day on it was very clear that Ernie was dying. The last few days to touch him was to disturb him or to bring him back to this awareness. I definitely got the feeling that touching him was as much for him. That just us being in the room was enough to show our love and compassion for him.

SO HE DIED SOON AFTER THAT?

Yes. Three of his four sisters were there. I'm still in communication with them. I feel like I have another family. So in a way Ernie has not ended for me. There is another aspect of Ernie that still remains in my life which is my relationship with his sisters.

They bring back those moments of my relationship with Ernie......the message on the tape, that sense of holding...the vulnerability...and especially our love for each other.
1985 FINANCE REPORT

SHANTI PROJECT

CONSENSED FOOTNOTES TO FINANCIAL STATEMENTS

To the Board of Directors of Shanti Project
San Francisco, California

We have examined the balance sheet of Shanti Project as of June 30, 1985, and the related statements of support, revenue, expense and changes in fund balances for the six months then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such audit procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position, results of operations and changes in financial position of Shanti Project as of June 30, 1985, and the results of its operations for the six months then ended, in conformity with generally accepted accounting principles.

San Francisco, California
September 30, 1985

Van Eucken & Lumer

(1) Description of the Project:

The Shanti Project (the Project) is a non-profit California corporation established to provide community service.

The Project offers free counseling and emotional support for people with AIDS and their loved ones. The Project provides non-counseling services such as transportation, shopping, and housekeeping to persons with AIDS; long-term low-cost housing to persons with AIDS; information and referral services regarding AIDS; and professional counselors to San Francisco General Hospital for AIDS patients and their loved ones.

(2) Summary of significant accounting policies

The significant accounting policies adopted by the Project are summarized as follows:

Contributions revenue
Revenue from contributions is recorded on a cash receipts basis since this most accurately reflects such revenue.

Prepaid expenses
Prepaid expenses are amortized during the period in which the Project derives benefits therefrom.

Depreciation of fixed assets
Purchased fixed assets have an estimated life of five years each, and are depreciated using the straight-line method. Depreciation expense for the six months ended June 30, 1985 was $0.165.

Certain fixed assets are not reflected on the balance sheet since they were donated to the Project and fair market value at date of donation is not reasonably determinable.

Income taxes
Shanti Project is exempt from income tax under the Internal Revenue Code and Franchise tax under the California Revenue and Taxation Code. Contributions to Shanti qualify as charitable contributions pursuant to the Internal Revenue Code and California Revenue and Taxation Code.

Reserve for uncollectible receivables

The Project used the direct write-off method to account for uncollectible receivables since this method most clearly reflects bad debt provisions.

(3) Cost reimbursement contracts

At June 30, 1985 the Project was party to a contract with the City and County of San Francisco. The contract period is July 1, 1984, to June 30, 1985. The contract calls for the Project to provide community service to persons with AIDS in five distinct areas. The Project staff expects that the contract will be renewed.

(4) Allocation to other programs

During the six months ended June 30, 1985, the Board of Directors of the Project authorized expenditures to other AIDS related programs and projects.

(5) Prior period adjustment

For the year ended December 31, 1984, certain current expenses relating to the Residential Program were determined to be prepayments of security deposits and last month's rent. It has been determined that the benefit of these prepayments will accrue to the City of San Francisco at the end of the contract to the Project and have been reflected as a prior period adjustment to the fund balance.

SHANTI PROJECT

STATEMENT OF LIQUIDITY

For the Six Months Ended June 30, 1985

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SHANTI PROJECT

BALANCE SHEET

June 30, 1985

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SHANTI PROJECT

STATEMENT OF SUPPORT AND REVENUE OVER EXPENSES

For the Six Months Ended June 30, 1985

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222,012
windows at night because substantial size rats were most anxious to get in and get at our garbage. To this day, we can never figure out why we were locked up down there. This proved to be one of the most difficult times of the ordeal. It was hard to maintain any kind of mental stability during that situation. When we finally got upstairs Cy Grossmeier told us he had been persistent in trying to get us out of the basement. He then switched roles and took on a counseling role with us. It was very nice, very touching, very warm. He was there for Vic and I as I had been there for him earlier.

WHAT WERE YOU FEELING THE DAY OF YOUR RELEASE?

There was actually no time that we ever lost the sense of imminent doom, imminent danger.

We knew something was up because we had been taken out in daylight. It became obvious that this was going to be it. The Red Cross was around and everybody was ready. It was very bizarre. I'm not sure how much of this was staged for the media. The Amal Milling was handing us roses. One of them was the person who kept us locked in the basement for three days...suddenly he was handing us roses! Just to get out of the city of Beirut we had to pass through five or six military checkpoints. There was a conflict at every crossing. On the road to Damascus there were five separate incidents. The caravan was stopped and everybody bolted from all of the vehicles, machine guns drawn and rapid fire going off. As we went through the Bacc Valley there was a constant barrage of fire for ten to fifteen miles. The first sense of relief I had was when the caravan was stopped at the Syrian border. "It's not our fault," said one of the Amal, "it's your embassy up there making us go through this." Vic and I just looked at each other with relief.

WERE YOU TAKEN IMMEDIATELY TO THE DAMASCUS AIRPORT?

We went to the Sheraton hotel in Damascus where we met with the American Ambassador and the Damascus officials. They had a reception with a buffet set up. Frankly, I got the impression that they were very nervous about us being there at all. There was a tremendous sense of dignity during the time I was a hostage. For seventeen days I was faced with a life-threatening environment. I reached for things that were within myself. I found that there was a sense of self that was acceptable...that the inevitable was acceptable. That's not to say I gave up. I'm talking about a way of thinking and feeling that makes you feel very strong.

There's been so much said about the bravery of the hostages. I want to say something about the bravery of people with AIDS. I thought a lot about my client Scott when I was a hostage. I thought that by comparison what I was going through was nothing. He once said that he felt that AIDS was all worth it because of the quality of the people that he met around the experience. That's bravery.

---

**Fight AIDS Through Your United Way Contribution**

Ask for a donor option form and specify the exact name and address of the AIDS organization of your choice.

**Shanti Project**

**Affection Not Rejection**

890 Hayes St., SF, CA 94117
SHANTI PROJECT Provides

Free Services To Persons With AIDS And Their Loved Ones

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
The Unfolding of a Day on Ward 5B

By Ed Brophy

(Editor's Note: Ed Brophy is one of seven Shanti staff counselors who works with persons with AIDS and their loved ones at San Francisco General Hospital. Opening himself to pain, grief and joy is an everyday occurrence for Ed. In the following article, Ed gives us an idea of what his days are like on 5B, the special ward for persons with AIDS at General.)

11:00 a.m.

I arrive on Ward 5B after being off for several days. I joke briefly with the nurses on duty and seek out the charge nurse for a report. Steve gives me an update on each patient's medical and emotional status. I go to the Shanti office and read the notes written by my fellow Shanti co-workers. This clarifies what issues have arisen and have been addressed since I was last here.

There are 12 beds on 5B and they are all filled. There are 10 additional AIDS patients to be seen on other floors.

11:30 a.m.

I decide to check in first with Fred. He is being treated for Pneumocystis Carinni Pneumonia (PCP), a protozoan infection that affects the lungs. Fred is a bright and gentle 24 year old who experienced serious medical symptoms for 18 months prior to being diagnosed with AIDS. Fred complains of his lack of appetite and stomach problems. Nausea is often a common side-effect to the medications used.

(Continued on Page 2)
The Shanti Project Newsletter

Published by Shanti Project for the friends, volunteers and staff of Shanti Project, 390 Hayes Street, San Francisco, CA 94117; 415/558-9644. Shanti Project is a contract agency of the San Francisco Department of Public Health.

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WINTER 1985 NEWSLETTER

Managing Editors:
Jim Rulon, Jim Geary

Contributing Writers:
Kevin Conduff, Joe Bender, Flo Elyon, Ed Brophy, Jim Geary

Graphics and Layout:
Kevyn Lutton

Distribution:
Christopher Couzens

Printing by:
Womens Press

Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

(Continued from Page 1)

for PCP but Fred's doctors are concerned that there may be another problem, such as an ulcer or lesion. They have scheduled Fred for an endoscopy (insertion of tube into the intestines for observation). Fred is quite anxious about undergoing this diagnostic procedure. I ask Fred what he would find helpful and I offer to do a neck massage or a visualization. He accepts the offer of a neck massage.

Fred also talks about the arrival of his parents yesterday. He had been anxious about their return but they found their presence reassuring. Fred expects his parents to return later this afternoon. I tell Fred I would be very happy to meet them and help address their questions and concerns. Fred wishes to rest for awhile so I agree to return later before he leaves for his endoscopy.

12:00 Noon

I visit Barry next. He's had two previous stays on 5B, once for treatment for PCP and once for a transfusion. We grew close during his first month-long admission and Barry feels like an old friend. He's been having headaches and he's worried about what's causing them. He's concerned that it may be cryptococcal meningitis. I sit by his bed, and he talks about his fears. He cries briefly and then quickly reverts to joking. He asks me for a back massage and he tells me about his trip to New Orleans last month. We agree to go up on the sunroof tomorrow if it's warm.

12:30 p.m.

The lunch trays have arrived. I decide to visit Gary, who's being treated for toxoplasmosis, a neurological infection which can affect mental capacities. Gary has been having trouble verbalizing. Gary greets me with his eyes and nods "yes" when I ask him if he wants help with his lunch. I wonder to myself if he's depressed. His lack of mobility must be a blow to such an active man. He acknowledges how hard it's been for him to lose his ability to care for himself. I let him know he's still a worthwhile person no matter what his capabilities of taking care of himself. He shows me some of his photographs. He helps me with more of his lunch and then head for the cafeteria.

1:30 p.m.

After lunch I return a call from Laura, who is the first year medical resident taking care of Fred who I saw earlier. She has agreed to meet with Fred's parents later this afternoon and she would like me to join her in that meeting. We agree to meet ahead of time to coordinate our approach to the family. The pain of family members, friends and lovers is very real and their needs for support and information can sometimes go unmet.

1:45 p.m.

I walk into Allen's room and touch his foot in greeting. He talks about his struggle with daily fevers and night sweats. His doctors have been unable to determine the source of his infection. He stayed on the cooling blanket most of the night and had a blood sample taken at 2:00 a.m. when his fever reached 103. He's exhausted, yet wants me to stay awhile. He talks about his anger and frustration and about his medical situation.

Allen has been using relaxation tapes every day and finds them helpful. I support him in his pursuit of stress-reduction methods. I do a 20 minute guided visualization with Allen and incorporate an image of cooling blue light. At the end of the session Allen's face lights up with his big blue eyes. Allen talks about his feeling of being responsible for his fevers and illness. He relays how his friends "keep telling me if I change my attitude, I'll get better." He adds, "But I guess there's only so much I can do." I encourage him to let himself off the hook on feeling so responsible for his present situation. I feel I'm challenging Allen's views on the role of a positive attitude, but Allen responds well to this idea.

2:30 p.m.

I knock softly on Bob's closed door. I hadn't met him yet and I take in a slow breath as I wonder how he's reacting to being in the hospital. I find him to be friendly, scared and nervous, though eager to talk. Bob was admitted last night with shortness of breath and fevers. The bronchoscopy this morning confirmed the diagnosis of pneumocystis. Bob's first words were that he was more concerned for his mother than for himself. It was clear that he was in shock, yet becoming aware of how the diagnosis was going to change his life. We talked for a long time about how to tell his friends and family. Bob said he feared he might die but wanted to make the best of every moment he had. When I gave him a good-bye hug, he clung to me for a long time and thanked me for listening. I tell Bob how awed I am by his strength and ability to face what is happening.

I feel a lump in my throat as I leave and I feel sad that this (Cont. Page 4)
TO FLO WITH LOVE

[EDITOR'S NOTE: Flo Elyon began her involvement with the Shanti Project in January of 1981 as a client. In attempts to give back to the Project the support she was given, she became a volunteer counselor. In March of 1982 she was elected by the volunteer body as Chair of the Board of Directors on which she served for over a year. In June of 1983 she became a member of the staff serving as Volunteer Coordinator.

Both as a board and staff member Flo has deeply touched the lives of those with whom she worked. She is deeply loved by us and we will miss her. However, we are happy that she has made the decision to further her growth by moving to Sri Lanka to continue studying meditation at a Buddhist monastery. We look forward to her return.

When asked to write about her involvement in Shanti, Flo submitted the following words of gratitude.]

As I lie awake in the most quiet hour of the night, searching through my treasure box of Shanti memories and experiences for something to share with you, what is most heartfelt in this moment is my deep gratitude. A gratitude that will last through the years. For the whole fabric of my being has been profoundly affected, and you will all remain as important threads among the many threads of a lifetime.

I honor and express my deep appreciation:

--to my parents Sidney and Phyllis and my sister Joyce for bringing me into this world with love and caring; whose deaths first brought me to the Shanti Project;

--to the many friends who helped me live through and heal from that period of intense grief, and who have become my new family;

--to Stephen and Andrea Levine who taught me about keeping my heart open in hell, and finding a path to my inner being;

--to Jim Geary for his continuous encouragement and faith in me, and for his joy and laughter;

--to Bobby Reynolds for his unconditional love and unparalleled contribution to people with AIDS;

--to the many clients I've worked with, learned from and been inspired by, for trusting me with their innermost feelings and sharing their journey with me;

--to the volunteers, staff and board of the Shanti Project for their remarkable work and their love, friendship and support.

--to all of you for your courage and commitment to go beyond your fears, to expand your personal boundaries, and bring such love into the hearts of so many people.

May you be filled with and surrounded by love and peace.

Flo

Flo Elyon, retired. All of us at Shanti wish you well and look forward to your return.

MEN BEHIND BARS

Men Behind Bars, a variety show and musical revue featuring San Francisco bartenders will be a benefit for Shanti Project and the San Francisco Band Foundation this year on President's holiday weekend. Three shows are scheduled; Sunday February 17th at 8:00 p.m., Monday, February 18th at 2:00 p.m. and Monday February 18th at 8:00 p.m.

Tickets are $12 and can be purchased at Headlines on Polk or Castro Streets in San Francisco. Men Behind Bars will be performed at the Victoria Theater at 2951 16th Street (between Mission and South Van Ness) and promises to be as entertaining and well received as last year's show.

A special Shanti thanks to Jim Cvitanich and Mark Abramson, producers of the benefit.
(Hour by Hour, Cont. from Page 2)
disease has struck two another vibrant man just beginning to settle into a career, home and relationship. As I wash my hands, I try to let go of these feelings. I consciously relax my body and take some deep breaths.

3:20 p.m.
I decide to see Don briefly. He's recovering well from his PCP and will be discharged soon. I was with him when he was first diagnosed and helped him deal with his intense anxiety. He now likes to regale me with stories of his days in Hollywood as a costume designer. He's an older man, with a sharp mind and a campy sense of humor. This has endeared him to all the staff. Being with him certainly lifts my spirits. He pokes fun at the hospital routine and complains about the uncomfortableness of his bed.

3:45 p.m.
It is time for my meeting with Fred's parents, Harry and Eloise. They are fundamentalist Christians from Arkansas, who clearly love their son but express some strong feelings around Fred's lifestyle. They are angry that Fred won't see a minister and are trying to cover up their anger to Fred. Laura and I encourage them to share their feelings with Fred as he probably is picking up their anger and wonders what it's about. Harry and Eloise do not want to share their feelings with Fred out of fear of upsetting him. They vent their anger and frustration to Laura and me. We empathize with and validate their pain and anger. We then focus on his present medical situation. Laura feels that Fred will recover from the PCP, and expresses her puzzlement over what is causing his stomach problem.

3:30 p.m.
I decide to return to Fred's room as he's due to leave for his test. He has decided to refuse the endoscopy. I support his right to make those choices around these diagnostic and treatment procedures. Laura joins the discussion and Fred explains his decision to her. Laura seems somewhat surprised but accepts Fred's decision.

4:30 p.m.
As I walk down the hallway thinking about the past hour, I see Tom being wheeled on a gurney to his room. He is just returning from U.C. Hospital where he is undergoing radiation treatment. I help his nurse get him back in bed. He complains about the bumpy ride in the ambulance and the wait in a chilly corridor for his treatment. He's angry, yet is still hopeful that the radiation will help reduce his Kaposi's sarcoma (KS) lesions. I validate his anger and his hope. He's tired and wants some ice water and a foot massage. As I massage his feet, he talks about his career as a gourmet chef. Even through his tiredness, Tom manages to joke about the hospital food.

5:15 p.m.
I decide to go into the conference room for a short break. Five minutes later, Sam, a former patient, arrives. He looks great and has gained 25 pounds since he was treated for PCP six months ago. He's here to see Peter, who is a newly diagnosed patient and who wants to meet another PWA who is doing well. I introduce Sam to Peter and leave the two of them to talk.

5:30 p.m.
I return to the Shanti office to write up notes on my interactions with people I have seen so far. I look over my list of patients and decide to see Bill.

6:00 p.m.
Bill is sitting up drawing when I enter his room. Just yesterday he was experiencing some strong reactions to the chemotherapy he received for his lymphatic cancer. Bill is a tall, handsome, and confident man. He's struggling with allowing himself to shed tears over the incredible outpouring of love he's been receiving from his friends, lover and the staff of 5B. He is very proud of his identity as a man and he is making some changes in his image of what it means to be a man. He cries as he tells me about his lover's support and then apologizes. I tell him there is no need to apologize.

6:50 p.m.
I complete my remaining paperwork and decide to poke my head into Eric and David's room to say goodbye. I promise to see them tomorrow. They're doing well and are due to be discharged soon.

There is never any typical day on 5B. In the midst of our day we try to stay open to what Shanti has taught us, the communication of love which is often beyond words. It has been a privilege to share in the lives of everyone I have met today and I feel a mixture of sadness and joy as I leave the doors of the hospital.

Sarah McPherson, one of seven Shanti staff counselors at San Francisco General Hospital offers emotional support to a person with AIDS on Ward 5B.
BROTHERLY LOVE

By Joe Bender and Kevin Conduff

As Shanti volunteers in the Practical Support Program, we are often awed at the expression of love between a person with AIDS and their loved ones. This is the story of two brothers. One, Mark, who had AIDS; the other, Don, who did everything he could to save his brother's life. To see Don go beyond his own sense of limits and do the extraordinary things that Mark needed and wanted during his illness filled us with wonder and admiration.

When Mark was diagnosed with AIDS, he immediately began a thorough, sometimes frantic quest to find out everything he could about what he might do to improve his health. After much research and consultation with his physician, he decided to go to Mexico to find out more about a dietary treatment that had been used to treat cancer patients. Mark spent 30 days in Mexico learning the theory and practical application of the special diet, which was designed to cleanse, and thus heal the body.

When Mark returned, he was steadily becoming weaker. His physician, while not wildly enthusiastic about the special diet, gave his blessing to its trial.

Although Mark was ready to begin the diet, he was not physically capable of the incredibly demanding regimen required to prepare the food called for. After a week, Mark realized he could not manage and called his brother Don who lived on the East Coast. Don, who was settled into a good job and comfortable home, quit his job, flew to San Francisco and "took over."

Don had known for some time that Mark was gay. He didn't, however, know anything about AIDS. Immediately, Don immersed himself in learning everything he could about AIDS so that he could help his brother regain his health.

For a couple of months Don tried to manage Mark's diet on his own. While the diet sounds simple (an 8 oz. glass of juice every hour on the hour from 6:00 a.m. to 8:00 p.m.), the preparation of the juice took extraordinary measures.

There were three kinds of juice; apple/carrot, green vegetable and raw baby calves liver. All vegetables and fruits had to be organically grown and the calves liver fresh within three days. The shopping alone was a nightmare for Don.

Vegetables had to be purchased, washed in tap water, washed a second time in distilled water, put in a blender, wrapped in gauze and put in a press to extract the few precious drops of liquid for juice. It took literally pounds of Romaine lettuce to make eight liquid ounces and three refrigerators to hold a weeks supply of fresh organic produce. Three pounds of calves liver were required to make one glass of juice. Don was overwhelmed by the tasks. On top of laundry, cleaning and taking care of Mark's other needs, Don simply couldn't shop, wash, blend and squeeze fast enough. At the suggestion of some of Mark's friends who had been assisting Don as they could, Don called Shanti for help.

Randy, a Shanti Practical Support Program coordinator, put us in touch with Don who immediately put us to work. We began helping out twice a week for several hours at a time. Don continued to do the shopping and a significant amount of the food preparation. We were his helpers. We would wash, rinse, blend, wrap, press and squeeze for hours.

Don had everything superbly organized. The system he had worked out in the kitchen was a science. Each utensil had a certain spot and there was a specific way each task needed to be performed in order to conform to the specifications of the diet. Mark believed that each of these steps he had learned in Mexico were crucial and Don accepted Mark's beliefs without questioning. We accepted them too, and remember thinking more than once, "God forbid that this man should relapse because we didn't rinse something."

Don was so loving and protective of Mark. We were there three times before we were invited to take Mark's tray into his room. His bedroom was the inner sanctum, the holy of holies. You had to remove your shoes before going in because Don was afraid dust would aggravate Mark's lungs, which were weakened by pneumonia.

It wasn't long before Don's trust in us grew and we began to spend more time with Mark. We would bring Mark his favorite weekly papers and he would question us about where we had gone that weekend. He wanted to know what restaurants we had eaten at, what movies we were playing and what was happening in the community. This time spent with him helped to ease his sense of isolation.

We were concerned about both Mark and Don. Everything that could be done for Mark was being done and yet he still was getting weaker and weaker. Don, at first, refused himself any time away from Mark and the herculean task of taking care of him. As time progressed, however, we were able to persuade Don to get out of the house a little. He treated us like family and we became equally fond of him. Occasionally, he would bring a girlfriend home for introductions and coffee. Most of these informal gatherings passed uneventfully, but one unfortunate woman walked into the kitchen just after we had ever so slightly overloaded the press with raw baby calves liver. The press had blown up under the pressure and just as Don and his date walked in, we were scraping little red bits and pieces of mangled calves liver from our hair as the rest dripped from the ceiling. It was not a pretty picture. Don quickly escorted her through the kitchen to the back porch to show her the three refrigerators full of organic veggies. She never seemed to recover from the whole thing. We didn't see her again.

After several months of the special diet, it became evident that Mark was not benefiting from it and he decided to abandon it. We felt a mixture of sadness and relief. Sadness that the diet had not done what Mark had hoped and apprehension that there were not any other viable alternatives. We also felt relieved that Don's load was lessened. Don stayed on, looking after Mark and his needs. He would bathe him, (Cont. on Page 6)
Honoring Another's Truth

By Jim Geary

Something I have always highly regarded in Shanti has been its views and approach in working with the spiritual beliefs of both its volunteers and clients. In essence, Shanti volunteers are taught to honor the religious beliefs of their clients and to work on client issues within the client's belief system. For example, if a client fears hell, yet the volunteer's belief system doesn't include a hell concept, our volunteer's counseling approach might include encouraging the client to express his or her fear of eternal damnation and feelings of guilt. Exploring how within the client's belief system he or she could seek forgiveness and attain peace may follow. Another example might involve a client who doesn't believe in an afterlife and a volunteer who has a strong belief in reincarnation. In this situation, the volunteer's goal does not become "saving" the client from a belief system but to accept the client's belief as chosen and true for the individual. If the client desires to explore any issues relevant to his or her beliefs, then the volunteer may help to provide that avenue.

In the last ten years there has been much written about death and dying. Much of it has centered around life after death and the "positive transformative" experience that dying offers us. I have observed how the dying process only recently hidden is now sought by those who feel that they will gain something from participating in it. I readily admit that my own self development is a principal motivation for my doing this work. I feel many volunteers enter this work to gain a fuller knowledge of themselves, to confront their own fear of death, and in hope of capturing the essence of life's purpose. This in itself is well and good. The problem results when volunteers' expectations of the experience deprive them of simply experiencing what is.

I have found that in my work with clients my own spiritual beliefs are immensely helpful. I feel my spiritual beliefs help prevent burnout while allowing me to open to suffering; it follows that if our beliefs give us balance, then our clients, benefit by how we manifest our truths. However, we need not share our beliefs verbally for our clients to be benefited. Letting go of any agenda as to where our clients should be spiritually allows us to enter our client's world without expectations and judgment. From this place effective communication follows.

In regards to my own changing spiritual beliefs, I had a very painful yet growthful experience two years ago. At that time, I witnessed the physically painful and disfiguring death of a client. I had known Jerry for about six months and we had built a close friendship. I spent much of the last 48 hours of his life by his bedside and witnessed his immense physical deterioration and opened to his total lack of understanding as to why this was happening to him.

After his death I experienced much rage and aimed much of it at myself. I felt stupid for having believed in a compassionate God that could allow such incredible suffering. I ripped up my "holy pictures" and told my friends that I no longer believed in anything. Fortunately, although my friends were concerned, they didn't try to rescue me, or attempt to rebuild my shattered belief systems, or to argue philosophical and/or spiritual perspectives. Instead my friends heard my hurt, and validated that it was understandable that by opening to such suffering my beliefs would be challenged. They gave me permission to let go of my beliefs and begin anew. My friends still maintained their belief in a loving God but their belief did not prevent them from opening to and even learning from my experience.

The total acceptance that my friends gave me to feel this void was exactly what I needed. For, in retrospect, that experience has strengthened my belief -- not in a God outside of myself but of a power within. A power within me which can open to incredible suffering and not pull away. What I had wanted was a God outside of myself that would not allow suffering. Yet, what I found after painful months of soul searching was the extraordinary ability within us to look into the face of suffering, of what is, and despite God's seeming inaccessibility and lack of caring, for us to remain accessible, loving and willing to continue caring.

I am committed to maintaining the integrity of honoring our clients' beliefs at Shanti. I have observed how other projects serving persons with life-threatening illness struggle with these issues sometimes erring by attempting to push death in a particular light. I feel this not only narrows the clientele they are able to serve but also narrows those serving. Imposing our own beliefs prevents us from entering an experience in which essence and gifts are born by laying aside any preconceived ideas and opening unconditionally to another's truth.

Our role as Shanti Practical Support volunteers changed also. Instead of helping in the kitchen, we visited weekly to see Mark and Don and to clean the two story Victorian house that was their home.

Mark died on Labor Day, 10 months after Don arrived to care for him. At the funeral, we were treated like family -- hugged appreciatively and lovingly. Mark had lived long enough for his father to arrive and say goodbye. His Aunt Edna and Uncle Carl were there to share their grief and to be with Don.

Don told us that he was going to miss Mark but was relieved that he wasn't going to hurt anymore. As he was talking to us, we were both thinking of how much he had left back East to be there for Mark and how very much Mark had loved him.

Mark is at rest now and Don has the peace that comes from knowing you were there for someone. Their brotherly bond inspired us and we feel privileged to have been part of this remarkable family and to have shared in their love.
The Shanti Staff provides support to 250 Shanti emotional and practical support volunteers as well as direct services to persons with AIDS and their loved ones. Pictured above: (L.toR., standing) Stan Roberts, Residence Manager; Charles Herrington, Office Manager; Bev Flynn, Asst. Finance Manager; Jim Rulon, Public Affairs Officer; Rik Isensee, Clinical Consultant; Daniel Brewer, Van Driver; Beb Tracy, Clinical Coordinator; Steve Leasure, Practical Support Coordinator; Michael Fiorentino, Residence Program Secretary; Linda Maxey, Counseling Coordinator (SFHG); Helen Schietinger, Director AIDS Residence Program; Paul Shearer, Counselor (SFHG); (L.to R. center) Jim Geary, Executive Director; Jan Boddie, Counselor (SFHG); Andrew Lewallen, Volunteer Coordinator; Robin Johnson, Volunteer Coordinator; Randy Chelsey, Practical Support Coordinator; (L.to R. front) Ed Brophy, Counselor (SFHG); Andy Bowlds, Information and Referral Receptionist; Flo Elyon, Volunteer Coordinator; Jess Randall, Finance Manager; Christopher Couzens, Office Operations Assistant. Staff members not pictured are Daniel Barnes and Sarah McPherson, staff counselors at San Francisco General Hospital.

The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

☐ I would like to support the Shanti Project with a donation of
☐ $15.00  ☐ $25.00  ☐ $50.00  ☐ $100.00  ☐ Other $______________

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from ____________________________

IN MEMORY OF ____________________________

☐ Please notify the family members at the address below:

Name__________________________ Phone__________________________

Street__________________________

City__________________________ State__________________________ Zip__________________________

☐ I have moved; my new address is:

Name__________________________ Phone__________________________

Street__________________________

City__________________________ State__________________________ Zip__________________________
SHANTI PROJECT PROVIDES

FREE Services to Persons
Facing Life-Threatening Illness
and Grief

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
SHANTI
My Extended Family

(Editor's note: Christian Haren was diagnosed with AIDS/Toxoplasmosis in November of 1985, and given a life prognosis of eight to fifteen months. He became a client of Shanti Project in December of 1985 and was matched with Doug Victor, his emotional support volunteer counselor.)

TELL ME ABOUT CHRISTIAN BEFORE AN AIDS DIAGNOSIS. WHO WAS THIS PERSON?

C: I have to go back to January of 1985 when I first got ill, although I didn’t see a doctor and wasn’t diagnosed until November of that year. Prior to that I was living at the Russian River where I had been for three years. I had a small farm. I grew apples. I also created a little company store in downtown Guerneville called The Russian River Chocolate Factory, which became part of the community. It was the kind of place where you brought Aunt Tilley from Indianapolis. I was very involved in my community. I was on the board of directors for community services which facilitated the senior center, meals for seniors and all that stuff. I was the president of the chamber of commerce...the first gay man to be elected. I was extremely involved with the Sonoma Coalition which was an advisory board to Governor Deukmejian on AIDS. I was a founding member of the River AIDS Support Group, which is now called Face to Face. I was totally dedicated to whatever was going on in the community. I have to confess that a lot of the dedication...that over-achieving...was to fill up a hole inside of me of low self-esteem and of being very, very lonely.

DID YOU HAVE A PARTNER?

C: No. I went to the river from San Francisco, thinking that the kind of man I wanted wasn’t in the city. I thought I would have to go to the country to find him: a nice solid, independent, masculine individual who likes the outdoors, animals, backpacking—the kind of things that I like to do. I got to the Russian River and after six months realized that he didn’t exist there either, or if he existed he was already married to someone else.

IS THAT WHY YOU CAME BACK TO SAN FRANCISCO?

C: I came back to San Francisco for a couple of reasons. It was time to turn a page in my life. I was burned out on the business and all the community responsibility I had accepted. The work itself didn’t get me down as much as the politics. So, I divested myself of all those community responsibilities and came back to San Francisco.

I needed input—emotionally and intellectually. I turned fifty, and, most importantly, I came back to the city because I wanted to experience, one more time, what it would be like to love somebody. It didn’t even occur to me that someone had to fall in love.

(Cont. on Page 2)
Eclipse
The Shanti Project Newsletter

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SPRING 1986

Managing Editors:
Marta Segovia Ashley
Jim Geary

Graphics and Layout:
Kevyn Lutton

Photography:
Judith Stone

Phototypesetting:
Michael De Pavia

Word Processing:
Timothy Foley

Distribution:
Ginger Pappas

Printing by:
Womens Press

Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

with me to do that. I was just concerned with falling in love.

WHAT MONTH WAS THIS?
C: This was September of 1985. Not feeling well didn't fit into my plans. I started to work in September of 1985 with a real estate firm and I was going to night school to learn computer sciences. Again, I started to make busy because that emotional hole had to be filled with something. Traditionally, all my life, I have filled that emptiness with achievement.

I knew that something was wrong. I was in total denial. If I was going to be sick, I didn't want to know about it. I did not fall in love, and, I suspect, quite honestly, now, after my diagnosis and with what I have been through, that maybe it is not in the cards for me—ever again.

HOW DO YOU FEEL ABOUT THAT?
C: Who wants to fall in love with a fifty year old man who is officially dying from a life-threatening disease? Let's face it, there is not really much future in that, is there?

I feel sad, but then I have to think back on fifty incredible years of living and loving, fighting and achieving, learning and stumbling, and that some of the most magnificent men in the world have walked through my life. So, if I cannot look forward to a particular lover, then I can look back on the love and re-experience those special feelings that I had with a particular individual.

HOW WOULD YOU FEEL IF SOMEONE DID FALL IN LOVE WITH YOU?
C: Although there are a lot of people that love me and could possibly be appropriate life-mates for me, they would have to see it as something of a very short duration. They would also have to pay the price by being involved with me. Would they be able to go through the emotional crunch if my prognosis is correct? I am not really sure if I could morally allow someone to fall in love with me. I have to take responsibility, not only for myself, but for all those people who are affected by my disease.

TELL ME ABOUT YOUR YOUNGER YEARS
C: I was raised on the wrong side of the tracks. Dirt poor and in foster homes until I was seven years old. It wasn't the fault of my family, but the condition of the times. We were just coming out of the Depression and everyone needed work. I was an extra mouth to feed. The war years came along...my mother was very beautiful and she was swept up into the glamor of it...and she deserved her youth and I'm glad she had it. I don't like the idea that I spent all those years tucked away in various foster homes, but that's all been forgiven.

By the time I was seventeen I had studied very carefully those kids from nice families from across town. I studied how they dressed, walked and talked. I made a firm decision that I wanted everything they had and in spades.

I boarded a Greyhound Bus to Los Angeles. I had always been told that you could tell a queer if he asked you for a light. So, I walked around Pershing Square in Los Angeles for two days waiting for someone to ask me for a light.

DID YOU KNOW THAT YOU WERE GAY?
C: I had a deep sense of it. It only took me three days to get from Pershing Square to Bel Air. I was thrilled because I was taken to my first gay bar. It was a tacky, main street, skid row bar. There were probably forty-three people standing in that bar and I was thrilled to death. I thought I had arrived at home at last. I didn't know that there were forty-three homosexuals in the world! Being young, naive, and a cowboy type, I was incredibly square, which had a certain appeal. I ended up in Beverly Hills, making the circuit. I was actually being passed from bed to bed. After about three months I joined the Marine Corps. I wanted to get away from being gay and all of that.

While in the Marines I was commended by the Congress of the United States. I am an honorary Lance Corporal—it is a very high honor—for life as decreed by the Senate. I got out and decided that it was time to get on with things I had started out to do. I put myself through night school and got a high school diploma. By the time I was twenty-nine I was vice president of a very large corporation. I had a few things come my way. I had been asked to model or do a small part in a movie. In my mid-thirties around 1964, I seemed to blossom. I was sitting in the lobby of the Beverly Wilshire Hotel when a man named Abe Lashvogel and his wife walked up to me and she said, "You really are a good looking son-of-a-bitch. I think my husband should sign you up." I didn't know that he was head of the Williams Morris agency. I had never heard of the William Morris Agency.

A week later we planned my first film. I had a very brief and flashy film career. I was contracted by MGM and played on the Dr. Kildare series for two years. Then I got my own series called "The Lieutenant." You could get cancer from just watching it, it was so bad. I was also drinking very heavily and fighting with the studio a lot. My parts got smaller and smaller. The studio really cared about me and had a very huge investment in me but because of my drinking I was extremely difficult. It all came from insecurity. For four years I went to work every morning at the studio expecting to be fired. They eventually eased me out of the show. I went to New York in '66 and was immediately hired by a director named Tony Richardson who was producing with David Merrick. He put me in a very important play called "The Resistable Rise of Arturo Ui" by Brecht. They bleached my hair blonde because I was to be the ideal German youth type. I was a thirty-four old playing...
an eighteen year old. The only thing I remember from that show was that I could not remember my lines. I had no training. I hadn’t had an acting lesson yet and they had already bleached my hair. It looked great on opening night but it all fell out and I had to wear a wig for the rest of the show.

I went on to other theatre work. I replaced Albert Finney in “Luther.” I won New York Critics Award for Best Young Actor of the Year. I got nominated for a Tony Award for “Chekov in the Park” with Julie Harris, and I continued drinking a great deal. I eased my self out of that career in the same way I had before.

IS THAT WHEN YOU MOVED BACK TO SAN FRANCISCO?

C: Yes. At that time the revolution was beginning, in Berkeley. I had absolutely decided that this was tailor-made for me and I wasn’t going to miss it. Besides, it made all my outrageous behavior acceptable. I met people who put me to shame. I had a lot of guilt feelings. So, I joined Vista, the domestic Peace Corp. I only felt real when I was playing somebody else. If I was holding a can of Budweiser, or playing a character on stage...those were the only times I felt real, but, when the curtain came down I no longer knew who I was.

I had spent all those years between sixteen and thirty-five running around the world, looking for good times—it never occurred to me that there was something called “good feelings.” I didn’t have good feelings as a child— I didn’t know what they meant. Now, I knew what “good times” meant: the correct house, the correct suit, the correct swimming pools, the correct dog. I thought that was what success was all about, and I had all those things. I was the unhappiest of human beings.

TELL ME ABOUT VISTA.

C: When I joined I was immediately assigned to the Haight-Ashbury Clinic in San Francisco. I arrived in my little pressed chinos and my perfect, white tospiders and my button down madras shirt and my perfect piece of Samsonite. I was well fortified with several martinis to create the best possible impression. The cab driver dropped me off at the corner of Ashbury and Haight, and I could not believe it. I walked into the clinic and asked, “What’s my job?” and they said I was the new drug counselor—the former one had overdosed yesterday.

Within six months I had joined my clients. I remember lying awake at night on acid tugging on my hair trying to make it grow faster because I wanted it long. I grew my hair to my ass. Went through all of that. Again, I went to the forefront and I became a spokesperson for the movement. It goes on and on. The problem with me and I perceive the difficulty with a lot of people in the gay community is that the only thing that holds us back from truly experiencing that pinnacle of success is that deep, ingrained feeling of being “less than” and not deserving of success.

HOW DID YOU FEEL OPPRESSED BY SOCIETY?

C: I was raised feeling less than anyone else. You have to remember that in the early 60’s to be a homosexual in Los Angeles was worth your life. I went to jail nine times in 1968 for being a homosexual—never for committing homosexual acts—just for being a homosexual.

Everytime I would get to the peak of where I wanted to go I would deliberately put into motion a mechanism to create my own failure. The reason I have mentioned all this stuff is because it all comes back to the issue at hand, which is AIDS, and the homophobia that continues to be a part of this epidemic. I can see a pattern formed way back when I was very young which was augmented and supported and contributed to by a society which saw me as being different...which saw me as being outside the moral mainstream...and I bought into it. In spite of my arrogance, my slick exterior, the fact that I could charm a whole boardroom of directors or photographers, underneath I always knew I was acting a part because inside I did not feel like that powerful person. I can see how this grew and grew and how I kept I was at forming truly meaningful relationships. I never had a lover, really. I’ve taken “hostages,” but I don’t think I’ve really had a lover. I suppose they have taken me hostage, too. My perception of love or commitment was an old tape that I had borrowed from the previous generation. I remember seeing the movie “Breakfast at Tiffany’s” and everybody in the theater was laughing except me. I absolutely understood the character of Holly Golightly because I was a male Holly Golightly—all flash and no substance. I can see how all these patterns reinforced each other and how this incredibly egotistical, self-centered, individual married this horrendous inferiority complex. This dual personality was constantly doing battle.

