

Legacy Business Registry Staff Report

HEARING DATE JUNE 26, 2017

SHANTI PROJECT

Application No.: LBR-2016-17-087
Business Name: Shanti Project
Business Address: 730 Polk Street, 3rd Floor
District: District 6
Applicant: Kaushik Roy, Executive Director
Nomination Date: May 8, 2017
Nominated By: Supervisor Jane Kim
Staff Contact: Richard Kurylo
legacybusiness@sfgov.org

BUSINESS DESCRIPTION

The Shanti Project is a nonprofit organization established in 1975 that trains volunteers to provide one-on-one support to individuals facing terminal or life-threatening illnesses. It was among the first organizations in the world to work directly with terminally-ill patients and became a global leader in offering psychosocial support to those suffering from HIV/AIDS. Developed by Dr. Charles Garfield, the Shanti Model of Peer Support utilized by the organization's volunteers set a new standard in psycho social health care on an international scale. The organization operates in the Tenderloin neighborhood. It acquired a second location in the Mission District when Pets are Wonderful Support (PAWS) merged with the Shanti Project in 2015.

Dr. Garfield was the first mental health professional for the UCSF Medical School's Cancer Ward. While working with cancer patients, Dr. Garfield created the Shanti Model of Peer Support utilizing compassionate and well-trained volunteers. The word Shanti, meaning "inner peace" in Sanskrit, was chosen as the organization's name to represent its goal of "easing the burdens and improving the well-being of people in difficult life situations." Dr. Garfield believed that no person should "face cancer or other terminal or life-threatening illnesses alone." The majority of Shanti's clients come from low-income, marginalized, and/or underserved communities. Shanti's volunteers help clients schedule and access medical visits and treatments, complete paperwork, communicate with medical professionals, and access educational materials, while also offering support and practical assistance with life's daily chores and responsibilities, including pet care.

For two decades beginning in the late 1970s, the Shanti Project focused its efforts on caring for those suffering from HIV/AIDS. As a result, the Shanti Project led some of the earliest responses to the care of individuals diagnosed with the new illness and was invited by the governments of France and Britain to conduct international trainings on best practices for supporting people with AIDS. In 1987 during the first U.S. Presidential address on AIDS, President Ronald Reagan acknowledged Shanti for its leadership and many contributions in devising effective methods for caring for those with AIDS.

Beginning in 2001, the Shanti Project expanded its services to include outreach to underserved women diagnosed with breast cancer and, in 2015, expanded further to support women suffering from all forms of





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cancer. Its merger with PAWS in 2015 ensured the continued life of a program working to keep disabled and sick persons united with their pets. In recent years, Shanti has established an LGBT Aging and Ability Support Network (LAASN) program and has partnered with affordable housing nonprofits to provide support to residents during reconstruction of a large public housing project. Shanti serves over 2,000 individuals annually, including an average of 1,000 people living with HIV, "90% of whom are living on incomes less than twice the federal poverty line."

Dr. Charles Garfield and his Shanti Model of Peer Support have been the recipient of numerous awards and accolades. Its leadership role in providing needed services and support to individuals dying from AIDS contributed to the "San Francisco model" of care for those diagnosed with HIV/AIDS, which emphasizes a holistic, collaborative, and relationship-centered approach to care.

CRITERION 1: Has the applicant operated in San Francisco for 30 or more years, with no break in San Francisco operations exceeding two years?

Yes, the applicant has operated in San Francisco for 30 or more years, with no break in San Francisco operations exceeding two years:

No address from 1975 to 1983 (9 years)
890 Hayes Street from 1983 to 1988 (5 years)
525 Howard Street from 1988 to 1994 (6 years)
1546 Market Street from 1995 to 1998 (3 years)
730 Polk Street, 3rd Floor from 1998 to Present (19 years)
3170 23rd Street from 2015 to Present (2 years)

CRITERION 2: Has the applicant contributed to the neighborhood's history and/or the identity of a particular neighborhood or community?

Yes, the applicant has contributed to San Francisco's history and identity.

The Historic Preservation Commission recommended the applicant as qualifying, noting the following ways the applicant contributed to the neighborhood's history and/or the identity of a particular neighborhood or community:

- Shanti Project, one of the city's oldest community-based caregiving nonprofit organizations, is associated with the tradition of teaching and practicing peer-to-peer psychosocial and practical support services for critically ill patients.
- Shanti Project has contributed to the history and identity of San Francisco through its critical role in helping to develop the "San Francisco model" of care for people diagnosed with HIV/AIDS, which emphasizes building relationships, providing holistic care consisting of health and social services, and collaborating with clinic and community partners to broaden and strengthen the care continuum. Its signature Shanti Model of Peer Support has become an international model for caregiving organizations all over the world.
- The 1922 building has been previously evaluated for historic significance by the Planning Department. It is considered a "Category A" building and has been identified as individually eligible for listing on the California Register. It was also identified as eligible for listing on the National Register as a contributor to a National Register-eligible historic district. The property was noted for its significance in the Van Ness





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Auto Row Support Structures Survey prepared by William Kostura from the Planning Department in 2010. The building is also associated with several important nonprofit organizations, including the Asian & Pacific Islander Wellness Center and Project Open Hand. All three organizations are associated with the community's response to the AIDS epidemic and have demonstrated historical importance within local LGBTQ history. While further evaluation is needed, Shanti's founder and the creator of the Shanti Model of Peer Support, Dr. Charles Garfield, may be considered a historically significant person as defined by National Register criteria.

- The Shanti Project is mentioned in the Citywide Historic Context Statement for LGBTQ History in San Francisco under the theme of "San Francisco and the AIDS Epidemic (1981 to 1990s)" on pages 296, 297, 301, 308, 363.
- The business has been cited in the following publications:
 - The New York Times, 12/14/1985, "WARD 5B: A Model of Care for AIDS," by Katherine Bishop.
 - SFGate, 12/31/1995, "Between the Lines—Shanti Pioneer Spotlights Caregivers," by Patricia Holt.
 - Beyond Chron, 11/25/2008, "35th Anniversary of Historic SF Community Organization" by Randy Allgaier.
 - Los Angeles Times, 9/16/2011, "Movie Review: 'We Were Here'," by Kenneth Turan.
 - sfgayhistory.com, "The 1980s-SF Gay History."
 - President Reagan's amfAR Speech, written by Landon Parvin for President Reagan to deliver at a dinner honoring the American Foundation for AIDS Research (amfAR), May 31, 1987. Published on KQED's website.
- Shanti Project has been the recipient of numerous awards, including:
 - City and County of San Francisco Award of Merit, signed by Diane Feinstein on September 19, 1983.
 - City and County of San Francisco Proclamation recognizing September 8, 1990 as Shanti Volunteers Day in San Francisco, signed by Mayor Art Agnos.
 - California Legislature Assembly Resolution commending the Shanti Project for its 20th anniversary and applauded for the vital role it has played in enhancing the quality of life of people with AIDS, signed by Honorable Willie L. Brown, Jr., Speaker of the Assembly, on June 20, 1994.
 - City and County of San Francisco Proclamation proclaiming June 28th 1994 as Shanti Project Day in San Francisco, signed by Mayor Frank M. Jordan; City and County of San Francisco Proclamation resolving November 10, 2009 as Shanti Day in San Francisco, signed by Mayor Gavin Newsom.

CRITERION 3: Is the applicant committed to maintaining the physical features or traditions that define the business, including craft, culinary, or art forms?

Yes, Shanti Project is committed to maintaining the physical features or traditions that define its practice of providing psychosocial and practical services to critically ill individuals.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION

The Historic Preservation Commission recommends that Shanti Project qualifies for the Legacy Business Registry under Administrative Code Section 2A.242(b)(2) and recommends safeguarding of the below listed physical features and traditions.

Physical Features or Traditions that Define the Business:

- One-to-one peer support provided by trained volunteers, offering psycho social and practical support services to individuals suffering from life-threatening illnesses.
- Shanti Model of Peer Support, which is built on the values of mutual respect, positive regard, empowerment of the client, genuineness, acceptance of difference, empathy and the intention to be of service.



- Shanti's 24-hour Volunteer Peer Support training.
- Servicing of diverse populations, including marginalized and underserved segments of the population.
- Being located in neighborhood(s) where a high number of its clients live.

CORE PHYSICAL FEATURE OR TRADITION THAT DEFINES THE BUSINESS

Following is the core physical feature or tradition that defines the business that would be required for maintenance of the business on the Legacy Business Registry.

- Enhancing the health, quality of life and well-being of people with terminal, life-threatening or disabling illnesses or conditions.

STAFF RECOMMENDATION

Staff recommends that the San Francisco Small Business Commission include Shanti Project currently located at 730 Polk Street, 3rd Floor in the Legacy Business Registry as a Legacy Business under Administrative Code Section 2A.242.

Richard Kurylo, Manager
Legacy Business Program



Small Business Commission Draft Resolution

HEARING DATE JUNE 26, 2017

SHANTI PROJECT

LEGACY BUSINESS REGISTRY RESOLUTION NO. _____

<i>Application No.:</i>	LBR-2016-17-087
<i>Business Name:</i>	Shanti Project
<i>Business Address:</i>	730 Polk Street, 3 rd Floor
<i>District:</i>	District 6
<i>Applicant:</i>	Kaushik Roy, Executive Director
<i>Nomination Date:</i>	May 8, 2017
<i>Nominated By:</i>	Supervisor Jane Kim
<i>Staff Contact:</i>	Richard Kurylo legacybusiness@sfgov.org

ADOPTING FINDINGS APPROVING THE LEGACY BUSINESS REGISTRY APPLICATION FOR SHANTI PROJECT, CURRENTLY LOCATED AT 730 POLK STREET, 3RD FLOOR.

WHEREAS, in accordance with Administrative Code Section 2A.242, the Office of Small Business maintains a registry of Legacy Businesses in San Francisco (the "Registry") to recognize that longstanding, community-serving businesses can be valuable cultural assets of the City and to be a tool for providing educational and promotional assistance to Legacy Businesses to encourage their continued viability and success; and

WHEREAS, the subject business has operated in San Francisco for 30 or more years, with no break in San Francisco operations exceeding two years; or

WHEREAS, the subject business has operated in San Francisco for more than 20 years but less than 30 years, has had no break in San Francisco operations exceeding two years, has significantly contributed to the history or identity of a particular neighborhood or community and, if not included in the Registry, faces a significant risk of displacement; and

WHEREAS, the subject business has contributed to the neighborhood's history and identity; and

WHEREAS, the subject business is committed to maintaining the physical features and traditions that define the business; and

WHEREAS, at a duly noticed public hearing held on June 26, 2017, the San Francisco Small Business Commission reviewed documents and correspondence, and heard oral testimony on the Legacy Business Registry application; therefore





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OFFICE OF SMALL BUSINESS
REGINA DICK-ENDRIZZI, DIRECTOR

BE IT RESOLVED that the Small Business Commission hereby includes Shanti Project in the Legacy Business Registry as a Legacy Business under Administrative Code Section 2A.242.

BE IT FURTHER RESOLVED that the Small Business Commission recommends safeguarding the below listed physical features and traditions at Shanti Project:

Physical Features or Traditions that Define the Business:

- One-to-one peer support provided by trained volunteers, offering psycho social and practical support services to individuals suffering from life-threatening illnesses.
- Shanti Model of Peer Support, which is built on the values of mutual respect, positive regard, empowerment of the client, genuineness, acceptance of difference, empathy and the intention to be of service.
- Shanti's 24-hour Volunteer Peer Support training.
- Servicing of diverse populations, including marginalized and underserved segments of the population.
- Being located in neighborhood(s) where a high number of its clients live.

BE IT FURTHER RESOLVED that the Small Business Commission requires maintenance of the below listed core physical feature or tradition to maintain Shanti Project on the Legacy Business Registry:

- Enhancing the health, quality of life and well-being of people with terminal, life-threatening or disabling illnesses or conditions.

I hereby certify that the foregoing Resolution was ADOPTED by the Small Business Commission on June 26, 2017.

Regina Dick-Endrizzi
Director

RESOLUTION NO. _____

Ayes –
Nays –
Abstained –
Absent –



**Legacy
Business
Registry**

Application Review Sheet

Application No.: LBR-2016-17-087
Business Name: Shanti Project
Business Address: 730 Polk Street, 3rd Floor
District: District 6
Applicant: Kaushik Roy, Executive Director
Nomination Date: May 8, 2017
Nominated By: Supervisor Jane Kim

CRITERION 1: Has the applicant has operated in San Francisco for 30 or more years, with no break in San Francisco operations exceeding two years? X Yes No

No address from 1975 to 1983 (9 years)
890 Hayes Street from 1983 to 1988 (5 years)
525 Howard Street from 1988 to 1994 (6 years)
1546 Market Street from 1995 to 1998 (3 years)
730 Polk Street, 3rd Floor from 1998 to Present (19 years)
3170 23rd Street from 2015 to Present (2 years)

CRITERION 2: Has the applicant contributed to the neighborhood's history and/or the identity of a particular neighborhood or community? X Yes No

CRITERION 3: Is the applicant committed to maintaining the physical features or traditions that define the business, including craft, culinary, or art forms? X Yes No

NOTES: Although Shanti Project was incorporated in 1975 per the Articles of Incorporation, which, for nonprofit organizations, is normally used as the starting year with regard to Legacy Business Registry applications, the starting year of Shanti Project is reported as 1974. Shanti Project was founded in 1974, and this year is referenced throughout the news articles and documentation provided.

