



ECLIPSE™

The Shanti Project Newsletter

Winter, 1986

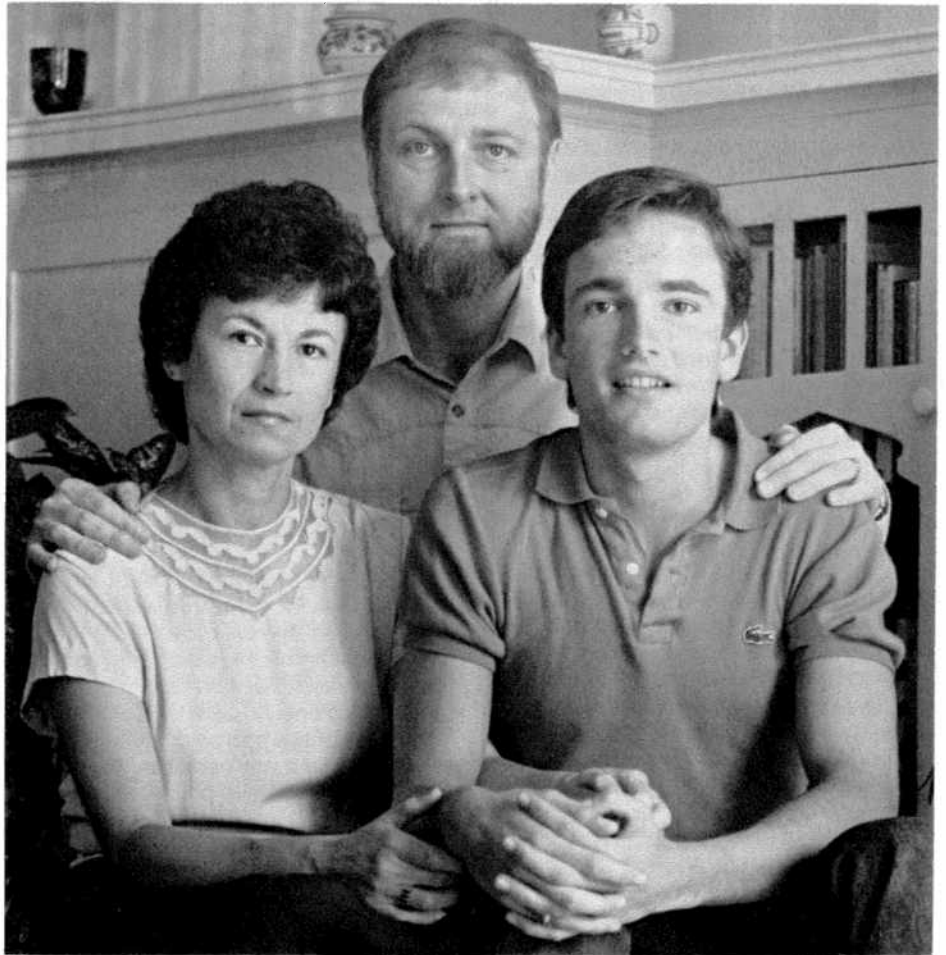
THE STONES

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.



Stone Family

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 pro-

bably 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)



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Winter, 1986

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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.

(Parents Continued)

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.

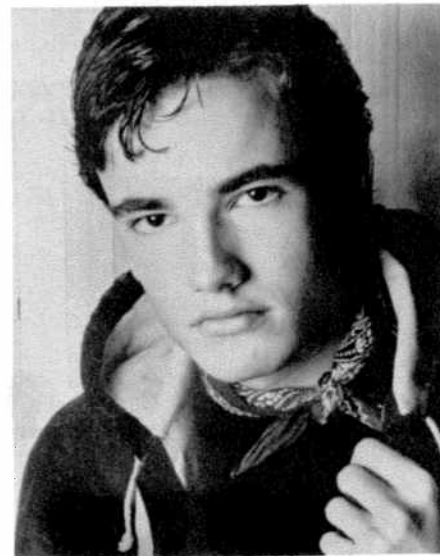
R: They wanted someone religious to go in so he could give Michael last rites or so that he could make peace with God. I said, "Hell no, Michael is not religious and it's not the time for that." We finally had to take the nurse aside and say, "Listen, he's getting all upset with all these precautions 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 gown-



Michael Stone

ing 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 septria, 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 breathe 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 would 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 any 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 he 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 cryptococcal 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 adamant 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 accepted 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 make-up 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 I 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 grass roots 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 supplement 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 halftime 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 Shifler. 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.