WHEN DID YOU HAVE THE OPPORTUNITY TO BE INTROSPECTIVE AND TO FIND OUT ABOUT THE REAL YOU?

C: I think in my early forties. Some of the patterns were so deep. I mean I had that “come hither, but keep your distance” attitude with the whole world, because I was sure that once you got to know me you wouldn’t like me. If I could keep you at a distance I could earn your respect. I was creating all these patterns. It was ongoing.

YOU SAID THAT YOU STARTED TO CHANGE IN YOUR FORTIES.

C: I didn’t change. My outward behavior didn’t change and my inward behavior didn’t change. I just became more aware of the separation of these two people that were inhabiting my body.

I thoroughly understand the attitude that is existent in the bars of the gay community today. We are attracted to that which seems unattainable—the man that looks absolutely unattainable is always the most desirable man in the bar. He is probably putting on some real heavy duty attitude. I know from experience because I have been teaching attitude since the fifth grade. I know from experience that attitude is really masking fear. It’s almost schizophrenic.

Physically, I wore myself down trying to be the most and the best and everywhere all at once. When the disease struck me I considered myself a failure at life. Being a famous fairy does not make a whole person.

(Cont. on Page 6)
SHANTI LOVE STORIES

(Editor’s note: These four couples first met at Shanti Project and subsequently fell in love.)

MARY AND LYNN

We met in the hallway at Shanti Project while waiting for our volunteer pre-training interview with Jan and Gillian. I remember being very frightened and Lynn’s presence calmed me right down. She’s like that; I am completely safe around her.

I think the four of us talked for a while and then Jan and Gillian said that we were going to do something called “role plays.” Before I knew it, Gillian had transformed herself into a person that was very ill and was supposed to respond. I froze. I mean I might have patted her knee or something, and made a few sounds, and I certainly didn’t take my eyes off her and I had no idea what to do. Gillian stopped and Jan started working with Lynn. Lynn was amazing because she knew exactly what to say to Jan.

I think we each only did one role play and then they sent us out into the hall and called us back and said we could take the training. I can remember that we both got out of there fast. I’d walked to the Project so Lynn asked me if I’d like a ride home. Lynn’s dog, Mitzi, was in the car so I met her that first night, too. Actually, it was only after we got into the car and were out of sight of the Project that we could confess to each other and giggle because my feedback had been SPEAK UP! while Lynn’s had been DON’T TALK SO MUCH! We thought it was very funny. Jan and Gillian had gotten us backwards because Lynn is by nature very stable and quiet and I’m more erratic and certainly the mouth of the family.

In the training the death visualization exercise made me realize that it was the time between now and death that was important to me, and that I wanted to spend my time focusing now and here. My clients have continued to teach me about this. Mary was beside me during the exercise. After it was over Mary held me and let me come back to reality at my own pace. She was murmuring to me and calling me “bird feathers” because of my punk hair-do. She told me it was all right and I believed her. I can still hear her calling me “bird feathers”—but now she calls me “turkey feathers” every morning!

We both come from huge families and they are half-scared and half-proud of our Shanti work. October 1985 put the family seal on our relationship. We went to Alexandria for Lynn’s birthday and I met the rest of her family. We also went to La Jolla for my mother’s 70th birthday where all of my side had gathered. But as usual there was a Shanti flavor. I remember announcing, “There is no such thing as sex without condoms!”

My mother got understandably weepy at one point during her celebration and Lynn gathered her up in the best Shanti style and took her into our room and held her while she cried and cried. When she was done she locked up with a tear-stained face and said in a tremulous voice, “Oh Lynn, I want to be a lesbian when I’m eighty!” We all shared a good laugh about that and how one could get the comfort of “Shantism” mixed up with Lesbianism!

Through Shanti we have met all these “lesbian men,” so we just have to let the flak from the separatists go on by. These wonderfully gentle men help us re-emphasize time for healing, self, and humor in our lives. Whether it was Patrick doing exercises by throwing a “hissy-fit,” or Mike and Dave carrying twenty pounds of horseshoes on a backpack trip to Angel Island, or Bob wanting to move to Idaho to go to dog grooming school; all of them help us replenish ourselves while the AIDS epidemic and other life crises persist.

I can’t imagine not loving Lynn, not being with her, but at first I used to wonder what would happen to us as a couple without our mutual commitment to Shanti. The Project is certainly compelling work, yet I’m enough of an anthropologist to have loving but still very wary views on Shanti tribal customs, tribal language and tribal dress. I have refused, for example, to wear anything but pearl earrings, period! And Lynn, too—only pearls, please—by my insistence. But you see, regardless of how wonderfully funny and important Shanti is, it is still what we do together, just like any couple. We built our home, worry about our garden, and we had to “put Mitzi down,” as the vets say, last summer. That was a very hard thing to do together. We know a lot about each other and have a backlog of experience which has nothing to do with Shanti. But at the same time, I carry Shanti with me as a kind of cozy community of the heart, just like Shanti is for us as a couple.

Mary Redick and Lynn Eubanks

Terry Davidson and Bev Flynn
WHAT BROUGHT ME TO SHANTI?

In July of 1984 I had been involved in a relationship with a woman for about a year. I suppose there is a direct cause and effect in regards to that relationship and my interest in the Project because at that time I was actively looking for contact with the gay community. A gay man with whom I worked suggested Shanti to me; until that time I had not known the Project existed. I was also pretty unaware about the AIDS crisis. Shanti sounded like a way for me to express my gayness and give something to the community at the same time.

HOW HAS THE PROJECT AFFECTED MY RELATIONSHIP?

If the Project were a corporation, say on a scheme similar to IBM, I suspect the company motto would be: “Open Your Self!” Those three words have wonderful and terrifying connotations to me. Being open is very akin to being vulnerable. However, I recognize that being open is really the only way to begin to understand another individual.

Bev and I are of different backgrounds and value systems: she’s an East Coast born and bred former Roman Catholic while I’m a native Los Angeles recovering alcoholic. She’s also five years younger than I am which makes a big variance in peripherally important likes and dislikes.

Bev has owned only one Beatles album in her entire life, for instance, while I can recite every lyric Lennon and McCartney ever wrote.

Shanti’s influence on me around these, should I say “generational differences,” has been that I am constantly reminded that we are different. Yet this clear seeing of each other enables me to better appreciate how superficial our differences are and how enjoyable differences can make our relationship.

On the other hand, I still don’t particularly care for “smoked oysters gratine a la marmalade orange,” whereas she can’t seem to get enough of the stuff.

WHAT ATTRACTED ME TO BEV.

Bev and I met in September of 1984. We had both volunteered to set up the Shanti booth at the Castro Street Fair. Bev was absolutely necessary to the task as she was, and by all accounts is, the only Project member with the tools needed to do the job.

As we began setting up the booth, it became apparent that she didn’t know how to use the tools she had brought. During some idle chatter, after the booth was completed I learned that she owned several boxes full of tools. I have since seen this collection and have given serious consideration to putting it on the road as a traveling show: “Homage to Industry—Tools of the Northern Hemisphere;” but it doesn’t look like I’ll get the cataloging done until sometime after the Middle East runs out of oil! As it turned out, she knew almost nothing about any of the tools she owned other than that a screwdriver was something one used to pry burnt bread from a toaster. This fascinated me. Was this some sort of old-fashioned “man trap”? (and if it was, would it be applicable to moi?)

Here was a young, attractive woman with a honesty and straightforwardness I had never seen except in persons I knew to be positively not from New Jersey (my family is from New Jersey). She was unpretentious, open and charming, even with a hammer in her hand. And she cared about other human beings regardless of their sexual orientation, their politics, or their financial status. She was, and is, an oddity in my experiences. I have met very few individuals with her willingness to give or her ability to enjoy without expectation of reciprocation.

And she has a hell of a tool box!

TERRY AND BEV (BEV)

I ventured to San Francisco from New Jersey in 1982 looking for a new way of life; little did I realize the culture shock I was in for.

I was fortunate enough, through the generosity of my brother, Bob, to have a place to live until I could get myself established. He also introduced me to “gay society.”

Shortly there after I began paying more attention to AIDS. Each day my outrage increased around how people with AIDS were being mistreated. In my eyes, society reacted to these people like they were lepers. I thought, “What if I get AIDS, what would I need?” The answer was love and support. It was time for me to take an active role.

In September 1983 I successfully completed an arduous two-weekend training at Shanti to become an emotional support volunteer. I was overwhelmed by the number of new trainees that felt the same way I did and wanted to make a difference. Shanti became a focal point in my life.

The following year I volunteered to assist at the Shanti booth at the Castro Street Fair. That was when Terry and I first got acquainted. I remember him as being shy, hard working, sarcastic and dedicated. There was something about this guy that was intriguing.

Over the next few months we frequently spent time together and a very solid friendship was established. From this deep friendship grew a vibrant, challenging and loving intimacy.

The power of our bond is quite wondrous and fulfilling. We talk about individuality often. Especially when we find ourselves getting lost in one another. Oftentimes it’s difficult to tell where one person ends and the other begins. We have been able to maintain a healthy relationship and a sense of self.

Terry’s an extremely compassionate man whose feelings run deep. His support has been invaluable to me over the past year. He’s been there to listen, interpret and comfort that scared child inside of me.

The environment at Shanti is very unique. Through the support of fellow staff members Shanti provides a safe place for personal growth. People here are able to see you for who you are now, not for who you were.

What I have learned about love at Shanti and through people with AIDS I will carry with me all my life.

ANDY AND ROB

HOW WE MET.

R: The first time I saw you, you were flitting around the training, hugging everybody in sight.

TERRY AND BEV (BEV)

A: That was during the Emotional Support Volunteer Training. I don’t remember seeing you or talking to you until the end of the first weekend. You were sitting in the large circle at the training speaking about your mother and what it’s like to have someone close to you go through the dying process. I remember that was the first time I keyed in on you and said, “Gee, what a sensitive person; he really seems to be articulate about his feelings and clear about who he is.”

R: I remember at the graduation party I said something like, “I really noticed you and thought you were attractive and would like to get to know you better.” And at that point you said, “Well, you’re going to be in my support group.”

A: Initially in the group, I think I was in the same mode of not really taking you seriously because I was breaking up with my lover. That really absorbed me and I wasn’t open to having thoughts about another relationship. I finally ended the relationship. Soon after I remember feeling close to you. At our support group I remember massaging your shoulders and thinking that you really were nice to touch and that I found you attractive.

R: Throughout that whole time I was growing to admire you more and more, and was coming to respect your skills and who you were as a person. It was around Thanksgiv-
ing when I met you at a nearby restaurant and we came back to my place and first kissed.

WHAT BROUGHT EACH OF US TO SHANTI?
A: My needs were to get back to my counseling skills because I have a Masters in counseling. I wasn’t using any of those skills in the jobs that I held. Secondly, I felt something crazy about burst and I wanted to be a part of whatever help I could be in trying to get us through it; to support people, to support myself through a time I knew was going to be very crazy.

R: I’ve always had a need to do community service and to feel a connection with the community. A few months before I got involved with Shanti I had an upper respiratory viral infection. One morning, when I woke up—I found some bruises on my arm and was totally convinced that it was KS. I experienced that feeling of being just on the other side of being diagnosed. I remember walking down 18th Street and feeling like I was from another planet. After a couple weeks of testing, the doctors told me it was not AIDS-related; that I had nothing to worry about. I remember being greatly relieved, yet knowing that I wanted to help others with that isolation I had been experiencing. I had friends who were involved with Shanti and they had said a lot of good things about it. It seemed like it was time for me to do something.

HOW DOES OUR WORK WITH SHANTI AFFECT OUR RELATIONSHIP?
R: I think about it in more of a broad frame—work, which is how Shanti has affected me in general. I think that’s where the relationship has been affected also. Walking through the whole process with my client, Gary, gave me a perspective on a lot of things in my life. Working with Shanti gives me more of a sense of purpose. It rearranges and shifts my priorities in a way that would not have happened unless I had the opportunity to face my own mortality in a very concrete way. Shanti showed me I could make a commitment which made entering a relationship much easier. Shanti has really put me in touch with the preciousness of life which makes me want to use my relationship to open more and more. More than anything else, that’s how Shanti has affected my relationship, it’s opened me up. It keeps me evaluating what I’m doing with my life in a way I don’t think I would have done otherwise. I want to live in the fullest. Sometimes working and being around the epidemic so much of the time tends to become overpowering. Aside from the sorrow of losing people and my anger at some of the situations that come up in society, for me, personally, my work with Shanti has been a positive force in my life.

A: Through volunteering with the Project I’ve gotten in touch with living in the moment in a real and deeper way. I really have gotten in touch with being here now, living my life to the fullest each moment and not planning too far ahead or looking behind me. When my three clients died, I got in touch with caring for them each moment I was with them, and when I wasn’t with them I learned to focus on being where ever I was. I think working on staff has affected me a little bit differently in that I’ve really learned how to set limits. I’ve often said to co-workers that when I walk in the house and shut the door I leave all work related thoughts, concerns and worries at the office. When I’m at home, it’s about being at home, relaxing, enjoying each other’s company and being lazy. I think I’ve really learned how to be lazy and not beat myself up about it. Home for me is a retreat, a place to read, a place to mend myself and rest, so that I can do what I’m called upon to do at work. Working with Shanti has helped me set limits.

DAVE AND RALPH

We celebrated our first anniversary together this Valentine’s Day. Our first date was at a Shanti Valentine’s dance, first having met at a drop-in group for people with AIDS which was facilitated by Jim Geary. We both have AIDS and Kaposi Sarcoma (cancer). David was diagnosed two years ago and Ralph nearly three.

We went to Shanti for somewhat different reasons. David was having trouble with co-workers and wanted to find a support group that would treat him like a person, not a leper. Ralph wanted an opportunity to meet people with AIDS with whom to socialize without having to confront AIDS as an issue. The group worked. David got support and Ralph got David.

We now live in a new home we are buying together in the Berkeley Hills. AIDS has not gone away, but we survive. Living well is the best revenge. We treat each other well and care for one another with love and understanding. Meeting at the Shanti group was an important start for mutual understanding.

We had the special opportunity to meet in an honest and open environment, hearing one another’s concerns and participating in mutual support. We learned about ourselves and our needs. It has been a good relationship. Having AIDS has not meant the end of living, but a new beginning. Vulnerability and the need for support increases opportunities to express understanding, care and love. These opportunities may be missing from the average relationship.

Having AIDS is not wonderful, but having one another is. We have been relatively lucky—not many health problems. We intend to ride out the crisis and are banking on finding a maintenance cure. We are both highly optimistic and believe our optimism gives us strength. We work together to turn adversity to advantage.

(Extended Family, cont.)

WHAT WERE SOME OF THE EARLY SYMPTOMS YOU HAD?
C: A year before my diagnosis, I already had toxoplasmosis (an infection of the brain) that manifested itself in many ways; one is deep depression, extreme suicidal tendencies, self-destructive behavior, and memory lapse. All those things I experienced before I went to see a doctor. Now that I have received the diagnosis I am “officially dying,” I’m fighting for my life. I just know that I’m not ready to go and if I do go it’s because of some bug, it’s not because I’m ready to. I just hope and pray that I can heal myself. Yet, whatever happens physically I can get well emotionally and spiritually. So when I do leave this world I leave it as complete a person as I can possibly be. The trophies, the blue ribbons, the star on the door, my face on billboards mean absolutely nothing, unless you have that most inner kind of peace that comes from knowing who you are.

SINCE YOUR DIAGNOSIS WHAT HAS YOUR RELATIONSHIP BEEN WITH YOUR SHANTI COUNSELOR?
C: I am at a loss of words when it comes to describing my relationship with my Shanti counselor. There aren’t words that would simply explain it in terms that people could understand, especially people who have not experienced what I and the people that are affected by my condition are going through. I must say here I am not separated from the weak—I am part of the weak for the first time in my life. If my volunteer counselor doesn’t always know where I am coming from, he is the kind of man that will

RAPLH AND DAVE
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

- I would like to support the Shanti Project with a donation of
  - $15.00
  - $25.00
  - $50.00
  - $100.00
  - Other $_____

- I am interested in becoming a volunteer

- The enclosed is a Memorial Gift from ____________________________

IN MEMORY OF ____________________________________________________________________________

- Please notify the family members at the address below:
  
  Name__________________________ Phone__________________________
  
  Street___________________________ City__________________________ State___________ Zip___________

- I have moved; my new address is:
  
  Name__________________________ Phone__________________________
  
  Street___________________________ City__________________________ State___________ Zip___________

During this past year Shanti Project has made a significant change in its approach to outreach in the Third World/People of Color Community and continues this commitment in its efforts to reach minorities. Pictured here are Shanti Project staff who represent the members of San Francisco's minority communities: (from L to R, front row), Robert Henderson, Assistant Director; Don Carlson, Maintenance Specialist; Jacqueline Peoples, Staff Counselor at San Francisco General Hospital; Chris Sandovaal, Board Member Candidate (from L to R, back row), Reggie Williams, Board Member Candidate; Alfredo Calvillo, Staff Counselor at San Francisco General Hospital; Marta Segovia Ashley, Public Affairs Coordinator; Allen Fugh, PWA Activities Specialist. Not pictured here are Dr. Calu Lester, Senior Residence Advocate, and Allen Pinoli, Bookkeeper.

sit there quietly until he does, and in this world at the rate at which we are moving that is an almost unheard of quality. You pay an analyst one hundred dollars an hour for fifty-five minutes and I know from experience that they are not always listening to you. Doug, my friend, listens not with the human ear but with his inner ear. He does not see me from his own perceptions but sees into me. He doesn't feel me with his mind but with his heart. He doesn't offer me advice, but support. Most important, he has made space for me, another human being, by sharing his own frailness, his own vulnerability, which I have never experienced with anyone in my whole life. With Doug there are no conditions. I don't have to worry about how I am feeling, I don't have to apologize about where I am coming from and his love is an ongoing thing. The love is a flow—not a reward. In our society love is often used as a weapon and when it is not used as a weapon it is used as a reward. With Doug it is flow; it just doesn't stop and start depending on how good of a boy I am. It is always flowing and he is always receiving. I see it is an equal relationship. I thought I would be the one crying on his shoulder, calling him up in the middle of the night, using up his time. I don't feel I am using my Shanti friend. I feel that Doug and I are evolving together, not always at the same level of consciousness, but none the less, we are both evolving. There are times when I become all too aware of my own frail sense of mortality. There are moments when I have to admit that the camel puts his head under the tent, and I think, "Oh my God, I have already used up half my prognosis, I've got to hurry and go faster and faster."

WHAT IS THE PROGNOSIS?
C: Five or six months outside. My demise has no importance to the world whatsoever, but, it has an enormous amount of importance to me. Doug has been prepared by the Shanti Training, it has brought out the best in him. Because of Doug I know I am not going to end up alone on some human garbage pile. I also know that if I do survive that Doug and I will always be friends whether I am ill or not. Through Doug I am in contact with an extended family, the Shanti family. I don't have a lover, I might never love someone on that level again. Yet, I am learning how to be satisfied loving someone on an even higher level. I am slowly coming to the realization that there are many different kinds of love and that maybe what I came to San Francisco to find is not a primary lover, or maybe that primary lover is me.

When I do go I only pray and hope that my higher power allows me to go out of this world as the kind of man that I would like to meet...and if I come back as a cockroach I will be absolutely livid!
SHANTI PROJECT Provides

Free Services To Persons With AIDS And Their Loved Ones

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
EDITOR'S NOTES:
(Shanti volunteers are men and women of diverse ethnic backgrounds, sexual orientation and economic class. The following emotional, practical and office volunteers share their experiences about Shanti and the caring, humanitarian work they do on behalf of people with AIDS, their families, and loved ones.)

SARAH FINNEGAN
In 1976 I divorced my husband of eleven years. Six months later I gave up my part-time job in a public school to work full-time as a department store manager. The next six years were filled with the pain and anxiety of rediscovering myself, stripped from the context of a financially secure, albeit unhappy marriage. During this period my pain threatened to engulf me: my children were miserable and angry with me; my father died of Alzheimer's disease; my closest friend committed suicide; and my lover of five years left me to live with another woman. Gradually, I became aware of my nearly total emotional isolation and self-absorption. I had always been an outgoing, gregarious, determined, and cheerful person. I saw how draining my suffering had become to my friends. One day I began to step away from the suffering a bit—to get a little breathing space.

SARAH FINNEGAN WITH HER CHILDREN, ALISON AND STEPHEN.

feel acceptance of my loneliness and even my moments of self-pity.

The stacks of spiritual books overflowed from my cases; "near death experiences", and Buddhism became my favorite subjects. I must have made a donation to Shanti in 1983 because the newsletter began arriving and became my favorite bedtime reading. My own preoccupation and fear of death gave way to a sense of wonder at merging life with whatever lies beyond. Along with a growing clarity that my life would include some kind of service with love, came the beginning of my spiritual practice. It seemed now that I had reenergized my heart and the possibilities were limitless.

About this time I became conscious of AIDS in my world. The sense of isolation in the gay community connected so strongly with my own experience that I knew my future included Shanti. The application for the training lay on my desk for a year before I filled it out. And when I mailed it I felt a peculiar rush of excitement at the adventure in store for me.

Overall the most powerful lesson I have experienced in my months with Shanti has

(Cont. on Page 2)
Managing
Phototypesetting:
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Shanti is a Sanskrit word meaning “inner peace.”

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

been my opening up to fear and confronting it myself.

The first weekend of my Shanti training, I realized I was there because I was afraid. There were moments when I knew my brain and tongue had turned to mush. I was embarrassed to express my fears and increasingly aware of my terror at role playing. My facilitator who became my group leader had an uncanny ability to sense my discomfort and to gently draw out my fears. The last Sunday in role playing I played myself processing my grief over the loss of all the men in my life. As my tears flowed I experienced an enormous emotional relief and a new feeling of self-love. The fear of holding back dissolved. During this year of being with my clients and friends with AIDS, I've noticed myself letting go of the barriers that come up to separate me from other people. My client Larry and I have been together seven months. Every time we begin to enjoy the love and ease between us, bingo, along comes another bump on the roller coaster we're riding together. Early in our relationship, Larry confided that he was seriously contemplating suicide unless his health improved. My immediate haste to define Shanti's policy regarding suicide alienated Larry and cut off an opportunity to explore his real feelings behind the talk of suicide.

It took three months to restore the trust we had previously shared. Once I acknowledged my own fears surrounding dying I felt my heart opening up to the tremendous grief and anger Larry was experiencing over the loss of control in his life. Now, when the subject of suicide comes up the charge it once held for both of us is gone and we can make room for it as a safety valve in Larry's pressured life.

About four months after I joined my Shanti group, one of the Project's facilitators approached me to consider becoming a group leader. Once again, the old fear of inadequacy arose. I put off a decision for another four months. As our group grew closer and my clients and I experienced the emotional intensity of living with AIDS, I again saw the role that fear has played in my life. Shanti has provided the safety for me to explore and confront those scary places inside me. And once again my decision to take responsibility for co-leading my group has opened me up to the excitement of taking chances.

By nature I am a cautious person, not given to physically challenging my body. For me adventure arises in the heart, when I open myself emotionally and spiritually to the unknown with another human being.

This past year I've known a joy and a thrill about my life that wasn't there before my arrival with Shanti. My work with the Project brings to mind two images. One is that serving as a volunteer acts as a mirror for myself. It's a way of reflecting back the wonder of life itself, the continual confrontation of my own reality, the fear of loneliness in my client that I see in myself. The constant contact with other volunteers and staff helps me to keep focused and to see the truth in each moment.

The other image that comes up for me is the bridge that the Shanti work has provided to my family, friends and work. Before I took the training, I felt strained sometimes just from the effort of trying to please my children, my staff at work, my many friends. A year later I can feel the difference in each day as I go about my work without worrying about its effect on other people. When I can do my very best and let go of judging the outcome my days feel complete. Now, especially with my children it is easier to enter their lives and feel comfortable. We are more open with each other.

On a practical level despite being busier than ever I find myself less argumentative and more serene. The difference is that through the Shanti experience I'm living more fully in the moment, more aware of "being" rather than "doing". My clients Larry and Jerry have been wonderful teachers in this regard. Through them I'm able to accept AIDS as a source of healing between people and within oneself.

ALAN EMERY
It feels to me as if all of my life experiences have been to prepare me for my work with AIDS.

As a child I had a very rare disease with symptoms much like KS, including painful lesions all over my body, inside and out. I lost all of my hair, my fingernails and toenails, and was on IVs for months. For a long time they didn't think I'd live. I remember the terrible isolation, the fear, the pain, the helplessness. I remember the en-
couragement and joy when my parents visited (and their anguish), or when a nurse held my hand, or when my grade school class had a picnic on the grass outside my hospital window.

My best friend from childhood died from AIDS three years ago. He had moved to San Francisco several years before, and with another friend, we bought a house together. Almost immediately David became ill and was hospitalized for the first time. For over two years he was in and out of the hospital and in progressively deteriorating condition. We suspected that he had AIDS, but he vehemently denied it.

Finally he moved back to Massachusetts, where he died. It was several months after he died that I found out about his death and that it had been from AIDS. I was devastated because I felt I hadn't done enough, hadn't been there for him, and that my oldest friend had chosen to shut me out. It took me a long time to process David's death and during that period I became more and more aware that I had to participate actively in the AIDS crisis.

The first step was to send for a Shanti Emotional Support Volunteer application. It took me several months to complete the application, and when I finally submitted it, it was more than 10 typed pages. My decision to take the Shanti training was the coming together of these and other significant life experiences.

My Shanti training, in December, 1984, was, without question, the most powerful training I have ever done—and I'm a training "junkie"! It was as if I was at the right place at the right time. I sensed that here was a place where I could be all of who I am all of the time, and that the nature of the work was bringing out the very best of me. I believe it still does.

My experiences as a Shanti volunteer have taught me that I can really be there for someone all the way and that I don't hold back just because it is uncomfortable or unpleasant or frightening. I have learned to cry freely and laugh easily, and my feelings are much more available than they were before. My feeling of connectedness to others is constantly with me now so that all of my relationships are deeper and more consciously valued. My tolerance and patience are greatly expanded and I am much less judgmental. I am stronger and softer, more energetic and more committed.

Nicholas and I have been together for nearly five years. Our relationship has been affected by Shanti in many ways. We are much more thoughtful of one another, much more aware of what we have, much more committed to each other, and much more supportive of each other. Nicholas is also very involved with Shanti and we share in our personal lives the love and growth we have both experienced through our participation.

Much of what I have learned as a Shanti volunteer has been through my relationship with my first client. I find the word "client" odd in connection with him, as I consider him my very dear friend. We were matched just after I completed my Shanti training. He had been diagnosed about six months earlier. We had a few ups and downs early in our relationship, and he even "fired" me once. We got through all of that and have enjoyed a growing, loving friendship that gets better and better. He is a remarkable man and I admire him greatly. He has had some horribly difficult experiences in the last 18 months, yet through it all he maintained his dignity, his power and his humanity. He is courage, strength, humor, wisdom, kindness and love all wrapped up in one. I feel fortunate that he has allowed me to share in his life. We both know what the future holds and we talk about it. But mostly we are together in, and about, the present. I hope he gets half as much from my friendship as I do from his. I love him and am proud and honored to be his friend.

My Monday night support group has been a very important part of my Shanti experience. Although I am co-leader of the group, we all fit so well together that leadership is really just an effortless function. We nurture each other and are there for support, as sounding boards, and often provide strong shoulders for the tears we shed. We also have fun together and laugh a lot, mostly at ourselves. We share a common bond of the work we do in service to others. My Monday night group has always been there for me and I couldn't ask for more love and support.

Thank you Shanti for the privilege of being part of your family of love.

NITSA ELITE WITH HUSBAND TONY AND DAUGHTERS, ALEXANDRA AND KRISTIANA.

NITSA ELITE
My name is Nitsa Elite. I am Greek, born in Tanzania, East Africa, forty-one years ago. I grew up in Africa and moved to Athens, Greece where I finished my schooling. I received a B.A. there via London,
where I worked for a while, came to the University of California in Santa Barbara and got my master’s in sociology. In the meantime, I met my husband, Tony, got married in 1969 and came to San Francisco to settle—our most favorite city. We have two daughters, Alexandra who is thirteen years old and Kristiana who is eleven years old. I am a housewife, although I like to call it “Keeper of the Hearth”! While raising the kids, I got a degree in acupressure and practice Reiki (a radiance technique for energy balancing and integration) on my family and friends.

For the last ten years I have indulged myself in books, reading anything that concerns the esoteric and metaphysical aspects of reality. I was finally drawn to the material on death and dying and read everything I could get my hands on about that subject. I knew that I had to do something in that area. I first thought that I would volunteer in a convalescent home, but then I saw how all our gay friends were touched by AIDS and how deeply it was affecting them and the community as a whole. At that point there was no question in my mind that as a spiritual human being I wanted to choose that path—the path of helping my fellow travelers in this life.

I heard of Shanti through friends and so I decided to take the plunge and follow through with that commitment to myself. I took the October training and can only describe it as an incredible emotional roller coaster for me. It touched me deeply and I will never be the same again. I have never experienced such love and support as I felt throughout the training. My limits were stretched and out of that I became a more sensitive and loving person. At the end of the training I came out celebrating life. Death is but a moment in time: but life and the act of living takes all the courage, love and care for oneself and each other in order to make this planet a better place to live.

My sources of inspiration are many. I have had a few clients up to now but my AIDS client Bob has taught me so much about courage. He has a positive and cheerful attitude about life and always makes me think twice about my own moods and complaints. Although he feels discouraged at times, he picks himself up and once more goes on living. I have the sincerest appreciation for him and for all that he is giving me right now in understanding his illness and myself better.

Karen and Suzan, my other clients, have taught me grace and warmth through their grief. They have opened themselves to me with such insight that we are coming to realize that we are all in this together.

My other source of inspiration has been my support groups. I value them and treasure them deeply. My first group gave me all the support, love and valuable experience that I needed to become a co-facilitator. In my current group I bask in their warmth and excitement about the Project.

And finally but not least, the heart of my inspiration, my family, have been a source of strength, love and focus in my life. They have supported me in this path without question and I owe them the world.

Through my work in Shanti and with the loving, professional guidance of the staff, I have become a more expanded, loving and caring human being. The Shanti Family for me is living proof of the power of love, dedication and transformation.

CECILIA CONQUEST WITH HUSBAND LAWRENCE.

CECILIA ROSSO CONQUEST

The day that I met my first client, Andy, he asked me in a very direct way, "What is a straight girl like you doing at Shanti?" The question surprised me. I was just following my own instincts: to give a hand when one was needed. That’s all it was.

I gradually became aware of the tragedy of AIDS when a friend I worked with became ill and was diagnosed. My friend was Mark Wood. Mark had been Bobby Reynolds’ lover for five years and together they fought against being sick from AIDS. I used to go visit Mark at the hospital when he was in the intensive care unit. Bobby was always there. Often Bobby and I would talk, and he would tell me about his involvement with Shanti. Listening to him I realized how deeply human it is to make yourself available to someone that needs help.

Everything happened all of sudden, or at least this is how it felt to me. Later, the Practical Support Training gave a touch of reality to my spontaneous attraction to the cause of Shanti.

After one year of being part of the Shanti Project, two of my clients have died but every time a cycle has ended another one has started. Each cycle is totally different from the other. The people I meet and my clients have enriched the quality of my life. By respecting their dignity I have learned to listen, not to take anything for granted, and never to make assumptions. I also realize the importance of accepting each other’s differences, in whatever way they may present themselves. Sometimes it has not been easy to be a volunteer, but it has always been rewarding.

One of the best rewards of being a Shanti volunteer is my support group. I really enjoy our meetings. We have been able to create a level of intimacy and understanding that lets us share our experiences and feelings in a very open way. I feel protected and cared for. Each of the members of my group have become my good friend. At the time I joined, I was feeling the lack of sharing that comes with friendship. Now I know I can count on my friends. In fact, we are about to have our first support group picnic, and it’s going to be great fun.

My husband is proud of my volunteer work. He has met some of my clients and has been there for me every time I needed support. In many ways, Shanti has contributed to our mutual growth, respect, and love for each other. Shanti is a happy, worthy, and significant event in my life.
such an opportunity. Here was a man, Jim Geary, who built Shanti through many trials. All he wanted was to set up an organization that would help fellow brothers and sisters. This kind of person, with such pure heart and effort in life does not come often. And here was a devoted staff working to help in this very humane project.

I wanted to join with Shanti and become part of its staff. I called and was asked to come in for orientation. What surprised me was the loving way in which I was received. The orientation person embraced each in our small group of trainees. We were not just cogs in an organizational machinery but fellow brothers and sisters joining to help. I have been with a number of organizations that said they wanted to aid society, but their unfriendly actions and attitudes against each other made me wonder what help they could truly offer. Everywhere in Shanti I found people open and easy to speak to. Some of the staff and volunteers have become my close friends.

My assignment was to work with Marta Segovia Ashley and what a tower of support and strength is she! She is beautifully gifted with charm, and a stance and attitude that is full, genuine and honest. I regret so much to write that these human characteristics are just rare today. She gave me a full overview of the work, taking time with me to explain even the details. I was very much in the need of honest values in life and in her office, sitting there listening to her explain things, I found these values.

At times I would be asked to work in the office of Ginger—a most kindly and gentle person, a sister so full of empathy and compassion that she could serve, for all times and all ages as an example and model to it. Here we stuffed envelopes for mailing and I always felt that what I was doing was vital to the organization.

When I met Jim Geary, Shanti Project’s executive director, he embraced me just as if it was the regular kind of greeting one human offers to another. Yet it was true that in most of my life this has not been the case. In some cases some have said that it was wrong for males to touch each other except to shake hands. Shanti thrust such foolish notions cut into the wastelands and I say “Thank God” for doing so.

Shanti is really just the kind of organization I have been searching for. I reasoned that surely somewhere on this planet there must be humans living that drank deeply of the empathy and compassion of life. I became an enthusiastic volunteer. I took out my checkbook and made a number of contributions. I have a great need to be part of a community that is humane. If we are to help combat the kind of illness that AIDS is, then it will not take half hearted measures but must be one in which we seek cures with all our hearts. Nothing less will do. We must begin with this as a minimum and Shanti has the social abilities to cope. With this means we will win. With this attitude of heart and of compassion and of full love we can’t lose.

EUGENE FELDMAN
I am seventy years old and a professor in the ancient history of Africa. I am one of the founders of the Black museum in Chicago twenty years ago and still a part of its working staff, as well as a hospice volunteer and emotional support person in that Illinois metropolis. For the last seven years I have been visiting the San Francisco Bay Area to enjoy its geographical beauty, its floral magnificence and the huge charm and tolerance of its people. One of my activities in the Bay Area has been to lecture in the area of Black studies, but in the winter of 1986 I began to offer workshops on the issues of hospice.

I was deeply concerned about the epidemic of AIDS. From friends I learned about Shanti. They told me it meant inner peace. Shanti was doing something about it. It was providing emotional support to persons with AIDS, support to their families, friends and lovers; setting up homes in which those with AIDS could live; training people to provide practical and emotional support for people with AIDS; and raising funds for its many helping programs. After seeing the suffering, I wanted to join in the efforts to let those with AIDS know that their fellow humans were deeply interested in what was happening to them. I asked myself: “What is life for? Is it for adding lot unto lot? Is it for adding money upon money in your bank account? Is it for accumulating honor of plaques, degrees, and other ‘prestigious mentions’?” I knew I was through with these false gods that all too many in society worship ardently. I wanted to do something of worth and of value for my fellow humans.

I prayed daily asking to become more human. I needed to shed myself of false values and to take on real ones: those that would help generate humankind. And volunteering for Shanti would give me just
SHANTI'S HONORARY BOARD

by Bea Roman, Development Director

The numbers of new AIDS diagnoses in San Francisco do not diminish. The number of new Shanti clients continues to grow. Shanti volunteers, staff and Board of Directors keep stretching to meet the demand for support services and somehow manage to accomplish that task. On that note, the Board of Directors is pleased to announce the formation of the Shanti Honorary Board. These are people whose love and caring, like an infusion of bright light, will help us discover new means of support. We are proud to introduce the newest members of our Shanti family, in alphabetical order.

Jerry Berg—Law Offices of Jerry E. Berg. Jerry is a long-time supporter of Shanti Project and other AIDS service provider organizations in San Francisco. His legal career has been an enviable one. An avid supporter of human rights, he has served as Co-Chair, Board of Directors of Advocate Research and Education; Director of Alethia Foundation; Commissioner, California Governor’s Commission on Personal Privacy; Founding National Co-Chair, Human Rights Campaign Fund; and now serves as President of the San Francisco Board of Permit Appeals.

Ann Eliaser—Compass Associates. Ann has been active in the civic, cultural and political affairs of her native San Francisco. Among her many accomplishments: National Committee Woman, Democratic Party; member of the Board of Directors of Friends of Radiology at Stanford University; Chair of the Board of Directors of the United States—China Educational Institute. She has been a strong advocate of human rights and a Shanti supporter for several years.

Jim Hormel—EQUIDEX, INC., Investment Management Firm. Jim has been a long-time supporter of Shanti Project and activist in all realms of human rights. He is a founding member of the Human Rights Campaign Fund; Board of Directors of National Gay Rights Advocates; Board of Directors of 18th Street Services; President of the Board of the San Francisco Chamber Orchestra; Board of Directors of Henry Ohlhoff House. His presence has been felt in every organization providing services to people with AIDS.

Rabbi Robert Kirschner—Tempie Emanu-EI, Senior Rabbi. Rabbi Kirschner is currently preparing his doctoral dissertation for the Department of Near Eastern Studies. He has published in journals in the United States and in Europe. During the High Holy Days in the fall of 1985, he delivered a sermon to his congregation regarding what he had seen and heard at Ward 5A. His sermon on AIDS raised $20,000 for beds for people with AIDS. Since that time, he has given of his time, his voice, and love for all of us.

Mrs. Florette White Pomeroy—Partner, Consultants in Philanthropy. Florette has been an important presence on a national and local level and the recipient of many prestigious awards. She served as Director UNRRA Tracing Bureau of Austria; International Refugee Organization, United Nations; Executive Director, United Community Fund, San Francisco; Executive Director, National Council on Alcoholism, Bay Area; Board Member of California Council for the Humanities in Public Policy; Alcoholism Council of California. She is a recipient of the Phoebe Apperson Hearst Award as one of the ten distinguished women in San Francisco; San Francisco Foundation Award; American Institute of Public Service Award; WAVE(Women of Accomplishment, Vision and Excellence) Award; and is listed in the first edition of Who’s Who of American Women. Florette has been an advocate for Shanti Project for several years.