DELIVERY DATE TO HPC: May 10, 2017

Richard Kurylo
Manager, Legacy Business Program



Member, Board of Supervisors
District 6



City and County of San Francisco

JANE KIM
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May 8, 2017

Regina Dick-Endrizzi, Director
San Francisco Small Business Commission
1 Dr. Carlton B. Goodlett Place, Room 110
San Francisco, CA 94102

Dear Regina:

I would like to formally nominate the Shanti Project (Shanti), one of San Francisco's oldest community-based caregiving non-profits, for San Francisco's Legacy Business Registry. Dr. Charles Garfield, Ph.D, the first mental health professional at UCSF Medical School's Cancer Ward, founded Shanti in 1974 with his experience in clinical work with cancer patients. Dr. Garfield believed no one should have to face cancer or any terminal/life-threatening illness alone, and that well-trained volunteers could provide ongoing one-on-one psychosocial and practical support. His innovative vision has become one of the first ever volunteer organizations to work directly with terminally-ill patients, and a model for similar organizations all across the world.

As far back as the late 1970s, Dr. Garfield received requests from his medical colleagues at UCSF for Shanti to support individuals from the gay community that were exhibiting cancer-like symptoms. This "mysterious cancer" was later named GRID and eventually became known as the HIV/AIDS epidemic in June of 1981. Shanti was uniquely positioned to meet the challenges of this devastating epidemic, and led some of the earliest responses, locally, nationally and internationally and offered compassion to the first wave of people diagnosed with AIDS. In the words of one former San Francisco Mayor, "San Francisco would not be what it is today if Shanti wasn't here at the beginning of the AIDS epidemic. It just wouldn't." In fact, Shanti was specifically acknowledged and thanked during the first U.S. Presidential address on AIDS in 1987 for its leadership in the earliest years of the epidemic and the French and British governments requested Shanti to conduct the first international trainings on how to work with and support people with AIDS.

After exclusively supporting people with HIV/AIDS for two decades, Shanti expanded its services in 2000, launching a breast cancer program to augment hospital-based care and reduce the barriers that underserved women face accessing, maintaining and completing treatment. This program, with support from the City and our office, expanded in 2015 to offer its services to all women diagnosed with any kind of cancer, making it the most comprehensive nonprofit service of its kind.



JANE KIM
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Today, Shanti serves over 2,000 San Franciscans annually, approximately 90% of whom are living on incomes less than twice the federal poverty line. This figure represents recent programmatic initiatives for people living with Hepatitis-C, our isolated aging LGBTQ community, and residents of Potrero Hill public housing.

Also, in 2015 Shanti facilitated a merger with another historic San Francisco nonprofit, PAWS (Pets Are Wonderful Support) which would have closed its doors due to financial struggles. PAWS is San Francisco's only dedicated effort to keeping homebound, disabled, elderly or very sick residents together with their companion animals, who often represent their only family or a consistent source of love and compassion that these vulnerable individuals need.

Today, over 50 passionate staff and 700 dedicated volunteers make up Shanti's 43-year legacy of supporting some of our most vulnerable residents. For many long-time San Franciscans, Shanti defines what "compassionate care" truly means, I offer my whole-hearted endorsement for the Legacy Business Registry.

A handwritten signature in blue ink, consisting of a stylized 'J' followed by a series of loops and a horizontal line.

Jane Kim

Section One:

Business / Applicant Information. Provide the following information:

- The name, mailing address, and other contact information of the business;
- The name of the person who owns the business. For businesses with multiple owners, identify the person(s) with the highest ownership stake in the business;
- The name, title, and contact information of the applicant;
- The business's San Francisco Business Account Number and entity number with the Secretary of State, if applicable.

NAME OF BUSINESS:		
Shanti Project		
BUSINESS OWNER(S) (identify the person(s) with the highest ownership stake in the business)		
Executive Director, Kaushik Roy & Shanti Board of Directors, Chair Connie Norton		
CURRENT BUSINESS ADDRESS:		TELEPHONE:
730 Polk Street, 3rd Floor San Francisco, CA 94109		((415))674-4722
		EMAIL:
		kroy@shanti.org
WEBSITE:	FACEBOOK PAGE:	YELP PAGE
www.shanti.org	https://www.facebook.com/ShantiProject/	https://www.yelp.com/biz/shanti-san-francisco?osq=shanti+project

APPLICANT'S NAME		
Kaushik Roy	<input type="checkbox"/>	Same as Business
APPLICANT'S TITLE		
Executive Director		
APPLICANT'S ADDRESS:		TELEPHONE:
730 Polk Street, 3rd Floor San Francisco, CA		(415)674-4722
		EMAIL:
		kroy@shanti.org
SAN FRANCISCO BUSINESS ACCOUNT NUMBER:		SECRETARY OF STATE ENTITY NUMBER (if applicable):
0376788		

OFFICIAL USE: Completed by OSB Staff	
NAME OF NOMINATOR:	DATE OF NOMINATION:
Supervisor Jane Kim	

Section Two:

Business Location(s).

List the business address of the original San Francisco location, the start date of business, and the dates of operation at the original location. Check the box indicating whether the original location of the business in San Francisco is the founding location of the business. If the business moved from its original location and has had additional addresses in San Francisco, identify all other addresses and the dates of operation at each address. For businesses with more than one location, list the additional locations in section three of the narrative.

ORIGINAL SAN FRANCISCO ADDRESS:	ZIP CODE:	START DATE OF BUSINESS
890 Hayes Street	94117	1974
IS THIS LOCATION THE FOUNDING LOCATION OF THE BUSINESS?	DATES OF OPERATION AT THIS LOCATON	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	1983-1988	

OTHER ADDRESSES (if applicable):	ZIP CODE:	DATES OF OPERATION
525 Howard Street	94105	Start: 1988
		End: 1994

OTHER ADDRESSES (if applicable):	ZIP CODE:	DATES OF OPERATION
1546 Market Street	94102	Start: 1995
		End: 1998

OTHER ADDRESSES (if applicable):	ZIP CODE:	DATES OF OPERATION
730 Polk Street, 3rd Floor	94109	Start: 1998
		End: Present

OTHER ADDRESSES (if applicable):	ZIP CODE:	DATES OF OPERATION
3170 23rd Street	94110	Start: 2015
		End: Present

OTHER ADDRESSES (if applicable):	ZIP CODE:	DATES OF OPERATION
		Start:
		End:

OTHER ADDRESSES (if applicable):	ZIP CODE:	DATES OF OPERATION
		Start:
		End:

Section Three:

Disclosure Statement.

San Francisco Taxes, Business Registration, Licenses, Labor Laws and Public Information Release.

This section is verification that all San Francisco taxes, business registration, and licenses are current and complete, and there are no current violations of San Francisco labor laws. This information will be verified and a business deemed not current in with all San Francisco taxes, business registration, and licenses, or has current violations of San Francisco labor laws, will not be eligible to apply for the Business Assistance Grant.

In addition, we are required to inform you that all information provided in the application will become subject to disclosure under the California Public Records Act.

Please read the following statements and check each to indicate that you agree with the statement. Then sign below in the space provided.

- ☒ I am authorized to submit this application on behalf of the business.
- ☒ I attest that the business is current on all of its San Francisco tax obligations.
- ☒ I attest that the business's business registration and any applicable regulatory license(s) are current.
- ☒ I attest that the Office of Labor Standards and Enforcement (OLSE) has not determined that the business is currently in violation of any of the City's labor laws, and that the business does not owe any outstanding penalties or payments ordered by the OLSE.
- ☒ I understand that documents submitted with this application may be made available to the public for inspection and copying pursuant to the California Public Records Act and San Francisco Sunshine Ordinance.
- ☒ I hereby acknowledge and authorize that all photographs and images submitted as part of the application may be used by the City without compensation.
- ☒ I understand that the Small Business Commission may revoke the placement of the business on the Registry if it finds that the business no longer qualifies, and that placement on the Registry does not entitle the business to a grant of City funds.

Kaushik Roy

5/5/2017



Name (Print):

Date:

Signature:

Shanti Project

Section 4: Written Historical Narrative

CRITERION 1

a. Provide a short history of the business from the date the business opened in San Francisco to the present day, including the ownership history. For businesses with multiple locations, include the history of the original location in San Francisco (including whether it was the business's founding and or headquartered location) and the opening dates and locations of all other locations.

Dr. Charles Garfield was inspired to form the nonprofit organization The Shanti Project (Shanti) in 1974 as a result of his clinical work with cancer patients at the UCSF Cancer Research Ward. Dr. Garfield believed that no one should have to face cancer or any terminal/life-threatening illness alone. Dr. Charles Garfield developed the Shanti Model of Peer Support™ and desired to bring this effective model to more people in need. The Shanti Project was incorporated on August 21, 1975.

The word “shanti” means “inner peace,” which is most fitting given Shanti’s purpose to ease the burdens and improve the well-being of people in difficult life situations. Dr. Garfield realized that selected volunteers who completed intensive training could provide effective psychosocial support to people facing serious illnesses. Shanti was one of the first-ever volunteer agencies to work with terminally ill clients and eventually became the connection between tens of thousands of people facing life-threatening illnesses and volunteers who offered emotional support, peer counseling and helping hands.

The first Shanti peer support volunteers were trained in 1974 to be a consistent and compassionate presence at the bedside of patients in the UCSF cancer ward, under the leadership of Dr. Garfield. In 1980, as the cancer ward began to fill with people who were diagnosed with what we now know to be AIDS-related opportunistic infections, Dr. Garfield and Shanti turned its focus to caring for people who were, in those days, *dying* of AIDS. In the context of a nascent and incomplete understanding of the virus, an extremely high death rate, and a lack of resources for people living with HIV/AIDS, Shanti was at the forefront, with UCSF, SFGH and grassroots AIDS activists, in developing the “San Francisco model” of care for people diagnosed with HIV. This model took into account that the primary patient population contracting HIV (gay men) were already the target of significant discrimination and were struggling with serious socio-economic issues in addition to their HIV. Thus the model emphasized building relationships, providing wrap-around care (including health and social services), and collaborating closely with clinic and community partners to broaden and strengthen the care continuum. Today, Shanti continues to serve over 1,000 clients with HIV annually.

In 1983, Shanti Project opened its first independent location at 890 Hayes Street in San Francisco. Shanti continued to expand through the 1980s to keep up with the growing need of support services during the AIDS crisis. With 70 staff members and over 650 volunteers, Shanti moved to 525 Howard Street to accommodate this growth in 1988. In 1995, Shanti moved to Tenderloin on Market Street in an effort to be closer to our highest need clients, and in 1998, Shanti found a permanent home in the Project Open Hand building at 730 Polk Street.

In 2000, the San Francisco Department of Public Health noted the increase of women with breast cancer and the lack of services available to them. Shanti was approached to consider starting a new program for underserved breast cancer patients. Thus, in 2001, with an initial federal grant secured by then-Congresswoman Nancy Pelosi, Shanti expanded its services by launching its LifeLines Breast Cancer Program. In late 2015, with increased support from Mayor Ed Lee and the Board of Supervisors, the program expanded to serve women diagnosed with any type of cancer. Known today as the Margot Murphy Women’s Cancer Program, the program serves over 600 women and continues to augment hospital-based care and reduce the barriers that underserved women face accessing, maintaining and completing treatment.

In 2015, another historic San Francisco nonprofit, Pets Are Wonderful Support (PAWS), merged into Shanti to ensure its long-term sustainability. PAWS is San Francisco's only program dedicated to keeping homebound, disabled and very sick individuals together with their companion animals, and as a part of Shanti, will support over 700 clients and their pets in 2017. Other recent service expansions include Shanti's LGBT Aging and Ability Support Network (LAASN) program, which helps marginalized LGBT senior clients reduce isolation, and Shanti's partnership with HOPESF and BRIDGE Housing to provide support services to the residents of Potrero Hill during reconstruction of its public housing. In total, over 2,500 clients receive services from Shanti, through the dedicated efforts of more than 50 staff members and over 700 volunteers.

b. Describe any circumstances that required the business to cease operations in San Francisco for more than six months?

Shanti has continuously provided vital services to clients since 1974.

c. Is the business a family-owned business? If so, give the generational history of the business. – Not Applicable.

d. Describe the ownership history when the business ownership is not the original owner or a family-owned business. – Not Applicable

e. When the current ownership is not the original owner and has owned the business for less than 30 years, the applicant will need to provide documentation of the existence of the business prior to current ownership to verify it has been in operation for 30+ years. Please use the list of supplemental documents and/or materials as a guide to help demonstrate the existence of the business prior to current ownership. -Not Applicable.

f. Note any other special features of the business location, such as, if the property associated with the business is listed on a local, state, or federal historic resources registry.