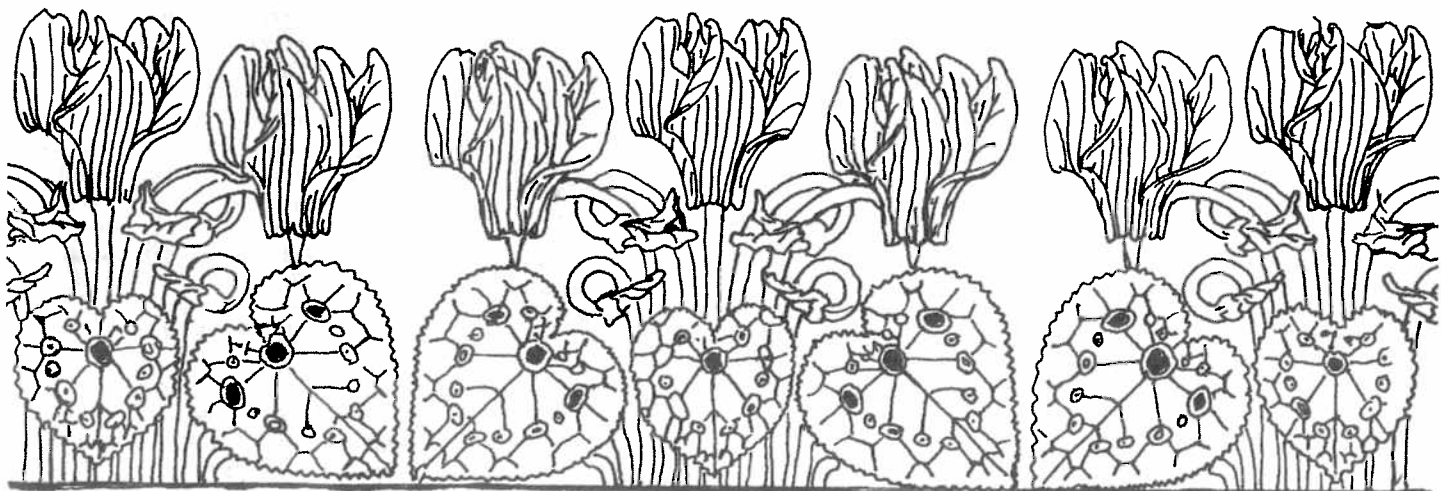
Looking back through the years, I am so grateful for the many stages through which the Project evolved. I am grateful that at its birth the Project was founded to provide services for all persons with life-threatening illness and their loved ones. I am also grateful that with the emergence of the AIDS 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?

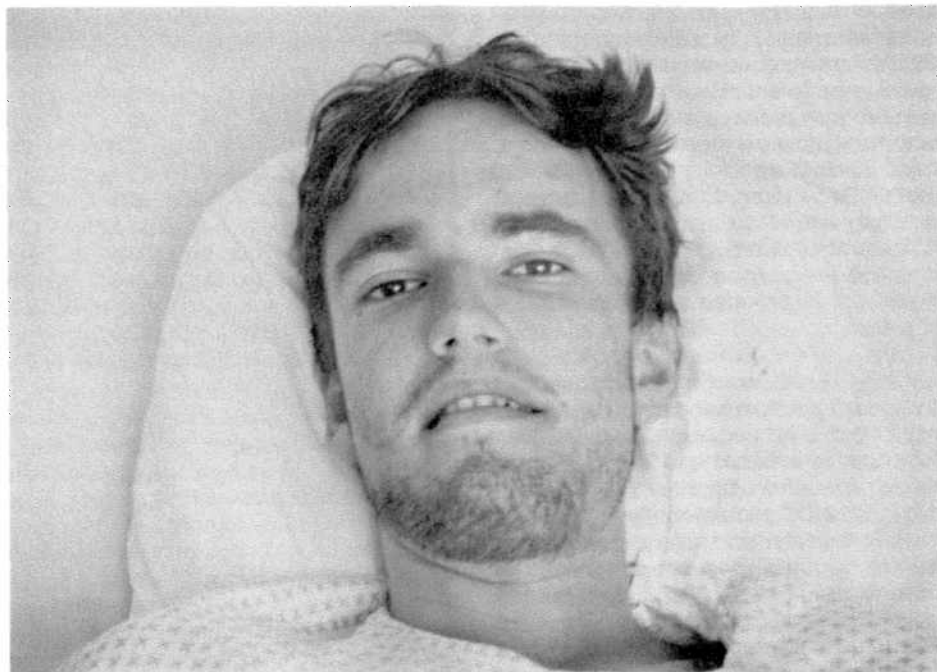
R: Not in the sense of demonstrating affection. I had been very disapproving of his lifestyle. Going out and partying all the time and not studying. I guess I had been too demanding on him. On Friday night instead of saying, *"Great that you did that."* I would say, *"Why didn't you do that, too?"* I 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



Michael Stone

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.

R: 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.

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

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 _____

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 doc-

tor 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.

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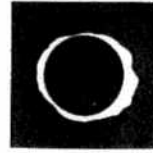
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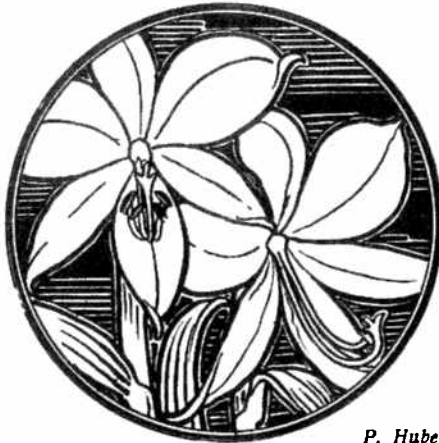
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For more information about the Shanti training videotapes, call the Shanti Project office at 415/558-9644.