Dr. Mervyn Silverman—This name is well known to all San Franciscans as the former Director of Public Health. His knowledge of the issues and medical ramifications of AIDS are boundless. He is the President of the Board of AMFAR(AIDS Research); the Director of Robert Woods Johnson Foundation of AIDS Health Services; a member of the faculty of University of California, San Francisco. He has used the Shanti concept in presentations across the country.

The Rt. Reverend William E. Swing—Episcopal Bishop of California. We tried to determine which were the most important items of his career to highlight. That was an impossible task. His career in the ministry has been so varied, so important. In March of this year, he sponsored a week-long National Forum on AIDS at Grace Cathedral that touched all of us in the Lesbian/Gay community. For the first time since the AIDS epidemic, a major church denomination saw our grief and pain and welcomed us, offering their help and love.

We are honored to present each and every one of them. They have all given us their valued support whenever we have asked. You will be reading more about this wonderful group of people, and if you see them about town or at Shanti events, don’t hesitate to introduce yourselves. Together, we are Shanti!
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

☐ I would like to support the Shanti Project with a donation of
  ☐ $15.00  ☐ $25.00  ☐ $50.00  ☐ $100.00  ☐ Other $__________

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from __________________________

IN MEMORY OF __________________________

☐ Please notify the family members at the address below:

Name __________________________ Phone __________________________
Street __________________________
City __________________________ State __________ Zip __________________________

☐ I have moved; my new address is:

Name __________________________ Phone __________________________
Street __________________________
City __________________________ State __________ Zip __________________________

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value, and that tremendous growth can still occur in the last moments of someone’s life.

Another thing that I have learned is that there is a healing that takes place when I open myself up and become available to another person; a healing for me as well as for the other person.

My involvement with Shanti has changed my life. I have a clearer idea of what I want from my relationships. Giving and getting support is not just limited to my Shanti relationships. I can open up to new people and new situations much faster and easier. I don’t have to know someone forever to make a close and satisfying connection. I am able to give to my friends in a more concrete way.

Before volunteering for Shanti, my own fear of AIDS would sometimes be paralyzing. I still wonder if I’m coming down with AIDS whenever I get a cold or see a mole that I don’t remember seeing. However, I’m now able to experience the fear and move on with my life without becoming obsessed and depressed. Somehow becoming more familiar with what I am afraid of has made me able to deal with it without becoming overwhelmed.

I am more accepting of myself and others. Now when I feel some of what I used to call my “negative emotions,” I don’t judge myself as harshly as I used to do. I realize that I cannot love another unconditionally if I cannot love myself in the same way.

DOMINIC MARTELLO

Put simply, I came to Shanti so I could feel good. After all the soul-searching about my function as a caring human being in the middle of a health crisis and all the guilt-ridden feelings about why I was so healthy while others were so ill, I finally stepped back, took a deep breath and decided to do something. I stopped thinking about doing it, and really wanting to do it. I just did it. It was a lesson that I’ve thought about ever since. Instead of planning to do things, or thinking a lot about doing things, I know I just have to do them.

For fifteen years or so I wanted to do something like Shanti. I had done some volunteering with a five-year-old autistic child and loved the way I felt every Sunday afternoon after working with her. Before I worked with her I felt very sorry for her. She was totally dependent on others for everything. But after working with her I started to get a sense of another person in an almost lifeless body. Just looking in her eyes I felt the pity and sadness melt away. Something was taking that sadness’ place. I was a bit unsure just what that was back then, but I knew it was why I wanted to join Shanti: the feeling of love and being loved, the best feeling I know, was what brought me to Shanti.

Nothing has been the same since I became a Shanti volunteer. The Shanti experience has presented me with a solid opportunity to look at the endless chatterings of my mind and to let all its ramblings be okay. My sharing with my various clients through the years has allowed me to open more to my own true feelings. There seems to be little time for games for a person facing a life-threatening illness. The honesty and directness also touched my life in many ways. Being complete no longer means having my act together totally, with the perfect job, lover and hairstyle. It now means being exactly where I am and telling the truth about it.
Volunteer Counseling for Persons With AIDS and Their Loved Ones

SHANTI

Provides Free Services To Persons With AIDS And Their Loved Ones

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.

890 Hayes Street, San Francisco, California 94117
(415) 558-9644
Baryshnikov and Friends Speak Out for Shanti Project

(Editors' Note: Chris Sandoval, Assistant Director, interviewed Marta Segovia Ashley, Public Affairs Coordinator, who produced and directed three public service announcements for television that starred Mikhail Baryshnikov, Cynthia Harvey, and Michael and Paula Smuin. The following is the story of how it came to be.)

C: WHY MIKHAIL BARYSHNIKOV?

I was reading a book entitled Baryshnikov in Russia, by a woman named Nina Alovert, a photographer who had known "Misha" (as he is called by his friends) since the early part of his career.

One of the things that Alovert had written about Baryshnikov was his ability to take personal responsibility for his actions with the roles he performed. At that time some of the male roles in ballet were more than chauvinistic; the men were actually scoundrels. Baryshnikov began to change the roles he danced.

Alovert said that "the secret of his genius and the special love that the Russian people felt for him" was not just because he was so talented, but because of the way in which he chose to interpret the roles he danced, the way in which he expressed the real moral and humanitarian ideas of his time, even in the "soulless, terrifying world of modern Russia."

Alovert said "the public's unconscious love for him was a kind of gratitude for revealing to us the lasting ideal of the contemporary hero." I think the line that really impressed me was, "He asserted that not only individual sacrifice for the sake of saving one's own soul was possible, but also the confrontation of evil for the sake of defending others." I thought of Shanti and how we are confronting ignorance for the sake of defending others. I saw an extraordinary parallel in what Baryshnikov believed and in Shanti Project's basic philosophy.

I thought, "Wouldn't it be wonderful to have a person like Baryshnikov represent Shanti Project." He, like people with AIDS, had to know what it feels like to be displaced. Baryshnikov had suffered the loss of leaving his own country. People with AIDS have lost homes, families, and friends because of the paranoia and prejudice against them. I imagined that Barysh-

(Cont. on Page 2)
Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Denny Thompson, Coming Attractions Communication Service, created the logo.

nikov could identify with those who suffered similar grief and loss in their lives. I empathize with the other personal losses he suffered, namely the loss of his mother when he was thirteen. I have always had a special place in my heart for those who have suffered the loss of a parent at such an early age. I, too, lost my mother when I was in my teens. So much of who we are is our love of our family, and how we bond and maintain a relationship is closely connected with that loss in our lives. Knowing all this about Baryshnikov certainly made him a good candidate in my mind for someone who could represent Shanti. The question was...would he?

C: HOW DID YOU MAKE THE DECISION TO APPROACH BARYSHNIKOV?

After reading Alovett's book and being personally touched by the experiences he had gone through, I decided that I needed to know more about his life here in America. I went to the library and copied thirty articles written about him. It was not a surprise to find that he was indeed a humanitarian. He had done public service announcements for other groups, such as the New York Public Library and the Save the Whales Foundation. Recently, he participated in the "Hands Across America" video. The articles showed that he was grateful to this country for taking him in and allowing him the artistic freedom he needed. I could see that he cared a great deal about Americans.

I had never seen Baryshnikov perform live. The American Ballet Theatre had just arrived in San Francisco, and a friend had given me his ticket to see Baryshnikov dance "Giselle." Coincidentally, I had also recently met an emigrant from Russia who was an excellent language teacher. I told him my plan and he agreed to help me translate a letter I had written to Baryshnikov. It wasn't that I felt Baryshnikov would not understand English, but because of my Spanish heritage, I knew that most of our feelings remain in our first language. I wanted Baryshnikov to experience this letter not just intellectually, but on a deep feeling level. My hope was to speak to him emotionally.

I wanted him to understand what it was like to be a person with AIDS. The scenario was about a Shanti client who had come from Russia and who subsequently died of AIDS. I wrote what it was like for this client to be here alone with the exception of his sister. I did not have Shanti become his extended family through his volunteer. Shanti, together with the one family member, comforted and supported him until his death. I wanted to convey the Baryshnikov the caring and compassionate aspects of the Shanti relationship.

C: WHAT DID YOU THINK OF HIM IN "GISSELLE"?

Well, those of us who have taken the Shanti training know the "letting go of grief" exercise in which everyone talks about his or her grief over personal loss. In doing this exercise, all the grief and loss of our lives seems to surface. What we understand as we go around the room is that all of us have felt grief and loss all of our lives and that we are not different from each other.

When I saw "Giselle," I felt like I had just come out of the Shanti training. There was so much grief that he expressed in his dancing. I left the Opera House convinced that I had to contact him. I felt that he would be a person who would know and understand what Shanti was all about. During his performance that night, he expressed what all of us go through in experiencing a profound loss. He conveyed artistically the essence of repeated grief and loss as he danced the story of Giselle.

C: DID YOU HAVE ANY IDEAS ON HOW TO REACH HIM?

No. I went to the ballet alone that night. I asked a friend to drive me there and to pick me up afterwards. After I got in the car, our route took us behind the Opera House. We noticed that there was a large group of fans at the stage entrance. Just as we drove by, a car pulled out of a parking space. We pulled into the parking space next to my friend, Daniel, and I waited in the car for Baryshnikov to appear as it started to rain.

A few minutes later, Baryshnikov came out and got into an automobile. We started to leave and I realized that the car he was in would pass
directly in front of us. Both of us sat there surprised at our luck, and I remember saying, "Dan, follow that car!" Dan asked, "Are you sure we should do this?" I said, "Yes, I'm absolutely sure. I've decided to ask him to help Shanti and I need to know where he's staying."

We were expecting to follow him to his hotel. Instead, we followed him to a restaurant in North Beach. We decided to go in and sit at the bar. We waited for about an hour. I noticed they were being served coffee and it looked as if they would soon be leaving, so I suggested that we go to the car.

The restaurant was on Columbus Avenue, and as on most streets in San Francisco, parking is impossible. We drove around to the front and luckily slid into a parking space in front of the restaurant. We sat there for about ten minutes until a taxi arrived to pick up Baryshnikov. This time I was behind the wheel and we again followed him. It was a very funny experience. As I look back now, it was one of the many fortuitous events that led to my contacting him. I knew I wanted to follow the taxi and at the same time I was embarrassed about playing detective.

Throughout this whole endeavor for Shanti, I found myself confronting my innate shyness and fears. So often I called members of my support group for moral support. My friends gave me so much support that I would forget about looking foolish and continue taking risks! One of my friends who has AIDS said to me, "What have you got to lose? Go for it! The worst that could happen is that he will say no or not even bother to read the letter. From time to time I would go through moments of self-doubt and fear. His movie "White Nights" had just come out and he was now familiar to the rest of the country. The fact that he now had superstar status sometimes made it even more scary.

C: HOW DID YOU GET THE LETTER TO HIM?

The very next day I called my Russian friend, Isaac, to come to Shanti Project to work on the translation of the letter I had finished. Isaac and I worked on it word by word. At one point, Isaac said that he was going to translate the letter.

C: WHAT WAS THAT LIKE, TALKING TO HIM ON THE TELEPHONE?

Well, first of all, I didn't do it alone. A friend and former employee of Shanti, Dr. Mary Redick, Executive Director of Marin Support AIDS Network, who had also been very supportive of me in this endeavor, agreed to work with me.

I have three-way calling at home so I called Mary, and we called Baryshnikov. I told Mary to introduce herself and then to introduce me. Well, we did not expect to be connected to him so quickly. The next thing we heard was Baryshnikov's sleepy voice.

Mary was taken aback. She introduced herself and then lapsed into dead silence. I could tell that she was so nervous that she wasn't going to introduce me. So, I introduced myself and told him I was the one who had written him the letter.

MARTA SEGOVIA ASHLEY, PUBLIC AFFAIRS COORDINATOR

"emotional support volunteer" to "friend of the heart." What a wonderfully descriptive translation of our volunteers! Isaac found the words in Russian to match both my ideas and my feelings.

We delivered the letter on Monday and I waited two days before I followed up with a telephone call.

C: WHAT WAS THAT LIKE, TALKING TO HIM ON THE TELEPHONE?

In a very warm and sweet voice, Baryshnikov said, "Oh, you didn't have to go to the trouble to write to me in Russian. I would have understood it in English." I remember telling him that I wanted him to be able to read it in his own language. He apologized for not getting in touch with me and he told us about his bad knee, which I had heard about. What I didn't know is that he hadn't attended the Friends of American Ballet Theatre $500-per-person gala, which was given the evening before in his honor, because his knee was so swollen. I found out later that as I spoke to him his knee was packed in ice!

He was bedridden and in a lot of pain. He talked about his knee and how he had many schedule changes. Baryshnikov was trying to figure out how he could meet with us. I asked him if he were dancing that night (four of us had tickets to see him that night) and he replied, "Yes, I think so!" In a very sweet and vulnerable voice he continued to speak to us. He was very sympathetic and understanding in spite of his injuries.

He spoke his thoughts aloud, going day-by-day to see how he could fit us into his busy week. Finally, he decided that Friday morning would be the only possibility. He
asked me to call him at 10 a.m. As an afterthought, he said, "Tell him that if he does not reach me, continue calling all day. Be persistent!"

When I called him on Friday, he had just left his room to go to breakfast. They transferred me from his room to the dining room, and I was informed that he didn't want to be disturbed while eating. I left a message that I would call back in a half hour. When I called he had just left for rehearsal. They gave me another telephone number where I might be able to reach him during rehearsal. I began to fear that I might not be so lucky but I was comforted by his words, "Be persistent!"

The next person I spoke to was Florence Pettan of American Ballet Theatre who was formidable at first. She wanted to know the particulars of why I wanted to speak to him and would not confirm that he was in the building. She told me that his schedule was "extremely busy" and that he probably wouldn't be able to see me. Then I remembered what he had said. So I told her "Mr. Baryshnikov said to continue calling him today and to be persistent and that's exactly what I'm doing." I asked her to deliver a message to Mr. Baryshnikov and to call me back so I would know how to proceed. She told me she didn't know if he was there and that if he was, she would give him the message. She said very noncommittally, "I'll call you back in ten minutes, if I can."

She called me back in less than ten minutes. I was startled. The second conversation was very different from the first. She told me very graciously, "Mr. Baryshnikov asked me to call you back and to arrange for Mr. Charles France, Assistant Director of the American Ballet Theatre, and you to meet." She asked me to call back later at 2:30 to arrange the time, since Mr. France would not be there until then. She called me back at 2:30 (on the dot) and told me that I had an appointment to see him at 9:30 the next morning. At 9:30 the next morning, I called him and was put through immediately!

C: WHAT HAPPENED NEXT?
Well, the first thing I said to him was that I thought that I would have to translate the letter to him. He told me that Mr. Baryshnikov had told him all about the letter. It was a relief for me not to have to fill him in on all the details of the letter. Then he said, "Let me begin and let me tell you what he cannot do, and then you tell me what he can do for you." I remember thinking to myself that my letter must have touched him. He told me that Mr. Baryshnikov could not do a fundraiser for Shanti, as he was committed to raising money only for the American Ballet Theatre.

Then Mr. France asked me, "Now, you tell me what Mr. Baryshnikov can do for you. How can he help you?" I told him that a public service announcement for volunteer recruitment would be very helpful. There was also a documentary about Shanti which was being filmed, and it might be nice to have him do the opening or closing narration. The third suggestion was to interview Mr. Baryshnikov for the Eclipse newsletter. He liked the three ideas and told me to write him a letter and to write in the letter exactly what we talked about and list the suggestions I had made. He said he would answer me immediately. Reassuringly, he repeated that twice.

He asked to be put on the newsletter mailing list. I told him a lot about what we do worldwide and our primary work in San Francisco. We had just been written up in California Magazine as "the leading service organization in the nation since the AIDS epidemic began." At the end of the conversation, I asked if he was sure he did not want to meet with Mary Redick and me and he said, "My dear, it isn't necessary to meet; this is a fait accompli." Besides, he had two ballets that day and "Misha" was the next day for San Diego. I was ecstatic, yet a part of me kept thinking "this can't be so easy." As it turned out, the next four months had exasperating and difficult moments, but finally a very exciting and joyous conclusion.

C: HOW DID YOU MEET THE SMUINS AND CYNTHIA HARVEY?
Apart from my negotiations with Baryshnikov, another series of events led me to meet Michael Smuin and Cynthia Harvey. A young man with AIDS called and said he wanted to join Shanti's Speakers Bureau. He was a Shanti client and wanted to speak to groups about how he had been helped by Shanti. He mentioned to me that he was a journalist. We set up a meeting for later that week.

On Friday, into my office walked a very attractive blond, blue-eyed man named Sean O'Neil. We talked for about an hour and I told him I looked forward to him being on the Speakers' Bureau. Just as we were finishing our conversation, I asked him what kind of journalist he was and he
said that he was a dance journalist. I asked him what kind of dance and he said, "Ballet. I was also a ballet dancer." I told him I was presently negotiating with Mikhail Baryshnikov about a television public service announcement for Shanti Project. O'Neil and I talked about that for a while and he was very encouraging. He said that he knew Cynthia Harvey very well. I asked if he meant Cynthia Harvey of American Ballet Theatre who dances with "Misha," and he replied that they were very good friends, and that if I would like to meet her he could make the arrangements. He asked me if I would like to meet Michael Smuin. He said, "Michael is in town right now and he is rehearsing a new musical which he's taking to New York." I remember him saying, "Michael Smuin is going to New York to direct Baryshnikov and Nureyev the weekend of the Fourth of July. Sean said something like "maybe you can talk Michael into doing a public service announcement as well and tape them at the same time in New York." He suggested that he introduce me to Michael that next week.

C: TELL ME ABOUT MEETING MICHAEL SMuin.

I had heard that he was a very magnetic and powerful, as well as creative individual. My image of Smuin was of a positive and dynamic person. I found him to be all of that. In addition, I found him to be a very gentle, wonderful and regular guy that I could talk to easily. It was like talking to your next door neighbor or somebody that you had known for a long time. He was so helpful. He said that he would be there that weekend and that if I had all the negotiations with Baryshnikov arranged that I could come and tape them at the same time that weekend. He was staying at a friend's apartment and suggested that we could film there.

Sean took me to see a rehearsal of "Kicks," which Michael Smuin was directing. I was introduced to Michael and the dancers. He was already convinced that he wanted to help people with AIDS and their families. He gave me an address and telephone number where he could be reached in New York and told me to keep him informed. He was so generous; he even offered to direct!
1986 FINANCE REPORT

To the Board of Directors of
Shanti Project
San Francisco, California

We have examined the balance sheet of Shanti Project as of June 30, 1986, and the related statements of support, revenue, expense and changes in fund balance and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, includes such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Shanti Project as of June 30, 1986, and the results of its operations and changes in fund balance and changes in financial position for the year then ended, in conformity with generally accepted accounting principles.

V. Cicci
Van Eeles & Lower
San Francisco, California
September 12, 1986

(1) Description of the Project
The Shanti Project (the Project) is a non-profit California corporation established to provide community service.

The Project offers free counseling and emotional support for people with AIDS and their loved ones.

The Project provides non-counseling services such as transportation, shopping, and housekeeping services to persons with AIDS, to help them maintain their own homes.

The Project maintains a referral service regarding AIDS and professional counselors to San Francisco General Hospital for AIDS patients and their loved ones.

(2) Summary of significant accounting policies
The significant accounting policies adopted by the Project are summarized as follows:

Contributions revenue
Revenue from contributions is recorded on a cash receipts basis since this method accurately reflects such revenue.

Prepaid expenses
Prepaid expenses are amortized during the period in which the Project derives benefit therefrom except for $12,545 which are not amortized by the City and County of San Francisco.

Depreciation of fixed assets
Depreciation of fixed assets is charged to expense at rates determined by the County of San Francisco.

Deferred tax liability
Deferred tax liability results from temporary differences between revenue and expense recorded for financial statement purposes and those recorded for tax purposes.

Certain fixed assets are not reflected on the balance sheet since they were donated to the Project and fair market value at date of donation is not reasonably determinable.

(3) Eventual liquidation
Shanti Project in excess of income tax under the Internal Revenue Code and Franchise tax under the California Revenue and Taxation Code. Contributions to Shanti qualify as charitable contributions pursuant to the Internal Revenue Code and California Revenue and Taxation Code.

(4) Change in accounting principles
The Project uses the direct write-off method to account for uncollectible receivables since this method most clearly reflects bad debt provision.

(5) Inventories
Inventories are stated at cost on the first-in, first-out (FIFO) basis.

Current Liabilities
Current Liabilities

Unrestricted Restricted Total Percent
\begin{tabular}{lrrr}

date & & & \\
\hline
Current Liabilities & $35,161,010 & $916,610 & $35,161,010 & 5.182 \\
Total Current Liabilities & $35,161,010 & $916,610 & $36,077,620 & 100.000 \\
\hline
\end{tabular}

Exempt of support and revenue over expenses

Unrestricted Restricted Total Percent
\begin{tabular}{lrrr}

date & & & \\
\hline
Exempt of support and revenue over expenses & $188,356 & $188,356 & $188,356 & 6.63 \\
\hline
\end{tabular}

Increase in working capital

Unrestricted Restricted Total Percent
\begin{tabular}{lrrr}

date & & & \\
\hline
Increase in working capital & $132,567 & $132,567 & $132,567 & 6.13 \\
\hline
\end{tabular}

Sources of working capital:

From operations:

Excess of support and revenue over expenses $188,356

Depreciation 9,569

Total from operations 197,925

Uses of working capital:

Purchase of fixed assets net of retirements 43,084

Total uses of working capital 43,084

Net increase in working capital 154,841

Net increase in working capital $154,841

Unrestricted Restricted Total Percent
\begin{tabular}{lrrr}

date & & & \\
\hline
Unrestricted $154,841 & $154,841 & $154,841 & 6.13 \\
\hline
\end{tabular}
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 890 Hayes St., San Francisco, CA 94117.

☐ I would like to support the Shanti Project with a donation of
  ☐ $15.00  ☐ $25.00  ☐ $50.00  ☐ $100.00  ☐ Other $

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from

IN MEMORY OF

☐ Please notify the family members at the address below:

Name_________________________ Phone_________________________

Street________________________ City_________________________ State________ Zip________

☐ I have moved; my new address is:

Name_________________________ Phone_________________________

Street________________________ City_________________________ State________ Zip________

NOTICE: The Shanti mailing list is the sole property of Shanti Project. It will not be sold, loaned or otherwise shared with any organization, business, or individual.

days (the 5th, 6th, or 7th of July) would be best for him. Misha settled on 1 p.m. on July 6, my birthday! Then Charles France asked me to send copies of the scripts we had prepared.

That night I had to keep pinching myself to believe that the conversation with Charles France had happened earlier. Jim Geary told me that he hadn’t really believed that I could do it. In many ways, I don’t think I did it. What I believe is that this was a whole series of events that went into effect when I wrote the Baryshnikov letter. Spiritually, it was like a karmic action that got into motion not just on my part but on the part of Shanti, and what Shanti is, and on the part of Mikhail Baryshnikov, Cynthia Harvey, Michael Smuin and Sean O’Neil. It was as if all of our life plans, fates, came together with Shanti Project and created this happening. In some spiritual schools, instead of saying fate, they say synchronicity. That’s what it felt like. It all came together. I felt like I was an actor in a play and this was what my role was and it took all of the other actors in the play, all of us, to make this happen. It was just meant to be for Shanti. That’s the way I feel about it.

When we arrived there, I had a call from Shanti that Florence Pettan had tried to reach me in San Francisco. So I called her immediately and she said that we had to reschedule Baryshnikov’s taping. People asked me to consider taping Baryshnikov at 5:30 which would mean changing the Smuin’s time. She said that it would be impossible for him to come over to the studio and asked us to come to American Ballet Theatre instead. This was Fourth of July weekend. I hung up the telephone and I thought about how I would get the lighting from one place to another. Fortunately, the other part of my crew was not arriving until Saturday, so I was able to get lights flown in from San Francisco.

C: WHAT WAS IT LIKE MEETING MIKHAIL BARYSHNIKOV?

Exciting! Once inside American Ballet Theatre, we were greeted by Florence Pettan and Charles France. Florence had someone take us around to find a good room for us to set up.

I showed Florence Pettan the plaque we intended to present to Baryshnikov, and after she read what the plaque said, "Presented to Mikhail Baryshnikov for His Noble Humanitarian Contribution Which Enables Shanti Project to Provide Services to People with AIDS, their Families, Friends and Loved Ones, July 6, 1986," she said, "Oh, he will be so touched!"

Florence told us he would he down at four p.m. He appeared fifteen minutes ahead of schedule. The first thing he did was to walk over to me, shake my hand, and introduce himself. He then walked over to most of our crew and shook hands, and then asked where I wanted him to sit. After showing him the location and getting a microphone on him, I realized that it was actually happening, but there was so much going on with the lighting, camera levels, sound levels, I found myself asking him to rehearse with the teleprompter. I didn’t have time to come to grips with the actual happening. That didn’t come until much later. Several takes later, "Misha" had done a perfect take and as he looked up and said to me, "That was good?" My cameraman, Tito, said, "We have to do it again. Misha’s hair stood up." Sure enough, there was a little wavy cowlick that was standing up at the back of his head. "Misha" was so amused, he said, "Even my hair stood up, a very dramatic touch, you know, it means I really care."

And care they all did that 6th of July, 1986. A wonderful gift to Shanti and birthday present for me that I shall never forget.
SHANTI PROJECT Provides
Free Services To Persons With AIDS And Their Loved Ones

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
THE STONES

A STORY OF SURVIVING PARENTS

(Editors note: Michael Stone, aged 19, was diagnosed on September 30, 1984 with AIDS and died less than two months after his diagnosis on November 25, 1984. Both Michael and his mother, Judi, were Shanti clients and Judi has since gone on to take the Shanti emotional support volunteer training, and is a spokesperson for Shanti. The following is an interview of Judi and Ralph Stone, almost a year to the date of Michael's death.)

WHEN DID YOU FIRST KNOW YOUR SON, MICHAEL, HAD AIDS?

R: We had just taken Michael back to UC Santa Cruz where he was entering his last year of school there. We got a call on Saturday morning from a doctor at Dominican Hospital in Santa Cruz, saying Michael had been admitted to the hospital and that he was seriously ill. He gave me the impression that to save his life he had to give him medication that had very serious side effects and he wanted our permission to administer it. The doctor told me Michael had Pneumocystis and was cautious about whether we knew he was gay or not. We told him that if that was the only thing that was going to save his life, "you obviously have to give it to him." So we said yes and got into the car and rushed down there.

J: Not in these words, but the doctor said that if I wanted to see Michael alive we had better get down there quickly and that Michael had asked him not to say anything to us, but he felt Michael's condition was critical. The reason they needed our permission was because Michael was not fully conscious at the time.

When we arrived there, Michael seemed better and was able to talk. We stayed there while they did the bronchoscopy under general anesthesia, which was probably not the greatest way to do it considering he was at risk. The doctor told us immediately upon arrival that Michael had pneumocystis and said, "Yes, Michael does have AIDS," and then left it up to us to tell Michael. We had talked to Michael a little bit about it when we first arrived, "The doctor thinks you have AIDS." And Michael did tell us that, "I didn't want you to know anything until all the tests results were in."

When Michael woke up he asked what the test result was and we told him, "Yes,

(Cont. on Page 2)
it was AIDS." He didn’t react much to it and I tried to reassure him by saying, "Well, I guess you have AIDS, but that doesn’t mean anything." He was pretty tired so we let him rest. There was a lot of commotion going on. The medical staff was reacting to a lot of contagion hysteria: gowned and masked up. The nurse would not let me take my purse into the room. I could never figure that out. The orderly that was cleaning down the gurney that brought Michael back was dressed like he was from outer space. One of the nurses insisted that we get someone religious in to see Michael. She had written Michael off. They figured that Michael was going to die and they couldn’t get him out of there fast enough.

R: They wanted someone religious to go in so he could give Michael last rites or so that he could make peace with God. I said, "Hell no, Michael is not religious and it’s not the time for that." We finally had to take the nurse aside and say, "Listen, he’s getting all upset with all these precautions and especially your attitude toward him." It was obvious to us this was their first AIDS patient and even the doctor’s bedside manner left a lot to be desired. He had about as much sensitivity as a rock. All he could harp on was that Michael was going to die and, "You had better start preparing yourself for it." Michael was picking all this up from the people around him. He made one comment, "The nurses think I have the Black Plague."

DID HE HAVE ANY OF THE OTHER SYMPTOMS OF AIDS?

J: Yes, he did have night sweats. I think he had diarrhea for over three years. The doctor’s reply to that was it was just the Gay Bowel Syndrome. His weight stayed steady all those years. He didn’t start declining or getting sick until he went to South America. Of course, there he saw doctors and we all assumed that it was parasites. Basically he was having digestive problems with constant diarrhea. I went down to see him after he had been there for about six months. He looked terrible. He had lost a lot of weight. When he came back he had thrush. He had problems with his gums, all fungal diseases, herpes was going haywire, yet he went to the doctor and he got a clean bill of health. His dermatologist was looking for exotic South American diseases. His dentist said, "Well, he obviously has a gum problem." But no one looked for AIDS. Before he went back to school we talked to him about taking better care of his health, not to stay up all night, etc. We did notice that his energy level was down, he just wasn’t partying as much and was coming home much earlier than he normally would have.

DID HIS DOCTOR HAVE HIM TRANSFERRED TO KAISER?

J: Yes, it was much better, all of the gowning and masking stopped. At the hospital in Santa Cruz we could not visit him unless we were gowned and masked up. He stayed in Kaiser for three weeks. The pneumocystis was treated with seprta, then he developed an allergic reaction to the drug. They put him on pentamidine and he came home for three weeks. As soon as he got to Kaiser, someone from Shanti or the AIDS Foundation was really on the ball. He had all his paperwork filled out, they even processed his social security papers. The next thing I knew he had a Shanti counselor.

HOW DID HE FEEL ABOUT HIS SHANTI COUNSELOR, SHEERA?

J: He loved Sheera. He told me, "You have to overlook what she looks like. She rides a motorcycle and looks real punk, but she is real neat."

At this point he was making plans about not going back to Santa Cruz. He was considering transferring to State and going part time. He latest thing was that he was going to graduate in Latin American Studies and then go to London and study drama, or he was considering majoring in business and going on to law school.

DESCRIBE THE THREE WEEKS HE WAS HOME.

J: Sheera would come over and that was nice. They would lay in the back yard together. He just had to get a suntan. He and Sheera would go to Cafe Flore together. She would take him to buy records and he was still buying clothes at this time, too. He would lay on the couch here or stay up in his room and watch television. He just didn’t have much energy to do many things, but he didn’t complain a lot.

I took him down to the support group because he couldn’t have made it by bus. We took him to the movies. His friend Albert came and also took him to movies. Albert
and I talked afterward about how terrible that cough of Michael's was.

I took him to the doctor as he was just not getting better. He would lay around in bed coughing. He couldn't breath very well.

He couldn't lie down without coughing. He was coughing the whole time. Finally he was admitted again and he was put on pentamidine immediately because they figured it was pneumocystis again.

WOULD HE SLEEP AT NIGHT?

J: I think he would doze in between but he wouldn't cough all night. The same as during the day, he would swallow all this cough syrup but none of it would work. Once he was back in the hospital and they started doing all sorts of tests, he started complaining to me about the doctors; some of the residents were not doing things right. He told the doctor that he wanted to go home. Everyday he would ask the doctor about leaving and when he saw us he would say that he wanted to go home.

R: If his temperature would stay down he could go home but it never would. Then he would say, "Well, maybe tomorrow I'll go home."

J: He finally convinced the doctor to let him go home. I brought him home at six o'clock. He was released with medications. He went straight to bed. We had cleaned his room.

We got a machine to clean out the air because of his allergies and really cleaned the room so there was no dust. He started to act funny. He said, "I have to go to the bathroom and brush my teeth." He came out carrying my toothbrush and he was getting cranky and disoriented. There was something that was not all there. He had sitting on his night stand all these different pills, including sleeping pills, and I remember picking them up and saying, "I'm going to take these because you don't remember and you'll take too many." He said, "What do you think, that I'm going to commit suicide or something?" I said, "No, but you're not going to remember and it is better that I give them to you any time you want them; I'll know when you have taken them." That didn't seem to be a problem.

He started slurring and I called Ralph then. He started really shaking then, too. His eyes were completely unfocused and at that point I realized something was seriously wrong. I called Kaiser and got an ambulance and of course I was transferred to a doctor and explained to him that I had AIDS and was just released. This doctor asked me, "Do I know what this means?" and I said, "I know what this means. I just want him back in the hospital."

WHAT DID IT MEAN?

J: The doctor probably thought, as did the first doctor, that he was going to die, and he was trying to prepare me. It turned out that the pentamidine had lowered his blood sugar so low that he went into diabetic shock. When the medics came, they were really good, no complaints, they got him on the bed. He was in a daze but knew what was going on. We got him to the hospital and the doctor looked at him, saying "Well, if it is what I think it is, he should be okay in a few minutes." They gave him glucose. They asked us to step out for a few minutes and then after they said, "Now you can come in." We walked in and he was wide awake. "Why am I here? What am I doing in the hospital?" He couldn't remember anything. "I want to go back home." The doctor said, "You have to stay here tonight."

We stayed for a little while, then Michael said that he wanted us to go because he wanted to go to sleep. We got some more covers since he was cold. We felt good at that point. He would say, "I'm so tired, it's okay if you leave," and because he was so independent about everything, we respected his wishes.

HOW DID YOU FEEL GOING THROUGH THAT EXPERIENCE?

J: The doctor apologized about that. "I never expected that to happen. You should never have had to go through that." He had never had a patient have a reaction that many hours later. Michael stayed in the hospital the remainder of his life. The next day he was tested and they decided he had pneumonia but it was cytomegalovirus (CMV). There was nothing they could treat him with and that is when the cryptocoecal meningitis came in and all different kinds of funguses. At one point he also had herpes on his back, and diarrhea. Through all of that he was adamantly about going to the bathroom by himself. He had a nurse take him to the bathroom everyday to wash his hair because of the IV's. He just kept saying, "When can I go home?" He kept riding the doctor and the doctor kept saying the same thing.

R: We humored him and said, "Maybe we can try a day pass. You can come out during the day and come back at night." That was what we were shooting for. From early on, I was pessimistic. I thought he had a death sentence. We always talked in terms of "a couple of years." I knew, realized, and probably broke down a couple of times, but finally I realized that he was not going to live. At first I didn't realize that he was not going to have a couple of years; we knew when we took him to the Shanti dinner on Thanksgiving.

When we saw him dressed up trying to get into the car with his oxygen tank, we realized how sick he was; he was going downhill. I remember when he went to the support group and I guess there were several people who had a lot of KS lesions all over them. He made some comment like, "I don't look as bad as them." Kind of like, "Those guys are really bad, but not me." He went back a couple of times.

Maybe he didn't want to go back because he didn't want to look like them.

J: He couldn't go back because he was only home for three weeks. He did go to the Shanti Halloween Party. Ralph took him there and someone brought him home.

R: It took him a long time to get ready for that.

J: He went as a pirate. He got dressed up in red clam diggers, and a big shirt and whatever pirates wear. He had some makeup on, and earrings. He was so funny. We had a young woman staying here at the time, a prearranged situation, and he didn't want her to see him. He made a comment about the party, "What kind of a party does not have booze?" Sheera went down, too. Sheera did not go to the hospital a lot, just a few times. We wondered why he had started to alienate his friends. They would call and he would say he was tired and would call them back later and then he wouldn't. Sheera spent a lot of time with Michael when he was here at home.

DO YOU THINK THAT HE WOULD TELL HER THAT HE DID NOT WANT TO SEE HER?

J: Yes. The relationship was that he had to call her and say that he wanted to see her. It wasn't Sheera, it was him. He didn't like that many people visiting him in the hospital. We never really talked about the fact that Michael was going to die. One night Ralph broke down and cried saying Michael was going to die. I kept assuring him that he was not going to die. I truly did not think Michael was going to die, but I was also taking care of things somehow knowing he was going to die. When he started getting worse, at the beginning of November, he told me very seriously to do his Christmas shopping. I tried to shrug it off and said, "We don't have to do this." He said, "You know I'm not going to be around. I can't do the shopping because I won't be around, so, please, do it for me."

HOW DID YOU FEEL WHEN HE SAID THAT?

J: Well, I figured I had better listen. I didn't really process it. I was still humoring him in whatever he wanted to say and went along with it, because it was difficult for him to talk. He didn't want to have to repeat it. Then I started to talk to him about the possibility of dying. "Are you afraid, or are you giving up, or are you afraid of what is happening? I mean you don't seem to want to talk about it. Our concern is that you are not telling us how you feel." He answered that he was not afraid or concerned, but there were things "you cannot talk about." He said, "It looks like I am going to die and that's that."

(Cont. on Page 6)
Looking Past, Looking Forward, Seeing Now

By Jim Geary

In June of this year I will have been with Shanti Project for eight years. Beginning as a volunteer, my interest in Shanti was in working with an organization that would give me access to persons with life-threatening illnesses and their families. Prior to Shanti, I worked in various hospitals with persons with life-threatening illnesses. I had been with many persons through their dying process and had found the experience to be growthful and one that could emotionally handle. Working as a Recreational Activity Director, for terminally ill children in Washington D.C., and working as a nurse’s aide in a San Francisco cancer unit I would sometimes toy with the possibility of becoming a licensed nurse. Yet, I always came to the awareness that I enjoyed my current work so much and did not want to forego my direct people contact to pursue a nursing degree. I had also seen first hand how licensed nurses frequently had less time to connect with their patients than their aides or orderlies.

Shanti was the vehicle for me to find that connection again. In its early years Shanti Project was providing service to persons with any form of life-threatening illness and their loved ones. It was also attempting to provide service to a wide geographical area, covering four Bay Area counties. However, most of the Project’s volunteers and clients resided in the Berkeley-Oakland area. The staff consisted of three: an Executive Director, Director of Volunteers and an Office Manager. After seven months of serving as an Emotional Support volunteer, I filled the staff position of Director of Volunteer Services. Shanti Project had 80 volunteers at that time.

Shanti experienced a major death and resurrection in March 1982. The Board of Directors and the Project Administration felt they had explored all potential funding sources and that funding was not to be secured. The Board voted to dissolve itself and Administration recommended to liquidate all office supplies. Staff was laid off. The Board turned the future of the Project over to the volunteers. The volunteers elected me Executive Director (on unemployment) and the Project remained with a $4,000 deficit.

Jim Geary, Executive Director

It was in November of 1981 that I had had my first contact with people with AIDS. I had begun what was to be the first support group for persons with AIDS in San Francisco. We met weekly at my home, talking about ways to deal with the early stereotypes of who develops AIDS that were promulgated by the media and the frustration of how little was known about the disease. We also processed the deaths of our friends who were among the first cases.