Shanti's main office is located at 730 Polk Street in the Project Open Hand building in the Tenderloin. This building was previously owned by the Sierra Club and has been designated a category "A" property by the Planning Department. 730 Polk is next to the Historic Uptown Tenderloin district. The building is also located on the edge of the Little Saigon neighborhood which is two blocks of almost 80% Vietnamese owned businesses.

After merging with PAWS in 2015, Shanti acquired a building in the Mission neighborhood at 3170 23rd Street. Shanti continues to offer support services at both locations.

CRITERION 2

a. Describe the business's contribution to the history and/or identity of the neighborhood, community or San Francisco.

Shanti Project was one of the first organizations in the world to respond to the AIDS crisis of the 1980s. This was a defining moment in San Francisco's history and Shanti was at the forefront, working with the community and the City to respond to the epidemic. During these devastating times, Shanti shared its model of compassionate care all across the world, teaching other communities how to support and be of service to others without judgement or fear. In fact, at the request of the French and British governments, Shanti facilitated the first-ever international trainings on how to work with and care for people with AIDS.

b. Is the business (or has been) associated with significant events in the neighborhood, the city, or the business industry?

The AIDS epidemic is inextricably linked to the history of San Francisco, it was a time of fear, pain and grief. However, it was also a time when a community pulled together and showed the world how to heal, support and love each other. In 1981, Shanti volunteers, who had been working with cancer patients since 1974, made the decision to solely focus their support services on clients with this mysterious illness some called “gay cancer”. This was before people even knew if/how AIDS was transmitted. Shanti began the first peer support group on November 1, 1981 for San Franciscans with AIDS, and for nearly four decades, Shanti has seen the faces of people living with HIV/AIDS in San Francisco expand to include other groups that have their own experiences of discrimination, such as recent immigrants, people struggling with substance abuse, victims of domestic violence, the wider LGBT community, seniors, adults with other disabilities and co-morbid conditions and people of color.

c. Has the business ever been referenced in an historical context? Such as in a business trade publication, media, or historical documents?

President Reagan gave the first U.S. Presidential Address on AIDS in 1987 and specifically thanked Shanti and its volunteers:

You know, it's been said that when the night is darkest, we see the stars. And there have been some shining moment through this horrible AIDS epidemic...For example, last year 450 volunteers from the Shanti Project provided 130,000 hours of emotional and practical support to 87 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition is caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens who have AIDS.
(emphasis added)

Shanti's early work with people living with HIV/AIDS (PLWH) is documented in the acclaimed 2011 film, *We Were Here*. Shanti is also referenced in multiple books on the AIDS crisis in San Francisco such as:

- *And the Band Played On*; by Randy Shilts, 1987
- *Sometimes My Heart Goes Numb: Love and Caregiving in the Time of AIDS*; by Charles Garfield, 1995
- *God Doesn't Make Trash*; by Barbara Rose Brooker, 2001

Shanti has also been referenced in a variety of news stories across the country including:

- The New York Times: *Ward 5B: A Model of Care for AIDS*; by Katherine Bishop, December 14, 1985
- The San Francisco Chronicle: *Between the Lines – Shanti Pioneer Spotlights Caregivers*; by Patricia Holt, December 31, 1995
- Beyond Chron: *35th Anniversary of Historic SF Community Organization*; by Randy Allgiaer, November 25, 2008
- Los Angeles Times: *Movie Review: 'We Were Here'*; by Kenneth Turan, September 16, 2011

d. Is the business associated with a significant or historical person?

As the first-ever mental health professional at the UCSF Medical School Cancer Ward, Dr. Charles Garfield founded Shanti in 1974. For over forty years, he has pioneered the development of service oriented volunteer organizations and the training of volunteers in a wide variety of applications. In 1981, Dr. Garfield

was named National Activist of the Year—one of America’s highest awards to individuals making voluntary contributions in public service for his work with Shanti and for originating the Shanti Mode of Peer Support™. Dr. Garfield still serves as Clinical Professor of Psychology in the Department of Psychiatry at UCSF.

e. How does the business demonstrate its commitment to the community?

Since its inception, Shanti’s defining mission was to be of service to the community. As we have grown, Shanti has sharpened its skills in tailoring and adapting its services to diverse populations. For example, services that were once rendered to mostly English-speaking gay men during the AIDS crisis were modified to meet the needs of underserved breast cancer patients with low-English proficiency and with their own experiences of stigma, loss of identity and shame related to their illness. Our ability to translate our model across populations has come to the attention of other providers whose target populations have limited access to social support.

Shanti has been an active participant and ally in the LGBTQ community since the beginning of the AIDS epidemic, yet Shanti’s contribution to San Francisco extends well beyond the LGBTQ community. Over the years, Shanti has trained more than 20,000 volunteers – LGBTQ and straight – in its peer model of support, and those volunteers have volunteered over 3 million hours of caregiving. Since its inception, Shanti’s services have conservatively touched the lives of many tens of thousands of San Franciscans.

f. Provide a description of the community the business serves.

Even though Shanti has had several locations over the years, Shanti has been located in the Tenderloin neighborhood for the past 20 years. Shanti works with a large number of LGBTQ clients, monolingual immigrants, and clients that are living well below the federal poverty line with a significant concentration located in the Tenderloin neighborhood.

Since moving into the Project Open Hand building in 1998, Project Open Hand, Shanti and API Wellness have and has become an integral part of the safety net services in the poorest neighborhood in San Francisco. Located just a few blocks from SF City Hall, 730 Polk Street is a community hub that provides one-stop access to a vast array of health and wellness services offered by three highly-collaborative nonprofits.

g. Is the business associated with a culturally significant building/structure/site/object/interior?

730 Polk Street was previously owned by the Sierra Club before being purchased by Project Open Hand in the late 90s and has been designated a category “A” property by the Planning Department. A category “A” property indicates that the building fits the definition of “historical resource” as defined by the CEQA guidelines.

h. How would the community be diminished if the business were to be sold, relocated, shut down, etc.?

If Shanti no longer existed, more than 2,500 vulnerable San Franciscans — the vast majority of whom live with life-threatening or terminal illnesses — would find themselves without crucial safety net services. Most of our clients are very low-income and are marginalized and underserved, which makes Shanti’s services part of their fragile safety net. Often, they are one economic or health problem away from losing their housing, transportation, and/or food. All of Shanti’s programs are provided free of charge to all individuals that seek out our help. Without our services, many of these clients would struggle to access treatment, fill out paperwork, schedule appointments, communicate with their doctor, access educational materials, get to medical appointments, or receive emotional support.

CRITERION 3

a. Describe the business and the essential features that define its character.

Shanti's focus on one-to-one peer support provided by trained volunteers became a new standard in the care of the terminally ill. The method gained first national and then international attention. In 1979, after a talk in Milan, Italy, Shanti began an international training effort; soon nearly 300 organizations around the world began to employ the Shanti peer support model.

At Shanti, the traditions that define the organization are exemplified through its mission and values. They inform the agency's work and are prominently featured on Shanti's website. The crux of Shanti's work is the Model of Peer Support. Shanti defines a "peer" as "someone with whom we share a basic humanity; someone with whom we are equals." Since all people share universal human experiences, we are all "peers." The Shanti Model of Peer Support™ is built on the values of mutual respect, positive regard, empowerment of the client, genuineness, acceptance of difference, empathy and the intention to be of service.

As the founder and primary provider of this highly successful model over the past four decades, Shanti's organizational capacity to deliver support services is unparalleled. Our core competencies have been shaped by the provision of these services to diverse populations, and our staffing plan and infrastructure are strategically designed to ensure the ongoing success of these services for the growing number of people who are at risk of severe isolation.

b. How does the business demonstrate a commitment to maintaining the historical traditions that define the business, and which of these traditions should not be changed in order to retain the businesses historical character? (e.g., business model, goods and services, craft, culinary, or art forms)

All Shanti staff and Peer Support Volunteers are required to complete Shanti's 24-hour Volunteer Peer Support training. This training includes multiple opportunities to practice active listening skills, as well as modules focused on enhancing trainees' awareness and comfort level with psycho-social issues, loss and grief, harm reduction, non-judgmental peer counseling, clinical issues, cultural humility and more.

Shanti continues to train over 120 new Peer Support Volunteers each year. Each volunteer is matched one-on-one with a client and makes a 6-month minimum commitment to provide weekly in-home emotional support and practical assistance to their matched clients. We value our Peer Support volunteers and understand the impact they have on our clients as well as the community. Our success demonstrates that Shanti's integrated care navigation/peer support model is not only programmatically effective, but also translatable across diverse populations coping with stigma, isolation and health-risking conditions. As such, Shanti's services have been consistent and dependable, and are recognized by the community as a reliable source of long-term care.

c. How has the business demonstrated a commitment to maintaining the special physical features that define the business? Describe any special exterior and interior physical characteristics of the space occupied by the business (e.g. signage, murals, architectural details, neon signs, etc.).

Shanti's main residence is in the Project Open Hand building at 730 Polk Street in San Francisco. In 1998, Project Open Hand ran a successful \$7.5 million capital campaign to restore the building to its original 1922 luster. In the early 2000s, Project Open Hand added solar panels on its roof, making it one of the first "green" buildings in the Tenderloin.

d. When the current ownership is not the original owner and has owned the business for less than 30 years; the applicant will need to provide documentation that demonstrates the current owner has maintained the physical features or traditions that define the business, including craft, culinary, or art forms. Please use the list of supplemental documents and/or materials as a guide to help demonstrate the existence of the business prior to current ownership. – Not Applicable

STATE OF CALIFORNIA



OFFICE OF THE SECRETARY OF STATE

I, **MARCH FONG EU**, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the **RECORD** on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

AUG 21 1975



March Fong Eu
Secretary of State

752588

ARTICLES OF INCORPORATION
OF
SHANTI PROJECT

**ENDORSED
FILED**
In the office of the Secretary of State
of the State of California
AUG 21 1975
MARCH FONG EU, Secretary of State
Irene Keeler
Deputy

I

The name of this corporation shall be SHANTI PROJECT.

II

The purposes for which this corporation is formed are:

(a) The specific and primary purposes are to operate an educational counseling program for professional training of medical, nursing, mental health professionals and the clergy on issues related to the psychological care of the dying and their families and to further operate directly with the community to those persons and their families who are faced with life threatening illness.

(b) The general purposes and powers are to have and exercise all rights and powers conferred on non-profit corporations under the laws of California, including the power to contract, rent, buy or sell personal or real property, provided, however, that this corporation shall not, except to any insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

(c) No substantial part of the activities of this corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation and the corporation shall not participate or intervene in any political campaign (including

the publishing or distribution of statements) on behalf of any candidate for public office.

III

This corporation is organized pursuant to the general non-profit corporation law of the State of California. This corporation does not contemplate pecuniary gain or profit to members thereof and it is organized for non-profit purposes.

IV

The principal office for transaction of business of this corporation is located in the County of Alameda, State of California.

V

The general management of the affairs of this corporation shall be under the control, supervision and direction of the Board of Directors. The names and address of persons who are to act in the capacity of Directors until the selection of their successors are:

Charles A. Garfield, Ph.D.

27 Los Didos
Orinda, California 94563

Rachel Clark

1137 Colusa
Berkeley, California 94707

Cheryl Duncan

1850 Shrader Street
San Francisco, California 94117

VI

The authorized number and qualification of members of the corporation, the different classes of membership, if any, the property, voting and other rights and privileges of members and their liability to dues and assessments and the method of collection thereof shall be as set forth in the By-Laws.

VII

The property of this corporation is irrevocably dedicated to charitable and educational purposes and no part of the net income or assets of this organization shall ever enure to the benefit of any director, officer or member thereof or to the benefit of any private individual. Upon the dissolution or winding up of the corporation, its assets remaining after payment of or provisions for payment of all debts and liabilities of this corporation shall be distributed to a non-profit fund, foundation or corporation which is organized and operated exclusively for charitable or educational purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code. If this corporation holds any assets in trust or a corporation is formed for charitable purposes, such assets shall be disposed of in such manner as may be directed by decree of Superior Court of the County in which the corporation has its principal office, upon petition therefor by the Attorney General or by a person concerned in the liquidation in a proceeding to which the Attorney General is a party.

IN WITNESS WHEREOF, the undersigned have executed these
Article of Incorporation this 12 day of August, 1975.

Charles A. Garfield
CHARLES A. GARFIELD

Rachel Clark
RACHEL CLARK

Cheryl Duncan
CHERYL DUNCAN

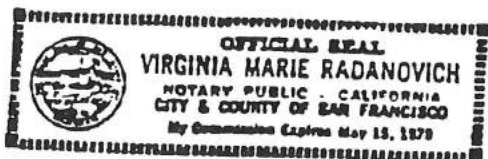
STATE OF CALIFORNIA

COUNTY OF San Francisco SS.

On this 12 day of August, 1975, before
me Virginia Marie Radanovich, a Notary Public for
the State of California, personall appeared Charles A. Garfield,
Rachel Clark and Cheryl Duncan,
known to me to be the persons whose names are subscribed to the
within Article of Incorporation, and acknowledged to me that they
executed the same.

Virginia Marie Radanovich
NOTARY PUBLIC

[NOTARY SEAL]



Shanti Project Locations



Shanti Project Tenderloin Location, Project Open Hand Building
730 Polk Street, San Francisco CA



Shanti Project Mission Location
3170 23rd Street, San Francisco CA

Shanti Project Locations



Shanti Project Tenderloin Location, Project Open Hand Building
730 Polk Street, San Francisco CA



Shanti Project Mission Location
3170 23rd Street, San Francisco CA

Shanti Project Tenderloin 730 Polk Street



Tenderloin front of building



Tenderloin front of building

Shanti Project Tenderloin 730 Polk Street



Tenderloin location Polk & Ellis cross street



Tenderloin location from Ellis Street

Shanti Project Tenderloin 730 Polk Street



Tenderloin location from Willow Street



Shanti sign at Tenderloin location

Shanti Project Tenderloin 730 Polk Street

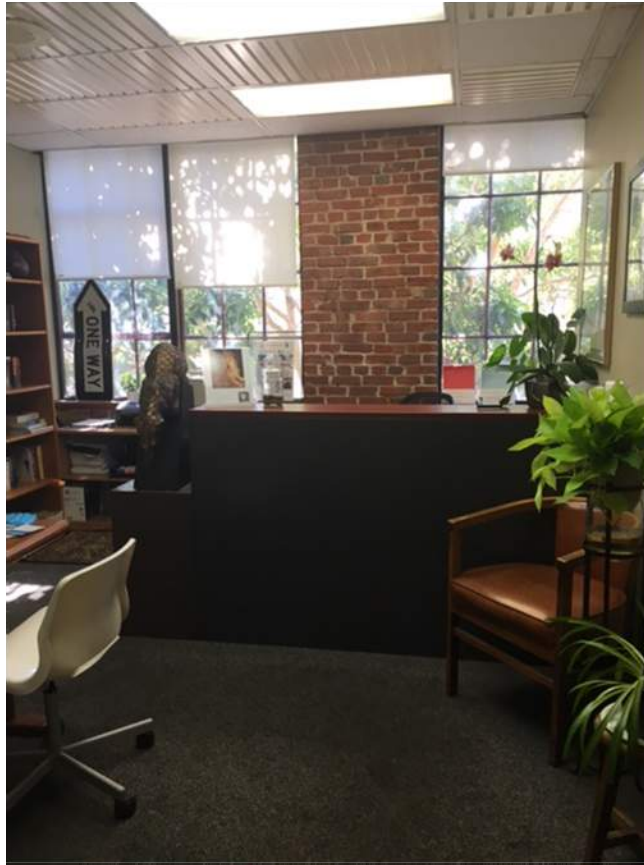


Tenderloin entrance



Tenderloin Drop-In Center for Clients

Shanti Project Tenderloin 730 Polk Street



Tenderloin Activities Desk which provides free tickets to concerts, museums and experiences to clients



Tenderloin HIV Services Office

Shanti Project Tenderloin
730 Polk Street



Tenderloin Women's Cancer Program Office



Tenderloin Director's Offices

Shanti Project Tenderloin 730 Polk Street



Tenderloin Conference Room



Tenderloin Conference Room set up for free Client Massage therapy

Shanti Project Tenderloin 730 Polk Street



Tenderloin Conference Room Map of San Francisco demonstrating Shanti clients throughout the city



Tenderloin Conference Room Map of San Francisco demonstrating the concentration of Shanti clients in the Tenderloin

Shanti Project Mission
3170 23rd Street



Shanti Mission Office on 23rd Street



Shanti & PAWS signs at Mission location

Shanti Project Mission 3170 23rd Street



Mission location lobby



Mission location lobby with major donor signage

Shanti Project Mission 3170 23rd Street



PAWS & LAASN Desks at Mission Location

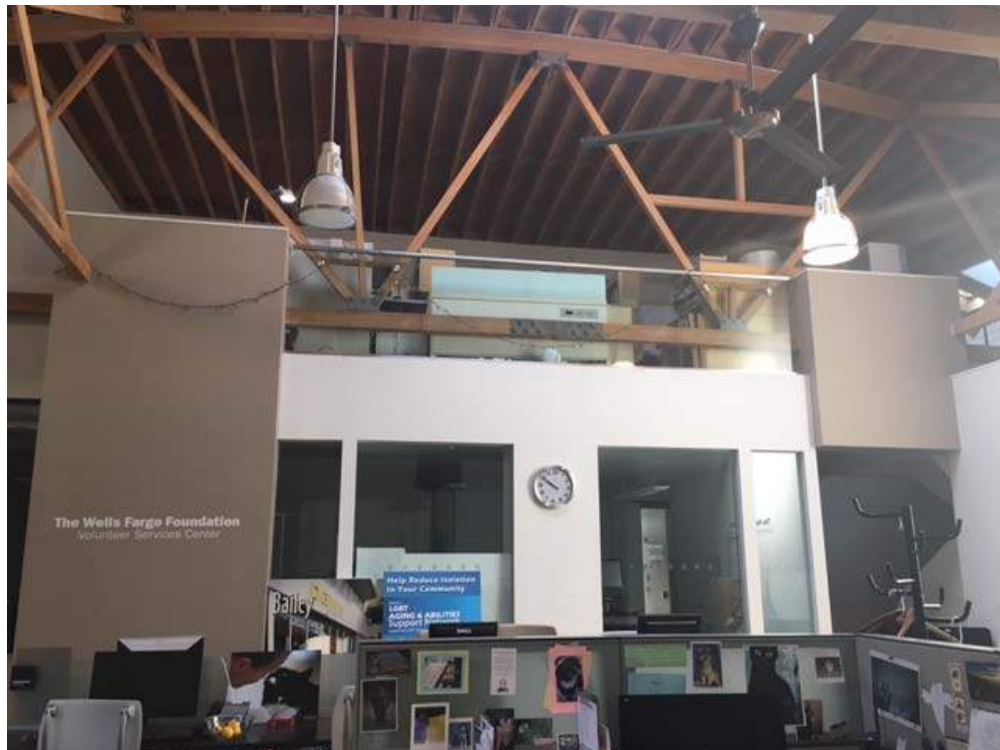


PAWS & LAASN Desks at Mission Location

Shanti Project Mission 3170 23rd Street



View from balcony at Mission location



View of balcony at Mission location

Shanti Project Historical Pictures from San Francisco General Hospital



Shanti counselor Ed Wolf works with a patient (1983). Photo courtesy of the San Francisco History Center, SF Public Library.



A photos of Linda Maxey, Director of Shanti Unit in Ward 5A, and Ed Brophy, 5A's first Shanti Counselor (1984). Photo courtesy of the San Francisco History Center, SF Public Library.

Historical Pictures of Volunteers and Staff



Shanti Project Volunteers after a training in the 1980s



Shanti Project Staff 1988 in front of 525 Howard Street Location

Shanti Signs through the years



(1988 - 1995)



(1995 - 2013)



(2014 - 2016)



Today



ECLIPSE™

The Shanti Project Newsletter

Winter, 1985

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.

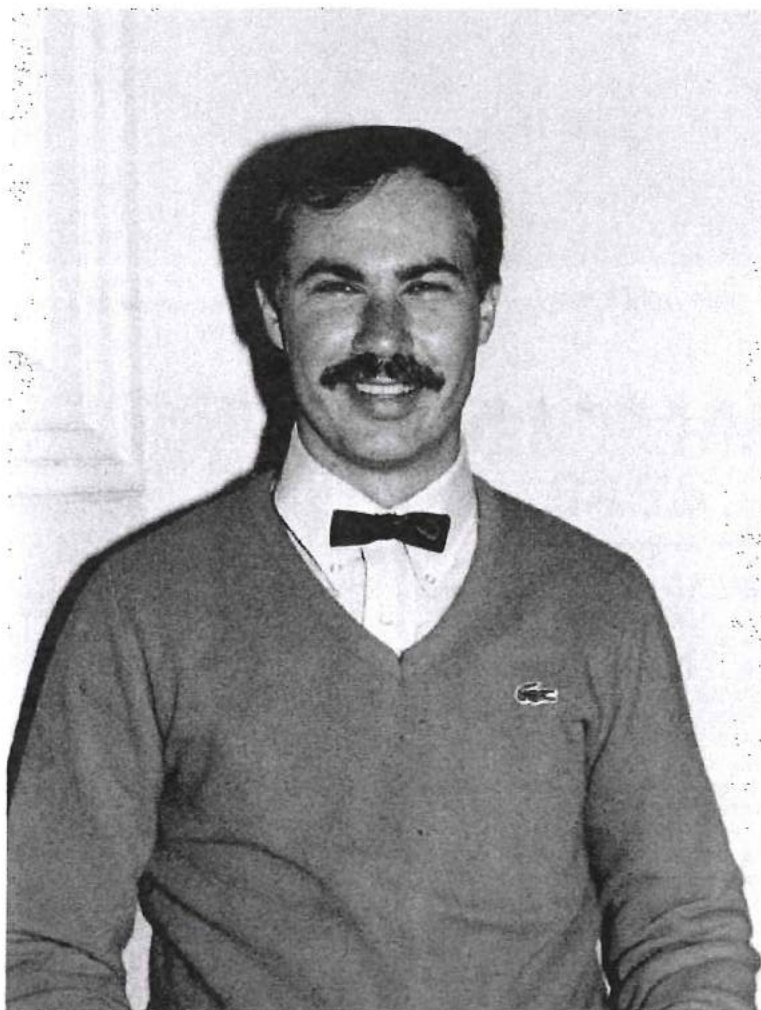
There are 12 beds on 5B and they are all filled. There are 10 additional AIDS patients to be seen on other floors.

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)

HOUR BY HOUR



Ed Brophy, Shanti Staff Counselor at San Francisco General Hospital.



ECLIPSE™

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

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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.

(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 reaction but he 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 his sadness and frustration at losing some of his ability to care for himself. I let him know he's still a worthwhile person no matter what his capability of taking care of himself. He shows me some of his photography work. I help him 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 sighs and looks at me 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 is 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 bronscopy 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;



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

--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



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 2961 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 stricken 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.

4:30 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.

4:45 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 icewater 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

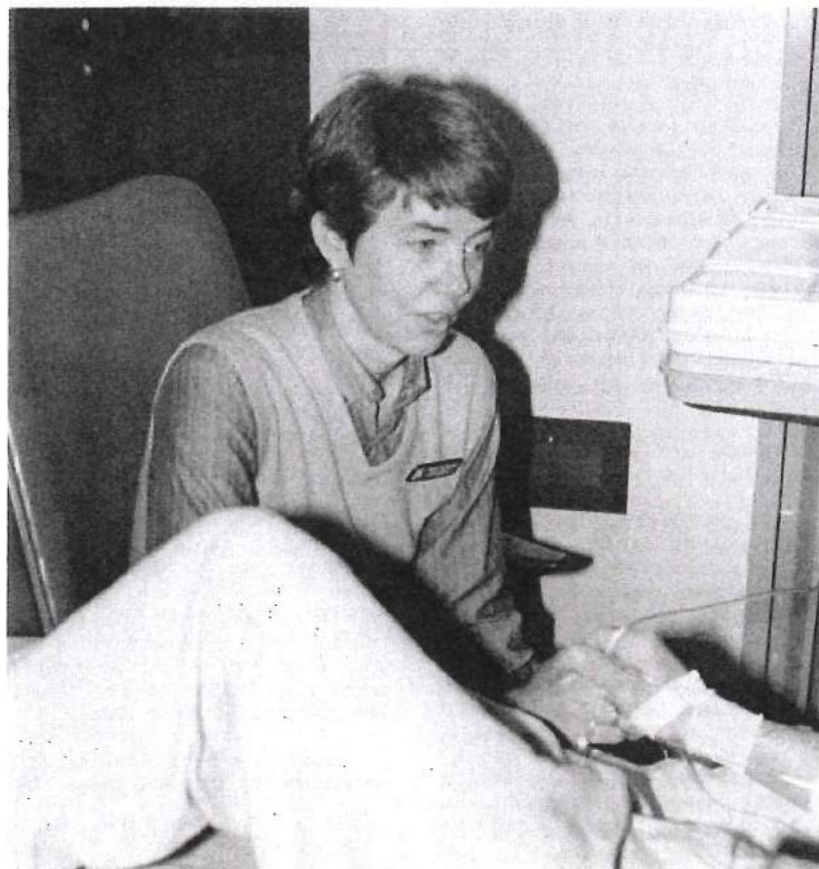
reactions to the chemotherapy he received for his lymphatic cancer. Bill is a tall, handsome, and confident man. He's struggling with allowing himself to shed tears over the incredible outpouring of love he's been receiving from his friends, lover and the staff of 5B. He is very proud of his identity 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.

oooooooooooooooooooooooooooo



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 8:00 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 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 would be 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 present 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 borne by laying aside any preconceived ideas and opening unconditionally to another's truth.