I remember feeling at that time that this was the beginning of something big. On a particular evening I recall looking at the many faces around me and wondering which ones would become Shanti volunteers and which ones would be diagnosed with the disease. Part of me tried to resist the role which I saw myself playing. However, a greater part of me knew that I was in the right place at the right time. In fact, it was then I saw my life as a series of events which had occurred purposefully to prepare me for what lay ahead.

During my first year as Executive Director, our energy was directed to grassroots fund raising efforts to secure money to pay rent and postage and the newly elected Board of Directors agreed to move the Project’s office location to San Francisco. Pursuing funding for AIDS services through the City and County of San Francisco and hiring a full-time Office Manager and half-time Volunteer Coordinator were also among our major undertakings and achievements during my first year.

The summer of 1983 gave birth to three major programs within the Project which supplemented the Emotional Support Program. Randy Chelsey was hired to begin a Practical Support Program. This volunteer program aided to provide practical assistance such as cooking, shopping and house cleaning services to persons with AIDS and their loved ones. Helen Schietinger, R.N., was hired as Director of the Shanti AIDS Residence Program whose goal would be to provide long-term, low cost housing to persons with AIDS. These persons were displaced due to the then prevalent hysteria in the community or who were in need of housing because of financial hardship. Linda Maxey, R.N., spearheaded the San Francisco General Hospital Inpatient/Outpatient Counseling Services for persons with AIDS and their loved ones. Funding had been secured from the City and County of San Francisco for these Programs and by the end of 1983 Shanti had grown to a staff of fifteen and a volunteer body of one hundred and fifty.

Because of the rapidly increasing number of AIDS diagnoses and the request for Shanti services, coupled with the fact that 95% of Shanti Project’s funding was AIDS service designated, the Board of Directors was faced with the painful decision of limiting services solely to persons with AIDS and their loved ones at the beginning of 1984. This decision was met with much grief from members of our staff and volunteers, as well as our donors and the community at large. It remains the shared hope of our Board of Directors, staff and volunteers that with the wane of the AIDS epidemic we will once again extend services to the larger San Francisco community.

During 1984 requests for information regarding the psychosocial issues and the Shanti model of counseling skyrocketed. Special trainings were presented to medical and nursing staff at all major Bay Area hospitals. Shanti staff and volunteers participated in numerous public forums and community groups. Organizations modeled after Shanti were formed in many American cities. Calls to the main Project requesting information and referral increased dramatically, requiring the hiring of additional staff and giving birth to Shanti’s fifth major program, Information and Referral/Community Education.

This year Shanti Emotional Support volunteers have increased to two hundred twenty-five, which are supervised by four Volunteer Coordinators. These volunteers annually donate more than 60,500 hours to persons with AIDS and their loved ones. In addition, this Program also offers five weekly support groups for persons with AIDS; two weekly support groups for families, friends and lovers; and one weekly bereavement group. Practical Support volunteers now number seventy-five. Two Volunteer Coordinators are assigned to the manage-
ment of this Program. Practical Support volunteers annually donate more than 23,100 hours to persons with AIDS and their loved ones. In addition, the Practical Support Program provides a full-time van driver who transports persons with AIDS to and from medical appointments. Shanti Project's Recreation Committee provides quarterly weekend retreats for persons with AIDS and bi-monthly social and recreational events. In addition, a monthly newsletter is provided to all of our AIDS clients.

Shanti's Residence Program consists of seven staff members and has expanded to eight homes for persons with AIDS. This Program has become a cost effective model for other cities dealing with a displaced AIDS population. Over 120 persons find shelter and safety in our Shanti homes annually. A core of seven counselors at San Francisco General Hospital provide daily coverage to inpatient and outpatient persons with AIDS and their loved ones. This Program has been critically acclaimed as an example of a city hospital working closely with a community organization to provide its patients the best possible service.

Shanti's Finance Manager, Jess Randall, works with two employees who provide the expertise and thoroughness necessary to maintain our financial records and accounts. Our Office Manager, Andy Bowlds, deals with building security and in-house operation and manages three staff members who make up the core of our Information and Referral Program. A half-time Clinical Consultant, Hal Dillehunt, PhD, provides guidance in working with substance abuse and suicidal issues. Shanti's Public Affairs Coordinator, Marta Segovia Ashley, supervises an active Speakers Bureau and works with media relations, volunteer recruitment, and outreach to the general community. Our Development Director, Bea Roman, has been hired to assure long-term financial stability for the Project and to help raise the additional $500,000 needed to supplement this year's budget provided by the San Francisco Department of Public Health. Five clerical staff members provide the clerical expertise which assures quarterly newsletters, volunteer and donor mailings, and program systems maintenance. I am closely supported in the overall management of the Project by our Assistant Director, Robert Henderson, and my Executive Secretary, Eric Shiffer. Our Shanti staff now numbers thirty-eight and this year's estimated budget is $1.2 million. During 1986 Shanti will provide services to an estimated twelve hundred persons with AIDS and over six thousand loved ones.

Our immediate goals for 1986 include expanding the number of Shanti AIDS Residences and training enough emotional and practical support volunteers to keep up with the increasing requests for Shanti services. We plan to enlarge our Shanti staff at San Francisco General Hospital to accommodate a larger AIDS Inpatient Unit. We also wish to share more responsibility in raising public awareness through our Speakers Bureau and assisting newly formed groups throughout the world in setting up projects based on the Shanti model.

Looking back through the years, I am so grateful for the many stages through which the Project evolved. I am grateful that at its birth the Project was founded to provide services for all persons with life-threatening illness and their loved ones. I am also grateful that with the emergence of the AIDS epidemic funding was obtainable, which not only insured that persons with AIDS and their loved ones would receive support services, but that the Project itself would survive. I feel particularly thankful to my teachers in this work who were persons with life-threatening illness primarily from the heterosexual population. They were persons who, by sharing their lives with me helped prepare me and the organization to deal with the worst epidemic in the history of San Francisco. I feel respectful that the truths of human service, the quality of being there and being supportive, the letting go of fear and the opening of the heart are attributes to which each man and woman, regardless of creed, race, sex or sexual orientation are heir.

As I look ahead I am so aware of the importance of seeing clearly in each moment. As the Project grows it could be so easy to lose sight of the individual. Just this week I met with one of our volunteers who Shanti staff had seen as unfocused and inappropriate. The staff felt he was not qualified to work with clients, and recommended that we ask him to resign as a volunteer. After a more in-depth discussion with him I realized that his being unfocused was not because he did not take his volunteer work seriously, but was caused by his own grief. His grief resulted from his work with clients who had died and from the diagnoses of personal friends. After meeting with him I realized how easy it would have been to dismiss him from volunteer work without taking the time to explore what was happening for him. I became aware of how easy it is to feel we are too busy to deal with what is happening for each individual. Perhaps our business, our quickness to judge is an attempt to shield ourselves from pain. When we think we have experienced it all, we know it all, we begin to no longer feel.

If the heart of Shanti Project is to continue to flourish, how important it is that each Board and staff member, volunteer and friend take the time to stop and remember the beginnings of this work, not the beginnings of the past, but the beginnings of the now. It is important to remember that however large the volunteer body, staff, and budget become to accommodate our growing clientele, that the power, simplicity, and miracle of Shanti Project will always reside in our ability to stop and see what is.

It is my hope that the outer process of our expansion will coincide with our inner process of expansion. It is this resolution I make to myself and to you in this New Year. Taking the Project forward I will strive to see what is now before me and it is through this focus that Shanti will not merely survive, but continue to flourish.
(Parents Continued)

RALPH, TELL SOME OF THE THINGS THAT YOU AND HE TALKED ABOUT.

R: Well, I always got the feeling that he was waiting for me or us to tell him "We told you so. You knew your health was bad and if you had taken care of yourself you would not have gotten AIDS." I tried to reassure him that I didn't feel that way.

WERE YOU VERY CLOSE TO HIM?

R: Not in the sense of demonstrating affection. I had been very disapproving of his lifestyle. Going out and partying all the time and not studying. I guess I had been too demanding on him. On Friday night instead of saying, "Great that you did that." I would say, "Why didn't you do that, too?" I guess that is the kind of thing we talked about those last few weeks. I told him I really wasn't disappointed in him and that I was proud of him. It seemed that I did all the talking. I tried to tell him all the things I should have told him all of his life. I talked about my family and my relationship with my parents. So, I guess we had a chance to make peace.

I had a hard time adjusting to his homosexuality. When he was fourteen, he came in scared and told us he was gay. I remember thinking I wasn't surprised. It's funny, you get signals that just hit you in the face. We didn't make a big issue of it. We said he might want to talk to someone about it. I never openly disapproved of him but I guess I was adjusting to it and I am sure my own adjusting to his sexuality carried over. He knew I was having a difficult time with it.

TOWARDS THE END YOU HAD MADE TIME TO MAKE AMENDS.

R: Yes. He said something jokingly about AIDS being God's punishment on gays, and I think maybe he thought it was some kind of lesson to him. I tried to tell him that he had nothing to feel sorry about. He also wondered how I felt about him dying. It was during this period of time we got it all talked out. It was a good feeling for me to have done that. I didn't feel great that he died, but I am grateful that we had a chance to talk before he died. We could have spent all our lives having never said the things that we said to each other in those last two weeks. I told him I loved him very, very much.

J: He told Sheera and me that he did not want to linger on for a couple of years. He just wanted to get something massive and get it over with. He started saying these things in tidbits here and there; he didn't say them all at once. I was making arrangements to get oxygen at home since he wanted to come home. He was sick and tired of all the medications. I said, "Okay, you can come home." He then began to want to live like "this," feeling so bad and coughing all the time.

TELL ME ABOUT THOSE LAST FEW DAYS.

J: Ralph got there early the next day because he thought something was the matter. Michael started hanging onto him, especially during the test and the spinal tap. A friend he had not seen in awhile had come to the hospital and he sent him away. That's when the doctor was really concerned and anxious for me to get there so he could talk to Michael, explaining that he was going to make him comfortable and asking whether Michael wanted to go on a respirator. That's when he decided that he didn't need the medication for the cryptococcal meningitis anymore. Ralph explained the purpose of the medication again to him while Michael held onto Ralph's hand for dear life. Ralph had to go to the bathroom and Michael didn't want Ralph to leave him.

R: One of the residents said that he didn't have much time left, because of his blood gases. They had to get a decision from him as to whether he would want a life support system if he became unconscious or if he say, "Well, wait now, and see about Thanksgiving." I think that's when he decided, "that was it," because he was having such a hard time.

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J: I had a feeling there came a point at which he had no false hopes about school or going home. He was resigned to dying and to dying quickly, because he did not could not breathe without the support system. I called because it was a decision that we had to ask Michael about. Actually, I think I went in and talked to him and told him that there was not much time, that he would die shortly.

HOW DID HE RESPOND TO THAT?

R: He didn't really say anything. I think he kind of knew. I think he asked me what could happen and I told him, "You're not going to be able to get enough oxygen to breathe; you will not have enough air to live." He asked, "Will it hurt?" or "Will it be painful?" I told him they will be giving you morphine and as much as you want so you will be comfortable. Then I said, "There will come a time when you won't be able to breathe by yourself and you will be put on a respirator that will artificially breathe air. Is that something you want done?" He said, "No." Then the doctor came and explained that it was only a matter of time. Judi left work and came to the hospital and the doctor talked to us about it being a matter of time.

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J: This was Friday. At this point we stayed the rest of the time. Ralph stayed until nine. Then Michael rallied again. He was coughing but sitting up and watching television, and we stopped talking about death and put it aside.

HE WAS STILL ENJOYING WATCHING TELEVISION?

J: He watched television until the last day. I stayed overnight and he didn't sleep. By this time he was on morphine. The next
morning he said, "Oh, you slept here. That was good. I slept well." He hadn't slept well but maybe he thought he did. Ralph came and he was perky and he talked with him. This was Saturday and we spent the day there.

HOW WERE YOU FEELING EMOTIONALLY?

J: I was kind of numb. I remember feeling numb and rushing back to the hospital after I changed clothes and ate breakfast. Ralph stayed until nine that night and I spent the night helping the nurse change the sheets because he was drenched. He was still talking and he was still willing to drink orange juice. His kidneys were not functioning and he couldn't urinate. About five a.m. on Sunday morning I called Ralph and said, "You better come because he may die any minute." And when Ralph got there he rallied again. He was talking.

J: We each held his hands and watched him breathing. He rallied for a couple of hours. He talked to Ralph. Then he started dozing. It was probably an hour or so before he died. He just lay there and would breathe very slowly and then he would stop and then he would breathe again.

THE WHOLE TIME YOU WERE JUST TOUCHING HIM?

J: Yes. Just there. It seemed like an eternity. The nurses were very good. They didn't disturb us except to check his bladder, or to swab his mouth from getting dry, or to turn him. Then Ralph said, "You can let go, Michael."

R: It looked like he was fighting it. He would breathe and then pull back.

J: Ralph said, "It's okay." And after that he died. He died quite peacefully.

WHAT HAPPENED THEN?

J: Earlier Ralph told me to pack his things ahead of time because he wasn't going to come back again once Michael died. Once we realized he was dead Ralph called the nurse and then the nurse called the doctor. The nurse folded his hands across his chest and pulled the covers up. The doctor said we could stay as long as we wanted. We stayed about forty-five minutes to an hour. His face just kept on getting softer and softer.

Michael was cremated and his ashes were kept in their home until May of 1985. On a day close to his birthday, his ashes were put in the ground where a new Bottle Brush tree was planted and thrives to this day.

Visualization Tapes:

"Tools for Change" and Shanti Project are pleased to announce the availability of visualization/meditation audio-tapes for PWA's and the worried well. Tape titles include: Vitality of Life; Stress Reduction; Journey through the Immune System; Discovering Your Own Healthful Life Style; Tapping Resources of Wisdom and Courage.

For People With AIDS:
- Instruction booklet and 2 tape set (4 meditations) $12.75
- Postage/handling 1.40
- Tax (inside California only) .83
- PWA TOTAL $14.98

For the Worried Well:
- Instruction booklet and 1 tape (2 meditations) $8.50
- Postage/handling 1.40
- Tax (inside California only) .55
- WW TOTAL $10.45

Please enclose your check with your order and mail to:
Tools for Change
P.O. Box 14141
San Francisco, CA 94114
SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
SHANTI'S New Home
A Dream Come True

by Andy Bowlds

(Editor's Note: Shanti Project staff and volunteers gathered at our new location on Tuesday, March 24, to celebrate the new office site. Enthusiasm was high and comments regarding the new site were overwhelmingly positive. Our first day working at 525 Howard Street was Monday, March 30.)

"THE LAST STRAW"

Sitting in the Employee Lounge on a Saturday morning, waiting for the police to arrive, was certainly not my idea of an enjoyable weekend. This was the third break-in at Shanti Project offices this month. Unfortunately, this break-in was the worst: two-thirds of all our offices had been forced open. Fortunately not a lot had been stolen but many of us felt violated. As I looked at the mess and tried to tally our losses, I began to feel overwhelmed and determined: determined that Shanti Project should move to a safer, more serene setting. Up to this point, I remember taking each new assault to the Project in a rather matter-of-fact way. However, now it seemed clear to me that we had to move.

"DOING MY HOMEWORK"

To most people, the prospect of moving 52 employees, lock-stock-and-typewriter, is no small task. I was one of those people, and began from that point to plan my proposal very carefully. I logged all break-in's to the Project, noting items stolen and approximate cost to Shanti on each occasion. I calculated the increased insurance costs following the claims we were required to file, repair expenses, approximated dollars and cents lost as a result of being without stolen equipment prior to replacement of these items, and cost of "beefed up" security measures. I totaled the figures I had researched and began a cross-comparison study with expenses related to a Project-
wide move. I calculated moving costs, transfer of service expenses, slight increases in square footage rental fees offset by decreased maintenance fees, diminished messenger service rates and estimated savings as a result of enhanced staff efficiency in a new building where Shanti offices were not overcrowded. I psyched myself up to present a clear and confident argument to Jim Geary. I rehearsed possible questions and criticisms of my proposal, reviewing information I was certain would dazzle even the staunchest of opposition. I felt prepared and waited for the appropriate opportunity to arrive to propose my recommendation. I watched for signs of frustration and vulnerability and listened for any word of interest in life after 890 Hayes Street. Then the moment arrived. My thoughts raced wildly, "This is it. This is it." I set up a meeting with Jim, ready to present my plan.

With papers stuffed under both arms, a proposal dangling precariously out of a red notebook in my left hand, and my right hand nervously tucked in my pants pocket, I walked cautiously into Jim Geary's office. He looked as one does who has had meetings scheduled back to back for weeks on end: he was still shuffling through notes from the last meeting and was clearly mulling over thoughts raised by his last visitor. Within moments of sitting next to me, Jim suddenly cleared his thoughts and smiled, looking directly into my eyes. I gulped. Feeling anxious, I was relieved when Jim said, "I have something important to tell you. The Board of Directors decided that Shanti Project should move its offices. We will be in the process of looking at new office sites soon. I will need your help and Jess's help to coordinate the Project move."

"THIS MUST BE DEJA VU"

I couldn't believe what I was hearing. Before I even had the chance to propose the idea, our Board of Directors had come to the same conclusion. That's what I really consider validation and confirmation.

COSH...WE'RE REALLY GOING TO DO THIS

Most San Franciscans are familiar with the various tours of homes conducted periodically throughout the city. Architecture, renovation, and interior design are notable highlights of these tours, enhancing our already patriotic love and appreciation of our fair city. Fewer folks are familiar with the tour of warehouses, offices and business edifices. While not as spellbinding as the tours of homes, the tours of offices buildings have substance -- miles and miles of substance. If walking acres of building space is your thing, the industrial tour cannot be missed.

Together with Finance Director Jess Randall, Shanti's Move Coordinator, Cody Vurgason and a host of realty agents, we have must toured every available office site between Potrero Hills and the Marina. Realtors truly have that opulent gift for turning a "white elephant" into an "oh so desirable" home sweet home. Consider some of their comments: "Although there are no windows in this building, you have plenty of artificial lighting to more than compensate for the absence of sunlight." (sure, if you're a mushroom!). "Even though there are no private offices, this huge open space will enable your staff to communicate with a minimum effort." (does he suppose we will shout across the room to each other?)

"Don't worry about the broken locks and smashed in doors; there are no vandalism problems here. Being on five floors will help give each of your departments a more distinct and separate identity." (and a ten minute commute to see one another). "This is the building owner, Mr. Marvel. Mr. Marvel, these gentlemen are from Shanti Project and are interested in looking at your office space for rent. What's that...what does Shanti Project do? They, um...they provide - what is it, AIDS, support for people with AIDS, is that right, Andy? You are not sure the space is still available, Mr. Marvel? Oh, well, I thought you said...O.K., well, sorry to bother you."

By mid-August, Cody and I had toured almost one hundred office buildings, drawn up about half that many mock floor plans to see how the Project might fit into the more feasible sites, dragged Director and various Board Members through the more promising locations, and reviewed costs with a multitude of building owners/managers. My optimistic and hopeful view toward a future home for Shanti Project was sorely tested. Nothing we had seen really excited us; none of the sites seemed to have that important "Shanti feel" to them.

As yet another uneventful tour was about to come to an end, we headed toward a two story, pale yellow building about two blocks from Market Street and four blocks from the Embarcadero. The thought of being this far downtown, of hobnobbing with the three-piece suit set seemed so foreign to me. As we approached 525 Howard Street, our last stop for the day, Cody explained that this was a modest facility to downtown standards, (actually, he said "the place is a
messed") and that we would need to have the owner do quite a bit of construction work before it would be right for the Project. I was used to less than inspiring office settings by this time, so I took out my note pad and reluctantly geared up for this last tour.

As we walked into the site, I had to agree that this was a modest facility. "No pretension, no elaborate or ornate building fixtures, just a simple and inviting appearance," the realtor commented. This is about the time I usually went into "automatic pilot," tuning out the flowery descriptions of the reality agent and opening up to my own intuitive feel for the space. I decided to hear the realtor out this time. "You will notice two floors, with two large cut through areas - on the second floor to visually join top floor with bottom floor," he went on. "There are sky lights along the top floor to bring natural light to the center of the building and large window panes to help further create an open, airy effect." He was right. There were the sky lights with light pouring in from all directions, down through the cut through areas into the bottom floor. Great! He continued, "As this building used to be a lumber storage warehouse, there are ample areas built into either side of both floors, once used to house lumber. Sure enough, I could visualize a series of private offices being constructed along left and right sides of both floors to house various Project department personnel. "You will also appreciate," he said, "the openness of the center areas on both floors, running the length of the building, for interoffice traffic and visual openness." While he certainly was flowery in his description of 525 Howard Street, I could actually visualize the developments he described. I walked on through the building, alone at this point. I walked through again. "Who would believe we would be considering a slightly renovated lumber warehouse as Shanti Project's new home?" I wondered. And yet, there was something about this place.

Too afraid to get up my hopes after all the months of looking, I put thoughts of 525 Howard Street out of my mind for a while, so I thought. Two days after our first tour of this site, I had a very powerful dream. I suddenly found myself at work, sitting at my desk with the usual stack of papers in front of me. I couldn't recognize my office at first. Getting up, I left my room and looked down the long, open corridor outside. My coworkers were all seated at their desks, going about their business and seeming totally oblivious to the fact that these offices were not 890

OFFICE COORDINATOR, ANDY BOWLDS AND SITE COORDINATOR, CODY VURGASON

Hayes Street offices. "What is going on...why wasn't I told that we had moved?" I thought. As I walked down the corridor, I caught sight of a large cut through in the ceiling which opened to the floor above. I looked up and noticed the sky lights overhead. In that instant it hit me. I knew where I was. "But when did we sign the papers? Who did all the construction? When did we move?" My mind went on. My curiosity got the best of me. I decided to see how 525 Howard Street had turned out. I walked through both floors and took mental note of offices, colors, space distribution, staff placement. I had the feeling of being at home, of finding a natural fit for the Project. I was at peace.

When I woke the next morning, I felt grateful and disappointed. I was grateful for what I knew, deep inside, to be a preview of things to come. I felt disappointed that we were not already in our new home and that the real work of the move still lay ahead of us. The Executive Committee of the Board of Directors did, in fact, approve 525 Howard Street as their first choice for Shanti's new home. We were all terrifically excited about coming to a decision as to where to move. This excitement was short-lived, however. We were about to walk into four of the most grueling

months of lease negotiation imaginable.

SURVIVAL OF THE FITTEST

George Tuttle, long time Board Member of Shanti Project, helped balance our enthusiasm about the new site with his legal experience. He came to our site meetings armed with very important lease considerations and points of law. He also arrived with two all-important referrals who would end up representing Shanti Project throughout this lengthy "back and forth" process of drafting an acceptable lease. One of George's colleagues, Steve Finn, and Mike Cuppersmith, a lawyer new to San Francisco, were referred to us as experienced professionals who were interested in providing Shanti Project "pro bono" legal assistance with the development of a lease for 525 Howard Street. Steve and Mike were truly godsend; drafting, redrafting and further redrafting lease subsections and fine tuning a document which served Shanti's best interests and finances, while remaining acceptable to the new site representatives. As the weeks wore on, stress mounted. Draft after draft passed before us. Nerves became jangled. Mini squabbles erupted between lawyers representing each party, between realty agents representing each
party, between lease parties, between lender and building owner, between people on each side of the lease negotiation. Often, approval or disapproval of the entire lease hinged upon legal interpretation of one sentence or one word. My dream was quickly turning into a nightmare. Jim Weber, Master Les¬
or of 525 Howard Street, complained of becoming cross with his coworkers and family as a result of this "seemingly endless legal process." Jess, being in charge of this phase of the Project move, looked absolutely manic. And me....I was slowly, quietly working my way toward a mental collapse. Finally, one December day shortly after Christmas, the lease was final¬ized and signed by both sides. I stood in my best friend's apartment, yelling at the top of my lungs. I remember receiving the news while on vacation in Seattle. I was releasing shrieks of gratitude.

A NEW HOME, AT LAST

The baton was passed to me: I was assigned the responsibility of overseeing the build-out at 525 Howard Street and of coordinating the move. In addition to my roles as Office Coordinator and Supervisor of the Information and Refer¬ral Unit at Shanti Project, these extra duties came as no small order. There remained an unmistakable knot in my stomach, reminding me of the tension I was feeling about assuming these new responsibilities. Gail Winston, Clinical Coordinator for Shanti Project, helped me put my fears into words shortly after the build out began in January:

"Looks like you are taking on responsibility for the entire new building, and for making everyone happy. You don't have to, you have help." Gail was right on the mark. I kept thinking, "Because I had this prophetic dream about our new home, I'm supposed to be the one who assures that everything comes out just right." Oh, brother!

Cody and I have developed a sort of "Controlled Chaotic Approach" coordination of the move: cost comparisons of movers' fees, solicitation of furniture and art donations, coordination of volunteer assistance during the move, coding and labeling of office materials, daily review of build-out plans with building contractors, verification and/or revision of work orders, deadlining telephone, alarm, and computer cabling installations to correspond with contractors schedules, planning new telephone numbers and service cut-over dates, and, oh yes, continuing to run an office. I have definitely pushed all my previous limits and expectations of myself. I also have a strong commitment to fulfilling the dream I had last year. I am committed to providing my coworkers with a wonderful, light, stress free en¬vironment in which to do their im¬portant work.

Jess Randall, Finance Director of Shanti Project, states that the new facilities for Shanti Project provide Shanti with the space the Project will need to keep up with the ex¬ploding epidemic, while at the same time keeping the overhead costs to a minimum. "At one dollar a square foot, including build out and utilities, we really got a bargain!" says Jess. Shanti will be paying about one-half of the going market for the next five years.

"The space is large enough to allow us to do our volunteer trainings and support groups in-house," con¬tinues Jess. Currently, local offi¬cials are estimating that the number of people living with AIDS in San Francisco will grow from the cur¬rent level of 1,200 to 3,500 people living with AIDS in the city by 1992.

Jess also reports that because the community has responded so over¬whelmingly by donating art work, plants, furniture, including a 20¬seat Board table with chairs, that Shanti has been able to keep the donated community funds focused on providing direct services to our clients.

"We have not spent Shanti Project funds on decorative-type ac¬tivities," states Jess. "It is wonderful that the community is willing to support us in this way. We have been able, in a conscious and inexpensive manner to provide Shanti clients, volunteers, staff and Board with comfortable surround¬nings to help ease the daily burdens and grief brought up by the AIDS epidemic."

Throughout this process I, too, have been so warmed by the generosity of our community as people come forward with donations of every kind to support us in our move. To realize a Project move of this scale, on a shoestring budget, is no less than a miracle and a tribute to all who share in this dream. I am grateful for this oppor¬tunity to serve and grateful for a staff and a community willing to continually open to the wonders of a dream......a new home.
EDITOR'S NOTES:
(Editors note: Shanti volunteers are men and women of diverse ethnic backgrounds, sexual orientation and economic class. The following emotional, practical and office volunteers share their experiences about Shanti and the caring, humanitarian work they do on behalf of people with AIDS, their families, and loved ones.)

LION BARNETT

As I sit and think about Shanti, so many vivid images bounce in and out of my mind regarding the time I've spent involved with this incredible organization. I remember how helpless and angry and devastated I felt (and, yes, still do feel) watching the horror of AIDS spread through our community.

As a gay man, I couldn't imagine dealing with AIDS the same way I'd dealt with laws and politicians. We aren't just losing our jobs this time - we are dying. To me, this is our Holocaust. I want to bring all of myself into the fight against AIDS. I want to express not just my anger and courage, but my sadness, compassion and love, as well as my fears, wit, fallibility, and ferocity. When I'm with my clients, they share as much of themselves as they can with me. I do the same. While the Shanti training gave me the boost I needed, a lot of what I've learned is that the best things I have to offer is my uniqueness.

It's incredible how right I feel about being a Shanti counselor. I just start with my heart that feels like it can grow and grow, and away I go. I'm never quite sure what's going to happen when I'm with a client. Sometimes our time together is very serious and heavy, and other times it's funny and light. I try to be ready for whatever seems right. I spent hours listening to a wonderful man tell me the most heartbreaking stories, and sat there the whole time with tears running down my face. With another man I turned the lights down, smoothed the blankets, tucked him in his teddy bear, and gave him a soothing massage until his tensions were gone and he drifted off to sleep.

So much of what I do in Shanti seems to have its roots in my family. The most amazing and incredible gift I've received from my family is their love. It's the kind of love that surpasses upsets. When I was younger it was difficult for me to realize that I would be loved, and that I would love them, no matter what happened. Now that love is a fundamental source of strength to me. The death of my grandfather and my grandmother's confinement to a nursing home were shattering events. Part of the grief for me was having to realize that everything would not stay as secure as when I was a child. But the love in our family continues, even with the sadness that is real and constant.

It is this warmth, comfort, love and sadness that I bring to Shanti. Being able to be whole, I'm more capable of being supportive for my clients. What I really appreciate about Shanti is that by being allowed to be so open with others, I've found out how easy it can be. Shanti's specialty is not in teaching but empowering one to find their own way.

VICKI BERRY

I particularly enjoy talking to people about their lives, and a couple of years ago some of my gay friends began discussing their fears and concerns about the AIDS virus with me. One week two different men talked to me about suicide as an option they were considering because of their torment over contracting the virus. I felt very inadequate and I knew that it was a topic that would resurface, that it wasn't going to go away.

After moving to San Francisco from Anchorage, Alaska a little over a year before, my life had stabilized enough that I was considering what kind of volunteer work would be most rewarding to me and to the community. After reading an article in the KQED magazine about Shanti, I found my answer. I began asking questions about how the organization was perceived in the community and if it was an organization with which I wanted to be affiliated. I was satisfied with the answers so I sent in my application. I was accepted to the training and became a Shanti Emotional Support Volunteer.

(Cont. page 6)
I have been particularly inspired by my client, Ted. He has taught me the value of each day. His sense of humor has never failed him even through his roughest days in the hospital, and his inner strength and courage are incredible. He is honest and open with me, and I have come to care for him very deeply. I feel so privileged that he lets me share in his life, and I hope I make it easier for him. I know I am committed to staying with him regardless of how rough the journey or where it leads or how many obstacles we have to cross. My heart yearns for a cure to come in time.

I have learned that even though I don't have the answers or a cure, that I can still make a contribution. I can be a sounding board; I can help explore the options; I can validate a person's self worth; I can listen with my heart.

Since joining Shanti, I am more conscious of the here and now, and I make an effort to enjoy the little things more. Telling people that I care about them or that they are important to me (instead of leaving things unsaid) comes more naturally now as does acknowledging the accomplishments of others.

I have become more aware of how I spend my time, and establishing priorities is easier. Some of the things I was doing and some of the people I was spending time with seem so unimportant now.

I am extremely frustrated with the AIDS epidemic and the level of funding our government contributes towards AIDS research and care. A friend of mine died recently and my anger over "when is this nightmare ever going to end" surfaced strongly. I still feel that anger and frustration. I don't want to lose any more friends because of our government's apathy.

It's easier to keep my own medical problems in perspective now. I had two malignant melanomas removed shortly before starting Shanti training, and that was scary for me. I was suddenly aware of my own mortality. My work with Shanti has helped me feel less afraid of dying.

The love, support and friendship of the Shanti family has become extremely important to me. Most of all, Shanti work has given me a lot of personal satisfaction and I recommend it highly.

GEORGE A. BOYSAW

I'm a thirty year old black man born and raised in San Francisco.

GEORGE BOYSAW

I grew up in the Hunter's Point and Candlestick Projects until I was fourteen, at which time my family purchased a home and after that we resided in the Ingleside area of San Francisco. I attended college at San Francisco State for three years and then went into the Marine Corps for nearly three years. I never finished college and I was honorably discharged from the Marine Corps.

I have always been a high energy person and I live to communicate and bring laughter to the people around me. I am presently learning to dance via a dance workshop with Beth Abrams. I have attended this workshop for a year and I'll tell you the first six months were a terror. I could not get out of my ego or my fear. Now, I feel that it's all working. I want to dance the dance of life - here lies my freedom, here lies my commitment to life and I will dance just about anywhere. I presently work as a legal secretary in the San Francisco financial district. If you come to the Alcoa building between one and two in the afternoon, you will probably see some insane black man nearly nude (in running shorts) dancing to the beat of the band, or along the Embarcadero while running I'll stop on a good tune and "get down." The reactions I get are varied and I must admit I revert back to my fears, feeling a bit self-conscious, at which point I take a deep breath and ask myself, "Why are you doing this?" My answer each time is that I am ALIVE! I know that I dance as an expression of my life force and that force is wonderful. Dancing can actually transcend my everyday concerns. It helps me to be one with my higher self.

You might ask, "What is he talking about?" Well, I'm talking about the joy in my life: singing, dancing, smiling and just being. So that in a capsule is George. I do have my down periods, but they are becoming fewer and further apart and I love it.

My life was going on its usual up and down pattern when I heard from a friend that he was diagnosed with ARC. He expressed his fears of being considered a leper and the ultimate aloneness that crept into his life. I empathized with a high fever pitch and could not wait to become involved in any program which would help ease this sort of discrimination. I dialed 411 and got the number of the AIDS Foundation and did some work for them. Through them I found out about Shanti (I had heard of Shanti but had never connected it with AIDS). I contacted Shanti and received an application on which there were several questions addressing my reactions to working with AIDS clients. It's funny because I filled out that application as if I were a candidate for sainthood. I was interviewed with one other person who filled out his application with exactly the opposite attitude (he was concerned about working with people who did not look physically "normal"). I learned a lot from that interview: basically that I could just be myself, present what
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 525 Howard Street, San Francisco, CA 94105.

☐ I would like to support the Shanti Project with a donation of:
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☐ I have moved; my new address is:
Name ____________________________ Phone ____________________________
Street ____________________________ City ____________________________ State __________ Zip __________

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I have to offer and then just LET GO. We were both chosen for the training.

The training was awesome. I felt so much love and so much concern that I knew heaven could be no better. I spoke earlier of my own homophobic tendencies, well, after being with nearly a hundred gay men and women concerned with fellow human beings and not gays concerned only with themselves, I was overwhelmed. I nearly came to tears during one of the sessions on grief. The gay man who presented it was a strong and loving person. I chose to look to him as a role model, for he was very centered and that center I feel represents Shanti as a whole.

I am a practical support volunteer because I want to help on a level that can give immediate results. I can do shopping, I can cook or I can clean.

My present client is very pleasant to work for and I enjoy doing it. What I want to do is to help as much as possible for that is my nature and I am sure that there are other clients who could use my service and my energy. Reaching that conclusion was a turning point for me because at first I let my own ego get involved and I felt useless. Now I feel that I'm empowered and powerless at the same time, but my guiding motto is "be myself."

Shanti has had a very strong influence on my ability to be myself.
I'm learning by working with people with AIDS and other volunteers that my life is my own, that I can make choices as to how I experience it.

Sometimes I still worry about the impression of others before I step out in any new direction, but that hesitation is getting less all the time. I want to experience life to the max.

I'm learning to laugh when I am happy, cry when I'm sad, and be fearful when I'm afraid. Before Shanti I never gave myself these luxuries because I felt that they were unmanly. Well, I'm starting to feel so in love with myself and this beautiful world that I don't have time to worry about what others think of me. I'm responsible for how I feel. There is true strength in love and to me Shanti has opened a gateway to that living love.

I do what I do because it makes me feel loved and that is my reward. I never dreamed that it would be so great, so overflowing, so empowering and yet it is.

Before working for Shanti I often would feel anxiety about career goals and money making prospects. My career and money making prospect still matter to me but they no longer cause anxiety because I believe that through serving my fellow man I am fulfilling that part of me that money or job could not begin to reach.

I have been meditating for the past three years and it has always been a great experience for me. I could not imagine it becoming better, but it has and it continues to be so. With this experience now, just walking down the street I'm in heaven. The key I believe is that I know that love is my birthright and I no longer feel the insecurity of being left out.

I love Shanti and all that it represents and I am very grateful to be a part of such a beautiful family.

(george has fulfilled his volunteer commitment and is off dancing the "dance of life."
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The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.
SEAN O'NEIL
After leaving Franklin Hospital in September, 1985, and recovering from a near-fatal bout of PCP, my loving family and friends helped me organize my quickly changing life. They assisted with my practical, financial and medical issues while I instinctively explored the metaphysical and holistic modes of healing, such as meditation, visualization, self-help books, tapes, channeled documents, healing circles and inspired writing by Stephen Levine, Ram Dass, Louise Hay, Simonton and Jerry Jampolsky. Early on in my healing journey, my major goal was the search for inner peace and spiritual growth; this search did not necessarily mean killing the virus. I didn't feel comfortable with experimental drugs, quick solutions or current fads which only seemed to drain people with AIDS of their money and then left them with potentially devastating side effects.

My college roommate (Rob Lopardo, who moved from Philadelphia to San Francisco to be near me) called Shanti that September. Rob had already found me a wonderful therapist (again recommended by Shanti). Now I needed a practical support person to keep my apartment clean and consequently, free me to do my work. I'll never forget how Rob said the man at Shanti responded to my request for help, "How Sean chooses to spend his time is totally his business and we are here to support him however we can." No judgement. Simple "nuts and bolts" assistance which I will always cherish.

SEAN O'NEIL
For much of my past 18 months, I have enjoyed good health. A second bout of pneumocystis nearly killed me in June of 1986, and, later, experienced extensive sinus surgery, herpes, energy loss, ear infections and just last week a diagnosis of KS. Chills, fevers and night sweats are the symptoms I'm coping...
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FOUNDER
Dr. Charles Garfield

EXECUTIVE DIRECTOR
Jim Geary

MANAGING EDITORS
Marta Segovia Ashley
Chris Sandoval

GRAPHICS AND LAYOUT
Kevyn Lutton

PHOTOGRAPHY
Teddy Eggleston
Kit Morris

WORD PROCESSING
Tighe Foley

DISTRIBUTION & PROOFREADING
Ginger Pappas

Shanti is a Sanskrit word meaning "inner peace."

The Shanti Project logo is an eclipse, a circle within a square. The circle portrays the inner world of the mind. The square conveys the solid reality of earth and body. United, they indicate the wholeness of the human being.

An eclipse is the passage from light to darkness and the return to light. For Shanti Project, it represents the changes brought about by illness and death, the darkness that can fall upon people experiencing these events, and the light that can follow in the wake of helpers who bring love and caring.

Tandy Belew created the logo.

with at the moment. As anyone with AIDS knows, this journey must be experienced on a day to day (or hour to hour if need be) basis.

My Shanti Support person was there every week, cleaning my apartment, washing my windows, making my bed, doing my laundry, running errands and fixing broken appliances. I must mention my volunteers by name because they each served Shanti (and me) in an array of capacities. Bob Flynn saw me weekly for over six months. Bob and I even did healing circles and meditations together and I spent a relaxing weekend at his Russian River cabin. Bob is such a sweet, funny, sensitive man who has been crucial to maintaining my sanity.