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Love, Cont. from Page 5

feed him, read to him and talk to him by the hour. As Mark worsened, it became more difficult for all of us to see his pain.

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.to R., 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; Bea Tracy, Clinical Coordinator; Steve Lessure, Practical Support Coordinator; Michael Fiorentino, Residence Program Secretary; Linda Maxey, Counseling Coordinator (SFGH); Helen Schietinger, Director AIDS Residence Program; Paul Shearer, Counselor (SFGH); (L.to R. center) Jim Geary, Executive Director; Jan Boddie, Counselor (SFGH); Andrew Lewallen, Volunteer Coordinator; Robin Johnson, Volunteer Coordinator; Randy Chelsey, Practical Support Coordinator; (L.to R. front) Ed Brophy, Counselor (SFGH); 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.

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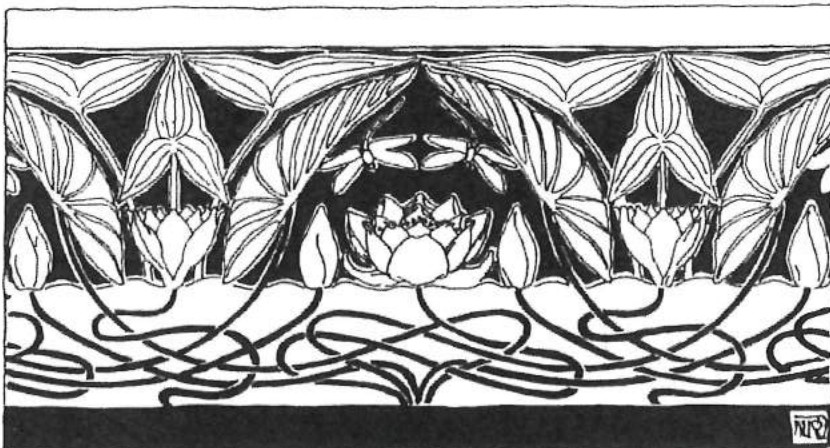
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The Shanti Project is proud to announce the availability of our complete volunteer training program on videotape. Videotapes of the training program can be used by any group wishing to start an organization to provide volunteer counseling to people 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 New York Times

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December 14, 1985

WARD 5B: A MODEL OF CARE FOR AIDS

By KATHERINE BISHOP

SAN FRANCISCO, Dec. 13— Even sitting exhausted in a chair in his room at San Francisco General Hospital, John Lere can still talk about how he likes to raid the communal refrigerator at night. Talking between breaths from an oxygen mask, he likes to joke that his primary care nurse, Charles Cloniger, is "like having Mom at home."

This is Mr. Lere's third stay at the hospital since he was diagnosed as having AIDS a year ago. And he has come to a conclusion about his hospital care. "I'd stay home and die if I couldn't come here," he said, referring to the Special Care Unit at San Francisco General Hospital.

Model Unit for AIDS Patients

The unit is believed to be the only one in the country designed especially for the care of AIDS patients. Known within the hospital and the larger community as 5B, for its location on the fifth floor, the unit and its companion outpatient clinic, Ward 86, represent the unusual response by this city's health care workers to acquired immune deficiency syndrome.

The usually fatal disease, which so far is incurable, has ravaged homosexuals here, giving San Francisco the highest number of AIDS cases per capita in the nation. The city is second only to New York City in the number of diagnosed cases.

Health experts say that AIDS, which ravages the body's immune system, is transmitted by contaminated blood or semen. Groups at highest risk are homosexual men and hemophiliacs; 97 percent of the AIDS patients at San Francisco General are homosexual.

For health care workers, 5B represents a victory over their own fears of the disease. It also forces them to focus on their feelings about homosexuality and their role in caring for a group of patients who will most surely die.

Importance of Emotions

"You feel a lot of anger seeing young people cut down," said the head nurse, Alison Moed. "But there is such a sense of love and basic human sharing here. It's a place where a disease has brought out the best in people."

Dr. Julie Gerberding, now the chief medical resident at San Francisco General, was an intern when the first patient with what has come to be known as AIDS was admitted in 1981. The patient was admitted

with Kaposi's sarcoma, a cancer of the lining of the capillaries that is now commonly associated with AIDS. Back then, the case was treated simply as an unusual cancer, Dr. Gerberding said.

A year later, when she returned for her residency, Dr. Gerberding learned how to recognize AIDS and that it was an infectious disease. But health experts knew little about how the disease was transmitted, and that lack of information touched off a variety of feelings, ranging from concern to paranoia.

Cliff Morrison, a nurse who was assigned as the hospital's AIDS coordinator, said that San Francisco General initially isolated AIDS patients in rooms throughout the hospital with little direct care from a fearful staff.

Fears of 'Leper Colony'

Mr. Morrison, now the assistant director of nursing, said he originally opposed the idea of a separate ward for the AIDS patients, fearing it would be treated like a "leper colony" or "quarantine area" within the hospital.

But as the numbers of AIDS cases climbed into the hundreds in 1983, it became clear that San Francisco General, as the city's public hospital, would have to find a way to consolidate its resources for caring for patients. Mr. Morrison undertook to set up 5B as a model ward.

The staff members were recruited from a group who volunteered to work in the ward. In two years only two staff members have left, a much lower number than hospital wards normally experience, Miss Moed said.

Coordination was arranged with community support groups, including hospices for the dying and the Shanti Project, which provides volunteers for counseling, running errands and doing chores and also provides housing in eight centers around the city to assist patients when they leave the hospital. More volunteers came from among the city's homosexuals.

As in the rest of the hospital, a family member or "significant other," such as a lover or close friend, is allowed to spend the night in a patient's room on a cot. The staff also tries to be prepared for the first visit by patients' parents, some learning for the first time that a son was homosexual.

Staff Members Are Studied

The staff members have become the subject of a study to learn more about the transmission of the disease. Dr. Gerberding is the chief investigator for the study, which is looking at more than 300 people who work in the AIDS ward or who have experienced a possible exposure to the virus, either from breaking the skin with a needle that had been used on a patient or from an accidental splash of a patient's body fluids into an open wound.

"Health care workers have more exposure to AIDS than anyone in the world," Dr. Gerberding said. In 18 months of evaluation, no health care worker who was not already in a high risk group for the disease, such as homosexual men, has been found to have antibodies that signal exposure to the virus. Her findings echo those from the Federal Centers for Disease Control in Atlanta.

"We don't treat the AIDS patients any different than other patients," Dr. Gerberding said. "Those who feel strong enough can move about the hospital and even eat at the cafeteria. Only those with weeping skin lesions or other contagious diseases are confined to their rooms. The staff does not normally wear protective gear unless the patients has a bad cough or they are handling patient's body fluids. Those are extreme precautions."

Knowing that they cannot heal their patients has focused the staff's efforts on the day-to-day needs of their patients, Miss Moed said. "There are a lot of ways in which we are impotent," she said. "We can't save them, we can't reverse the process and we can't mollify some of the terrible manifestations of the disease."

In such a situation, she said, "being sure that the patients have good care becomes a way of empowering ourselves."

Photo of John Lere being attended to by Charles Cloniger at San Francisco General Hospital (NYT/Terrence McCarthy); Photo of Dr. Julie Gerberding (NYT)

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SFGATE <http://www.sfgate.com/books/article/BETWEEN-THE-LINES-Shanti-Pioneer-Spotlights-3017163.php>**BETWEEN THE LINES -- Shanti Pioneer Spotlights Caregivers**

Patricia Holt Published 4:00 am, Sunday, December 31, 1995

Pet Proof Your Home

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Today Charles Garfield is famous across the country as the founder of San Francisco's much-duplicated Shanti Project, one of the first community-based HIV/AIDS health-care organizations and the model for programs that have trained thousands of volunteers throughout the world.

Garfield interviews 20 of these "exemplary caregivers" in *SOMETIMES MY HEART GOES NUMB: Love and Caregiving in a Time of AIDS* (Jossey-Bass; 316 pages; \$22), and on a recent visit to *The Chronicle* he talked about the story behind the book -- the hugely informal and seemingly impossible launch of Shanti at a cancer ward at San Francisco's University of California Medical Center 20 years ago.

"I was a post-doc student doing research on cancer patients when the clinical director of the institute asked me to, as he put it, 'take charge of the psycho-social needs of our patients.' This was rather visionary of him because until then there had never been a full-time faculty member from the mental health disciplines on the staff, and unless you were suicidal or seriously depressed, nobody thought you needed attention.

"I agreed with him that psychological care was needed, but I remember looking down the hallway of a 40-bed unit in this acute-care facility and asking, 'All of them?' Oh, yes, he said, 'and the nurses' stress level is high, so you need to lead some support groups for them, and the interns on a case-by-case basis as well.' The university was not about to supply any financial help, and the only other model I knew or had even heard about was a volunteer base." Garfield had already made some important personal discoveries as a psychologist who specialized in helping cancer patients cope with the daily challenges of survival. While many medical professionals believed -- and some still believe -- That such caregiving is "basically hand-holding," Garfield insisted that emotional support by trained caregivers was an essential component of both psychological and physical well-being. "I started calling former students, former patients who had gone into remission, family members who had seen how counseling worked and wanted to give something back, even colleagues in the nursing and mental health professions who might have been exhausted by their jobs but I hoped would be willing to take on the same caretaker-patient relationship as volunteers.

"My naivete was so obvious in retrospect. There was no literature in the medical journals to fall back on when psychiatrists and physicians told me that volunteer work as I envisioned it couldn't be done. All I could say was that for millennia, this is what families and neighbors have been doing and that without it people have had to suffer in silence.

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"At the same time, the premise of the program turned out to be true, which is that you can teach counseling skills to 'regular folks' -- not (to handle) psychopathology of a serious nature but ways to deal with the 'normal' stresses of somebody facing a life-threatening illness. Bearing witness to another person's situation is one of the highest acts of love. Just being there at a time when the most catastrophic thing is happening to a person and listening to that person's story is extremely therapeutic. That can be taught to anybody. You don't need to be a therapist to learn it."

The simplicity and purity of this idea has seen Shanti through its worst times -- financial scandal nearly ruined Shanti San Francisco a few years ago -- and its most expansive: Since the AIDS crisis hit, hundreds of similar groups have sprung up all over the country.

Today Garfield is a clinical professor of psychology at UCSF. His interest in caregivers led him to create a support group for long-term volunteers called Full Circle and to write "Sometimes My Heart Goes Numb."

The book takes us into the HEArts and minds of AIDS caregivers, whom he calls (following Carl Jung's model) "wounded healers," people who have "learned a great deal from their own pain" and who recognize themselves in the patients they serve.

Here is Jacinta, a Roman Catholic nun with a long-term neurological disability who takes as much courage and counsel from her AIDS clients as she gives to them. Here is Eric, a gay man enduring homophobia while trying to help overmedicating doctors understand the AIDS phenomenon of "accumulated grief." And here is Tom, a physician who "counts among his resources 'the doctor within the patient.'"

To see the world of AIDS through the lens of these sensitive and eloquent caregivers is to understand the unique lifeline, never articulated before, that can be shared by doctors and patients, clients and caregivers, readers and volunteers.

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President Reagan's amfAR Speech

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This is the text of a speech, written by [Landon Parvin](#), for President Reagan to deliver at a dinner honoring the American Foundation for AIDS Research (amfAR). The president had been [invited](#) by the actress Elizabeth Taylor, amfAR's national chairman, to deliver the speech, which was only his second major speech on AIDS.

May 31, 1987

Dr. Silverman, Elizabeth, Don Ross, award winners, ladies and gentlemen, I hope Elizabeth won't mind, but some years ago when I was doing a television show, "General Electric Theater," part of my work required visiting the General Electric plants, 139 of them, and meeting all the employees.

And knowing better than to have a canned speech for them, I would go and suggest that they might ask questions. And every place I went, the first question was "Is Elizabeth Taylor really that pretty?" And being the soul of honesty, I would say, "You bet."

But you know, fundraisers always remind me of one of my favorite but most well-worn stories. I've been telling it for years, so if you've heard it, please indulge me. A man had just been elected chairman of his community's annual charity drive. And he went over all the records, and he noticed something about one individual in town, a very wealthy man. And so, he paid a call on him, introduced himself as to what he was doing, and he said, "Our records show that you have never contributed anything to our charity." And the man said, "Well, do your records show that I also have a brother who, as the result of a disabling accident, is permanently disabled and cannot provide for himself? Do your records show that I have an invalid mother and a widowed sister with several small children and no father to support them?" And the chairman, a little abashed and embarrassed, said, "Well, no, our records don't show that." The man said, "Well, I don't give anything to them. Why should I give something to you?"