Louis Worden substituted for Bob when he was out of town and continues to provide me with unconditional love as well as practical support. Probably the most memorable time with Louis was when he drove me to the top of Mount Tamalpais, sharing a spectacular view of the ocean, San Francisco and the Marin Hills. I wept with joy as the healing forces in nature filled my heart. Since then, I've shared that spot with several close friends. What a gift!

My third practical support person was Larry Kraft. He began helping me during my second bout of pneumonia, when I was frequently asleep or at the hospital getting treatment. I so appreciated Larry's quiet strength. He would arrive weekly and clean and work around me and whoever was caring for me. When I was that ill, having a freshly laundered bed and taking a hot bath in a spotless tub brought me such peace.

It's become more difficult for me to continue cooking and cleaning. We decided a second volunteer was needed to food-shop, go to the pharmacy and tackle major cleaning projects which would supplement the weekly cleaning of my darling volunteer, Michael McGraw. Brian Bigney joined what I consider my "healing team." Michael and Brian added a dose of humor, fun and love to their practical support. I think of them as good friends who I could call at any time because they've always remained open to my needs, worries and fears.

Having AIDS is no picnic. In fact, I feel as if this month my physical health has started to slip dramatically and I have temporarily lost the will to live. This whole experience of having a life-threatening illness is something we each react to individually. There is NO right or wrong response in either behavior or words. What I have done has brought me peace and joy, definitely enriching the quality of time I have left. Others find it difficult to give up the responsibilities of caring for themselves. Luckily because of the non-judgemental attitudes from the Shanti volunteers and staff I've met, I rarely guilt-trip myself about my reliance on others.

We are all in this journey together. No one can hide from the epidemic for very long before it touches your life. I see the biggest problem with AIDS as the fear it arouses in everyone. This fear is natural and justified but I don't sense it is usually helpful or healthful. My advice — and again different things work for different people — is to take life one day at a time, learn to accept and share love with everyone around you and try to release the fear.

Getting AIDS is not the end of the world. It's given me the opportunity to transform my life. I've never felt so loved by my family, friends and the community in San Francisco. I cry when I think of the dozens of caring people who've provided me with free services, such as therapists, masseurs, chiropractors, etc. As one person heals his or her life, we all are healed. I happen to have AIDS and you may not. But our time together on the planet during this lifetime is to be shared, not shunned. Connecting through our hearts, we can all grow, love and inspire future generations of people by our willingness to recognize that we are one.

I thank Shanti from the bottom of my heart for the crucial role it has played in my life.

(Warning: Sean passed away on Wednesday, July 1, 1987, after a month long battle with various infections. He died in the comfort of his sister's home with his mother caring for him.)

REVEREND WILLIAM H. BARCUS III

I was diagnosed with AIDS one year ago on February 26, 1987, after a year of flu-like symptoms and increasing fatigue. I knew one day I simply could not make it up Market Street without really gasping for breath. A friend rushed me to his own physician, Dr. Marcus Conant, who ordered blood
Bishop, Bill Swing, has been a prince. Bill has set the standard for caring, validating and supporting. I thank God for him and for being there for me.

You don't take without giving back. It's just that simple. I've volunteered with Shanti, trained as an emotional support person and been assigned clients who have in every case challenged me and become close friends. I am learning mightily from all this.

I am learning that what some people can't bring themselves to do is less important than what other good people get done. I have learned that living our lives now with the reality that exists is more important than getting stuck in an irretrievable past.

I have also learned again how beautiful acts of kindness are. And the faces of those who are there. Shanti is peace, peace within resolution. This resolution is supremely important in the long process of saying goodbye which AIDS holds for many of us.

Thank you, Shanti, thank you. You can't save my life — but you do save my belief in our ability to be there for and with, each other.

**MERIDETH EISBERG**

I was diagnosed eight months after my boyfriend had died of AIDS. I was pretty much prepared for it. I'd been having health problems with an ARC diagnosis for a few years. By the time I was diagnosed in 1985, it was no big surprise. However, when I got the results, pneumocystis, my initial result was panic. "I don't want it. Why me? Isn't this typical of my life!"

At that time, I was working at an AIDS agency, so I put down the telephone and cried for about ten minutes, bitched at my boss for about ten minutes, and went back to work and life. That's literally how I handled it. I still have a lot of fear. There are times when death is very scary. I'm 32 years old and I don't want to die. This chronic illness has caused a lot of changes and I resent it. I used to be very physically active and my greatest pride in life was my physical strength. In losing my strength was losing a lot of my self-esteem, my pride, my hope and my ability to care for my children.

I'm a woman who has been in control of my life, my household, the finances, the kids, everything. I don't have that control anymore and that's very hard. That's been the worse part of the diagnosis, piece by piece, my ability to be in control is falling away.

I have two children. One child is from a previous marriage, and the other I put up for adoption because I became too sick. I wanted to make sure she was taken care of before I died. I tried to take care of her for awhile and it just didn't work. In order for her to have a healthy life I don't want her to be stigmatized with my illness. The woman who was taking care of her did adopt her after many hassles in the courts. It took three years to get it through. I'm lucky I've lived so long. I was diagnosed with ARC in 1982 and then AIDS in 1985.

I was a lot sicker with ARC (AIDS Related Condition) than I have been with AIDS. I have a lot of the smaller infections now. The initial presentation of this illness was very severe. My liver was extremely swollen and I was in a lot of pain, I had flare-ups of arthritis in my chest and my entire lymph system went out of whack and enlarged my groin, neck, armpits, lungs and abdomen. The doctors started pulling pieces of me out, "let's test this, that and the other thing," not caring how I felt about it at all. I was really sick for awhile there; totally wiped out. I was so weak I was crawling and vomiting black bile. Nobody knew what was going on. My boyfriend was diagnosed in '84 and died two weeks into '85. He had aids for nine months and was hospitalized for six months, which made it easier on me. At the time they knew I was sick but not with what. They set up a cot for me in his room and I would stay there for a few days and go home for for a few days. The hospital was a couple hours from where I lived. It wasn't easy. He really got angry at me when I had to be hospitalized in another town. He was only concerned with his illness. It was like, "Why the hell weren't you here?," when I told him I was in the hospital. He said, "Well, why couldn't you come to this hospital?" "But that's not where my doctor is," I answered. It was rough.

I was working for an AIDS agency back east when I heard about Shanti. Periodically, I looked at the printed materials and wondered why we didn't have anything like the Shanti Project back east. Why was it so backwards in New York and New Jersey in comparison to San Francisco? I got curious. I called up my friend here and asked if I could stay for a week. I also wanted to (cont. page 4)
see for myself why San Francisco was so far advanced. I came out and visited various agencies and talked to a lot of people. I called up Brian Smith, a volunteer coordinator at Shanti and asked him if I could sit in on a PWA (People with AIDS) support group. I collected tons of material. My intention was to take it back east. Coming out here was a change. It was so much more open. The education was so much more advanced. There was so much more support here. The real shoker was when I returned. "I need this kind of care myself, and what in the world am I doing in New York?" I still send information and printed materials to the people I know back east who are compassionate and dedicated. My phone bill is horrendous.

I'm still feeding ideas to people who I know are willing to work to help educate & be sensitive. In a month's time I just packed up everything and moved out to San Francisco. It was such a rush for me to get support to put myself first. It's okay to be an AIDS missionary, but you burn out after awhile, especially when you have to live with your own illness.

For the first time, there was a place I could go. It is in one of Shanti's AIDS Support Groups where I have gotten an incredible amount of support. I also feel I have given a lot. It gives some of the men in the group a better perspective on their own illness. Having AIDS has also brought out the best in a lot of us. It has given us all a more rounded perspective.

I first spoke at the Shanti Project Training last December. I found that being recognized as having something legitimate to say has really helped me, helped my self-esteem and made me feel useful again and productive. It was real nice. For a long time because I was pushing my own issues as a woman with AIDS, I was seen as a rabble rouser. It was like get out of the way, girl, you're only causing trouble. Shanti accepted me exactly as I am and heard what I had to say and saw the usefulness in it. It was so refreshing to be heard. Shanti validated all those things that everybody else was just pushing aside and it was like, "Oh, thank you." Nobody not only heard me, but said, "Yes, yes, it's okay to be who you are."

I've had the opportunity to work with some incredible people, both men and women, and the common denominator is that we're all human. We all have monumental hopes, dreams, problems, yet we can work side by side without prejudice and fear. You know we all have our own inner fears but working with Shanti has given me the crutch I needed to keep going just a little longer. I still have something valuable to contribute and Shanti provides me with an opportunity to work with wonderful people. One of those people was Bobby Reynolds. I had read some of the things he had written a couple of years ago. When I came out here somebody gave me his number and said Bobby would like to talk to you. We talked for hours. At first there was a little problem because he kept labeling everything as my woman problems and he appeared to be so self-righteous. I immediately was drawn to him because he was constructive as well as political and I thought, "This guy has a lot of political savvy." We've worked really well together. It hasn't been what I call a friendship where we go out and do things together, but Bobby's been so helpful to me and he has asked for my support as well. I have been happy to back him up.

My response to pain and loss has been anger. I'm really a soft touch but I have a reputation to keep up as a big bad mama. It was nice to be able to go to Bobby and say, "I'm angry at these people, I want to get such and such accomplished. How do I do this without putting people off." I want them on my side and not turning their backs saying this girl is "mashuganah" (crazy).

I don't think of the future anymore. I have to see life day by day, because I'm not going to live that long. I don't plan on building a house. Obviously I'm not going to have a family anymore. Until the heterosexual community gets awakened its going to be a very lonely battle. For the future, well, my biggest priority is education. I feel it's very important that heterosexual women with AIDS need to be heard and viable: to speak out for women and children's issues and to work side by side with gay men. Gay men aren't the plague. You don't die from touching gay men or talking to them. I think it's very important for people to see that. My being a heterosexual woman with AIDS is a real shoker for people. It hits home. This work is very tiring and energy consuming. Its emotionally draining to put your life out for public viewing but I also see light going on in people's heads. I see myself as planting seeds and people may not accept something I've said today but they'll think about it and maybe next time they'll ask more questions. Whatever people with AIDS can say and do today will certainly have an effect on what will happen in the future. I'm here today, doing the best I can with what I have to work with and maybe it will make it easier for somebody tomorrow.

PEPE SANDOVAL
I was diagnosed in February of 1986. I was at St. Lukes Hospital with double pneumonia, pneumocystis and a bacterial pneumonia. Two months prior to this I had started to feel ill with fevers, night sweats, persistant coughing and overall weakness. A neurotic fear was constantly with me that I might have AIDS. I kept saying to myself it's a flu or a bad cold. I have never been one to fuss over myself on issues of health. Usually friends and family had to drag me to a doctor. I continued to suffer with these symptoms through December and January. I made an appointment in mid-January to have a medical exam that was required for a job at a half-way house I was applying to while I waited to take the bar exam. The doctor who saw me was probably inexperienced and in spite of the oral sores, coughing and fevers, she said I had a bad flu and told me to take Tylenol and to drink lots of liquids. In the middle of February I developed severe heart palpitations and I was having a real difficult time breathing. My mom took me to her family doctor. Right away this doctor made me feel as if I had leprosy. He didn't want to get
near enough to touch me. This experience really hurt. My fear mounted when he said, "You’ve got pneumonia." Then he started making inquiries about my lifestyle. I could see and feel his negative response; needless to say I took a disliking to him.

When my mom found out she became real upset. She blamed herself. My job had been directing a project at La Raza Centro Legal which helped Latinos to become citizens. We did referrals to schools that taught citizenship and English. The bulk of my work was the media and community relations that involved lots of client contact. I found this work extremely satisfying.

Upon arrival at St. Luke’s, I was placed in isolation. The doctor had told me I had pneumonia and that it might be related to AIDS. I harbor a little bit of resentment towards my mother's family doctor, because he would come in the morning and stand three or four feet from my bed. Finally he would approach me with his stethoscope, listen to my breathing and leave. To add to this he had the audacity to charge $45 for one minute of service. I grew very angry. I had some satisfaction. I told him, "I don’t want to see you any more. I don’t feel this relationship is working." I wanted Bill Owens, St. Luke’s expert on AIDS to be my primary physician. Resisting my complaint, the family’s doctor kept checking me every day until I was discharged. I could not believe that! Its incredible; I would’ve high-tailed it if anyone had told me that. I guess he had no shame when it came to collecting his fees.

I spent thirty-two days in the hospital. It was horrendous. I had a bad reaction to an antibiotic which caused me to have diarrhea and nausea. I kept losing weight. Finally, I got out in the middle of March. I still had fantasies about returning to my apartment, not so much because I didn’t want to burden my parents, but because I wanted to do it alone.

During this time I had about 150 friends visit me. The place was always packed with people who were very supportive of me in many different ways. People hugged me and I’d feel comforted. I think I also sensed that I touched them in some special way. I got progressively worse. In the hospital they gave me a drug which my body violently rejected. The doctor said it was my last hope. The whole medical staff was caring for me and it reached a point where they told my father I would only live two or three days. I became totally unconscious.

I had wild dreams and hallucinations. The reason I think I recovered has been my belief that God is still working through my friends, family and me. There was a fight with death and I won, at least that battle, and I think in some sense it has made me stronger. There was a prayer service that was held when I was at my very worst. The doctor said he was at the point of declaring me clinically dying. Sometime after that prayer service, a friend of my mom’s dipped a sponge with water and placed it on my scorched tongue. I licked my lips and from that point on I became conscious. It’s God responding to those folks who prayed for me. My faith in God has been my strength. I thank my folks for presenting me to God so I am able to have a relationship with HIM. It means so much to me. It truly contributes to my peace. All we need is faith in HIM. That’s where I’m at. I’ve begun to bargain with HIM now. I would like to minister to PWA’s. Who better? Hopefully they’ll see me and say, if he can do it, I can do it.

I enjoy sharing with people. I can communicate well, because I have been involved in the community since I was a kid. I went to San Francisco

My Shanti volunteer, Paul Gonzales, is a comforting man, who appreciates my situation and allows me to be me. Paul gives me a chance to be witty, to be outrageous, to hang out, to talk about many irritations. We cover the whole spectrum. Our relationship has been very valuable. The fact that Paul is Latino has been helpful. My family relates to him. I consider him more than my good friend, one of my best friends at this point. I know I can call him at any time and he’ll be there.

In April or May I was asked to speak at a Shanti training. That was an incredible experience. I was brought to tears. At first I was feeling a bit hesitant because I wondered how people out in the world would respond to me having AIDS. There were three of us on the panel and I was in the middle. When I spoke, I made a couple of jokes which got everyone to laugh. I told them about my experiences. It felt good to do that. These volunteers heard me with much sensitivity.

What I said to them was basically to be aware of what we as people with AIDS needed. We need to be comforted, to be listened to and to be given permission to to feel okay about our frustrations and fears.

“We’re going to cry on your shoulders. Sometimes, we’re going to be a bit demanding, but sometimes your presence will help us to be peaceful.

Let us deeply share these times as if this love and concern alone exists.”

DAVE LAWSON

It began for me back in October of 1984. I had heard about AIDS, but thought that it could never happen to me. I was thirty-two years old, healthy, ate well, took vitamins, and lifted weights. I was doing very well with my job and the future looked bright for me.

In October, 1984, I noticed a small bump on my left leg. I didn’t think much about it. Then in November another one showed up. I became more concerned, but it didn’t fit into any AIDS symptoms that I had read about. I never had night sweats, fatigue, or diarrhea. Then in December another one appeared. I became frightened and thought that if this is AIDS that I would be dead in six months and that this would be my last Christmas. I didn’t (cont. page 6)
know what to do. I wanted to totally deny that I might have AIDS.

In January of 1985 I went to my dermatologist and he did a biopsy and told me to come back in ten days for the results. I went home devastated and frightened. I sat down in my dining room and began to cry. My roommate walked in, put his arms around me, and also began to cry. Just being held meant so much to me. I returned to my doctor ten days later and he informed me I had Karposi’s Sarcoma.

During the following six weeks I did not leave the house, talk on the phone or do anything. I felt dirty and ashamed, and didn’t know what to do or to whom to turn. I would wake up in the middle of the night from having horrible nightmares and sit on the side of my bed just weeping for what seemed to be endless hours.

I finally realized that I needed to come to grips with having AIDS. The first thing that I did was to tell a few close friends. That was very difficult to do. I found that I was not only trying to cope with my own feelings, but that I also had to support them as well! The next step for me was to make out a priority list. I took a couple of months to get things settled with the social service departments, but since everyone was so kind their attitude helped me to feel a little bit better. At that point I realized that I would have to choose to either fight back or to let the disease consume me. I chose to fight back and make the best life I could for myself, even if it was only for a short time. I became more up front about my being a person with AIDS. At first, with my friends, it was like weeding out a garden. Most of my friends offered emotional support as best they could, but I had to let go of some other friends. AIDS forces you to let go of the past.

I then began going to a Shanti weekly drop-in support group. It is an incredible experience to sit in a room full of people with AIDS and talk. I found a great deal of support and information in this group. I have been attending Shanti support groups for almost two years now.

Six months had passed. I got a phone call one day from a volunteer coordinator at Shanti. He told me that Bobby Reynolds had suggested that I might attend the Shanti training for the emotional support volunteers as a community participant. I was once again confronted with the choice of facing up to my fears about AIDS. At first I said no, but then a few days later I called back and accepted. I went through the training in July of 1985. There were several times that I wanted to just walk out. The emotional pain and fear that I felt was so overwhelming that at times all I could do was cry. The love and acceptance which I experienced was very positive for me. Up until that time I had felt hopeless about myself and my life.

The training served as a major turning point for me. I was so moved by the whole experience that I wanted to share it with others. During the training, I realized that even in what appeared to be a hopeless situation, there was still hope for a better world, a better future...the potential for positive things to come out of this crisis, medically, socially, politically, as well as personal growth and love. I now believe that there will be some positive changes as a result of AIDS which will make the world a permanently better place. I have helped to facilitate every training since July 1, 1985. I do these trainings in the hope that by sharing my experience with AIDS will help others. We are learning how to care for one another and that is a beautiful sight to witness. Not every one can deal with a person that is sick, but if each one of us would do whatever we can towards dealing with the AIDS crisis, then I’m convinced it can be beaten.

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**DEDICATION TO BOBBY AND DALE**

We would like to dedicate this issue of the Eclipse to Bobby Reynolds and Dale Hansen both of whom died of AIDS this past spring. Besides being members of Shanti Project’s Board of Directors, they were revered by people with AIDS as well as the medical establishment for their energy and time spent increasing community awareness about AIDS. They were both heroes of integrity who gave of themselves to help others afflicted with AIDS. We honor both of them and will carry on their tradition of spreading the word of love and hope for people with AIDS, their families and loved ones.
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 525 Howard Street, San Francisco, CA 94105.

- I would like to support the Shanti Project with a donation of:
  - $15.00  
  - $25.00  
  - $50.00  
  - $100.00  
  - Other $________

- I am interested in becoming a volunteer
- The enclosed is a Memorial Gift from

IN MEMORY OF

- Please notify the family members at the address below:
  - Name__________________________  Phone__________________________
  - Street__________________________
  - City__________________________  State_________Zip_________________

- I have moved; my new address is:
  - Name__________________________  Phone__________________________
  - Street__________________________
  - City__________________________  State_________Zip_________________

NOTICE: The Shanti mailing list is the sole property of Shanti Project. It will not be sold, loaned or otherwise shared with any organization, business, or individual.

The next thing to do was to tell my family. I went home to the Mississippi Gulf Coast for a visit. Telling my parents and younger sister that I was gay and that I had AIDS was my most painful experience up until that time. My family is as supportive as they are able to be.

Talking about AIDS is difficult and painful for them. I understand this and I don't make a big deal out of the fact that we don't talk about it. All I know is that I love my family very much and, no matter what, they love me.

The two and one-half years I have been living with AIDS have been painful and frustrating, while rewarding at other times. The AIDS crisis is a great teacher for me and for us all. If only we seize the opportunity to reach outside of ourselves, to face up to our fears and to stay open to loving ourselves, as well as others, then we can grow as human beings and conquer the epidemic. I send my love and support to each one of you and always remember, "we are all entitled to miracles."

ANDREW LEWALLEN

I was on staff at Shanti, supervising emotional support volunteers, when I myself was diagnosed with AIDS in May 1986. During my five years with Shanti I have given a lot, but I have received much more. The many experiences I've had working with people in this epidemic have given me courage not just to survive but to live each day more fully. During those first weeks after my diagnosis I felt I was staring death in the face. I knew I probably would not die immediately, but my sense of time collapsed. As I gradually but steadily grew weaker last fall, I struggled to maintain some balance, some hope, when it seemed I was on a downward path toward inevitable death. Through all of this my friends, most of them Shanti "family," comforted me with their love and concern. They held me, laughed with me and shared my grief and rage. Rather than avoid my depression, they acknowledged how difficult it must be for me. Others sent beautiful cards and notes to express their support. All of this support was like a groundwork, a scaffolding, that helped me through this dark, difficult period. In January, I began an experimental drug (AZT) therapy which slowed, if not stopped, my physical decline. I never thought I'd be able to feel so alive again. I no longer feel betrayed by life, and the part of life we call death, but privileged to be able to experience and embrace whatever life offers. For most of my life I have felt imprisoned by my feelings of separateness and my own needs and desires. Today I know that my life is bigger than I think. Through Shanti work I've watched many friends live and die, and a part of each of them lives with me. Today when I help train volunteers for Shanti, when I do public speaking or media work, when I help counsel patients and family at San Francisco General Hospital, I know that I am not bringing just myself to that experience. I am happy to be a vehicle for the inspiration of many others who have touched me. Shanti work helps free me from the prison of my limited self and reminds me that I am part of a whole. This is real healing, not just my physical survival but my appreciation of life moment to moment.

ANDREW LEWALLEN
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.
Although I first decided I wanted to work with Shanti in 1977, it wasn't until July of 1982, some two and a half years after my husband's death from a terminal illness, that I finally reached for the telephone and requested an application to do volunteer work. At that time, being a volunteer meant serving as an Emotional Support counselor, as Shanti had no Practical Support program, let alone any of the other components now in place.

The past five years as a volunteer have been most rewarding. My clients have enriched my life in many ways, and my four and a half years on the Board of Directors have challenged me and allowed me to participate in the exciting growth of Shanti Project. I feel committed to Shanti no matter what the task. I have served as a public speaker, and a facilitator for both volunteer and community trainings.

Certainly, one thing I enjoy most of all is co-leading a support group for friends, families, and lovers of people with AIDS, which I have done for a little more than three and a half years. I have worked with some wonderful co-leaders, including Doug Victor, Nick DeMara, Chris Sandoval, and currently, Blue Smith.

We used to call the group an Anticipatory Grief Group. Somehow, that no longer seems like an appropriate name for our current weekly support groups for friends, families, and lovers of people with AIDS. It is true that most of the people who come to the group are grieving in anticipation of losing someone close. But one of the many lessons we have learned from our clients is that the group is really about living. How sad it is that many of us forget how precious life is until the threat of loss is at hand! Everyone comes to the group looking for ways to enjoy the time they have with the
one they love.

There is comfort that comes from being with others who share your pain, fear and hope regarding the changing relationship with the one you love.

People come to the group for a variety of reasons. Almost all come because they have a strong desire to support their loved one. They want to be there for him or her, whatever course the illness may take.

Some may have a strong need to be the primary support person in the life of their loved one. At the same time, they may feel overwhelmed at the enormity of the task. Many feel unsure of their ability to cope with what seems an impossible task.

The group operates on a drop-in basis. Some come regularly and some come when they can. We hope that everyone knows the group is there for them when they need it. We have one man who has attended almost every week for two years.

Newcomers hope to find support from others going through a similar experience. Most people find that support. Many have expressed the feeling that finally they have found a group of caring individuals who understand the range of feelings that have been so frightening and at times, devastating.

For others, coming to the group means moving out of isolation for the first time since their loved one's diagnosis. For most, feeling a part of a community brings a new sense of being able to cope. The act of sharing one's deepest feelings is cathartic.

The speed with which bonding develops usually comes as a surprise. New people are absorbed into the group almost immediately. They are always given a list of phone numbers with an invitation to call if they would like to talk during the week.

Loved ones of group members are included in the social functions of the group. There is no pattern to our social events. Every five or six weeks, someone invites the group over for a weekend brunch. Often we see the group as an extension of the individual members' total support system.

We have a woman in our group whose brother in New York has become integrated into the support group. When someone in the group visits New York, her brother Michael gets a phone call with a message, an invitation for lunch, or a video cassette of a recent TV special in San Francisco. When Michael visits his sister in San Francisco, he is invited to dinner by a number of people in the group.

We begin our meetings each Thursday evening with these words, "This is a Shanti Support Group for friends, families, and lovers of people with AIDS." We go on to say that this is a safe place to talk about our feelings. "There is no right way or wrong way to feel. Allow yourself to accept that this group is here for you. We will hold what you talk about in confidence. We will neither judge you nor give you advice. We will not try to fix anything for you, because we know there is nothing we can fix. All we can do is hear you and let you know that we support you."

"Perhaps you will gain strength from hearing how others are coping. Perhaps you will gain courage from the quiet courage of your fellow group members. Each of us in the group wants to validate your feelings. Everyone agrees that just the simple knowledge that others think your feelings are justified is one of the main values of the group.

As the group is settling, one hears snatches of conversation. "How is Bob doing this week?" "You really look a lot more relaxed than you did last week!" "I do feel better. It's like a cloud has been lifted." "Tell me more about that new medication Andy is on."
Our group usually starts off with everyone doing a quick check-in and giving a hint about what they would like to talk about later. Often we find that several people will be experiencing the same kinds of feelings which sometimes sets the tone for the first part of the evening. Other times, it is obvious that one person is in such intense pain that we deal with their pain first.

We try to keep the size of our group limited to no more than nine or ten. Shanti Project currently has four support groups for friends, families and lovers. We all remember the few times that suddenly we were in a room of 19 people. It is impossible to get through check-in, let alone hear what anyone needs to talk about with so many people in the room. Of course, when we are suddenly inundated, the Project closes the group temporarily and begins the process of opening another group.

Going to a support group for the first time can be a frightening experience. Frequently the new member is overwhelmed at the recent diagnosis of a beloved brother, son, daughter, or lover and unable even to absorb the fact of that new diagnosis.

In their first meeting, he or she listens to someone whose lover has been ill for a long time, someone who has been supporting that lover for many months, someone who is exhausted with the task of caring, and maybe someone who feels guilty because they wish for the long struggle to be over.

I have sometimes seen panic cross the face of that newcomer as he or she realizes that another person's story may very well be a prophecy, a foretelling, of what lies ahead for him or her.

But time after time, I have heard that newcomer say, "Yes, it's scary. Part of me wants to run from the room. But another part of me knows I can learn from hearing how others are coping with AIDS. Part of me is grateful that my story is not as bad as I thought. I am very glad to know that I am not alone in what I am going through."

We try to make sure that each person who comes seeking support gets what he or she needs. There are those whose feelings are so inaccessible that they cannot bring themselves to look at them. We try to make sure that these people know about the other resources in Shanti and other AIDS organizations.

Not everyone comes back. There are those who are not comfortable in groups. They are often much more comfortable talking with one other supportive person than trying to share their feelings with a larger group.

A typical group of ten might include two parents of two different people with AIDS, a sister of a man with AIDS living out of town, a brother of a man with AIDS living here in San Francisco, a woman whose best friend was diagnosed a year ago and who is the primary support for that friend, a man who has a friend recently diagnosed who is rejecting all contacts from his circle of friends, a man whose lover has been hanging on to life by a thread for six months, a man whose lover was recently at the point of death and now is enjoying a period of good health, and a man whose lover died seven months ago and who is back in the group again because his room-mate has recently been diagnosed.

Sometimes people ask us if it is really possible to have such a diverse group work. Our experience is that the diversity is one of the things that makes the group most meaningful to everyone present. I remember Kranda saying, "It's so important to have Herta here, reminding us that most mothers are so completely supportive. And it's equally as important for Herta to know that we share her pain that her son has stopped eating."

Just last night, someone said, "I don't think you all realize how important it is for us gay men to have the women here. Many of us are isolated from our families. We don't talk to our mothers and sisters." It was good for all the women there to hear that they are valued.

Marie then said that as a straight woman, she had expected to feel a little out of place. She expressed the feeling that she had felt a real part of the group immediately and told us how beautiful she found that to be.

In times of crisis, the whole group becomes a cohesive unit. People call with offers of help; one person will sit with the critically ill lover; another will shop or bring over a casserole.

One man said to me, "The last days of my lover's life were horrible. But I can't tell you how much comfort there was in all the messages left on my machine. It was so good to know all my friends were thinking of me." Jerry said the other night, "It was so wonderful to see Michael and Dana at Ellis' funeral in Oakland even though I told everyone not to come. And then to see all the group gather at my house the next night. No one else would know how I needed everyone's love just then."

I treasure what Christian said about two weeks ago. I had thought he seemed preoccupied for a while. Suddenly, he said, "Wow, I can hardly wait to get home. I'd been thinking that I've been Jim's sole support. Something Dale just said made me realize that Jim has really been taking care of me for the last two weeks. I need to get home and let him know how much I appreciate what he's been doing for me."

I remember how touched we all were by the man whose identical (cont. page 7)
In April '83, I was diagnosed with Kaposi's sarcoma. My life was shattered. At this time, the first wave of AIDS hysteria had broken in the media—front page stories of men diagnosed on a Monday and dead by Friday. Poppers were thought to cause AIDS.

My friends were afraid to touch me or eat food that I had touched. My boss had never heard of the illness. I had to explain to my parents what it meant to have AIDS. And I feared I would not live to see my 31st birthday, a few weeks away. I felt totally alone with my illness.

Three days later, I went to Ward 86, the newly-formed AIDS Ward. While waiting to have my vital signs taken, Bobby Reynolds came into the examining room. Bobby was the first person with AIDS I ever met. He wore his sad, hangdog smile and said, "I heard you just got diagnosed." He spoke these soft words, tinged with sorrow, that I would hear him repeat time and again to other newly diagnosed men. Bobby touched me then, through my fear and pain with his humanity and compassion and told me to come to the Shanti support group. I did.

There was only one group back then—one Shanti group—one AIDS group. Sometimes as few as two or three people would show up. Now there are 15 Shanti support groups alone. Churches have also formed support groups for people with AIDS; metaphysical groups have formed; therapy groups exist. There are more kinds of AIDS groups than you can shake a stick at. But back then there was just this one little support group crammed into the Community United Against Violence (CUAV) office.

And Shanti was small. Jim Geary (just a name to me) actually lived in the Shanti office. Steve, who ran the support group, was Jim's one-person, part-time staff. Shanti was a shoestring operation.

I was still in shock two weeks later, when my counselor first arrived. I remember Marty, a very handsome, tanned blond nurse. I knew I had a crush on him (it turned out everyone had a crush on him). He was soft-spoken, had good listening skills and a smile that would make you melt. I never knew what to talk about. But I liked to look. Sometimes we'd go to the Patio Café for coffee and a goodie. I never called him because I didn't want to bother him. Within two months, Marty completed his volunteer commitment and left Shanti. I wonder about him often.

I continued going to the support group. There was Bobby again and Dale. Dale and I were diagnosed the same week and Marty was his counselor too (we used to compare notes). Cowboy Ron was there and a few others, at different places with their illness. All are dead now.

Scottie, from group, was the first man I knew to die of AIDS. He was in his mid-twenties, really cute, just diagnosed— a puppy dog. Scottie got sick real fast. He had an identical twin and the doctors wanted to do a bone marrow transplant. The twins agreed. Scottie went to Los Angeles and had it done. His body was bombarded with lethal doses of radiation. His immune system and everything else was wiped out.

Before the transplant could take effect, Scottie caught an infection. He died like a baby.

I stopped going to group shortly after that. And I didn't see another counselor. I never really associated myself with other people with AIDS, something many people who are diagnosed choose to do. I continued to work full-time, exercised daily and stayed healthy. I lived my life one day at a time and made every moment count.

In October '83, I attended a three-day workshop with Kubler-Ross for people with AIDS. It was at Wildwood. I bicycled there and back from San Francisco and became known as the "bicyclist with AIDS." The experience I got from the workshop profoundly affected me and I moved into a house with two other men with AIDS. We all appeared healthy but within three months, my first roommate had died. There was no will. Friends and family (born-again Christians from the midwest) arrived, ransacking our home. Some of my possessions were taken as well. The family tried to set me down on my knees to be saved, renouncing my gayness and embracing their beliefs. That was fun!

My second roommate, Geoff, deteriorated more gradually. He developed lots of small infections and got weaker and weaker. When Geoff went into the hospital with Pneumocystis pneumonia one year later, I got my second Shanti counselor. I knew that Geoff would not be coming home, and I needed help dealing with his dying. Mike, my new volunteer, fresh from the training, was just
what I needed. He really helped me through that terrible time. I was the executor of Geoff's will and held his health care power of attorney. The family came, wanting to make his health care decisions, wanting his property. Friends wanted to put him into a hospice. Geoff's last request to me was that everything that could be done by the doctors was to be done. I had to honor that request, despite what other people felt. I felt the wrath of his friends and family. I became very stressed out and got pneumonia a week after his death. Through all the pain and suffering of that process, Mike, my Shanti person, was at my side.

Again, my life returned to normal. I continued working and exercising — both so important for my self-esteem. My only involvement with Shanti from Spring of '84 through the end of '86 was attending the people with AIDS weekends at Wildwood and seeing Mike, my counselor, who had grown into a close friend. From my weekends at Wildwood, I became known as "the piano player with AIDS."

In November '86, I was diagnosed with early stage AIDS dementia. I had been exhibiting symptoms of disorientation, confusion, loss of memory, feeblemindedness and general neurological impairment. I didn't know that dementia is a terminal illness but my friends knew I was dying. I went on AZT at that time and left work. AZT brought me back. The symptoms faded. My brain, which had shrunk, returned to normal size. After three months, I returned to work. But even now, if I stop taking the AZT, I will soon die.

In February '87, I took the Emotional Support training as a community participant and fell in love with Shanti for really the first time. It was the most powerful two weekends I had ever lived. I knew that I had come home. Bobby appeared on the client panel and looked ashen. He didn't have long to live.

I facilitated the next training in May: so much more love; so many loving, caring men and women. Participating in the trainings continued to feel like the best thing for me to do. This training occurred as Bobby was dying. All of us grieved over losing this man; many of us still grieve for him. Bobby was followed by Dale, Cowboy Ron and Sean — men I had known since my diagnosis. Heroes who had chosen to fight AIDS with Shanti support. They are all gone now. My peer group has steadily died off. My grandfather must have felt much like this, watching his friends die.

I have returned to support group after four years. I bring my pain to the group and let it go. Those men left such a legacy to me, to people with AIDS in San Francisco. The plan was to be involved in the August training, but pneumonia again reared its ugly head. I believe this was because of the stress I suffered from dealing with my friends' dying.

Mike and I are no longer counselor and client. Our lives have grown apart. I miss Mike deeply and still think of him so much. We shared two exciting wonderful years — fun times and painful times. Many friendships don't reach that level of intimacy. He'll always be a part of my life.

I have a new counselor now — Shirley. We're still getting to know each other. I'm happy I'm working with a woman and I get a strong sense that Shirley really wants to be there for me. That feels good.

I regret not having been more active in the fight with AIDS since my diagnosis. I feel like I wasted time. But I didn't know I'd have four and one half good, relatively healthy years. No one would have bet on that. I'm out there now... and fighting. I'm doing what feels right, doing what I should have done back in '83 — giving love and support where it's most needed. I'm able to stand up in public forums now and say, "I have AIDS. I have been living with AIDS for four and one half years." I do it for one reason: so that the newly diagnosed have something to pin their hopes on. Maybe they will have eight and one half good, healthy, quality years!

My heroes are gone. I carry them in my heart. And I, and others like me, must carry on for each of them. Wonderful men and women keep getting diagnosed with AIDS... and keep dying. There is so much pain and sadness in this work. People with AIDS come to me now (now I'm referred to as the "Grand Dame of AIDS") for support and encouragement. There's still so much work to do. AIDS is here to stay and getting worse. But compassion and caring, as manifested through Shanti, is the only thing that makes any sense in all this. As Thornton Wilder said in The Bridge of San Luis Rey: "There is a land of the living and a land of the dead... and the bridge is love."
1987 FINANCE REPORT

To the Board of Directors of
Shanti Project
San Francisco, California

We have examined the balance sheet of Shanti Project as of June 30, 1987 and 1986, and the related statements of support, revenue, expenses and changes in fund balance and changes in financial position for the years then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Shanti Project as of June 30, 1987 and 1986, and the results of its operations and changes in financial position for the years then ended, in conformity with generally accepted accounting principles.

Van Keulen & Lumer
San Francisco, California
September 10, 1987

SHANTI PROJECT
STATEMENT OF CHANGES IN NET INCOME
For the Year Ended June 30, 1987

1987
1986
Sales of services $44,695 $1,453
Depreciation 158,254 3,001
Interest income 73,212 6,701
Total 276,161 10,155

Less: Expenditures
Salaries and benefits 226,040 9,343
Other operating 4,424 3,812
Total expenditures 230,464 13,155

Net income $45,697 $7,000

SHANTI PROJECT
BALANCE SHEET
June 30, 1987 and 1986

ASSETS

1987 1986

Current Assets
Cash $214,537 $205,491
Receivables (Note 2) 122,945 139,776
Inventory (Note 2) 4,766 4,192
Prepaid expenses (Note 2) 98,946 70,122
Total Current Assets 440,190 421,273

Equipment
Office equipment 125,512 99,672
Less: accumulated depreciation (Note 2) 92,942 72,843
Total Equipment 32,569 26,829

TOTAL ASSETS $733,377 $651,821

LIABILITIES AND FUNDS BALANCE

1987 1986

Current Liabilities
Accounts payable and accrued liabilities $ 9,931 $ 14,005
Accounts payable, City of San Francisco 12,950 12,306
Total Current Liabilities 22,881 26,311

Fund Balance 700,496 624,910

TOTAL LIABILITIES AND FUNDS BALANCE 723,377 651,221

SHANTI PROJECT
STATEMENTS OF SUPPORT, REVENUE AND EXPENSES AND CHANGES IN FUNDS BALANCE

For the Years Ended June 30, 1987 and 1986

1987 1986

SUPPORT AND REVENUE

Contract cost reimbursement (Note 3) $1,048,617 $ 915,612
Grants 477,556 —
Donations 481,661 350,303
Funds management 414,995 310,499
Miscellaneous 119,025 148,262

TOTAL SUPPORT AND REVENUE 2,929,656 1,516,025

EXPENSES

Personnel 1,263,916 937,649
Residence 112,768 173,634
AIDS office 42,800 —
Other operating 499,781 233,796
Miscellaneous 97,411 58,226

TOTAL EXPENSES 1,931,586 1,318,395

NET EXCESS OF SUPPORT AND REVENUE OVER EXPENSES 1,098,070 197,630

Fund Balance, beginning 341,373 189,356

Fund Balance, ending $793,446 $432,323

SHANTI PROJECT
NOTES TO FINANCIAL STATEMENTS

1. Description of the Project
Shanti Project (The Project) is a non-profit California Corporation established to provide community service. The Project offers free counseling and emotional support for people who have AIDS and their loved ones.