Well, I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American Foundation for AIDS Research and our award recipients for their contributions, as well. I'm especially pleased a member of the administration is one of tonight's recipients. Dr. [C. Everett] Koop is what every surgeon general should be. He's an honest man, a good doctor, and an advocate for the public health. I also want to thank other doctors and



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researchers who aren't here tonight. Those individuals showed genuine courage in the early days of the disease when we didn't know how AIDS was spreading its death. They took personal risks for medical knowledge and for their patients' well being, and that deserves our gratitude and recognition.

I want to talk tonight about the disease that has brought us all together. It has been talked about, and I'm going to continue. The poet W.H. Auden said that true men of action in our times are not the politicians and statesmen but the scientists. I believe that's especially true when it comes to the AIDS epidemic. Those of us in government can educate our citizens about the dangers. We can encourage safe behavior. We can test to determine how widespread the virus is. We can do any number of things. But only medical science can ever truly defeat AIDS. We've made remarkable progress, as you've heard, already. To think we didn't even know we had a disease until June of 1981, when five cases appeared in California. The AIDS virus itself was discovered in 1984. The blood test became available in 1985. A treatment drug, AZT, has been brought to market in record time, and others are coming. Work on a vaccine is now underway in many laboratories, as you've been told.

In addition to all the private and corporate research underway here at home and around the world, this fiscal year the federal government plans to spend \$317 million on AIDS research and \$766 million overall. Next year we intend to spend 30 percent more on research: \$413 million out of \$1 billion overall. Spending on AIDS has been one of the fastest growing parts of the budget, and, ladies and gentlemen, it deserves to be. We're also tearing down the regulatory barriers so as to move AIDS from the pharmaceutical laboratory to the marketplace as quickly as possible. It makes no sense, and in fact it's cruel, to keep the hope of new drugs from dying patients. And I don't blame those who are out marching and protesting to get AIDS drugs released before the I's were -- or the T's were crossed and the I's were dotted. I sympathize with them, and we'll supply help and hope as quickly as we can.

Science is clearly capable of breathtaking advances, but it's not capable of miracles. Because of AIDS long incubation period, it'll take years to know if a vaccine works. These tests require time, and this is a problem money cannot overcome. We will not have a vaccine on the market until the mid- to late 1990s, at best. Since we don't have a cure for the disease and we don't have a vaccine against it, the question is how do we deal with it in the meantime. How do we protect the citizens of this nation, and where do we start? For one thing, it's absolutely essential that the American people understand the nature and the extent of the AIDS problem. And it's important that federal and state governments do the same.

I recently announced my intention to create a national commission on AIDS because of the consequences of this disease on our society. We need some comprehensive answers. What can we do to defend Americans not infected with the virus? How can we best care for those who are ill and dying? How do we deal with a disease that may swamp our health care system? The commission will help crystallize America's best ideas on how to deal with the AIDS crisis. We know some things already: the cold statistics. But I'm not going to read you gruesome facts on how many thousands have died or most certainly will die. I'm not going to break down the numbers and categories of those we've lost, because I don't want Americans to think AIDS simply affects only certain groups. AIDS affects all of us.

What our citizens must know is this: America faces a disease that is fatal and spreading. And this calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance. It's also important that America not reject those who have the disease, but care for them with dignity and kindness. Final judgment is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans. We mustn't allow those with the AIDS virus to suffer discrimination. I agree with Secretary of Education Bennett: We must firmly oppose discrimination against those who have AIDS. We must prevent the persecution, through ignorance or malice, of our fellow citizens.

As dangerous and deadly as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. I was told of a newspaper photo of a baby in a hospital crib with a sign that said, "AIDS -- Do Not Touch." Fortunately, that photo was taken several years ago, and we now know there's no basis for this kind of fear. But similar incidents are still happening elsewhere in this country. I read of one man with AIDS who returned to work to find anonymous notes on his desk with such messages as, "Don't use our water fountain." I was told of a situation in Florida where 3 young brothers -- ages 10, 9, and 7 -- were all hemophiliacs carrying the AIDS virus. The pastor asked the entire family not to come back to their church. Ladies and gentlemen, this is old-fashioned fear, and it has no place in the home of the brave.

The Public Health Service has stated that there's no medical reason for barring a person with the virus from any routine school or work activity. There's no reason for those who carry the AIDS virus to wear a scarlet A. AIDS is not a casually contagious disease. We're still learning about how AIDS is transmitted, but experts tell us you don't get it from telephones or swimming pools or drinking fountains. You don't get it from shaking hands or sitting on a bus or anywhere else, for that matter. And most important, you don't get AIDS by donating blood. Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease. Since we don't yet have a cure or a vaccine, the only thing that can halt the spread of AIDS right now is a change in the behavior of those Americans who are at risk.

As I've said before, the Federal role is to provide scientific, factual information. Corporations can help get the information out, so can community and religious groups, and of course so can the schools, with guidance from the parents and with the commitment, I hope, that AIDS education or any aspect of sex education will not be value-neutral. A dean of St. Paul's Cathedral in London once said: "The aim of education is the knowledge not of facts, but of values." Well, that's not too far off. Education is knowing how to adapt, to grow, to understand ourselves and the world around us. And values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions. As Surgeon General Koop has pointed out, if children are taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect, you don't have drug abuse and sexual promiscuity, which of course are the two major causes of AIDS. Nancy, too, has found from her work that self-esteem is the best defense against drug abuse.

Now, we know there will be those who will go right ahead. So, yes, after there is a moral base, then you can discuss preventives and other scientific measures. And there's another aspect of teaching values that needs to be mentioned here. As individuals, we have a moral obligation not to endanger others, and that can mean endangering others with a gun, with a car, or with a virus. If a person has reason to believe that he or she may be a carrier, that person has a moral duty to be tested for AIDS; human decency requires it. And the reason is very simple: Innocent people are being infected by this virus, and some of them are going to acquire AIDS and die.

Let me tell you a story about innocent, unknowing people. A doctor in a rural county in Kentucky treated a woman who caught the AIDS virus from her husband, who was an IV-drug user. They later got divorced, neither knowing that they were infected. They remarried other people, and now one of them has already transmitted the disease to her new husband. Just as most individuals don't know they carry the virus, no one knows to what extent the virus has infected our entire society. AIDS is surreptitiously spreading throughout our population, and yet we have no accurate measure of its scope. It's time we knew exactly what we were facing, and that's why I support some routine testing.

I've asked the Department of Health and Human Services to determine as soon as possible the extent to which the AIDS virus has penetrated our society and to predict its future

dimensions. I've also asked HHS to add the AIDS virus to the list of contagious diseases for which immigrants and aliens seeking permanent residence in the United States can be denied entry.

They are presently denied entry for other contagious diseases. I've asked the Department of Justice to plan for testing all federal prisoners, as looking into ways to protect uninfected inmates and their families. In addition, I've asked for a review of other federal responsibilities, such as veterans hospitals, to see if testing might be appropriate in those areas. This is in addition to the testing already underway in our military and foreign service.

Now let me turn to what the states can do. Some are already at work. While recognizing the individual's choice, I encourage states to offer routine testing for those who seek marriage licenses and for those who visit sexually transmitted disease or drug abuse clinics. And I encourage states to require routine testing in state and local prisons. Not only will testing give us more information on which to make decisions, but in the case of marriage licenses, it might prevent at least some babies from being born with AIDS. And anyone who knows how viciously AIDS attacks the body cannot object to this humane consideration. I should think that everyone getting married would want to be tested.

You know, it's been said that when the night is darkest, we see the stars. And there have been some shining moments throughout this horrible AIDS epidemic. I'm talking about all those volunteers across the country who've ministered to the sick and the helpless. For example, last year about 450 volunteers from the Shanti Project provided 130,000 hours of emotional and practical support for 87 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition of caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens who have AIDS.

In closing, let me read to you something I saw in the paper that also embodies the American spirit. It's something that a young man with AIDS recently said. He said: "While I do accept death, I think the fight for life is important, and I'm going to fight the disease with every breath I have." Ladies and gentlemen, so must we. Thank you.

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35TH ANNIVERSARY OF HISTORIC SF COMMUNITY ORGANIZATION ([HTTP://WWW.BEYONDCHRON.ORG/35TH-ANNIVERSARY-OF-HISTORIC-SF-COMMUNITY-ORGANIZATION/](http://www.beyondchron.org/35th-anniversary-of-historic-sf-community-organization/))

by Randy Allgaier on November 25, 2008



In 1974, Shanti was founded by Dr. Charles Garfield to provide emotional support for people with life-threatening illnesses in the San Francisco Bay Area. The project's focus on one-to-one peer support provided by trained volunteers became a new standard in the care of the terminally ill. The method gained first national and then international attention. In 1979, after a talk in Milan, Italy, Shanti began an international training effort; soon nearly 300 organizations around the world began to employ the Shanti Model of Peer Support.

In 1981, when the first cases of AIDS first appeared in San Francisco, Shanti added them to their caseload. In the following year, Shanti provided the first ever international trainings on AIDS care (Italy, France & Holland). In 1984, recognizing the exponential growth of the AIDS epidemic, Shanti changed its mission from serving individuals with any terminal illness to providing services solely for those with AIDS and their loved ones. Shanti quickly became a leader and key component in San Francisco's community-based response to AIDS. New programs were created and existing programs were changed to fit the needs expressed by people with AIDS (PWAs): to assist them with leading productive and independent lives, out of hospitals and in their communities, and reducing their cost for care. Shanti had become the city's heart—it became synonymous with compassion.

In 1988 I became a Shanti volunteer, later serving on its board and although I left the organization's board in 1996, I continue to feel a kinship with the organization and its unique role in our community. For me Shanti has been the heart and soul of the community's response to HIV/AIDS.

My association with Shanti was during the bleakest years of the HIV/AIDS epidemic in San Francisco. In 1994 I had the honor of co-chairing Shanti's 20th anniversary gala. In preparation for remarks I made that night, I did some research and the results were staggering- Between 1974 and 1994 Shanti trained over 7000 volunteers who provided over 2 million hours of peer counseling and practical assistance. The impact that these volunteers made on San Francisco was profound and the legacy continues today with more dedicated volunteers being trained every year to provide peer support to people facing a life with HIV/AIDS and to women living with breast cancer through its Lifelines program.

In the late 1980's and early 1990's, Shanti was vital to people who were dying, but as HIV/AIDS treatments evolved and people living with HIV/AIDS, like me, saw the possibility of a longer life, Shanti's support focused on enhancing quality of life and providing long-term hope and stability.

Today, Shanti helps people live—to find quality in their lives and to remain healthy. In addition to HIV Services and the Lifelines program for women living with breast cancer, Shanti's L.I.F.E.@ program provides innovative health services based on mind-body medicine to people living with HIV/AIDS, breast cancer, and HIV-Hepatitis C co-infection.

Shanti has gone through many transitions in its 35 year history—but that means that the organization is responsive to the needs of the community as those needs change. It is not always easy to adapt to an environment constantly changing with shifting priorities and increased challenges in funding, but it is essential. Shanti has been an example of adaptation with resilience and passion and it is a critical component of San Francisco's system of care it is, after all, our heart.

To commence Shanti's 35th year and to honor of World AIDS Day, Shanti will be hosting a reception at 111 Minna Gallery on December 1st beginning at 5:30 p.m. To purchase tickets please visit www.brownpapertickets.com/events/49069 (<http://www.brownpapertickets.com/events/49069>) or contact Mindy Schweitzer at (415) 674-4712.

To leave feedback, go to feedback@beyondchron.org ([mailto:feedback@beyondchron.org?Subject=35th Anniversary of Historic SF Community Organization](mailto:feedback@beyondchron.org?Subject=35th%20Anniversary%20of%20Historic%20SF%20Community%20Organization))

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Movie review: 'We Were Here'

'We Were Here' is a moving documentary of how the AIDS epidemic devastated and transformed San Francisco's gay community.

September 16, 2011 | By Kenneth Turan, Los Angeles Times Film Critic

"We Were Here" shows that a situation you think you know can be something you haven't known at all. That is the surprise, and the power, of this unexpected film.

An extraordinarily moving examination of how the AIDS epidemic both devastated and transformed San Francisco's gay community, this clear-eyed and soulful documentary brings us inside the contagion in a way that is so intimate, so personal, you feel like you're hearing about these catastrophic events for the first time.

It's not surprising that "We Were Here" comes from producer-director David Weissman and editor/co-director Bill Weber, the team responsible for 2002's "The Cockettes," one of the few documentaries about San Francisco in the deliriously countercultural 1960s that allows you to experience what it felt like to be there.

Rather than bring in a wide variety of experts, "We Were Here" has chosen to extensively interview a handful of exceptionally candid and articulate survivors, four men and a woman who experienced the crisis and, sometimes alone among all their friends, lived to tell the tale.