2. Summary of Significant Accounting Policies
The Project recognizes revenue when earned and in accordance with generally accepted accounting principles (GAAP).

3. Description of Fixed Assets
Purchased fixed assets are carried at cost. When fixed assets are disposed of, their cost is credited to accumulated depreciation and the resulting gain or loss is recorded in the year of disposition.

4. Description of Leases
The Project has entered into agreements for the rental of fixed assets. The Project recognizes depreciation expense for fixed assets which are subject to lease and the related lease payments are recorded as an expense in the years when the related payments are due.

5. Description of Inventories
Inventories are stated at cost. Inventories consist of Patient Services materials, books, and supplies.

6. Description of Non-cash Transactions
Any non-cash transactions are not reported on the balance sheet. The Project uses the direct write-off method for the recognition of uncollectible accounts.

7. Description of Other Cash Equivalents
The Project invests its temporary excess cash in demand deposits available within 24 hours.

8. Description of Investments
The Project invests its temporary excess cash in demand deposits available within 24 hours.

9. Description of Deferred Revenue
The Project recognizes deferred revenue when the Project derives benefit therefrom.

10. Description of Loss Contingencies
The Project evaluates loss contingencies in accordance with generally accepted accounting principles (GAAP).

11. Description of Income Taxes
The Project recognizes income taxes as a liability for the current year's taxes and an asset for the estimated credits payable for the current year's tax return.

12. Description of Subsequent Events
The Project has evaluated subsequent events through the date of the financial statements and has determined that no events occurred that require adjustment of the financial statements or disclosure in the notes to the financial statements.

13. Description of Other Information
The Project has determined that no other information is required to be disclosed in the notes to the financial statements.
Someone might be at the point of physical exhaustion from working eight hours a day and coming home to be on call throughout the night. But somehow, everyone in the group is able to give a little bit more and let in the enormity of each other's situation.

In the past three and one half years, I have become aware of how different today's groups are from those in the past. When we started, we were listening to men and women who were coping with the reality of AIDS in their lives for the first time.

Today, there is hardly a member who has not lost many friends to the epidemic. Sharing that global grief has brought a greater sense of community. So, in today's groups, along with the new grief, there is also that accumulated grief that everyone has been carrying for so long.

Many members of this group have stretched themselves in order to speak at the trainings we conduct for new volunteers and in order to further AIDS awareness in our community. Still others have gone on after the death of the most beloved person in their lives to become dedicated volunteers in our programs. I commend all these brave men and women who have gone on to serve their community in spite of their losses.

I am completely overwhelmed by the love, concern, and support shown by the people I have worked with for these past years. The depth of compassion from people who are going through so much pain in their own lives is an inspiration to me. I have learned so much and I continue to learn each week. My hope is that I can continue to work with the group as long as there is a need.

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**SPEND A DAY WITH LOUISE HAY**

**SATURDAY, NOVEMBER 21 — A BENEFIT FOR SHANTI PROJECT**

100% OF YOUR WORKSHOP FEE WILL BE DONATED IN YOUR NAME TO SHANTI PROJECT

Louise Hay offers an entire day of healing for your life, your body, your relationships. You will experience her powerful exercises and affirmations and increase your personal understanding and self-acceptance. Above all you will experience her wit and humor, and her charm and touching warmth.

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**THE LOUISE HAY WORKSHOP BENEFIT FOR SHANTI PROJECT, NOVEMBER 21, 1987, 8:30 AM-6:00 PM.** At the HYATT HOTEL on Union Square, Stockton at Post Streets, San Francisco. Your $75.00 workshop fee is a tax-deductible donation to SHANTI PROJECT. Make your check to SHANTI PROJECT. Your check is your receipt. A confirmation notice and further details about this workshop will be mailed to you.

YES, I WANT TO SPEND A DAY WITH LOUISE HAY. PLEASE RESERVE _______ PLACES IN MY NAME.

MY NAME (please print or type) ____________________________________________________________

MY HOME ADDRESS ________________________________________________________________________ ZIP ___________

MY HOME PHONE ___________________________ MY DAYTIME PHONE ___________________________

I understand that should I have to cancel, $50.00 of my fee is non-refundable, but $25.00 will be refunded and sent to my home address above. The $50.00 remains my donation to SHANTI PROJECT. ALL CANCELLATIONS MUST BE IN WRITING AND RECEIVED BY SHANTI BY NOVEMBER 1st. Please mail this form when completed along with your check for $75.00 per person (made to SHANTI PROJECT) to SHANTI PROJECT, 525 Howard Street, San Francisco, CA 94105-3080. ATTENTION: BEA ROMAN-MITZVAH. SPACE IS LIMITED, RESERVE YOURS TODAY THEN MARK YOUR CALENDAR FOR THIS SPECIAL DAY. JUST FOR YOU!!!

My Signature ___________________________ Date ___________

VISA or MasterCard Account No. ___________________________ Expiration date ________________
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.
Home Is Where The Heart Is

BY ED KIMBLE

In the hallway of Shanti Residence Number Seven hangs a large white sheet of art paper on which visitors have written messages of hope, thanks, and encouragement. Some are thank you notes for the attendants and volunteers who have helped loved ones through their final days of living with AIDS. Others are oblique philosophical statements that tell of the writers' own struggles with mortality. Deeply personal, all of the messages are touching. One, however, is striking in its simplicity and truth: "We come into this world with help. Why shouldn't we leave it with help."

If the Shanti Residence Program were in need of a motto, this could be it.

Shanti's Residence Program was inaugurated in May 1983 to provide long-term, low-cost housing to persons with AIDS. With the recent addition of two new flats, the Residence Program operates 12 "houses," which are home for 47 people at a time and more than 120 individuals a year.

Shanti's houses are not "missions" or "shelters" or mere dormitories. They are true homes for the persons who live in them. Physically, they are spacious, well appointed, and rank among the most desirable flats in San Francisco. Each resident has a private bedroom. The common areas are fully furnished, and a resident doesn't have to all the furnishings desired, he or she may select items from Shanti's ample inventory of donated furniture, televisions, stereos, linens, and decorations.

The Residence Program also provides extensive services to the houses. A Practical Support Volunteer is assigned to each house to clean the common areas once a week. A maintenance staff keeps the flats in tip-top condition and ensures that any electrical, plumbing, or appliance problems are quickly remedied. One part-time maintenance person sanitizes the bathrooms each week and makes sure that each house has adequate bathroom and cleaning supplies.

BEATRIZ BLUM, RESIDENT ADVOCATE WITH LAWRENCE L., SHANTI RESIDENT

Staff Resident Advocates conduct weekly "house meetings" in each residence to discuss problems that housemates may be having with the house itself, with each other, or personally. The Advocates advise the residents of additional services that Shanti or other organizations offer and assist them in obtaining whatever help they need to continue living independently as long as possible.

But the Shanti Residence Program is much, much more than its houses or its serv-
Eclipse
The Shanti Project Newsletter

Published by Shanti Project for the friends, volunteers and staff of Shanti Project, 890 Hayes Street, San Francisco, CA 94117; 415/558-9644. Shanti Project is a contract agency of the San Francisco Department of Public Health.

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house more vulnerable to break-ins. Beatriz agrees to contact the landlord and report the problem. Second, Scott complains, the glass doorknob to the toilet is chipped. " Somebody's going to hit their hand on it one of these nights," Scott scowls.

"And how are you, Dennis?" Beatriz asks.

"My dentist just called and my new teeth are ready. Now I'll have bottoms and tops.

Dennis jokes, "Can I take the curtains down out of my room and make a dress to wear for Halloween?"

"I've already got my dress," Don says above the laughter.

When Beatriz asks Scott how he's doing, he sighs, "I'm a bit weary today. I've been ripping and running and taking care of the business you asked me to take care of." He leans across the coffee table and hands Beatriz what appears to be the carbon copy of a form.

Tall and gaunt from the weight-loss that has become so much the trademark of AIDS, Scott is the only one of the four roommates not clad in street wear. Instead, he wears light blue pajamas and a clear plastic shower cap. He has been coughing and wheezing frequently during the house meeting.

Turning to Lawrence, Beatriz digs into her bag and retrieves two small plastic containers of sequins to give to him explaining that she found them at a garage sale. Before he became ill, Lawrence worked in property management and designed costumes, gowns, and kimonos part-time at a friend's studio.

Lawrence's mother visited for three weeks and all the roommates talk about Bertha for a few minutes, how she nursed one of them while he was ill, how she complained about San Francisco's cold, damp summer, how she was amazed that the windows didn't have screens, and how easily she handled some of the open and frank discussions around the house.

Lawrence turns the subject to his acupuncture and herb therapy. "I walk five blocks to get there. I have to set out 40 minutes before."

"I'm going to be starting acupuncture on the 25th," Don reports. "I'm also hoping to get on DN2B where they paint the lesions."

"I'm going on AZT next month," Dennis chimed in.

Lawrence says, "I've been thinking about it, but I'm going to wait until I see what happens to Dennis."

Scott says he will also go on AZT as soon as his doctor can get it.

Beatriz announces that the Golden Gate Business Association (GGBA) has offered to host pot luck dinners for Shanti residents and to take residents out to restaurants. She asks if anyone is interested.

"When do we get our hot tubs?" Dennis says. "Is that our Christmas present?"

The four are more receptive to news that GGBA is trying to develop a system of free taxicab vouchers for Shanti residents, but, as Lawrence notes to everyone's agreement, the steep stairs up to this third-floor flat are more limiting to mobility than are taxi fares. "These stairs really limit me from going out or coming back, and I have to rest three or four times to get up. By the time I get to the top, I'm fried."

"What I do," Scott says, "is go up without stopping and fall into bed."

Beatriz asks Scott why he's not interested in the GGBA pot lucks. "I can't handle nights out anymore. I don't want to be bothered."

"I Don't Like the Idea of Plugging Bodies into Beds."

The problems of Shanti House Number Ten weren't too severe this week. There weren't many issues that couldn't be handled by the maintenance staff. Everyone was getting along, and everyone was in fairly good health. Not all the house meetings are so pleasant.

Increasingly, Alfredo Cavillo (Residence Advocate) says, the houses are experiencing behavioral problems related to AIDS dementia. He estimates that as many as 80% of the problems that the Residence Advocates have to deal with are related to AIDS dementia. AIDS dementia is now apparent in about 50% of all AIDS cases and is marked by memory loss, confusion, loss of motor functions, and irrational behavior. The person with AIDS is often not aware of his or her own dramatic behavior changes.

Problems that houses may experience from AIDS dementia include things as simple as someone putting food on the stove to cook and then forgetting about it. "Someone may open the door to get the paper or mail and then forget why he's there and just keep walking," Alfredo says. Sometimes, however, sufferers of

(Cont. on Page 4)
Our home. I thought often all come here residents with dealing recorded to honored so, the ties have been broken with family and support systems, or their support systems are unknown to us," Alfredo notes. If residents are opposed to being moved to a care facility, their wishes must be honored as long as they can indicate their opposition, and not pose a threat to themselves or other housemates.

"We look at our houses as communities and homes," says Ellie. "We want the people who come here to be a part of that home. Our residences are too often thought of as available beds. I don't like the concept of plugging bodies into beds. It feels like the city has reached a manic stage around this. The AIDS crisis has made all of us feel lots of intermittent helplessness, whether we are offering medical services, housing, or emotional support."

"It's Not Going To Be As Cost-Effective"

Residence Number Six has for several years been designated a "24-hour house." Its residents, like those in Residence Number Eight next door, have been individuals who can no longer care for themselves without full-time attendant care. Most of those who have moved to Houses Six and Eight have been too weakened by their battles with AIDS to spend much time on the sprawling decks that connect the two houses or the large shared lawn and its spectacular view of San Francisco. Most of those who have moved here have died here. Houses Six and Eight have served as a hospice.

Now that Coming Home Hospice has opened, Houses Six and Eight will slowly be transformed into independent living residences. "What we like to happen in our homes is for people to move in and not to have to move again, for this to be their home until they choose to leave the program or die," Ellie explains.

With the right combination of attendant care, Shanti Practical and Emotional Support Volunteer services, and help from friends and relatives, residents can stay in their Shanti homes.

Before Coming Home Hospice opened, Shanti residents needing extensive attendant care would be assessed for their eligibility for 24-hour care. If eligible, they would be moved to Houses Six or Eight as soon as a room became available. At that time, residents of other Shanti houses or applicants for Shanti housing had first priority for placement in the 24-hour houses.

Now, those individuals still living in Houses Six and Eight will receive priority for placement in Coming Home Hospice, a 15-bed residential facility; most of these beds have been designated for persons with AIDS.

The impact this will have on the other Shanti residences is so far unclear. "People will probably be staying in the independent living houses a lot longer," Ellie suggests. And if individuals need more attendant care, Hospice of San Francisco can provide in the Shanti homes, they will have to be moved into hospitals until space is available in the hospice. "It's not going to be as cost-effective, that's for certain."

So why not continue operating the 24-hour houses? Shanti's Executive Director, Jim Geary, explains that the decision to eliminate the 24-hour houses was a function both of funding and of Shanti's self-denial. "First, attendant care in the 24-hour houses has been provided through a city contract with Hospice of San Francisco. To continue to maintain the 24-hour houses after Coming Home Hospice opened would require a virtual doubling of both budget and staff for that contract, and the funds simply are not there.

Second, Shanti's purpose developing its Residence Program has been to provide a resource for independent living for persons with AIDS.
"It was not our intention to have 24-hour houses when we started. They grew out of a pressing need. Coming Home Hospice has been formed to begin to answer that need," Jim says.

Also, Jim says, "The Mayor's Homeless Planning Council and the Department of Public Health are addressing the needs of AIDS patients who fit into other populations, such as women with dependent children, IV drug users who don't want to change their drug usage behavior, and individuals who need nursing home facilities. We are seeing more individuals debilitated for more extended periods of time, and the city is working to provide them with the kind of extended care they need."

Ultimately, the decision to eliminate the 24-hour houses opens up independent living space for 10 more persons with AIDS, and that is Shanti's primary housing function, Jim says.

"I've Learned to Stop Rushing Through My Life"

By day, Tim Schneider runs his own graphic design company in the Financial District. He meets with artists, negotiates with advertising agency art directors, and juggles schedules to meet the tight deadlines of clients who wanted it the day before they asked for it.

By night, Tim cleans one of the Shanti residences and takes care of the shopping, laundry, and cleaning for an individual Shanti client who lives elsewhere.

"I can be dead tired from work, and the moment I go through the door, I just get all this energy to do the work. I get one of the best feelings of joy just from being there and cleaning the house," Tim says.

Tim has been a Practical Support Volunteer since May. He didn't know anyone with AIDS before he joined the program, but since then four of his personal friends have died of AIDS and two more have been diagnosed. One of his clients also died. Another was transferred to a 24-hour house.

When he is cleaning the Shanti house, he talks and jokes with the residents. "They sometimes complain about each other to me. We kid around a lot."

"When I'm there I don't think about the emotional end of it. Sometimes when I'm walking home, I get upset about how somebody looked or something like that, but to a great extent, when things are finished I put it out of my mind."

KIM VENEZIA, RESIDENCE MAINTENANCE SPECIALIST

The satisfaction, he says, is a subtle one. "I get a feel of warmth from the people I assist and I carry that with me."

Beatriz finds a similar satisfaction in her work as Resident Advocate. Born an Argentinean Jew, her parents were survivors of the Holocaust and death was a frequent topic at family gatherings as she grew up. Early on she knew she wanted to work with issues of death and dying, and in recent years she has developed an interest in alternative healing. She describes her work with Shanti as the "perfect job."

"The hardest part," she says, "is when somebody dies that I wasn't expecting to die and I haven't had time to say goodbye or to find out if they had something to say to me."

In working for Shanti, Beatriz is learning "to be open to loving each person and to receiving love from each person. What's most valuable for me right now is to communicate the care. I'm left here. I'm left with this life, so I want to carry and to express what accumulated wisdom or recently acquired wisdom that each person who dies has."

Kim Venezia, who has worked as a staff Maintenance Specialist for a year and a half, calls working for Shanti "like going home 16 times a day."

One of Kim's duties is to move out the personal belongings of the individuals who have died and to clean their rooms. "My first experience was with someone I didn't know. I remember walking in and thinking -- and it's the same way now, too -- that I can't touch this person's stuff. How could this stuff be here and he's not here. I immediately realized I needed to do a ritual in each room.

"I usually use sage or cedar. If it's somebody I know and even if it's someone I don't, I get a sense of him or her while I light a candle, open a window and try to clean the room of that person's energy and make it clean for the next one. I say goodbye and I say hello."

When she first started working for Shanti, Kim says, she thought she was working with people who were dying with AIDS. "Now it feels like I'm working with people who are living with AIDS."

And the work has had many lessons. "I've learned to be much more honest in my life, honest with myself. I've learned to be much more present, real, connected. I've learned to appreciate life and I've learned to appreciate death."

"Most of all, I've learned to stop rushing through my days."

"Our work is difficult work," says Director Ellie Cousineau, "Because we offer housing, not medical, hands-on care, we are sometimes seen as 'distant' service provider. That's just not the way it is, though. We would never have succeeded without the strong community support we now have. We could never have succeeded without Shanti volunteers. Everyone pulling together with lots of love and caring has made a real difference. We don't just offer housing here. We offer a home."

(Editor's note: Ed Kimble is a freelance journalist who has written articles about AIDS in the United States and abroad.)
Healing, Grieving and Overcoming Barriers

by Jim Geary, Executive Director

(Editor's Note: In September, 1986 Shanti Project’s Executive Director was invited to give the keynote address at the Fifth Annual Banquet for AIDS Atlanta. Similar to Shanti Project, AIDS Atlanta provides services to people with AIDS throughout Georgia. Jim was also presented the 1986 AIDS Atlanta Humanitarian Award. An excerpt of his keynote address follows.)

HEALING, GRIEVING AND OVERCOMING BARRIERS

This evening I would like to share with you a few words about healing, grieving, and overcoming barriers. In 1982 a friend and colleague of mine, who was diagnosed with AIDS, talked to me about healing. Paul was a father, psychologist, and a founding director of one of San Francisco’s leading counseling centers for the gay community. Paul had tried many traditional as well as alternative forms of treatment ranging from interferon and chemotherapy to a macrobiotic diet and visualization work.

I encountered Paul just before he was to leave for the Philippines to work with what he called a psychic surgeon. At this time Paul was literally covered with lesions and it seemed to many of us, who knew Paul, that he might not return alive. I told him that, in my opinion, he had more faith in his ability to manifest recovery than all of us helpers at Shanti put together. Paul smiled and shared with me that he had accepted that he didn’t know what the actual outcome would be regarding his ongoing efforts to bring about physical healing. He said he realized that he might die of AIDS, but by approaching his life with an attitude that “anything is possible,” he was living each precious moment to its maximum.

Paul taught me how to look at healing differently. He helped me to understand that healing isn’t necessarily an end result but a moment-to-moment way of living that empowers one to be and understand more of who he or she is. Healing can be both accepting and/or challenging of what we call fate. Healing is a way of living in which we give definition to ourselves rather than define ourselves through the eyes of others. Healing can occur through both metaphysical and practical thinking.

In my weekly support group for People with AIDS (PWA’s) and severe AIDS Related Condition (ARC), members sometimes get seemingly polarized around the issues of healing and its relationship to attitude. For example, a person who is using a metaphysical approach, i.e., mind over matter, in working with his illness, may determine that a person who talks about dying or who is feeling depressed about our illness is in fact giving power to that condition, thereby enhancing the possibility of death as a likely outcome. Conversely, a person who is dealing directly with issues surrounding dying and depression may determine that the metaphysical thinker is denying his or her own feelings and afraid to look at the possibility of dying from AIDS. Each of these points of view has merit and something to offer the other.

The metaphysical thinker is correct in pointing out that what we focus on, does, to a large degree, become our reality. Yet it is also a metaphysical principle that what one resists, persists. Dealing with one’s fear of dying and feelings of depression can be disempowering or empowering. Often it is through becoming deeper in touch with feelings of disempowerment and helplessness that we tap into a large source of personal power.

Healing is, regardless of the success of the outcome as viewed by others, the inner knowledge of our own ability to deal with what we are experiencing. It is our ability to open to each changing moment and see ourselves anew.

My friend Paul died healing. He healed himself and others of our narrowness of vision and of our apathetic compliance with what we temporarily perceive as inescapable. How seemingly difficult it is for us to open to that eternal process of becoming more, for us to begin to see miracles, not as other-worldly, but self-worthy and attainable.

As people with AIDS explore healing, they expand the perceived limit of our human condition. As helpers to people with AIDS and ARC we need to support their efforts regarding healing. And, as helpers, we may need to recognize that the people for whom we do service may be more deeply in touch with their own transformative powers than we are with ours. Hopefully, if this does occur, our reaction will not be one of having failed them, but a reaction of awe and gratitude for our increased awareness of our own capabilities. When we stop focusing only on the external outcome of healing and pause more often to recognize and surpass our fear and judgments that limit and diminish us, we will see healing as possible in each moment of our lives, thereby knowing to a greater degree our inner magnificence and brilliance.

It is so essential that in the midst of this epidemic we continue to feel. So many people fear the getting involved in life that leads to burn-out. It is my experience that it is NOT getting involved that leads to feeling anxious, overwhelmed and eventually burned out. It is through stuffing our feelings of grief, anger and helplessness that we fill ourselves with stress, internalized rage, and weariness, not to mention ulcers.

Change in any form is hard. The dying of one’s lover, child, or friend is hellish. We must remember that feeling powerful emotions is not negative thinking. One may need to scream for what seems like forever or cry till your heart feels like it’s being stabbed with a large incoming breath. But screaming and crying is only if we are ever to feel whole again. We must also find ways to help others in their grief, remembering that this is sometimes as simple as taking a moment to go to a lover or relationship in a world which calls their love sick, or in listening to the anguish in a father’s heart, stemming from
I wouldn't have to feel such pain. As Pete withdrew, I withdrew. Each visit with him was awkward and uncomfortable. Finally, I realized that part of the reason I was feeling so bad was that I had let the most important quality of our relationship die before Pete did: the quality of honesty. I needed to tell Pete what I was feeling.

The next time I was with him, I told him how I missed my buddy and that a big part of me was hoping he would die. To my surprise and relief, when I told Pete these things, he said he understood. He said he too was tired of lingering, of trying to show interest in the lives of others, and of having to say repeated good-byes. In that moment I found myself and my best friend again, because as difficult as it was, I risked being real.

I want to seize each moment, to keep my heart open, to make eye contact, to risk being authentic, even if it's painful. I know that living life this way will bring us closer to ourselves and each other. And, in living life in this manner, we will have to (regardless of who we are, board, staff, volunteers, or friends) look at and continue to work on our old tapes of racism and sexism.

AIDS is not outside of us. Let us stop scapegoating people with AIDS as having less desirable lifestyles and needing to be more socially and sexually responsible than "we." The "we" being people who don't know if they have AIDS. Let us work on continuing to preserve our liberties, and free one another as we combat this virus, this bug. Let's take the terror out of this epidemic by confronting the terror within us. When we hear people who are afraid and ill-informed of the illness, let's seize that opportunity to educate them, remembering that providing new information while acknowledging one's fear go hand in hand.

As we open to gay, bisexual, and heterosexual people working side by side, let us celebrate people with AIDS as living, loving, sexual, spiritual and kindred spirits apart from a life-threatening disease.

You and I, dear friends, are the future, and the future is merely this moment of limitless possibilities expanded.

A few years ago I spoke with one of our Board members, Gary, who died of AIDS. I asked Gary several months before he died what he had learned throughout his illness. Gary responded, "Love really is the answer." Gary wasn't as sure as to what the question was but he was sure that as simple as it sounds, love was the solution. Gary staked his life on that solution. I thank and applaud you tonight for joining me in staking our lives on it. Thank you. I love you.
SHANTI PROJECT Provides
Free Services To Persons With AIDS And Their Loved Ones

Individual Counseling - Support Groups
Residence Program - Practical Support Program
SF General Hospital Counseling

SHANTI VIDEOTAPES

The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people with AIDS, their loved ones and friends. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.
by Joe Lane
PWA Activities Specialist

In the spring of 1984, Bobby Reynolds and a small group of people with AIDS (PWAs) who were involved with Shanti Project began meeting about a need that wasn't being adequately addressed. The need was social. This was the beginning of the PWA Recreation Program, affectionately called the "Fun Squad." Bobby and his friends planned picnics, dances, parties and outings and arranged for free tickets to movies and cultural events such as the ballet, symphony and opera. Bobby also began to write a monthly letter to Fun Squad participants. He shared things that were happening in his own life, and passed on information about upcoming Fun Squad events. This letter became the PWA Update, our monthly newsletter for San Francisco's PWAs.

Through the vision and efforts of Bobby Reynolds and other dedicated individuals, we now have a PWA Recreation Program. As the PWA Activities Specialist and the sole staff person for this program, I develop ideas, plan and produce the various social, educational and recreational events for the Fun Squad. I also oversee the solicitation and distribution of free tickets to movies and performing arts events to clients and edit the PWA Update. The PWA Recreation Program also depends on a cadre of active Fun Squad volunteers to help in making planning events. I also need to remain attentive to the vast majority of clients who are not active in Fun Squad planning meetings.

Accessibility to clients is a priority with the PWA Recreation Program. My office is intentionally located in the reception area of the Project's office building, placing me in a very visible and public place. I leave my door open as much as possible. My telephone is one of the busiest in the building, as clients call in all day to find out about events, request tickets or make suggestions concerning activities in which they are interested.

People with AIDS are a diverse group of people, with many different needs. I feel a responsibility to offer a wide variety of social events and workshops to address their individual needs. Clients come from all social and cultural backgrounds. Currently many are from San Francisco's gay community. However, as AIDS increases in the wider community, there is an increasing need to offer events that are of special interest to women, heterosexuals and specific ethnic populations.

I must also consider the ever changing needs of a group of people who experience many physical and emotional ups and downs. I offer events for both the physically

(Cont. on page 3)
TODAY AT SHANTI

Keystone Of The
"San Francisco Model"

by Greg Day
PUBLIC EDUCATION DIRECTOR

Every week at Shanti Project we receive visitors worldwide who come to learn about the "San Francisco Model" of support for people with AIDS. Often referred to as an independent living model, San Francisco's AIDS services are designed to enhance and maintain the quality of life of people with AIDS. In addition, local ordinances have been created to protect the rights of people with AIDS in housing, employment and access to community services.

A wide variety of community agencies work cooperatively with the Department of Health and other medical care providers to assure maximum support for the over seventeen hundred San Franciscans living with AIDS as well as for their loved ones. One of the most unusual and important aspects of this independent living model is the fact that thousands of San Franciscans have volunteered their expertise and time to give direct assistance to those most affected by this epidemic. In our city, people with AIDS live more independent lives, spend less time in acute hospital care, and remain more socially active because of the availability of home-based volunteer support.

As San Francisco's largest volunteer body, Shanti Project is the cornerstone for this model of direct community care. Since 1981, thousands of Shanti volunteers have given direct, person-to-person emotional and practical support to people with AIDS and their loved ones. Through an intensive training program and ongoing weekly support groups, the Shanti volunteer is empowered to respond to the AIDS epidemic in an active and loving way. The courage and leadership of people with AIDS is a great source of inspiration and learning for our volunteers. Many Shanti volunteers have taken their experiences of love and care for people with AIDS back to their own families, co-workers and neighbors. In the coming year, Shanti volunteers will give over 200,000 hours of direct support to those in need.

Shanti's people with AIDS Recreation Program is also a key part of the San Francisco model. In organized social events, retreats in the country, and through the PWA Update monthly newsletter, this program encourages people with AIDS to remain active.

The Shanti Residence Program houses forty-seven people with AIDS in twelve apartment units. This program is designed to give independent living support to those who are financially unable to maintain their own residence. Ward 5-A of San Francisco General Hospital receives the direct support of a team of full-time Shanti staff counselors. Each counselor provides emotional support and advocacy for people with AIDS.

These varied support services, combined with our weekly drop-in emotional support groups, help to directly involve the local community in the care of people with AIDS and their loved ones. Through this broad-based volunteer and community effort, many San Franciscans have moved beyond their own fear of AIDS to a new place of understanding that, as a community, we are all people living with AIDS.
Jim Geary received the San Francisco Foundation "John May Award" for Shanti Project at a reception held recently at the Galleria Design Center. The prestigious award is given to an organization demonstrating creative initiative to a contemporary problem.

"I offer a heart-felt thank you to the San Francisco Foundation for their recognition of our initiative in responding to the AIDS epidemic. The John May Award is important in that it provides not only monetary support for the continuation of our services for people with AIDS and their loved ones, but because it is being given to Shanti Project rather than to an individual. This award uniquely applauds and affirms the lives of our clients, volunteers, staff, Board of Directors and donors who have jointly created a project which celebrates living in hard times.

The John May Award is significant in that it sends a message to other foundations and corporations that Shanti Project and its clients require attention and response. The John May Award is also given to Shanti Project at a time when over ninety percent of those diagnosed with AIDS in San Francisco remain gay and bisexual men. I have heard, that with the increase of AIDS in the heterosexual community and specifically women and children, corporation and foundation support will increase. Shanti Project applauds the San Francisco Foundation in recognizing that gay and bisexual people with AIDS are as innocent, experience similar desperation and share the same need for support as any other segment of our human family.

In the last six years in working with people with AIDS we have learned many things. The pain has been extraordinary. Life-threatening illness is difficult enough to face; however, when combined with hysteria, mass rejection, homophobia and religious and political condemnation, it can break your heart and spirit.

Shanti Project's heart has wept repeatedly as we have watched our friends, clients, volunteers, staff and members of our Board of Directors succumb to the AIDS virus. Our tears have often centered around the lack of support these individuals received from family and the ways in which they are totally misperceived by society.

But through our weeping we have learned to cherish and celebrate, the precious moments we share together in which we can communicate our love and affection.

In a time of enormous grief, Shanti Project volunteers and clients move through their fear and helplessness to offer the gift of being fully present with others. Through this process of reaching out they bring healing to themselves and all who are connected to them.

When I first joined Shanti in 1978, we had a volunteer body of only forty. Today we have a staff of sixty-five and a volunteer body of over 600.

Our Emotional Support Program, in which volunteers offer peer counseling, companionship and group support, has been augmented by a Practical Support Program in which volunteers cook, clean, shop and provide transportation and child care to people with AIDS and their loved ones.

This year Emotional and Practical Support Volunteers will provide over 200,000 hours of free service to people with AIDS and their loved ones.

One hundred and thirty people with AIDS find long-term housing each year in our Residence Program. Patients at San Francisco General Hospital's AIDS In-patient and Out-patient wards receive counseling services seven days a week. Our Information and Referral Department receives over 500 telephone calls daily. Shanti's Public Education Department conducts local, national and international trainings for those needing to form psychosocial support organizations in their geographic area. Shanti Project's People with AIDS Recreation Program offers monthly workshops, classes, and social activities for our clients. Additionally, weekend retreats provide our clients with a safe place to feel unencumbered by stress and/or explanations. As Shanti Project prepares for the next fiscal year, we anticipate expanded programs for women and children, a National Training component, and the possible creation of a Buddies Program in which people with AIDS and ARC will be trained to provide friendship and resource information to other people with AIDS and ARC.

In accepting the John May Award this evening, we at Shanti Project open our hearts to the incredible strength and beauty of our clients, our volunteers and of ourselves. We are, indeed, healers of a planet in need of healing. This awareness symbolizes the immensely significant part you share in that healing."

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**PWA RECREATION PROGRAM**

Cont. from pg. 1

active and those who are not fully mobile.

The challenge is planning a program that will be of value to as many people with AIDS as possible. As you might guess, I'm also learning to be a diplomat, which is not always an easy task for a very direct Joe Lane!

Perhaps our best known events are the PWA Wildwood Weekend retreats at a beautiful and relaxed resort in the Russian River area north of San Francisco. There are over two hundred acres with spectacular panoramic views. A swimming pool, two hot tubs and a fireplace all help to create an atmosphere of tranquility and joy. Wildwood offers an opportunity for people with AIDS to take a break from the fast pace of city life. New friendships are formed as participants attend workshops, play and relax together.

We also have large parties. My first major event as the PWA Activities Specialist was the Client Holiday Party in December. It was an incredible event attended by 350 clients and their guests. It was held at our Project offices. Utilizing the talents of a PWA with a background in interior design, we transformed the office into a wonderfully intimate and inviting party space. In

(Cont. on page 6)
NEAL McHUGH
In those first few confusing months after my AIDS diagnosis, the occasional calls I received from Fun Squad volunteers informing me of upcoming events and offering me theater tickets, were spirit-raising to say the least. I asked Joe Lane why I didn't receive such calls more frequently. He explained the "system" can only work as well as the volunteers he has available to make calls and help with events. My New Year's resolution was to give back the good feelings that had been given to me. In January, I began working with the Fun Squad, assisting with the distribution of tickets and information about events. Often, the small, weak voice which answers my call sounds bubbly and full of excitement by the end of our conversation. Volunteering to help the Fun Squad has proven to be even more enjoyable and enlivening than when I first made my New Year's resolution!

TERRY MARTIN
"I am alive and very aware of what a gift this life is. A month after my diagnosis, I spent a weekend at Wildwood. I arrived feeling scared, confused and isolated. The weekend provided a loving, safe environment where I found myself surrounded by others who had moved through similar experiences. Last month, through the PWA Recreation Program a group of us shared a most wonderful afternoon exploring the Monterey Aquarium. I recently started attending the Fun Squad Planning Meetings where I can contribute to the planning process for the Recreation Program which has given me so much. I am so thankful for this vehicle that allows me to experience my aliveness with my friends at Shanti."

CLAY KEEN
"After I stopped working, I found that I needed a place to devote my time and energy, as well as a place to make new acquaintances. I attended my first Fun Squad meeting, heard what was going on and knew that helping with the Valentine Party was something I would enjoy. I had a great time helping to prepare and arrange the food while meeting new people. The party was sunny and lots of fun. I'm looking forward to helping out with other events in the future."

ANDREW LEWALLEN
Since my PCP diagnosis in May of 1986, I've refocused on taking better care of myself and on making the best use of my time and energy. When my energies and spirits are up, it's easy to be active. Shanti Project offers many opportunities to do this through the PWA Recreation Program. Fun
CREATION PROGRAM

Squad events can be a little scary to attend at first. We do share our tears and fears openly, but it is our hopes, miracles and joys that prevail. The events are a good place to give to others, to validate one's own worth and experiences as well as to rejuvenate oneself and to receive help. Often, PWAs get to know one another better as we do things together and after an event is over.

RANDY HARVEY
"Planning the decorations for the Client/PWA Holiday Party was one of the highlights of my year. The Fun Squad really went all out and the result was a wonderful time enjoying holiday cheer. A lot of people worked together to help make this such a successful and festive occasion. I look forward to being involved in future Fun Squad events."

Bob Kaufman and Daniel Barreto — Newsletter Committee Members

BOB KAUFMAN
"Five months ago, I was sitting at home, recovering from PCP and going "stir crazy." I was feeling isolated and doubted that I would ever again have a satisfactory social life. I felt that I could ease my way back into the social mainstream by first meeting other people with whom, I could share the common experiences of dealing with AIDS. I became involved with Shanti's Fun Squad and found myself meeting lots of other PWAs, as well as doing volunteer work that was both entertaining and creatively rewarding. I work with the PWA Update, the "official" voice of the PWA Recreation Program. I believe that the newsletter can help to strengthen and unite the PWA community by enabling us to share our common experience and knowledge about AIDS."

JOAN BAKER
"The Fun Squad enables me to go to the movies, concerts and theater, like Lily Tomlin's show. This has helped me a lot because sometimes I don't have the money to take my friends out to some place nice or to a movie. I appreciate the Fun Squad for helping me out in this way."

because it helps me feel like I'm part of the community again. When attaching mailing labels to the newsletters, I see over a thousand names of individual PWAs on the mailing list. Even though I don't know all of these people, I send positive thoughts their way. Somehow, this helps me, too."

WALTER COOK
The kyack trip last summer was the most touching thing I've done with the Fun Squad. The people from Environmental Traveling Companions were very helpful as we crossed San Francisco Bay. Once, when I got tired, the woman sharing my kyack took over. After we reached Angel Island, we had a group discussion over lunch where everyone was sharing and touching. There was a lot of concern about how we PWAs were doing. There was no prejudice at all about my being gay, black or having AIDS. After lunch, we hiked upward about five miles. Halfway up, I was so tired that my breath became short and I had a cold sweat. But I was determined to make it to the top. I did make it! We sang, rejoiced and enjoyed the overlook. I couldn't believe I was up there!"

Joe Lane — PWA Activities Specialist

DANIEL BARRETO
"After being diagnosed with KS in 1985, the hardest decision I had to make was to stop working. Coming in to help with the printing and mailing of PWA Update is great..."
addition to the December event, we have a party for Valentine’s Day, a Springtime Party, a Summer Picnic and a Halloween Celebration. All of these parties enable people with AIDS to socialize with their friends and to meet and share their experiences and feelings with others who are dealing first-hand with an AIDS diagnosis.

We also hold several small scale events per month, such as pot-luck dinners and movie nights. The monthly Fun Squad Planning Meeting includes social time and lunch afterwards. The particular formats of these events arise from suggestions given to me either at Fun Squad meetings or in conversations with clients.

Other types of events include outings and day trips to places like the Monterey Aquarium or a museum. For springtime, we have planned a three mile hike somewhere south of Half Moon Bay to visit elephant seal breeding grounds!

Workshops are scheduled every month that focus on topics of interest such as acupuncture, massage and more traditional medical therapies. One recent workshop on massage was entitled “Ummm, That's Sooo Relaxing.” We also offer ongoing exercise, T'ai Chi and Yoga classes.

Another Fun Squad function is to solicit and distribute complimentary tickets to movies and performing arts events in San Francisco. We have one local movie theater chain that offers free passes each week for PWAs and their guests. Clients must phone in early in the week to reserve their passes.

For cultural events such as the opera, ballet or theater, we write letters, make telephone calls and visit the public relations representatives of performing arts groups to arrange for ongoing ticket donations. Some organizations keep a list of agencies they distribute tickets to, while others require that we contact them before each event. Friends of Shanti Project often donate tickets that they are unable to use for one reason or another.

Tickets are distributed to people with AIDS in two different ways. First, PWA volunteers telephone clients on the Fun Squad list to tell them about available tickets and upcoming Fun Squad events. This one-on-one phone contact does more than just serve as a way to distribute tickets. The PWAs we call often express appreciation not only for the offer of an opportunity to get out of the house, but also for the chance to just talk with someone.

Clients are also encouraged to telephone us to find out about available tickets. We have installed a Fun Squad Information Line, with a recorded message describing available tickets and upcoming Fun Squad events.

The PWA Update is the primary communications link between the PWA Recreation Program and people with AIDS. It includes articles written by and for PWAs in San Francisco, a personal bulletin board, a community offerings section that lists information and referrals about support groups, workshops and services around town and upcoming Fun Squad events. I rely on an active committee of people with AIDS to help with the production of The PWA Update. Committee members provide many ideas about what they'd like to see in the newsletter. They write articles and assist with the printing and mailing of each issue.

I consider it a great honor to carry on Bobby Reynolds’ work with the Fun Squad. Before moving to San Francisco in 1986, I was a board member of the AIDS Foundation Houston, serving as Vice President for Volunteers. (This means I was AFH’s non-salaried Volunteer Coordinator.) I first “met” Bobby three years ago through the Shanti volunteer training films. Bobby and I wore the same glasses, dressed alike, had the same haircut and even had a similar smile. He made a tremendous impact on me.

Shanti Project has made an impact on me as well! Two years ago, when I first began to think about working for people with AIDS, I knew I’d like to work with Shanti someday. So, it was quite natural for me to become an Emotional Support Volunteer shortly after arriving in San Francisco. I still can’t believe I’m actually on staff and working in a program that offers me such great opportunities to express my creativity, to learn and to grow. I'm very thankful to be working with the wonderful people who are on the staff, the volunteers and particularly the many courageous people living with AIDS who are our Shanti clients.
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 525 Howard Street, San Francisco, CA 94105.

☐ I would like to support the Shanti Project with a donation of:
☐ $15.00 ☐ $25.00 ☐ $50.00 ☐ $100.00 ☐ Other $_________

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from

IN MEMORY OF __________________________

☐ Please notify the family members at the address below:

Name ___________________________ Phone ___________________________
Street ___________________________ City ___________________________
State ___________________________ Zip ___________________________

☐ I have moved; my new address is:

Name ___________________________ Phone ___________________________
Street ___________________________ City ___________________________
State ___________________________ Zip ___________________________

NOTICE: The Shanti mailing list is the sole property of Shanti Project. It will not be sold, loaned or otherwise shared with any organization, business, or individual.

BEA ROMAN ACCEPTS NEW POSITION IN WASHINGTON, D.C.

by Bea Roman
DIRECTOR OF DEVELOPMENT

I have been the Director of Development for Shanti Project in San Francisco since July 1985. I was involved in the AIDS crisis since 1980 when it was still being called "Gay Men's Cancer." In New York City I helped organize the first AIDS Candlelight Vigil in 1983. I was the Chair of the AIDS Resource Center and worked with Mayor Koch's AIDS Task Force.

My community involvement began in Washington, D.C., in the early 60's when I lived in Washington, and first worked for Jack and then for Bobby Kennedy. I was liaison to the White House for Martin Luther King and was one of the organizers for the '79 Lesbian Gay March on Washington. I am the mother of five children and the grand mother of seven.

I first learned of Shanti from people with AIDS in 1983. What they told me sounded too good to be true and I wanted to be a part of Shanti Project.

The first time I spoke publicly for Shanti was at a Gay Softball League event, six weeks after I began working for Shanti. I remember looking at all the beautiful faces around me and suddenly remembered the wonderful friends I had left behind in New York and D.C. The words that came up were, "I hope your faces will become as beloved and as familiar."

And it happened.

The support and love from the community have been a sustaining factor in times of grief and depression. My success in raising the funds to allow Shanti to grow is due to all of you.

When I came to San Francisco I was awed by the sense of "community." I wished, so many times, I could bottle the love, the caring, the generosity and take it across the country. Now, I have that opportunity. I have accepted the position of Executive Director of the National Lesbian and Gay Health Foundation in Washington, D.C. I am going home, hoping I can move a pebble or two to make a difference.

I take with me invaluable lessons from people with AIDS, given to me with love, lessons about courage, dignity and living life to the fullest. From the volunteers I have learned about caring and tenderness, the absolute willingness to "be there." Shanti staff have laughed with me, held me when my own pain was beyond my comprehension and many have been my family. I shall miss all of you.

The friends, the benefit performers, the bar owners, the donors who stopped to give me a word of encouragement; the Shanti Board of Directors, the Honorary Board — there are not words that clearly depict my deep gratitude to all of you. I applaud you all. I wish you rainbows.
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.
THREE ALUMNI ENCOUNTER LIFE AND DEATH

By John Emmons, Jim Hickman, and Bob Pillard

The three of us trained at different times with Shanti Project to become emotional support volunteers for people with AIDS and their loved ones. We did not know one another until we learned by chance this year that we are all Oberlin alumni. The following article was submitted to the Oberlin Alumni Magazine.

In deciding to work with Shanti, we chose to meet this epidemic head-on rather than turn away. These decisions have had profoundly positive effects on us as people. Our voices, like our experiences, are individual. Below, each of us distills the experiences, feelings, and lessons that have emerged for us from this work. All client names have been changed to respect their privacy.

BOB

DARYL

The hospice attendant opened the door to the overheated apartment. As Daryl’s Shanti Project emotional support volunteer I had been there many times in the past two months. Daryl was my first “client” (Shanti staff had decided we could work effectively together, so we were “matched”). Daryl had just been put on oxygen and intravenous morphine, so he was quieter and wasn’t choking so much. The attendant did not think he could survive more than a few days.

Daryl was almost comatose as I walked into his bedroom; he seemed to struggle through his unconsciousness. When he recognized me he literally came alive. He smiled and gurgled, lifted an arm toward me weakly. I took his hand, sat in the chair beside his bed, and told him how glad I was to see him. His hand shook in mine and he struggled to respond.

His large eyes held contact with mine and we fell into our pattern of communication. It was impossible to read his thoughts and feelings. I would talk and sometimes voice my suspicions about what he was thinking or feeling; he would nod “yes” or “no”, gurgling if he wanted me to say more. His face would light up when I talked about things that were particularly meaningful to him. He was so relieved to have the morphine—he choked much less because he no longer had to take fluids by mouth.

I bathed his face with a warm, damp cloth. He eagerly opened his mouth to have his lips, teeth, and tongue gently brushed with mouthwash and mineral oil. He loved gentle massage of his face, arms, and particularly the left side of his upper body—he was almost totally paralyzed on that side.

After our rituals came the hard part. Other Shanti volunteers in my own small support group had suggested that I say goodbye to Daryl at this meeting. I had resisted. It seemed as if I were telling him he was dying soon.

As I struggled to begin, it was clear he knew what I was doing. His openness and attention to me made it easier. He seemed satisfied and pleased with my acknowledgment of what he had been through in the past seven months. He was tender and almost sad when I told him of my feelings of respect and love for him. When a few tears came, he squeezed my hand and gurgled sympathetically. I kept telling myself it was the morphine. Daryl finally felt good.

After I had finished thanking him for his contribution to my life, it seemed as if I should leave. I asked him and he indicated that he didn’t want me to go. I was lost. What was left to do?

Daryl reached for the brass bell I had given him to summon an attendant when he was choking. He wanted to tell me things. It was difficult to follow his words and weak gestures. I think he wanted to thank me. He was relieved that his ordeal was ending. He was almost in a party mood—his eyes were bright and he was more animated than at any time in the past month. After half an hour he seemed to tire. It was an appropriate time to leave. I suggested it, got his permission, kissed him on the forehead, and said a few heartfelt words of goodbye.

The next afternoon, at my office, there was a message to call Mary, Daryl’s attendant. She was subdued. Daryl had died peacefully an hour earlier. She asked if I wanted to see Daryl’s body again before it was taken away. Despite my preparation, I was shocked. The full emotion—

(Cont. on page 3)
On Wednesday afternoons (2–4 p.m.) we present an overview of Shanti Project programs to visitors. In attendance are people with AIDS and their loved ones, health care workers, clergy, educators, media representatives, government officials, and community organizers from every corner of the country and throughout the world. The diversity of languages and viewpoints is often astounding. In the last year, visitors have included members of the Berlin Parliament, the Stockholm Health Board, the Health Director of Morocco, a Chaplain to the Queen of England, an Australian Senator and the Director of the Little Rock. Arkansas AIDS Project, to name a few. Often, in these meetings, participants share their varied approaches to similar problems and question (usually in a kind and humorous fashion) the other participants' perception of reality. The AIDS epidemic is building a bridge between people by challenging the traditional barriers of politics and religion that often separate us.

One particular afternoon stands out because of the intensity of the participants. In our small conference room were AIDS health experts from India, Thailand, Indonesia, West Germany, Florida, New York, Nebraska, and California. I began with my usual “Welcome to Shanti Project…” and was stopped mid-sentence when the four doctors from India replied loudly, in chorus, “and we are very glad to be here because this word, Shanti, is our word. It means ‘peace!’” The exuberance of their response sparked a lively conversation about AIDS. Shanti Project and world health concerns. This conversation flowed along until the leader of their group announced “There is no AIDS in India. I have tested in the north, in Madras to the south; everywhere, but no-one will believe us.” From around the table the response was a gentle “We hope you are right, but it seems unlikely.” A few moments later the lead doctor added as an explanation, “but we have no homosexuality in India.” After an uncomfortable silence a young nurse from Berlin stated firmly, “That is ridiculous! How can you call yourselves doctors?” A gay man from California added that he had just returned from vacation in India and had met fellow homosexuals in many cities and towns. Finally another American capped the conversation with the simple statement that, in population size alone, India was presently second only to China as the nation with the world’s largest number of homosexuals. Throughout this conversation, the AIDS health directors for Thailand and Indonesia remained silent but with ever-broadening smiles. I asked these gentlemen if the doctors’ observations held true for their countries and they laughingly said, “No!”

Once we were able to address these differences in understanding we quickly moved on to a discussion of community and government responsiveness to the needs of people living with AIDS. Representatives from nations like India, with severely limited health resources, agreed with those from wealthier European nations that Shanti-type services are an essential element of compassionate care for people living with AIDS. Each visitor took away new ideas about creating a residence for people with AIDS, providing peer counseling in the hospital setting, in-home volunteer emotional and practical support, and PWA recreation programs.

In these orientations Shanti’s programs are presented within the context of our 14 years of serving people who face life-threatening illness and also within the context of San Francisco’s unique response to the AIDS epidemic. Europeans with strong national health care systems see a great need for Shanti’s home services and often discuss the difficulties of recruiting without a tradition of voluntarism in their local communities. Other visitors from across the United States and Canada come with very specific questions about how to begin a residence program, how to better match volunteers with clients, or how to begin a Shanti-like project in their home communities. Many visitors purchase video training tapes and manuals on site. Often new visitor bring with them prior knowledge about Shanti from colleagues and friends who have taken a Shanti volunteer training. In the last year, Shanti has also taken its knowledge on the road across the United States, to train public health officials, AIDS service providers and grass-roots volunteers. We will never forget the profound effect our trainers and, in particular, Andrew Lewellan, Dave Lawson and Peter Siegler, had on the health care workers of Nevada. At the beginning of this training some state employees would not enter the same room with a person with AIDS. At the completion of the training, these same individuals embraced our trainers.
MICK
Mick, my current client, and I were matched in August of 1986. He had just been released from a neuropsychiatric hospital after his second suicide attempt. I was very concerned that this would be a difficult relationship. The Shanti Project Volunteer Coordinator gave me the name and phone number of his psychiatrist in case I needed to get Mick emergency care.

Suicide was threatening to me. It implied that my value as an emotional support volunteer was on the line; if I couldn't support Mick, perhaps he would kill himself.

Our first meeting was at his apartment. He hosted me apologetically—as if he were sorry he had to ask for a friendship. He was fragile but very open. His descriptions of his stay in the hospital were frightening but tinged with a sardonic humor. His vulnerability touched me and made it possible for me to open up to him faster than my preconceptions would have allowed.

Mick wanted to know something about me, but my brief self-disclosure was not sufficient for him. After his gentle probing, I acknowledged my concerns about his suicide attempts. That honesty opened the door for our relationship to grow in unexpected ways.

He is very outspoken in his New York Irish manner: part charm, part bluntness. Early in our relationship, when I tried to get an agreement from him to call me before attempting suicide again, he absolutely refused. This complication meant that I had to get permission from Shanti Project staff to continue our official relationship.

When he could no longer afford to live by himself, Mick moved into a Shanti residence—the Project rents about 12 flats to house people with AIDS, and no one is turned away for lack of funds.

In many ways, Mick has been an easy client. His openness about his life precludes my having to probe his feelings or push to maintain our contact. We enjoy being together almost as friends.

Mick's approach to life is so different from mine! For him it has always been full-tilt boogie. Yet I have a deep respect for his bravery and for him as a person. He has lost his business, most of his friends, and his health. He knows he is dying. He is afraid of more debilitation, of pain, and of the continued loss of control of his life. He compensates for short-term memory loss with special routines. That Mick has adjusted to all these things is amazing to me. Could I have survived these changes as he has? Just knowing that he continues to live his life is reassuring and awe-inspiring.

The value I have received from supporting Mick is more than I could ever have believed. I realize how easy life has been for me in many ways and how privileged I have been. In listening to Mick, acknowledging his feelings, and exploring his alternatives, plans, and coping mechanisms, I have come to see better how I am leading my own life—what I value, how I cope, what I expect. At times I feel that I get far more from our relationship than I contribute.

I also see how I have protected myself from many of life's challenges and how important that protection has been for me. For example, after many years, Mick has found support and comfort in some aspects of his Roman Catholic heritage. Having rejected much of my own Catholic upbringing, I don't feel ready to explore this issue myself. But, given the stimulus of being with Mick, I suspect that this exploration is indeed in store for me as well.

At this time there is no commonly accepted cure for AIDS. Hoping for a cure is not what has been valuable for me in dealing with this epidemic. Even helping is not the issue. The value is in supporting others—being open to people in duress—I have come to know myself better. I have become more authentic with others and more respectful of their humanness. My life was goal oriented. Now it seems that the goal (or cure) is less important. The process or journey through life, the immediacy of life, has taken on more value for me. It is a much better balance.

JIM
I came to Shanti in early 1983, knowing it was time to deal with my fears about illness and death. They became obvious when a good friend was diagnosed with leukemia at age 30. I withdrew from her emotionally and was unable to help. AIDS was just becoming a major issue, and I wanted to work against the epidemic while I did something to help myself. I didn't know what I was in for!

Until that decision, I thought life was an intellectual exercise to be solved, and that there were right and wrong solutions. The Shanti training cracked that intellectual facade like an egg. Emotions surfaced that had been repressed a very long time; it took lots of sorting out to re-establish a sense of balance.

Over the past 5 years, I have worked closely with about 30 people through Shanti or in a similar context. About half of them have died. I have led support groups for people with AIDS, people with ARC, the “worried well”, and loved ones. I've also helped package donated toiletries, bathrobes, slippers, and teddy bears and deliver them to AIDS patients in San Francisco hospitals. I am no longer formally connected with Shanti but the approach has become part of my life.

STU
For logistic reasons, my early matches were with "short-term clients". My first was a scruffy drifter/biker with no friends or relatives in the area. He was dying rapidly of AIDS-related hepatitis. I was terrified of him and what he represented, but forced myself to see him every day. As I started to open up and really care about him, Stu became increasingly demanding and so violent that he had to be sedated and tied down. I felt confused, angry, and powerlessness to help him. Few knew then that various kinds of dementia are common with AIDS—even that bit of knowledge would have helped.

Soon Stu was in intensive care and I spent as much time with him as I could, holding his hand and talking quietly over the wheeze of his respirator and the clicks and hums of monitoring equipment. It was horrifying; an hour in his room would give me a headache. Taking a cue from a Shanti friend, I reminisced at length about a nice place we both knew, putting each detail I could remember in a warm, positive light.

(Cont. on page 5)
By Greg Day
In March of this year Shanti received a donation of fifty billboard spaces presented by George Burroughs, President of Gannett Outdoor. Stephan Smith of the national advertising firm of Young & Rubicam became aware of this gift and offered the services of his firm in producing the artwork for these billboards. The design team at Young & Rubicam included Craig Brannigan, Executive Vice President, and Stephan Smith as coordinators with design assistance from Carla Hardaway, Melinda Mettler and Wayne Buder.

In the months of collaboration that followed between the Y & R design team and Shanti Public Education staff, the project grew from billboards to a complete media campaign including MUNI bus cards, newspaper ads, and radio and television public service announcements. The campaign's goal is to reach out to the general population of San Francisco with the message that they can help people living with AIDS and their loved ones by becoming a Shanti volunteer. In the billboard ads, simple symbols of caring—a picnic basket, vacuum cleaner, and baseball bat and glove—are presented followed by the statement, “In the right hands this can help someone with AIDS.” The newspaper ads use simple statements such as “Today Sydney Dygert did something about AIDS: She made pancakes with apples”, to demystify AIDS and the work required of Shanti volunteers.

Once the artwork for this campaign was completed, we faced an additional obstacle, we simply did not have the resources to purchase the required broadcast time and print space in the local media. Burson-Marsteller Senior Vice President and General Manager, John Boland, and Account Executive Cindy Wilson joined the team to promote the campaign to the media. A special press conference/celebration was planned for the media in hopes of generating contributions of air time and print advertising space.

On March 30th Shanti's new volunteer advertising campaign was presented to the media at the elegant Comstock Club on Sutter Street. By the evening's end donations of broadcast time for the campaign were received from eleven Bay Area television and radio stations. Special recognition must be given to our friends at Gannett, Young & Rubicam, and Burson-Marsteller. Without their vision and hard work this campaign would never have happened.

Donations have continued since the campaign kick-off. We would like to thank the following media organizations for their generous contribution:

(Television) KFTY, KGO, KICU, KOFY, KPIX, KRON, KTVU;

(Radio) KBLX, KFOG, KGO, KHTI, KKSF, KMEL, KYA;


Saturday, Pablo Gonzales did something about AIDS:
he sat under a tree for 3 hours.

He was picnicking with Marco, who has AIDS. They talked, they laughed, they played baseball. It's all part of being a Shanti emotional support volunteer so that people with AIDS can live life to the fullest. With dignity. With choice. And, yes, with fun. Volunteer for Shanti Project.

"One of the new print ads from Young & Rubicam."
THREE ALUMNI

(Cont. from pg 3)

Even through his coma, Stu's agitation seemed less when I was with him, giving me a sense of function and connection in his last hours. He died while nurses I had not gotten to know were on duty. I was not notified and returned to find an empty room.

ALAN

Alan was a bright, young, career Navy man. His lover, Bill, was dying while Alan was on furlough, and Alan cared for him with a strength and concern I have tried to emulate. Alan had a few symptoms himself. He felt he could not risk a discharge from the Navy that would leave him without medical support. But if he didn't speak up, he would be shipped back to the Pacific for several years the following week—probably before Bill died.

I was amazed to watch the pragmatic optimism with which he tackled these other loaded problems, came to the best solution he could, and let go of the rest. My role was to be a sounding board and help him keep track of facts and feelings. I went with him to the AIDS clinic and took notes on the doctor's reassuring opinions.

Bill died before Alan had to leave, allowing Alan to lead a memorial service and to see Bill's blood family again. When I last heard, he seemed to be doing well, but he had warned me that he could not be frank in letters sent from his ship.

SCREENING CLINIC

In late 1983, I volunteered at the out-patient and screening clinic at San Francisco General Hospital, which has stayed in the forefront of AIDS care. We often saw 100 people a day. Some were near death but had to come in for experimental treatments. Others were talking with a doctor for the first time about AIDS-like symptoms. My job was to search out those in emotional trouble or in need of an ear. For me this was difficult work—with each person I needed to push myself to initiate involvement. It was hard to feel OK not knowing the right thing to say, but it was wonderful, intensive practice in simply being available to open to the needs of others.

Sometimes my reflexes (or commitment) were not quick enough. The elevator door opened directly onto the congested reception area, normally filled with people in all possible states of health and agitation. More than once when the elevator door opened I saw a new face glance about, freeze with fear, retreat into the elevator, and disappear.

Anxiety and frustration were palpable and the pace was relentless, but the clinic is above all a place of love and caring. The nurses and attendants, who choose that duty, are reservoirs of strength, compassion, and humor. I always left emotionally and physically drained, but each time more able to overcome my own fear, take joy in connecting deeply with others, and do a better job of letting go of the pain of what I could not control.

STEVE

Steve was more like me than any of my other matches have been—academic, musical, close to his former wife, an enthusiastic teacher, just beginning the peak of a nationally recognized, service-oriented career. The mirror Steve held up allowed me to see myself clearly as a potential person with AIDS for the first time, and to imagine and work through how I might react to the challenges he was facing. Looking back, I see false certainty and self-righteousness in my attitude. Now I just don't know, and am much slower to judge.

Closed at work and to his family, Steve feared he would lose respect and love to the twin stigmas of gayness and AIDS. As he cautiously let word of his illness out, he discovered with relief that almost all the people who mattered loved him enough to overcome any horror they felt. Steve never fully conquered his fear of rejection, but his struggles helped me with my own.

We shared our lives more and more openly and comfortably for a year. Most of my time with Steve was undramatic—a quiet, slow process of learning to be with someone without expectation or fear, without need except to hear his need, to be openhearted and able to express my caring with greater simplicity and clarity. Where words could not express what I felt, I turned to simple actions—brining some water, preparing food that often went uneaten, playing a favorite tape, helping him count pills, even napping with him on his bed.

Memories are vivid: witnessing Steve's frightened despair after his diagnosis; taking short walks in the park; bringing the first spring wildflowers to his bedside; massaging his swollen feet and gaunt, lesioned face; meeting his bright eyes and smiles of welcome.

Over time, Steve's dear friends became mine. Almost all of us were with him when he died quietly at the end of a long and exhausting hospital vigil. His release was overdue, but it took many months to accommodate to his physical absence. The quiet moments five of us shared as Steve's breath waned and stopped count among the most cherished of my life.

RICKY

Ricky called me again at work. His pain was awful, he was out of pills, his doctors were refusing to renew his prescription, and he just couldn't deal with it any more. He sobbed and screamed over the phone. If I were unable to intervene, he would commit suicide—the means were at hand (and he had tried before).

How many times had we been through this? I'm not a trained therapist—I wasn't supposed to have to handle things like this! Each time, Ricky was able to find more of my weak spots to manipulate. In many ways as generous and caring as anyone could be, he was also immensely needy—and habituated to his potent pain medications.

I had experience in neither substance abuse nor suicide issues, nor had anyone in my Shanti support group. A trained staff member was helpful but overworked. Project policy seemed legalistic and cumbersome—besides I was not formally matched with Ricky because he lived outside the service area. I was on my own. I learned mostly by trial and error to set limits and sidestep his traps.

Ricky did not commit suicide. When he died, it fell to me to give his funeral eulogy. It was heartfelt and honest. Ricky had given me a great deal. Some of it was in purely expressed love. Some was in the ways he pushed my buttons and forced me to look at myself.

GARY

Thought by many to be "difficult" because of his willingness to express disagreement and anger. For me Gary has been a perfect match and a good friend. He is eager to share himself, to do hard emotional work, to support and appreciate himself as he struggles to maintain an outgoing, positive life in the face of debilitating illness.

An actor and singer of merit, Gary has a long practice of challenging himself. He holds nothing in. After a bad experience at the welfare office, he may call my answering machine in a quandary. In 15 minutes of unloading frustration and arguing with himself into my machine, Gary can clarify his options, regain his resolve, and make an important decision—everything will be all right after all.

Gary is truly alive: sensing, feeling, talking, talking—immersed in experiencing and communicating the entire breadth of what life brings his way. Fear is always near the surface, especially fear of increasing physical pain and more hospitalizations. Yet Gary lives lightly, fully, without apology, and as honestly as he can. He works to recognize and name his fears.

(Cont. on page 6)
was talking about his friend, who had an AIDS diagnosis. Most frightening I have ever done: but it keeps getting easier and, through it, my life continues to bloom.

JOHN

One of the first steps I took when I moved from Denver to San Francisco in the Fall of 1985 was to apply to Shanti Project as an emotional support counselor. I sensed that a unique community of healers and care-givers was coalescing in response to the AIDS crisis, and I wanted to be part of it.

My motives were in part selfish; to look within and understand more of who I am, to take care of some of my own unfinished business. The two weekends of training Shanti provides for all volunteer counselors was an opportunity for me to explore some of my own experiences with death, loss, grief, and illness in an atmosphere of complete safety and acceptance.

I saw that death and serious illness had been hidden from view. Feelings of loss and grief were not possible in the comfortable, secure environment of home, and in a culture and society where everything was promised and supposedly available. I began to understand that what I now feel in the face of serious illness and death are, in part, unexpressed feelings—anger, fear, sadness, and also love and caring—from my own past. A result of accepting AIDS and death can be a release from the past—the residue of feelings and patterns that compel me to repeat ineffective and self-defeating responses in the present.

DAVID

When David and I were matched, he was anticipating the death of his closest friend. Over the last year and a half, I have grown to admire his courage and strength as he has faced this loss, the death of his mother, and finally his own AIDS diagnosis. Most important to me are his persistent efforts to transform these "crises" into means for growth.

Once, David and I were sitting in a busy restaurant, talking about his friend, who at the time was in the hospital, hooked to intravenous sup-

port, weak, thin, and saying goodbye to friends and family. Somewhere, in the midst of the conversation, I felt as though I stepped out of the way, and was able to listen to David without the interference of my own personality—the editorial comments I continually make, the distractions of the environment. Suddenly, I was listening as if nothing else existed except his person in front of me and what he was expressing.

This was one of the most satisfying experiences I have had as a Shanti counselor. Often helping, serving, or healing is not doing anything at all. The need to make a comment, interpret, judge, or change someone else's circumstance or mood can be an obstacle to their innate ability to move through life with grace and wisdom. A large part of support is to acknowledge, without qualification, the experience of the other person. In the light of unconditional love, a person is able to generate tremendous growth and movement, as if a mechanism is triggered that generates self-healing.

ERIC

Eric and I met on a rainy Valentine's Day two years ago. Since then, he has spent hours telling me about his childhood on a farm in the heart of the Great Plains, weekend revival meetings, Bible college, family reunions with countless relatives. Would they want him quarantined in a detention camp for AIDS patients if they knew? Should he risk telling them, and expose himself to the possibility of rejection, judgment, and fear? Fortunately, Eric has created many sources of support outside his family, and his quiet, reflective, optimistic nature is shaken only occasionally.

Eric and David have become two of my friends—part of my support system. Although they both have been diagnosed with AIDS, I have seen them living active, healthy, productive lives for more than two years. In many aspects, these two relationships have become a model for other friendships in my life. Through them, I have experienced more deeply that giving and receiving are part of a cyclical, life-enhancing process. I don't have to hold on so tightly to what I want and need, but can give out a sense that I will be replenished and taken care of.

Often, in the midst of crisis, loss, or deterioration in the quality of life, we put a clamp on feelings, harden and contract into a defensive posture. That clamp is a form of denial. It can feed the very monster it supposedly protects us from—as when an illness ravages a population and no one acknowledges its existence or its impact, not only on the physical body, but on the mind, heart, and spirit as well. But, by acknowledging and working with the monster, it is possible to soften the limiting boundaries and go beyond the point at which all inner resources seem to have been exhausted.

In San Francisco, this is a time of such acknowledgments—of memorial services, obituaries, grief groups, support groups, candlelight marches—celebrations of life and death. Healing AIDS must be more than an all-out chemical attack on an alien virus. A tremendous potential has been uncovered and mobilized in response to AIDS, challenging the denial that keeps illness and dying at a safe distance.

It is as hopeless to romanticize illness and dying as it is to lock them away in the dark recesses of the unconscious. In either case, we miss the opportunity to become more human, more fully ourselves, by not participating in life on
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 525 Howard Street, San Francisco, CA 94105.

- I would like to support the Shanti Project with a donation of:
  - $25.00
  - $50.00
  - $100.00
  - $200.00
  - Other $__________

- I am interested in becoming a volunteer
- The enclosed is a Memorial Gift from

IN MEMORY OF

Please notify the family members at the address below:

Name __________________________ Phone __________________________
City ___________________________ State ______ Zip ________________

- I have moved; my new address is:

Name __________________________ Phone __________________________
City ___________________________ State ______ Zip ________________

NOTICE: The Shanti mailing list is the sole property of Shanti Project. It will not be sold, loaned or otherwise shared with any organization, business, or individual.

its own terms. Somewhere—between our repression of illness and death, and our romantic notions of them—lies reality. My teachers in this realm are people with AIDS, especially Eric and David.

Few people will escape the emotional effects of AIDS and probably no one can escape its economic effects. In a bleak report on the costs of AIDS, The Wall Street Journal cited Shanti’s role in lowering costs by providing free care for those afflicted by AIDS. After years of silence, President Reagan’s first compassionate statement about AIDS similarly invited Shanti as a model and encouraged others to volunteer in similar situations.

There is a powerful momentum in ourselves, and in our society, to fear AIDS and invoke judgment about it. Regardless of our economic status or philosophy, AIDS can create separation and isolation in our lives. It confronts us all with both a major challenge and an opportunity to go beyond our personal boundaries, to reach out to others, and to risk growing in new directions.

For us, there have been obvious common results. We have opened up as people. We have enhanced the quality of our own lives by participating deeply in the lives of others. We value people more, and are more at ease with ourselves and with those unlike ourselves. We are more able to live in and enjoy the present. Fear and grief remain, but we are less controlled by them.

We have learned to ‘take care of ourselves’ even as we risked not doing so, thereby pushing the borders of the intolerable farther and farther away. Even the difficult process of writing this article has been a way of taking care of ourselves, and of acknowledging the intangible bonds that have drawn the three of us together.

KAISER PERMANENTE SUPPORTS AIDS TRAINING FOR SAN FRANCISCO LATINO COMMUNITY

Kaiser Permanente Medical Center granted Shanti Project $5,000 to conduct a training for Latino health professionals, social workers and community members in San Francisco. The project was co-sponsored by the San Francisco Foundation.

The training, held Saturday July 16 and Sunday July 17, was Shanti Project’s first bilingual/bicultural community training for Latino residents interested in developing comprehensive direct support services for people with AIDS and their families.

This donation matches previous support from Kaiser for Shanti’s Spanish language brochure produced last year. In addition to the cash grant, Kaiser assisted with the recruitment of participants within the Kaiser health care system.

Joan Tanzer, Director of Regional Contributions for Kaiser, was instrumental in assisting Shanti’s development of this training.

Several leading Latino health organizations—Instituto Familiar de la Raza, Real Alternatives Program, Horizons Unlimited, and New World Associates, American Red Cross Latino Education Program, Latino AIDS Project, and Centro Pastoral—originated this training by requesting it from Shanti. The San Francisco Latino community has been disproportionately impacted by the disease. The incidence of AIDS diagnoses of San Francisco Latinos is five times the national average.

This training was an effort by both Shanti and Latino health organizations to ensure that culturally and linguistically sensitive direct support services are available to the Latino community. Participants’ feedback was invited to help Shanti identify barriers to service and develop future community trainings.

BIKE-A-THON IV BENEFITS SHANTI

Rich Reidy, Development Director

On Saturday, May 14, over $37,000 was raised for Shanti Project during the AIDS Bike-A-Thon IV. With over 1,300 registered riders—up by almost 300 from last year—AIDS Bike-A-Thon IV raised $300,000 for fifteen local AIDS service agencies. This important annual fund raising event is organized by members of Different Spokes Bicycle Club with assistance from other concerned volunteers from throughout the Bay Area.

Bob Humason, Coordinator of Beneficiary Relations for AIDS Bike-A-Thon IV, and Karry Kelley, Coordinator of Rider and Volunteer Recruitment, visited Shanti’s offices and presented Executive Director Jim Geary with the proceeds from this year’s ride.

One hundred percent of the donations coming from the annual Bike-A-Thon go directly to the designated AIDS charity. The event is run entirely by a cadre of volunteers, and any administrative costs are funded independently of Bike-A-Thon pledges. Bike-A-Thon continues to be a model of grassroots volunteerism at its best. Many thanks to its volunteer staff and the scores of riders who made this event such a success!
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.
The recent crisis at Shanti Project is now officially over. Understandably the past six months have been traumatic, particularly for an agency whose basic organizational philosophy is founded on truth, honesty, and non-judgmental acceptance/support.

At times it has, indeed, felt like a war! Participants and observers alike suffered the "shell shock" of stress rising out of the atmosphere of controversy and accusation. This was doubly tragic because our staff -- by the nature of their work -- experience a higher than usual amount of stress on a daily basis. Individuals frequently displayed alarming and destructive tendencies to polarize situations while trying to declare "sanctity" around their position -- refusing to compromise, mediate, or more importantly, to forgive.

Traditionally, when wars are finished, we bury the dead, identify and applaud the heroes and re-focus energy toward restoring and rebuilding those areas which have sustained damage; for Shanti the greatest damage has been to the level of trust in which we are held by the general (donor) public. The relentless negative media attention of the past few months has taken a severe and understandable toll in the area of donations. Shanti Project has begun to reclaim the public trust but the process will be neither rapid or easy to facilitate; quite simply, we cannot succeed at the task without the continued support of the community at large.

RESOLUTION

We (the Board of Directors and staff of Shanti Project) can no longer participate in or be supportive of any process/activity that disregards the unique contribution/input of our 600+ volunteers or that of our 68 dedicated and loyal staff members. This type of contribution is exceptional in that the "real payoff" is simply the recognition of the ability to love, coupled with an ability and desire to give -- and then give again.

Historically, it has been our volunteers who have continued to provide uninterrupted services to the PWA community. These individuals make possible the miracles that occur in the twelve homes which comprise our Residence Program, in the homes and lives of our 1200+ clients and their loved ones, on the "front line" at San Francisco General Hospital, in the twenty-one Shanti-sponsored Support Groups and in each of the direct support service components we employ toward improving the quality of life for people with AIDS.

The pain and suffering that surrounds AIDS are often difficult to fathom. Although impossible to "measure" by conventional standards, the reality of emotional trauma remains (continued on page 3)
TODAY AT SHANTI PROJECT
FRONTLINE OF THE EPIDEMIC

by Greg Day
Public Education Director

This issue of the ECLIPSE marks the beginning of a new chapter in the history of Shanti Project. Since our reorganization seven years ago, Shanti has experienced rapid growth and many changes. We have expanded from a group of seventy volunteers to become one of the Bay Area's largest non-profit corporations. Our support services have become the keystone of a "San Francisco Model" that emphasizes independence and quality of life for people living with AIDS. Shanti's programs are emulated around the world; we have trained organizations throughout the United States and Europe how to create similar services.

Today, with 68 staff and more than 600 volunteers, we have managed to keep pace with the needs of an ever-expanding AIDS epidemic. Over the years we have been able to maintain the high quality of our services by focusing internally on our volunteer trainings and supervision. This internal focus has, at times, been at the expense of maintaining good communication with the community and other service agencies. We now face one of the greatest challenges, and at the same time, opportunities in our agency's history. In the months ahead, our staff and Board will be working to hire a new Director, restructure the management of the agency and to reach out, as never before, to engage in dialogue with the community; and to rebuild donor and volunteer support.

At this time when we are assessing where we have come from, what we have achieved, where we have failed, and what changes need to be made to create a better future; we must also recognize the important work of the Shanti staff who live every day on the front-line of this terrible epidemic.

Sometimes we look back in nostalgic reverence to our early days when we were a small all-volunteer agency. Often our attention is so focused on our clients and volunteers that we lose sight of the crucial role that staff play in training, supporting and managing this army of helpers. It is Shanti's front line staff who keep our volunteers and support services available for people living with AIDS. Some also give direct emotional support to PWA's and their loved ones, as well as to volunteers. To better understand their incredible contribution, I have asked individual staffers from Emotional Support, Practical Support, Ward 5A and the Residence programs to share with us their daily experiences and tasks in serving our clients and volunteers. I have also asked them to share how they are dealing with the stress of this epidemic and their vision of Shanti's recent problems and immediate future of change and rebuilding. The statements that follow on page 6 were taken from a taped interview.

(continued on page 6)
highly visible in the numerous daily tragedies that play themselves out, repeatedly, in the lives of our clients and friends. It has been said that no one who does this work does so “easily” or “lightly” because there exists no effective separation from the physical and emotional suffering experienced by people with AIDS and their loved ones.

The international communities are unified in their view of Shanti Project as originator and pioneer of direct support services in the epidemic, creating an atmosphere of empathic understanding at a time of overwhelming fear and misunderstanding. Some of these fears are not new and periodically paralyze societies, disguised as “dogma” or “judgment”; in short, all the “isms” of life. Homophobia, for example, is always present, changing only its agendas and pervading such time-honored and otherwise unassailable institutions as the family, the Church, etc.

This year, while presenting the Shanti support model at the International Conference on AIDS in Stockholm, I realised intuitively aware that he and his supporters were developing a potential ‘safe haven,’ as the virus incubated among the thousands of unsuspecting individuals who would someday walk through the doors of Shanti Project as clients?”

**Somehow, the world has come to recognize the work accomplished by the volunteer body and staff of Shanti Project.**

Shanti Project has received national recognition and commendation from the Reagan Administration, the National Hospice Association and the National Lesbian and Gay Health Foundation; three separate entities who, while differing in world vision, have all validated the importance of the work of Shanti Project.

**Somehow, the nation has come to recognize the work accomplished by the volunteer body and staff of Shanti Project.**

At the local level, Shanti has been publicly commended and recognized by numerous awards including the Mayor’s Outstanding Public Service Award, the San Francisco Foundation John May Award for Outstanding Community Service, the National Hospice Association’s Award of Excellence and by the thousands of cheering San Franciscans who recognize and applaud the volunteer/staff contingent at the Annual Lesbian/Gay Freedom Day Parade.

**Somehow, the local community has come to recognize the work accomplished by the volunteer body and staff of Shanti Project.**

Here at 525 Howard, the last six months have shown Shanti Project to be experiencing a developmental “rite of passage” as Shanti momentarily “eclipsed” into a state of darkness while undergoing the “growing pains” necessary to move forward into the light once again.

As many realize, transition in the life of an individual (or in the development of (continued on page 4)
Major Benefactors Honored

By Richard Reidy, Development Director

On Thursday, September 15, major benefactors of Shanti were treated to a reception in recognition of their significant support for the Project's programs for persons with AIDS. In his opening remarks, Board President Sam Mills observed, "Through our donors' financial and material support, a vital partnership is created with staff and volunteers that makes possible our direct services for persons with AIDS and their loved ones."

Chairman of the Internal Review Committee, Doug Holloway, reported on the status of his committee's work in evaluating the Project's organizational process and program operations. Holloway observed that the committee was fully committed to meeting the recommendations of the City's Human Rights Commission.

Assistant Director, Chris Sandoval, related a personal experience with a close friend who had AIDS. He reaffirmed how vitally important it is that donors, volunteers, and staff persist in their efforts to provide the highest quality of life for men, women, and children with AIDS, their families and loved ones.