Death is always present in their stories, "an avalanche of death" in artist Daniel Goldstein's words, death to such a staggering extent that the film feels like a real life "Contagion," albeit one filled with much more heart and soul than Hollywood epics can manage.

For as much as the devastation, what "We Were Here" also emphasizes is the way San Francisco's gay community rose to the challenge, turning itself from a group singled out for its hedonism to one celebrated for its tenacious will to survive and a breadth of compassion that surprised everyone involved.

"It happened in this targeted community of people who were disenfranchised and separated from their families," says AIDS counselor Ed Wolf. "And a whole group of other people stepped up and became their families."

"We Were Here" starts not with the bad times but with the Castro Street-centered party atmosphere that began in the mid-1970s. The film's subjects, which include florist Guy Clark, political activist Paul Boneberg and nurse Eileen Glutzer in addition to Goldstein and Wolf, are delighted to reminisce about how good the good times really were.

Then, in 1981, came the first hints of an end to paradise. Wolf remembers seeing a small hand-lettered sign in the window of a Castro pharmacy that accompanied Polaroids of a man with big purple splotches on his body. "Watch out guys," he remembers the sign reading, "there's something out there."

In fact, the film tells us, the virus that causes AIDS had likely arrived in San Francisco in 1976 and had already infected 20% of the gay population there by 1981, a rate that rose to 50% by the time a test for the disease was in use.

"We Were Here" follows the entire course of the contagion, from its beginnings as a mysterious "gay cancer" to how 15,548 people in the city came to die before the disease was brought under control in the mid-1990s. We hear story after flabbergasting story, about research projects where no one survived, about passionate kisses at death's door, about a father more upset that his son was gay than that he was dying. "I don't need to be here," Goldstein says, recounting his suicidal state after a particularly horrifying experience. "I thought I was going to lose my mind."

By contrast Wolf, who admits to going against the stereotype by being a gay man who "was terrible at anonymous sex," found his vocation when the epidemic started and joined the Shanti Project, which provided human-services assistance to people with AIDS. "My way of being with gay men," he says, still not believing it, "suddenly was perfect."

Because of the nature of the story it tells, "We Were Here" can be difficult to watch at times. Photographs and movie footage of the infected and the dying make it clear exactly how ruthless the disease could be.

Yet experiencing that despair also allows us to understand how remarkable the resilience of the San Francisco community was. We hear from Boneberg about political activism by dying people, determined to help those still alive, and about the resolve of nurse Glutzer. "I didn't choose it, it chose me," she remembers explaining to her mother. "I couldn't turn my back to it."

Because of the selflessness so much illness brought out in so many people, "We Were Here" is easily more heartening than depressing, more uplifting than wrenching. "How did I get through it?" Goldstein asks rhetorically. "I don't know, you just do it. It's not heroic." Viewers of this enriching film will likely differ about that.

kenneth.turan@latimes.com

SF Gay History



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The 1980s

- 1980** – The Old Crow on Market Street, which opened in 1935, closes. Though it claims to have been the oldest gay bar in the City at the time, the Gangway, which opened in 1910 and remains open today, makes a strong claim to that honor.
- April 24, 1980** – San Francisco resident Ken Horne is the first person in the United States to officially be recognized to have a disease that would later be named Acquired Immune Deficiency Syndrome (AIDS), although research would later link previous mysterious deaths dating back to the 1950s in Africa and and 1960s in the U.S. to the disease.





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- **October 1980** – The Sisters of Perpetual Indulgence hold their first fundraiser, a bingo game and salsa dance. The event is a success, aided in part by a positive mention in Herb Caen's column in the *San Francisco Chronicle*.
- **1981** – Mary C. Morgan becomes the first openly gay or lesbian judge in America when she is appointed by California Governor Jerry Brown to the San Francisco Municipal Court. The Midnight Sun moves from 506 Castro Street around the corner to 4067 Market Street and becomes what's believed to be the country's first gay video bar.
- **November 1, 1981** – The Shanti Project organizes the first peer support group for San Franciscans diagnosed with what would later be called AIDS.
- **December 1981** – AIDS "poster boy" Bobbi Campbell posts in the display window of Star Pharmacy on the corner of 18th and Castro notices about a "gay cancer" spreading through the City. Star Pharmacy is acquired by Walgreen's in 1985.
- **April 1, 1982** – The San Francisco AIDS Foundation is founded to respond to the AIDS crisis, opening their first office at 520 Castro Street.
- **August 28 to September 2, 1982** – The first Gay Games, the world's largest sporting and cultural event organized by, and specifically for lesbian, gay, bisexual, and transgender (LGBT) athletes, is held in San Francisco. Tina Turner performs at the opening ceremonies. The games were initially called the Gay Olympics but an injunction less than three weeks before the games began forced them to change the name.
- **October 8, 1983** – The first AIDS Candlelight Vigil/Rally is held in San Francisco. It is the first time people with AIDS publicly demonstrate in the City.
- **May 1984** – The City finally settles with the Elephant Walk for \$139,500 for damages caused by police during the White Night Riots.
- **September 1984** – The first Folsom Street Fair is held. Originally intended to showcase the fairly industrial neighborhood as a viable place to live, the presence of leathermen due to the proximity of so many gay leather bars quickly turns it into what is now the largest leather and fetish event in the world.



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- **October 9, 1984** – Dr. Mervyn Silverman, San Francisco's Public Health Director, closes 14 of San Francisco's bathhouses in response to the AIDS crisis.
- **July 1985** – The first Up Your Alley Fair is held at Ringold Alley.
- **October 1, 1985** – Ruth Brinker, after discovering a neighbor with AIDS died of malnutrition, opens Project Open Hand to deliver meals to people with AIDS.
- **November 17, 1985** – Cleve Jones conceives of the AIDS Memorial Quilt as a portable memorial of people who have died of AIDS.
- **1986** – Buzzby's, once the most popular gay bar in the Polk, closes. FeBe's, which helped establish the Miracle Mile along Folsom Street, also closes.
- **October 1, 1986** – Cleve Jones creates the first panel of the AIDS Memorial Quilt in memory of his friend Marvin Feldman.
- **1987** – The Stud moves from Folsom Street to 9th and Harrison. Gays call it "the New Stud" for many years.
- **June 1987** – The NAMES Project Foundation is formally created to manage and care for the ever-growing AIDS Memorial Quilt.
- **July 1987** – More than 6,000 walkers raise \$667,000 in the first AIDS Walk San Francisco in Golden Gate Park. The Up Your Alley Fair is moved to Dore Alley.
- **November 1, 1988** – San Francisco forms what will become the largest needle exchange program in the country to help stop the spread of HIV among intravenous drug users.
- **December 16, 1988** – Sylvester dies of AIDS-related complications in his Castro home on Collingwood Avenue.
- **1989** – Maud's Study, which was the City's oldest lesbian bar, closes.
- **October 6, 1989** – In response to a small, peaceful ACT UP protest, more than 200 police officers descend on the Castro in riot gear in what is later called the Castro Sweep, declaring the neighborhood to be a no-assembly zone, and sweeping pedestrians off of the streets. More than 50 people are arrested, many of them clubbed and injured by police

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officers. The city ultimately pays \$250,000 to settle two civil suits brought by victims of the police misconduct.

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CITY AND COUNTY OF SAN FRANCISCO

AWARD
of MERIT

to

Shanti Project Volunteers

IN RECOGNITION OF

OUTSTANDING
PUBLIC SERVICE

ON BEHALF OF THE PEOPLE
OF SAN FRANCISCO



Dianne Feinstein
Mayor

September 19, 1983
Date

CITY AND COUNTY OF SAN FRANCISCO

AWARD
of MERIT

to

Residential Program Volunteers

IN RECOGNITION OF

OUTSTANDING
PUBLIC SERVICE

ON BEHALF OF THE PEOPLE
OF SAN FRANCISCO



Dianne Feinstein
Mayor

September 19, 1983
Date

Proclamation

City and County of San Francisco



WHEREAS: San Francisco is proud to **RECOGNIZE, HONOR,** and **COMMEND** the **Shanti Project Volunteers** on the occasion of a picnic in appreciation of their generous and invaluable contributions to the fight against AIDS on September 8, 1990; and

WHEREAS: San Francisco is pleased to call attention to the **Shanti Volunteers** peerless record of achievement, compassion, and their selfless example of dedication, character, and commitment to assisting People living with AIDS; and


WHEREAS: San Francisco is proud to **SALUTE** the **Shanti Volunteers** for so proudly representing the spirit our City; now

THEREFORE, BE IT RESOLVED THAT I, Art Agnos, Mayor of the City and County of San Francisco, do hereby in Recognition and Honor of their dedication and hard work, proclaim September 8 1990 as ...

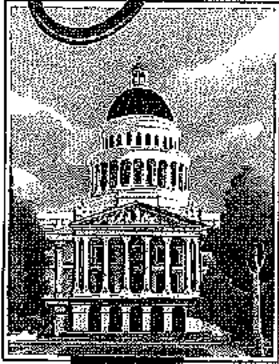
SHANTI VOLUNTEERS DAY IN SAN FRANCISCO



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City and County of San Francisco to be affixed.


Art Agnos
Mayor

Assembly



R E S O L U T I O N

By the Honorable Willie L. Brown, Jr.
Speaker of the Assembly; Relative to commending

SHANTI PROJECT

WHEREAS, San Francisco is proud to recognize and congratulate Shanti Project on the celebration of its twentieth anniversary and upon the relocation of its offices to its new home on Market Street near the Civic Center; and

WHEREAS, Shanti Project was established in 1974 to provide support services to people with life-threatening illness, and since the beginning of the AIDS epidemic, it has provided vital services to many thousands of San Franciscans and their loved ones as they struggle with HIV disease; and


WHEREAS, Shanti Project's programs and the dedication and commitment of its volunteers and staff have enhanced the quality of life for people with AIDS, minimizing the need for hospitalization and thus reducing the cost of care; and

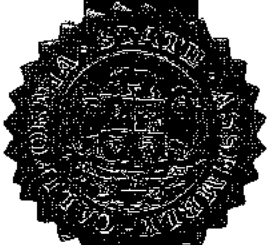
WHEREAS, Shanti Project has served as a model for care providers around the world; now, therefore, be it

RESOLVED BY SPEAKER OF THE ASSEMBLY WILLIE L. BROWN, JR., That Shanti Project be commended on the celebration of its twentieth anniversary, applauded for the vital role that it has played in enhancing the quality of life of people with AIDS, and extended sincere best wishes for its continued success in the future.

Members Resolution No. 1112

Dated this 20th day of June, 1994


Honorable Willie L. Brown, Jr.
Speaker of the Assembly



Proclamation

City and County of San Francisco



Whereas the City and County of San Francisco is proud to recognize and congratulate **Shanti Project** on the occasion of its twentieth anniversary, and upon the relocation of its offices to its new home on Market Street near the Civic Center; and

Whereas Shanti Project began in 1974 to provide support services to people with life-threatening illness, and has, since the beginning of the AIDS epidemic, provided vital services to many thousands of San Franciscans and their loved ones as they struggle with HIV disease; and

Whereas Shanti Project's programs and the dedication and commitment of its volunteers and staff have enhanced the quality of life for people with AIDS, minimized the need for hospitalization thus reducing the cost of care, and have served as models for care providers around the world; now

Therefore Be It Resolved That I, Frank M. Jordan, Mayor of the City and County of San Francisco, do hereby honor and commend Shanti Project on its twentieth Anniversary, and proclaim June 28th 1994 as...

SHANTI PROJECT DAY in San Francisco



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City and County of San Francisco to be affixed.

Frank M. Jordan
Frank M. Jordan
Mayor



Proclamation

City and County of San Francisco

WHEREAS, founded in 1974 by Dr. Charles Garfield, Shanti has been at the forefront of a growing national movement to enhance the quality of life for persons living with life-threatening or chronic illnesses by providing volunteer-based emotional and practical support; and

WHEREAS, *shanti* is a Sanskrit word meaning "inner peace" or "tranquility," and it is an appropriate name since all of Shanti's direct service and educational programs are aimed at easing the burdens and improving the well-being of people in difficult life situations; and

WHEREAS, the mission of Shanti is to enhance the quality of life, health, and well-being of people living with life-threatening illnesses, including Breast Cancer and HIV/AIDS through its training and consultation programs including the L.I.F.E. Institute, LifeLines Breast Cancer Program, and HIV/AIDS Services; and

WHEREAS, the key to the success of Shanti's mission is the *Shanti Model of Peer Support*, which is both a philosophy and a set of techniques that are used throughout their work; and

WHEREAS, 35 years later Shanti continues to expand programs to help people living with serious illnesses; now

THEREFORE BE IT RESOLVED, that I, Gavin Newsom, Mayor of the City and County of San Francisco, in celebration of 35 years of committed and compassionate service to our City, do hereby proclaim November 10, 2009 as...