Development Director, Richard Reidy, read a statement of greetings from Mayor Art Agnos. Later Reidy referred to donors as co-workers with the hundreds of volunteers who provide emotional and practical support to persons with AIDS.

The evening's program concluded with the premiere showing of "On Being a Shanti Volunteer," one of a new series of 23 training tapes being prepared in response to requests nationwide for detailed information on Shanti Project's programs.

A delicious buffet of gourmet foods was provided through a partial grant from Sam Leftwich, owner of Food for All Occasions. The Flute Exchange, under the direction of Richard McHenry, offered donors a gift of music that set the tone for an informative and pleasant evening.

A vision for the future (Continued from page 3)

an organization) tests our ability to stay fully present in each moment. Without exception, volunteers and staff remain fully present and supportive of each client with whom they interact. Such courage and dedication in the midst of this transition is truly the stuff of heroism!

Shanti Project will continue to stand, solid and secure on a foundation of unwavering love and support; a love and support which has come, in part, from many unsung men and women throughout the history of the epidemic. The names Charles Garfield, Bobby Reynolds, Ron Carey, Meredith Miller; all serve as beacons of light and inspiration for those of us who continue to do this work.

Both volunteers and staff deserve recognition for their unselfish and continued contribution to the AIDS community. They teach us, by their own example, the art of giving without expectation of recognition. These individuals continue to motivate and inspire both our volunteers and staff members who will be confronting the epidemic in the future.

None of this would have been possible without the support of our donors — individuals who, like yourself, have generously supported us, either financially or with in-kind services. Your potential gifts and support will continue to translate into the love, support and general excellence of service for which Shanti is known.

The words of the late John F. Kennedy still ring true: "The knowledge of the past prepares us for the crisis of the present and the challenge of the future."

The future of Shanti Project depends on all of us... and the challenge of the future is at hand.

"Somehow, we as individuals must recognize what the world, the nation and the community already agree upon... the importance of the work accomplished by the volunteers and staff of Shanti Project."

With your commitment to continued support, Shanti Project will remain a leading force in the fight against AIDS. We are confident that the best of Shanti Project is yet to come!
FROM BOARD PRESIDENT SAM MILLS

A LETTER TO OUR SUPPORTERS

Dear Friend,

I believe you deserve an answer....

Many questions have been raised in the media about problems here at Shanti. As a supporter of Shanti Project’s work, you have a right to hear why the Board acted as it did.

As you are no doubt aware, much of the controversy has centered around management issues involving the executive director. In light of this, on October 4 the Board of Directors, upon the advice of counsel, accepted the resignation of the executive director as part of a general settlement agreement.

I want you to know that the decision to replace the executive director was reached after a lengthy investigation, and was personally very painful for every member of the Board. This was especially so because the Board was mindful of the many contributions made by Jim Geary to the Project over the period of his tenure.

We believe, though, that in the best interests of Shanti Projects clients and staff an out-of-court settlement was the wisest option available:

• Shanti Project was faced with the threat of a lawsuit over wrongful termination. Lengthy depositions involving staff time and energy would have been required. Our staff and volunteers need to remain free to concentrate on serving our clients, not on engaging in legal disputes.

• Such court cases can drag on for years. This would distract Shanti from our central mission at a time when our services will be needed by more and more people.

• Legal fees in such cases are extremely costly—easily in the six-figure range.

• The outcome of any litigation cannot be predicted with certainty.

• And, most important of all, the attention and energy of Board and staff should be focused on serving persons with AIDS and their loved ones, not on continuing a divisive and painful controversy.

The Board realizes that also at issue are a number of broader questions involving employee relations as well as recruitment policies.

The Internal Review Committee of the Board is now putting in place key policy changes that reflect the recommendations of the Human Rights Commission of the City of San Francisco. I am happy to report that the Board has adopted an Affirmative Action Plan that will enable us to better represent the multicultural makeup of the City whose residents we serve.

As President of the Board I pledge to you that the Board of Directors is fully committed to addressing these issues and maintaining Shanti as the finest volunteer-based AIDS service in the nation.

The real work of Shanti continues as strong as ever:

• 255 Emotional Support Volunteers assisted 514 clients with 6,611 direct hours of much needed one-on-one support in September alone!

• That same month 196 Practical Support Volunteers provided 315 clients assistance with such day-to-day tasks as cooking, shopping, transportation and cleaning... simple things our clients often can no longer do for themselves.

• Twenty-one support groups met each week to address special concerns of different client populations including women, children, long term survivors, the newly diagnosed, and others.

• Twelve residences throughout the City continue to serve as homes for 47 persons with AIDS.

• In September, Shanti counselors at the inpatient unit of San Francisco General Hospital Ward 5A provided caring support for 67 clients in critical stages of illness and 133 friends, family members and loved ones. On the outpatient unit, Ward 86, counselors assisted 16 clients with such issues as the nightmare of an AIDS diagnosis.

The work continues. Now more than ever we need your help. Events of the last several months have hurt us financially. But our work must go forward. I am asking you as a loyal supporter to please consider making an extra gift to Shanti.

Wishing you inner peace, I am sincerely yours,

Sam Mills
President of the Board
that if 5 out of those 35 people called, just to ask questions, we might get 3 out of 5 to volunteer. I thought it was good!

I have a lot of grief around the recent changes here at Shanti; the changes of coming from Hayes Street over here, the changes around Jim now not being here, and the changes around people from the outside coming in to look at the system. You can’t put what we do into words. There aren’t any words that can describe the level of staff and volunteer feeling, compassion and personal involvement. The job doesn’t stop at five. It goes on with you—it has an effect on the people you live with in your own house.

During the recent crisis here, I kept my door closed and I kept picking up the phone—meeting the needs of the clients—and detaching myself from all the drama. I believe what came down in this organization was part of the natural life cycle of an organization. Every organization goes through it. That was part of what I kept holding on to while I was working throughout all this drama because I know what the natural process is—the natural evolution. There’s not one organization that doesn’t go through it. It’s like human behavior in our life cycle.

For the future, I see rebirthing. This time we might not have yellow eyes. This time we might have orange ones. Hopefully we will still have a heart, that’s the most important piece.

YVONNE LUQUIS
Van Driver, Practical Support Program

My name is Yvonne Luquis. I am one of the two van drivers at Shanti Project. I’ve been here 1 1/2 years. A regular day for me starts at 9:00. I have to take people that have been scheduled from the day before to medical appointments. I take them anywhere they want to go as long as it’s medical. When they are finished with their treatment or doctor visit, I pick them up and drive them back home.

During the whole day there can be a lot of surprises. I schedule a person for 9:15, they tell me they are ambulatory, and when I show up they may not be, then everything gets backed up. So in terms of timing you want to keep the schedule but it’s not 100% sure you’re going to be there on time for them. If it is an emergency, I help the person walk to the van. I never say to a person who can’t get in and out of the van, “we’re not going to take you.”

When we call the day before, if it’s clear that they need help to get in and out of the van, we ask them to have a family member or friend help them. Not because of us, but because of their own safety—they don’t fall in the process.

Some people go for medical help on a daily basis. Like people with CMV, who need treatment daily. It can be anything that’s related to your health. It can be an acupuncture treatment or a massage. Sometimes I get to know the people. We develop a relationship in the van. I do become attached, especially with the people I see every day. It is hard! I do not separate emotions from my job. It is very important to care about the people we help.
I take care of my van, but sometimes I have a full day schedule and the van breaks down. I have all these people I have to call and cancel. There is a lot of disappointment, starting with myself. But there’s nothing we can do about it.

Since the beginning of the recent Shanti crisis situation, clients know what’s going on because it’s something that’s important for them. They exchange opinions in the van. Basically, what I hear from them is that they want the services to keep going. They don’t show concern about who is providing the services as long as they can depend on them. The comment that came always to the surface was, “I hope Shanti continues because their help is important and we need it. We’re the ones that suffer in the long run.”

For the future I believe every time there is a change in society, there’s a chance for things to be better. You don’t go backwards. If there is positive energy with everybody and a willingness to do it, we can do it!

MESHA IRIZARRY
Counselor, Ward 5A, San Francisco General Hospital Program

At Ward 5A we are a part of the team. Unlike Shanti volunteers, we are not matched with a single client. We have to push through those doors. Everybody who has ARC or who is an AIDS patient will receive at least one Shanti visit. You have to literally throw yourself into that room—introduce yourself and suggest the emotional support services. Some people might be very afraid that someone is looking after them. They might feel frightened by my presence, they might think, “does this mean that I’m in the final stage?”

Sometimes we encounter a lot of avoidance and a lot of anger from them, and we have to honor that and meet them pretty much where they are. No matter how trained we are, there’s always a sense of insecurity, a sense of intrusion on their privacy. A very important part of my work is to stay centered after that first encounter.

I think it is hard work. I think it’s challenging. I think it’s also very rewarding. The life stories that we hear on the ward. Incredible stories—sometimes stories of hate—when they are depressed. There is a wealth of experience from these young men’s lives. The richness—it’s just incredible. It’s an honor to become a part of their extended family system. It’s a privilege to be with them.

At first, the recent problems at Shanti didn’t make my work more difficult, because of the urgency and intensity at the hospital. Initially we felt, “well, it’s unfortunate that the project is going through these turmoil.” True and untrue things continued to appear in the press. Increasingly patients were saying, “What’s going on with you?” We felt there was an utter necessity to be more honest and closer to each other. This is part of our growth. We started small, became much bigger and now to revise the organization it is painful and it is exciting because we’re being challenged to meet the new situations of the AIDS epidemic. That’s what is exciting, to meet the changes and new growth that are coming up at our project. And I feel very comfortable in saying so.

BERT BLOOM
Residence Advocate, Residence Program

My job is to advocate for the guys in the residence program. I am responsible for 6 houses and 24 PWAs. Right now I have all men. Bea Blum, the other Residence Advocate supports 23 PWAs, including one woman. I make sure our residents get the services they need: if they need an emotional support volunteer, Hospice, Open Hand, a Department of Social Services worker, or a Public Health nurse. To make sure that when they move into our residence they’re not just left out there to flounder on their own. I do this several ways. One way is through a weekly house meeting where I find out how they’re doing health-wise, find out what their needs are and then respond. A lot of times they don’t need anything or they are already booked up and everything is going smoothly.

(continued on page 10)

VAN KEULEN & LUMER
AN ACCOUNTANCY CORPORATION
400 MARKET STREET SUITE 960
SAN FRANCISCO, CALIFORNIA 94105

Shanti Project
San Francisco, California

October 7, 1988

Board of Directors
Shanti Project
San Francisco, California

We have examined the balance sheets of Shanti Project as of June 30, 1988 and 1987, and the related statements of support, revenue, expense and changes in fund balances and statements of cash flows for the years then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Shanti Project as of June 30, 1988 and 1987, and the results of its operations and cash flows for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

VAN KEULEN & LUMER
San Francisco, California
October 7, 1988

Shanti Project

Notes to Financial Statements

Note 1. DESCRIPTION OF THE PROJECT
Shanti Project (the Project) is a non-profit California corporation established to provide community service. The Project offers free counseling and emotional support for people with AIDS and their loved ones. The Project provides non-counseling services such as transportation, shopping, and housekeeping, long-term low-cost housing to persons with AIDS, information and referral services regarding AIDS and professional counselors to San Francisco General Hospital for AIDS patients and their loved ones.

Note 2. FINANCIAL STATEMENT PRESENTATION
The Project has modified presentation of the financial statements for the year ended June 30, 1987 to more accurately reflect operations. Prior year financial statements have been adjusted to reflect this change.

During the year ended June 30, 1988 an amount equal to the cost of property and equipment, net of accumulated depreciation, was transferred from the fund balance to an equipment fund in order to more clearly present changes in the unrestricted fund balance resulting from operations.

Note 3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
The significant accounting policies adopted by the Project are summarized as follows:

a. Contributions
Contributions are recorded when received.
b. Prepaid expenses
Prepaid expenses are amortized over the periods from which the Project derives benefit.
c. Depreciation of fixed assets
Fixed assets are carried at cost, have an estimated life of five years, and are depreciated using the straight-line method. Depreciation expense for the year ended June 30, 1988 was $73,297 and 1987 was $41,735, and is included in the statement of support, revenue and expenses and changes in fund balances as an operating expense. Donated assets have not been recorded on the books as fair values are not reasonably determinable.
d. Income taxes
The Project has qualified for tax-exempt status under the Internal Revenue Code and the laws of the State of California. Contributions to the Project qualify as charitable contributions.
e. Uncollectible receivables
The Project uses the direct write-off method to account for uncollectible receivables.
f. Inventories
Inventories are stated at cost on the first-in, first-out basis.
g. Cost reimbursement contract
At June 30, 1988, the Project completed a contract with the City and County of San Francisco and the State of California. The contract called for the Project to provide com-
Current liabilities

Accounts payable and accrued expenses

Fund balances

Total liabilities and fund balances

Statement of Support, Expenses, and Changes in Fund Balances
For the Years Ended June 30, 1988 and 1987

Unrestricted Restricted Equipment Total
Funds Funds Fund Funds

Support and revenue

Contract cost reimbursement
Grants
Donations
Fund raising
Miscellaneous

Total support and revenue

Expenses

Personal
Occupancy
Operating
Advertising
Travel and events
Professional fees

Total expenses

Excess of revenues or expenses

Fund balances, beginning of year
Transfer to equipment fund
Fund balances, end of year

Note 5. CONTRIBUTION AND LEASE AGREEMENT

The Project has a lease agreement with two contributors covering two residential units. Outstanding contributions of $52,000 have been deemed uncollectible as of June 30, 1988. The Project's liability for unpaid rent is $45,000 at June 30, 1988.

Note 6. PENDING LITIGATION AND CLAIMS

The Project is party to various cases and claims. A former resident has instituted a case charging unlawful detention by the Project. Another tenant contends that he was displaced from his residence. In both cases, it is counsel's opinion that any losses would be minimal. New governance, mediation and arbitration procedures have been structured to deal with residence issues.

A former employee has charged, by attorney’s correspondence, defamation, invasion of privacy, etc., against two employees.

The ultimate outcome of the above-mentioned claims are not presently determinable and no provision for any liability has been made in these financial statements.

Note 7. SUBSEQUENT EVENTS

The Project's contracts for operating expenses with the City and County of San Francisco have been approved through January 31, 1989. Management expects the contracts to be extended through June 30, 1989.

On October 4, 1988 the Project reached an agreement with its executive director regarding termination. At that date the Project assumed a severance liability of approximately $71,000 to be paid over two years.
COMMUNITY THRIFT ASSISTS SHANTI

By Richard Reidy, Development Director

A great way to get rid of household items you no longer need is to donate them for the benefit of Shanti to the Community Thrift Store, 625 Valencia (phone 861-4910).

For six years now the Community Thrift Store has supported the work of Shanti Project through its profit distribution program. Persons donating items to CTS are invited to designate the charity of their choice to receive the proceeds from the sale of items being contributed. Since the program’s inception in 1982, almost $58,000 has been given to Shanti.

The Community Thrift Store is the creation of the Tavern Guild Foundation, one of the oldest and most respected gay organizations in the city. President of the Foundation, Bob Ross, maintains a careful overview of the store’s operation, seeing to it that donated items are properly inventoried for the benefit of the 200+ charitable organizations that receive CTS funds. Mr. Ross noted that the two largest categories of charities served are AIDS organizations and numerous women’s community organizations.

The Community Thrift Store is open seven days a week from 10 to 6. A free pick-up service is available. See you at the Thrift!

FRONTLINE OF THE EPIDEMIC

(Continued from page 7)

Unfortunately, most of the time we are reacting to crises. Because of the AIDS virus, their health goes up and down. It is usual to get called because someone is on the way to the hospital, or because their health has dramatically gone downhill in a couple of days. So we’re very crisis oriented.

This is an incredibly difficult job, because as much as you would like to maintain a professional distance, you can’t help but become involved in your clients’ lives. They become your buddies, your friends—some more than others. Unfortunately, with this job, the majority of your clients pass away over a period of time. Sometimes it’s quickly, sometimes it’s slowly. There’s only been one person that I’m working with now that’s been around since before me and I have been here less than two years.

Among the residents, I’m a mediator. Sometimes their feelings come out in unusual ways. I am there to listen to them and to support them—“talking it out” by “expressing their feelings.” A big problem often occurs when you have somebody really sick in the house. “How is it for you living with a roommate who has a temperature twelve hours a day with people coming in and out? How is it for you that you just got through losing two roommates in two months? How are you dealing with that?” I had two guys die in the same house this last weekend. “How is it for you to lose two roommates in two days?” Sometimes I provide emotional support to the survivors. Most of the time, I make referrals to volunteer therapists, to Gail Winston our Clinical Coordinator, to our support groups, or to our Emotional Support Program.

I usually start my day by going to two house meetings. I come back in the afternoon and do intake in the residence department. I go to San Francisco General every Wednesday afternoon for discharge planning—I am Shanti’s representative at this meeting. If people are homeless and need a place, I take the referral. People are there from the Shanti 5A staff, Ward 86, substance abuse programs, the AIDS Foundation, Peter Claver House and other agencies.

The house meetings serve several purposes. One is for me to see how they are doing—how their health is. I can’t really know with a telephone call. I find out what their needs are and follow up on it when I get back to the office. The second part of it is to handle just basic roommate problems. “So-and-so’s not taking out the trash, so-and-so’s leaving a mess all over the living room.”

Unfortunately, people usually get sick in waves. Right now we are in the middle of a crisis. We have two people sick in the hospital. Two people in a residence that are not doing well. I coordinate the services and keep an eye on them. That’s what it takes. It’s a real crisis kind of situation. We are on call, 24 hours a day, one week each month. If we have emergencies over the weekend I have to handle those, too.

The recent management crisis at Shanti was incredibly hard for me. The environment around here was awful. It made work much more difficult. Residents were terrified that they were going to lose their home. They didn’t know how all this was going to come down. We are talking about basic survival issues here. Issues like the roof over your head. Our residents were concerned. They were afraid that they were going to be thrown out in the street. It was very difficult during that time to constantly reassure them that things were going to be OK, that they were still going to have a roof over their head.

For the future, I would really like to put the past in the past, and start fresh. For me, this is an incredible opportunity to make Shanti even better than it is. I really see this as a chance!
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 525 Howard Street, San Francisco, CA 94105.

☐ I would like to support the Shanti Project with a donation of:
☐ $25.00  ☐ $50.00  ☐ $100.00  ☐ $200.00  ☐ Other $_________

☐ I am interested in becoming a volunteer

☐ The enclosed is a Memorial Gift from __________

IN MEMORY OF __________

☐ Please notify the family members at the address below:

Name ____________________________ Phone ____________________________
Street ______________________________________
City ____________________________ State ____________ Zip ____________

☐ I have moved; my new address is:

Name ____________________________ Phone ____________________________
Street ______________________________________
City ____________________________ State ____________ Zip ____________

NOTICE: The Shanti mailing list is the sole property of Shanti Project. It will not be sold, loaned or otherwise shared with any organization, business, or individual.

cartoon Artists Support Shanti

By Richard Reidy, Development Director

Shanti Project is the beneficiary of an extraordinary collection of cartoons dealing with aspects of the AIDS epidemic. Entitled “Strip AIDS USA,” the collection represents the collaboration of over 120 artists from across the country whose contributions were solicited by cartoonists Trina Robbins, Robert Triptow, and Bill Sienkiewicz. Ron Turner of Last Gasp, one of the original underground comics publishers dating from the ‘60s, published the collection at cost and contributed all profits to Shanti Project. The three editors also contacted cartoon publishers and syndicates seeking their help in promoting the book. The response was overwhelmingly positive as can be seen from the number of nationally famous artists whose work appears in “Strip AIDS USA.” Plan to buy copies for your friends for the holidays!

A special book signing for “Strip AIDS USA” was held on August 21 at “A Different Light, Books.” Contributing artists are: Front row, l. to r.: Paul Marvides, Caryn Leschen, Trina Robbins, Norm Dog, Tom Tommorrow; Middle row: Leslie Ewing, Donelar, Robert Triptow; Back row: Tim Barela, Lloyd Dangle, Lee Binswanger, Spain Rodriguez.
The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling. These training materials are designed to be used both as a resource by the organizers of a new group and in the training of volunteer counselors.

For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.
Dear Friends,

I am pleased to inform you that on Tuesday November 8th, Shanti Project received the unanimous endorsement and support of the San Francisco Health Commission by their approval of the Project's full fiscal year 1988/89 funding contract.

As you are well aware, the internal management of the Project has undergone extensive review since March 1988 by the Board's own Internal Review Committee, the San Francisco Human Rights Commission, the San Francisco Health Commission and the San Francisco community at large. In August 1988, our city contract was only approved through January 1989, with the remainder of the fiscal year funding to be considered upon demonstration of internal corrective action by the Board of Directors.

We have made significant progress in curing the various issues and management deficiencies identified by the Human Rights Commission investigation and the Board's own internal review of the Project's operation and management.

Consequently, we approached the Health Commission prior to the scheduled 1989 hearing to explain our extensive progress to date. We felt that a re-affirmation of support by the Health Commission was imperative in restoring our credibility with you, our friends.

The results of this early review were overwhelmingly positive for the Project. The Commissioners unanimously approved the Project's funding for the rest of the fiscal year, stating, "The Health Commission wants to send a clear message to the San Francisco community about the importance of Shanti Project." They made special note of the "decisive leadership and quick, appropriate actions taken to correct the internal management problems previously identified," and commended the staff and volunteers for their excellent service delivery during this difficult time.

I am delighted to report this action to you, and I hope you will find this a strong and positive message that we are moving ahead to ensure the quality and future of the Project.

On behalf of the Board of Directors, the staff, volunteers and clients of Shanti Project, I thank you for your ongoing support.

Sincerely,

Douglas P. Holloway
Member, Board of Directors
It's a sunny Sunday afternoon in Potrero Hill. Sydney, a Shanti volunteer, is busily vacuuming Miguel's apartment. Large windows look out over a courtyard, and the hills of the city can be seen in the distance. The apartment is beautifully decorated. Maya, Miguel's grey kitty, lounges and cleans herself while carefully keeping an eye on everyone present.

Miguel Rovirosa is Sydney Dygert's second Shanti client, and to be in the same room with both of them is an enlightening experience. There is a lot of laughter, as they banter back and forth trying to explain their relationship. "My primary need was for someone to come in and clean. When Sydney first arrived, I said what I needed was the same kind of cleaning that you would want done in your house and Sydney said, "Oh, no you don't!" In mock seriousness, Miguel adds, "I tried to fire her this morning, but she said she doesn't get paid enough to get fired!"

Although young and vigorous, Sydney does seem to be a bit chubby. I ask her to tell a bit about herself, but Miguel answers first: "She's pregnant!" They both begin to giggle as Sydney yells, "I'm pregnant!" It's true, she is indeed pregnant, and the baby is due any week now. This fact precipitates a related topic.

Miguel: "I think it's time for her to rest, it's only a couple a weeks away and I don't want her waddling around the house."

Sydney: "He doesn't want the baby to be born on his carpet!"

Miguel: "That will be okay! We'll just call Practical Support and say my last volunteer just had a baby in the house, get me a new one!"

Sydney: "That's right. Shanti can handle everything, get them over here!"

Miguel and Sydney had just been on a panel for the most recent Shanti volunteer training, where, Miguel informs us, the pair was dubbed Abbott and Costello. It doesn't take more than a few moments of observation to see why.

My next question seems appropriate: "How long have you been married?"
"I'm not married," Sydney explains. Miguel adds in a shocked tone, "An unwed mother... how did you get pregnant?" Sydney responds, (and now we are all laughing) "It was immaculate!" The remarks are funny, but as we all know, motherhood can be a serious occupation. "I decided not to get married," Sydney acknowledges. "I wanted to have a child, but I didn't want to get married. We keep separate residences, and it works out much better that way. I have my space and he has his. I have met a lot of people who have decided to be single parents. I don't really think of myself as a single parent, because the baby's father is very much a part of this. But I guess that's the label they give you."

(Cont. on page 4)
TODAY AT SHANTI

Services Increase For People With AIDS

by Greg Day
PUBLIC EDUCATION DIRECTOR

Founded in 1974, Shanti Project is a non-profit organization providing free volunteer services to people with AIDS and their loved ones. Today, Shanti has over 600 trained community volunteers providing direct person to person support to people with AIDS and their loved ones. Shanti offers emotional and practical support, housing, hospital counseling, recreational activities, peer support groups, information and referral, and public education trainings for community groups seeking to create similar support services.

Shanti’s Emotional Support Volunteers work on a one-to-one basis providing emotional support, companionship, patient advocacy, information and friendship. This program is based on the concept of non-judgmental active listening and is founded on the belief that each person, with support, can find their own answers to the often troubling questions associated with living with AIDS and issues of grief.

Shanti’s weekly drop-in support groups for people with AIDS, their families, friends and lovers are led by experienced facilitators and provide persons dealing with similar situations a safe place to support one another. Specialized support groups for women, couples, youth and children who have AIDS or whose family member has AIDS are also offered.

Practical Support volunteers focus on the functional needs of people with AIDS and their loved ones. Volunteers help with shopping, laundry, cleaning, cooking and childcare. These services enable a person with AIDS to continue to live at home with more comfort.

Shanti staff counselors at San Francisco General Hospital offer emotional support to in-patients with AIDS and their loved ones, and to out-patients with AIDS on Ward 86. These counselors provide crucial support to those dealing with issues of new diagnosis, treatment options, life support and discharge planning. Shanti-facilitated support groups are also available in this setting.

Low-cost housing for 47 adult persons with AIDS is provided by Shanti’s Residence Program for those who seek a safe and stable living situation. These residences provide a home environment with private rooms. Residents are able to use their own furnishings and to utilize community-donated Shanti property. Although the houses are maintained by Shanti, the concept of this program is independent living.

Shanti’s Recreation Program offers ongoing social events, outings, special holiday celebrations and weekend retreats for people with AIDS. Free tickets are made available for persons with AIDS for attending theater, ballet and many other entertainment events.

Shanti’s Information and Referral staff answer callers’ questions regarding a variety of concerns. Persons can inquire about a wide array of services available to people with AIDS and their loved ones. Frequently asked questions concern symptoms of AIDS, AIDS antibody test sites and information about Shanti programs.

Shanti’s Speakers Bureau consists of trained people with AIDS, volunteers and staff who offer presentations on psychosocial issues, grief, death and dying, living with AIDS and an overview of Shanti services. These speakers also help groups discuss their own feelings and issues regarding AIDS.

Shanti’s Videotape Training Materials offer a complete guide to our emotional support training. These training materials are designed to be used as a resource to other organizations involved in the training of volunteers.

In the coming year, Shanti Project volunteers will provide 128,000 hours of free one-to-one counseling to 1,170 people with AIDS and 1,130 of their loved ones.
DIARY OF A PRACTICAL SUPPORT TRAINING
by Danny Castelow
PRACTICAL SUPPORT VOLUNTEER COORDINATOR

FRIDAY
6:30 p.m.
There is excitement in the air. It is the first night of the Practical Support Training weekend. The trainees have all completed applications and have been interviewed. The 60 trainees are nervous, overwhelmed, overjoyed and eager. Seventeen volunteer facilitators and staff members are present to offer whatever support will be needed. In a few moments each person will be asked to share their hopes and fears as the twenty-three hour training unfolds.

10:00 p.m.
The first evening comes to an end. Trainees are hugging, exchanging names, offering rides home. The incredible bonding that takes place with each training class has begun. Earlier this evening they viewed a video presentation on AIDS Home Care, and participated in an exercise where they were asked to sit with a partner and look into each others eyes. As they leave the building everyone is encouraged to “be gentle with yourself.”

SATURDAY
9:00 a.m.
Prospective volunteers meet in small groups where they have an opportunity to bond more intimately and have their questions answered. One of the trainees expresses that he still has fear of doing this work, “I’m so afraid of saying the wrong thing, or my client being disappointed in me.”

Another group member shared, “If I could make it through those introductions last night, I can do anything!”

12:45 p.m. — Lunch
The pot luck table is spread with at least twenty-five pasta salads, chicken, turkey, ham, cheeses and breads. A second table has been set up just for desserts! Everyone is hungry after the morning session consisting of a medical overview and the powerful death personalization exercise. During the death personalization, trainees are asked to imagine their own diagnosis and the reaction of their family and friends. Some trainees appear playful and euphoric, while others are a little distant as they continue to open up to what the exercise brought up for them.

5:00 p.m.
The second day of the training comes to an end. In the afternoon an invited panel of people with AIDS and their Practical Support Volunteers talked about the significance of their relationships. Many were moved by the panel members candor, humor, courage and love. For some of the trainees, it was their first time being with a person with AIDS. The panel was followed by a non-verbal exercise in which persons are paired and feed one another.

SUNDAY
9:00 a.m.
Participants begin filling up the two circles of chairs that have been set for the “Letting Go of Grief” session. We begin with a meditation after which Diana Ross’s recording of “Missing You” is played. Anyone who is moved to speak is encouraged to share the essence of their grief. One trainee is grieving about his lover who died from AIDS a year ago. A member of our staff is grieving the death of a former co-worker. Another trainee shares the pain of being rejected by her family because of her desire to support people with AIDS. There is an incredible air of healing in the room as the exercise comes to an end. Everyone is asked to say the names aloud of friends and loved ones who have died. Some have waited years for this opportunity to let go. (Cont. on page 6)
SYDNEY AND MIGUEL
Continued from page 1

Miguel and Sydney have been together nearly eight months. Sydney explains that because of Shanti’s extensive training, she never had a worry about her being pregnant and working with a person with AIDS. “I didn’t feel that there would be a problem at all, but I did check with my doctor, and he said by all means, ‘go ahead.’ I’ve had no health problems whatsoever, and I haven’t wanted to give up my work with Shanti.”

Miguel recalls how he and his lover, John Siebrandt, decided to investigate the services Shanti had to offer. Their flat was being renovated and it was time to relocate. “John and I needed help moving, so we called Practical Support,” Miguel remembers. “Prior to that we hadn’t used Shanti because we thought that to have someone come into the house would mean that I was getting sicker.”

“Both of us were forewarned about each other,” Sydney says. “Danny, a Shanti staff volunteer coordinator, called me and told me about Miguel. He said, ‘You two are going to work out beautifully, you both have a great sense of humor and you’ll get along really well.’” Miguel adds, “And Danny told me, ‘You’re going to love Sydney, she’s really crazy. She’s a nut!’”

Miguel reminisces about their first meeting. “Well, Shanti told me that this wild woman was going to come and clean my house. When I buzzed her through the gate, she was dressed in this little jacket and a smart skirt. I thought, ‘Oh no, it’s a Dress-for-Success type. This couldn’t be the one Shanti told me about. Maybe they switched her on me!’” Sydney responds: “I dressed just for you that day! I got off work and I knew I was coming here and I wanted to look really good for you. I didn’t want to be rejected!”

Because Sydney spends her Sundays cleaning Miguel’s home, he is able to use his energy to volunteer. “We have an AIDS group at Presbyterian Hospital,” he says. “We offer emotional and practical support for people who are in the hospital. Being part of a group is important to me. That’s another reason why Sydney has been so great. If I did the housework, that would completely wipe me out for a couple of days. Sydney’s help gives me the time to do something I want to do.”

One of the other things they were both involved in recently was a stint on “Hour Magazine,” a nationally-televised morning talk show which originates from Los Angeles. Sydney describes it: “I can tell you one thing, I was very scared. Miguel was wonderful. Everything he said was great. I was just stunned. I couldn’t even look at Gary Collins, who’s the host. I looked at my shoes and mumbled a lot. Miguel stole the show.”

Miguel modestly denies that, but there’s no doubt that he must have made an impression. “I said there was no cure for AIDS right now,” Miguel recalls, “but the only thing we could do for people with AIDS is to heal them with love. And then I said, ‘Mr. President...’” Sydney interrupts, laughing. “And then the people behind the camera started to gulp!” Miguel says seriously, “I just said that he needs to start releasing money. He needs to start funding AIDS programs because we’re dying.”

Miguel thinks the audience probably enjoyed the show. “The audience was great,” he acknowledges. “And after they finished taping it, one elderly lady turned around and said, ‘God bless you.’”

When talking to Miguel and Sydney, one can see how their shared experiences will continue to enrich their lives. I asked Sydney what Shanti meant to her. “Shanti has been a wonderful place for me as far as meeting some really good people. My support group is wonderful. They’re always there for me, supporting me. It’s like a second family, an extended family. I can always call up if I’m having problems. It’s been a good year for me.”

Miguel sums it up a little differently. “Practical Support is a blessing, and I think that the services that are provided are great, especially the volunteers. In addition to offering practical support, she also is my friend. I find myself looking forward to Sundays, because I know Sydney’s on her way. It’s like a little added boost to know that the fat lady’s coming!”

(Editors Note: Two weeks after this interview, on November 30, 1987, Sydney gave birth to a beautiful baby girl, Paloma. Miguel is visiting them in the hospital.)
When the Practical Support Program was created in July 1983, we wanted a program to help meet the everyday needs of people with AIDS such as cooking, cleaning and shopping.

Soon after the first training we found that transportation to medical appointments was the task most often requested and since many of our volunteers work during the day, it was a task we were rarely able to provide. Most medical appointments are scheduled during the day time. We also found that people who need help with house cleaning usually needed help getting to their doctor appointments as well.

We heard harrowing stories of people with AIDS, who after receiving intense medical treatments, had to transfer to two or three buses.

We wrote a grant to purchase a van and hired Daniel Brewer as our first driver. Daniel began with Shanti as an emotional support volunteer. He has a strong desire to help others and is a kind and gentle man. Daniel contributed much to establish the van program we have today.

I held weekly support and supervision meetings with Daniel. A good portion of these meetings was spent in grieving about the men and women Daniel transported daily. After a year Daniel was hired as a Shanti staff counselor for the AIDS outpatient clinic at San Francisco General Hospital.

Joe Healy was hired to replace Daniel. Joe, like Daniel, started with Shanti as an emotional support volunteer. Joe combines tremendous compassion with an outrageous sense of humor. He thoroughly enjoys his work and the riders, some of whom he transports daily to hospitals throughout San Francisco.

Joe provides round trips from clients' homes to hospitals, doctors' offices, acupuncturists, dentists, psychologists and other healthcare providers. He's regularly able to fit up to eleven people a day into his schedule, although on occasion he has somehow stretched that number to fifteen.

Joe consistently remains supportive with all of his riders, even those people who, because of their physical and emotional pain are occasionally short with him.

Joe is well known and respected at many of the city hospitals. Recently when he had knee surgery, the hospital staff turned out (Cont. on page 6)
Continued from page 5

VAN PROGRAM

in full force to support him. During Easter Joe brings his collections of exotic hats and bonnets for the riders to wear! He always drives in a great costume on Halloween!

A year after Joe was hired, we found ourselves deluged with even more transportation requests. A grant was written and another van purchased and driver hired.

We converted one van to make it wheelchair accessible to provide rides to people we could not otherwise assist. Yvonne Luquis Ortega was hired in March of 1987. We are very fortunate that Yvonne is fluent in Spanish. Yvonne was raised in Puerto Rico.

I spent a morning riding with Yvonne on her route to get a better sense of what her job involved. We picked up five riders. Three of them needed to go to San Francisco General Hospital, one to Franklin Hospital and one to Kaiser.

Yvonne is very vivacious, yet doesn’t overwhelm the slower moving riders. Most of her riders are regulars. Two riders are Latinos and immediately begin speaking Spanish with her. I realize these are ongoing relationships.

We stop at one house and Yvonne knocks at the door. A man emerges with his roommate who is carrying an oxygen tank. He hands the tank to Yvonne who carries it in one hand as she chatters away to her rider, her other arm around his waist. Yvonne opens the door of the van and sets down the portable step. As the man climbs into the van, she sings a song to him, leaps back into the driver’s seat and introduces me.

The next person on the pickup schedule is a former landscape architect. He tells us he is selling his truck because is unable to drive. The man with the oxygen tank discusses his own experiences selling items through newspaper ads.

We next pick up a young man who has just lost his sight. His lover accompanies him. Even before he gets into the van he is telling Yvonne about the puppy he spent time with the previous afternoon; the puppy was provided through an animal shelter program for people with AIDS. The other riders all chimed in with their own pet stories.

We are now at San Francisco General Hospital and all three men say goodbye and go in for their treatment. Yvonne assists the man with the oxygen tank.

Fifteen minutes later we are on a small side street and Yvonne is maneuvering the large vehicle expertly. The rider we pick up here obviously does not feel well. He gets into the van very slowly, leans back from exhaustion and closes his eyes. Yvonne and I automatically quiet ourselves. Somehow the beautiful sunlit days feels incon-gruous. At Kaiser Hospital, Yvonne helps him out of the van with infinite gentleness and patience.

Back in the van, Yvonne and I exchange a “knowing” look and before we have a chance to talk, the beeper announces that our riders are ready to go home from San Francisco General. “Right on schedule,” Yvonne replies.

On the way to San Francisco General Hospital, we stop and pick up an older man. As he speaks to Yvonne, alternating in Spanish and English, he discusses his treatment and how he feels about the course he’s chosen. He and Yvonne take turns filling me in, in English.

We drop him off at his home near Franklin Hospital and continue on our way back to San Francisco General Hospital. The blind man and his lover, as well as the landscape architect await us. Our friend with the oxygen tank has been admitted to the hospital.

After dropping off these riders, Yvonne and I return to the office. My watch says it is only noon. I’m exhausted.

Yvonne’s beeper goes off. The Kaiser Hospital Rider is ready. She takes off waving goodbye.

PRACTICAL SUPPORT

Continued from page 3

The afternoon session addresses issues concerning cross cultural values and mores and how to support clients of different cultural, spiritual, class and family backgrounds. This session is followed by role plays (demonstrated scripts of interaction) in which skills are taught regarding how we can best serve our clients.

4:14 p.m.

Everyone curls up on sleeping bags and blankets and views a video of Gary Walsh, a person with AIDS. Gary speaks about love as the best response to AIDS. Trainees are thoughtful as Gary tells us, “As corny as it may sound, love really is the answer.”

6:15 p.m.

Closing Circle. It’s hard to believe that this is the same group of people that came together two nights ago. Everyone seems so much softer and vulnerable. The new volunteers are representative of many different ethnic communities, sexual orientations, professions and ages. As I slip my arms around the two people on each side of me, tears begin to fall. I wonder how many more people will take time to join us to provide support services to people with AIDS. I hope there will always be enough.

Participants of Practical Support Training During Touch Exercises
The Shanti Project, a volunteer-based organization, welcomes financial contributions from those who appreciate our efforts and want to help. Please send your tax-deductible donation to the Shanti Project, 525 Howard Street, San Francisco, CA 94105.

I would like to support the Shanti Project with a donation of:

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I have moved; my new address is:

Name ___________________________ Phone ___________________________
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For more information about the Shanti training videotapes, call the Shanti Project office at (415) 777-CARE.