SHANTI DAY

In San Francisco!



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City and County of San Francisco to be affixed.

Gavin Newsom
Mayor

BARBARA BOXER
CALIFORNIA

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November 10, 2009

Shanti
730 Polk Street
San Francisco, CA 94109

Dear Friends:

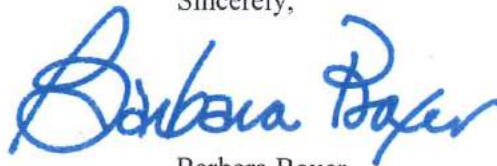
I send my warmest greetings as you gather to celebrate Shanti's 35th Anniversary. I am proud to be serving on the Honorary Committee for tonight's event. I only wish that I could join you in person.

Shanti was founded in 1974 at the University of San Francisco Medical School's Cancer Ward by Dr. Charles Garfield. As the first community-based agency in the United States to respond to HIV/AIDS, Shanti has been at the forefront of providing volunteer-based compassionate care since the beginning of the epidemic. In 2001, Shanti began serving individuals with breast cancer. Today, Shanti provides care navigation services, in-home emotional and practical support, and health education outreach programs for San Francisco residents living with HIV, AIDS, and/or breast cancer. Shanti serves 2,000 San Franciscans yearly, and has engaged over 15,000 volunteers in the Bay Area, who have given more than 3 million hours of their time.

In the United States Senate, I am continuing to work for better healthcare for all Americans and to end the devastating consequences of HIV/AIDS and breast cancer. I've worked to increase funding for better research, treatment and prevention for both diseases, and I am proud to be your partner in this effort. Earlier this year, I introduced the Breast Cancer Patient Protection Act, which will help to ensure women who undergo invasive treatment for breast cancer receive appropriate treatment and reasonable in-patient care. You can count on me to work to pass this important legislation.

I hope you have an inspiring evening. I applaud the outstanding accomplishments of Shanti's dedicated staff and volunteers. I wish you much continued success in the years to come.

Sincerely,



Barbara Boxer
United States Senator

1700 MONTGOMERY STREET
SUITE 240
SAN FRANCISCO, CA 94111
(415) 403-0100

312 NORTH SPRING STREET
SUITE 1748
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Filing Date: May 10, 2017
Case No.: 2017-006234LBR
Business Name: Shanti Project
Business Address: 730 Polk Street, 3rd Floor
Zoning: NC-3 (Neighborhood Commercial, Moderate Scale)/
130-E Height and Bulk District
Block/Lot: 0740/018
Applicant: Kaushik Roy, Executive Director
730 Polk Street, 3rd Floor
San Francisco, CA 94109
Nominated By: Supervisor Jane Kim, District 6
Staff Contact: Desiree Smith - (415) 575-9093
desiree.smith@sfgov.org
Reviewed By: Tim Frye – (415) 575-6822
tim.frye@sfgov.org

BUSINESS DESCRIPTION

The Shanti Project is a community-based caregiving nonprofit that trains volunteers to provide one-on-one psychosocial and practical support to individuals facing terminal or life-threatening illnesses. It was among the first organizations in the world to work directly with terminally-ill patients, and became a global leader in offering psychosocial support to those suffering from HIV/AIDS. Developed by Dr. Charles Garfield, the Shanti Mode of Peer Support utilized by the organization's volunteers set a new standard in psycho social health care on an international scale. The organization has operated out of several sites throughout its history and is currently headquartered in the Project Open Hand building on Polk Street between Ellis and Willow Streets in the Tenderloin neighborhood. It acquired a secondary location in the Mission District when the Pets are Wonderful Support (PAWS) merged with the Shanti Project in 2015.

The Shanti Project was established in 1974 by Dr. Charles Garfield, who was brought on as the first mental health professional for the UCSF Medical School's Cancer Ward. While working with cancer patients, Dr. Garfield created what he called the Shanti Model of Peer Support as a way to provide quality mental health service to a larger number of terminally ill clients by utilizing compassionate and well-trained volunteers. The word Shanti, meaning "inner peace" in Sanskrit, was chosen as the organization's name to represent its goal of "easing the burdens and improving the well-being of people in difficult life situations." Dr. Garfield believed that no person should "face cancer or other terminal or life-threatening illnesses alone." The majority of Shanti's clients have come from low-income, marginalized, and/or underserved communities. Shanti's volunteers help clients schedule and access medical visits and treatments, complete paperwork, communicate with medical professionals, and access educational materials, while also offering support and practical assistance with life's daily chores and responsibilities, including pet care.

For two decades beginning in the late 1970s, the Shanti Project focused its efforts on caring for those suffering from HIV/AIDS. As a result, the Shanti Project led some of the earliest responses to the care of individuals diagnosed with the new illness and was invited by the governments of France and Britain to conduct international trainings on best practices for supporting people with AIDS. In 1987 during the first

U.S. Presidential address on AIDS, President Ronald Reagan acknowledged Shanti for its leadership and many contributions in devising effective methods for caring for those with AIDS.

Beginning in 2001, the Shanti Project expanded its services to include outreach to underserved women diagnosed with breast cancer and in 2015, expanded further to support women suffering from all forms of cancer. Its merger with PAWS in 2015 ensured the continued life of a program working to keep disabled and sick persons united with their pets. In recent years, Shanti has established an LGBT Aging and Ability Support Network (LAASN) program and has partnered with affordable housing nonprofits to provide support to residents during reconstruction of a large public housing project. Shanti serves over 2,000 individuals annually, including an average of 1,000 people living with HIV, “90% of whom are living on incomes less than twice the federal poverty line.”

Dr. Charles Garfield and his Shanti Model of Peer Support, which set a new standard in psycho social health care nationally and internationally, has been the recipient of numerous awards and accolades. Its leadership role in providing needed services and support to individuals dying from AIDS contributed to the “San Francisco model” of care for those diagnosed with HIV/AIDS, which emphasizes a holistic, collaborative, and relationship-centered approach to care.

STAFF ANALYSIS

Review Criteria

1. *When was business founded?*

1974.

2. *Does the business qualify for listing on the Legacy Business Registry? If so, how?*

Yes, the Shanti Project qualifies for listing on the Legacy Business Registry because it meets all of the eligibility Criteria:

- i. Shanti Project has operated for 43 years.
- iv. Shanti Project has contributed to the history and identity of San Francisco through its critical role in helping to develop the “San Francisco model” of care for people diagnosed with HIV/AIDS, which emphasizes building relationships, providing holistic care consisting of health and social services, and collaborating with clinic and community partners to broaden and strengthen the care continuum. Its signature Shanti Model of Peer Support has become an international model for caregiving organizations all over the world.
- v. Shanti Project is committed to maintaining the physical features or traditions that define its practice of providing psychosocial and practical services to critically ill individuals.

3. *Is the business associated with a culturally significant art/craft/cuisine/tradition?*

Shanti Project, one of the city's oldest community-based caregiving nonprofit organizations, is associated with the tradition of teaching and practicing peer-to-peer psychosocial and practical support services for critically ill patients.

4. *Is the business or its building associated with significant events, persons, and/or architecture?*

The 1922 building has been previously evaluated for historic significance by the Planning Department. It is considered a "Category A" building and has been identified as individually eligible for listing on the California Register. It was also identified as eligible for listing on the National Register as a contributor to a National Register-eligible historic district. The property was noted for its significance in the Van Ness Auto Row Support Structures Survey prepared by William Kostura from the Planning Department in 2010.

The building is also associated with several important nonprofit organizations, including the Asian & Pacific Islander Wellness Center and Project Open Hand. All three organizations are associated with the community's response to the AIDS epidemic and have demonstrated historical importance within local LGBTQ history. While further evaluation is needed, Shanti's founder and the creator of the Shanti Model of Peer Support, Dr. Charles Garfield, may be considered a historically significant person as defined by National Register criteria.

5. *Is the property associated with the business listed on a local, state, or federal historic resource registry?*

No, however the property has been identified as individually eligible for listing on the California Register. It was also identified as eligible for listing on the National Register as a contributor to a National Register-eligible historic district.

6. *Is the business mentioned in a local historic context statement?*

Yes, the Shanti Project is mentioned in the *Citywide Historic Context Statement for LGBTQ History in San Francisco* under the theme of "San Francisco and the AIDS Epidemic (1981 to 1990s)" on pages 296, 297, 301, 308, 363.

7. *Has the business been cited in published literature, newspapers, journals, etc.?*

Yes. The Shanti Project has been cited in numerous publications including but not limited to:

The New York Times, 12/14/1985, "WARD 5B: A Model of Care for AIDS," by Katherine Bishop; *SFGate*, 12/31/1995, "Between the Lines—Shanti Pioneer Spotlights Caregivers," by Patricia Holt; *Beyond Chron*, 11/25/2008, "35th Anniversary of Historic SF Community Organization" by Randy Allgaier; *Los Angeles Times*, 9/16/2011, "Movie Review: 'We Were Here'," by Kenneth Turan; *sfgayhistory.com*, "The 1980s-SF Gay History."

President Reagan's amfAR Speech, written by Landon Parvin for President Reagan to deliver at a dinner honoring the American Foundation for AIDS Research (amfAR), May 31, 1987. Published on KQED's website.

Shanti Project has been the recipient of numerous awards, including: City and County of San Francisco Award of Merit, signed by Diane Feinstein on September 19, 1983; City and County of San Francisco Proclamation recognizing September 8, 1990 as Shanti Volunteers Day in San

Francisco, signed by Mayor Art Agnos; California Legislature Assembly Resolution commending the Shanti Project for its 20th anniversary and applauded for the vital role it has played in enhancing the quality of life of people with AIDS, signed by Honorable Willie L. Brown, Jr., Speaker of the Assembly, on June 20, 1994; City and County of San Francisco Proclamation proclaiming June 28th 1994 as Shanti Project Day in San Francisco, signed by Mayor Frank M. Jordan; City and County of San Francisco Proclamation resolving November 10, 2009 as Shanti Day in San Francisco, signed by Mayor Gavin Newsom.

Physical Features or Traditions that Define the Business

Location(s) associated with the business:

- 730 Polk Street

Recommended by Applicant

- One-to-one peer support provided by trained volunteers, offering psycho social and practical support services to individuals suffering from life-threatening illnesses
- Shanti Model of Peer Support, which is built on the values of mutual respect, positive regard, empowerment of the client, genuineness, acceptance of difference, empathy and the intention to be of service
- Shanti's 24-hour Volunteer Peer Support training
- Servicing of diverse populations, including marginalized and underserved segments of the population
- Being located in neighborhood(s) where a high number of its clients live

Additional Recommended by Staff

- No additional recommendations



SAN FRANCISCO PLANNING DEPARTMENT

Historic Preservation Commission Draft Resolution

HEARING DATE JUNE 6, 2017

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San Francisco,
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Case No.: 2017-006234LBR
Business Name: Shanti Project
Business Address: 730 Polk Street, 3rd Floor
Zoning: NC-3 (Neighborhood Commercial, Moderate Scale)/
130-E Height and Bulk District
Block/Lot: 0740/018
Applicant: Kaushik Roy, Executive Director
730 Polk Street, 3rd Floor
San Francisco, CA 94109
Nominated By: Supervisor Jane Kim, District 6
Staff Contact: Desiree Smith - (415) 575-9093
desiree.smith@sfgov.org
Reviewed By: Tim Frye – (415) 575-6822
tim.frye@sfgov.org

ADOPTING FINDINGS RECOMMENDING TO THE SMALL BUSINESS COMMISSION APPROVAL OF THE LEGACY BUSINESS REGISTRY NOMINATION FOR SHANTI PROJECT, CURRENTLY LOCATED AT 730 POLK STREET (BLOCK/LOT 0740/018).

WHEREAS, in accordance with Administrative Code Section 2A.242, the Office of Small Business maintains a registry of Legacy Businesses in San Francisco (the "Registry") to recognize that longstanding, community-serving businesses can be valuable cultural assets of the City and to be a tool for providing educational and promotional assistance to Legacy Businesses to encourage their continued viability and success; and

WHEREAS, the subject business has operated in San Francisco for 30 or more years, with no break in San Francisco operations exceeding two years; and

WHEREAS, the subject business has contributed to the identity of San Francisco through its critical role in helping to develop the "San Francisco model" of care for people diagnosed with HIV/AIDS and others suffering from critical illnesses; and

WHEREAS, the subject business is committed to maintaining the physical features and traditions that define the business; and

WHEREAS, at a duly noticed public hearing held on June 6, 2017, the Historic Preservation Commission reviewed documents, correspondence and heard oral testimony on the Legacy Business Registry nomination.

THEREFORE BE IT RESOLVED that the **Historic Preservation Commission hereby recommends** that the Shanti Project qualifies for the Legacy Business Registry under Administrative Code Section 2A.242(b)(2) as it has operated for 30 or more years and has continued to contribute to the community.

BE IT FURTHER RESOLVED that the **Historic Preservation Commission hereby recommends** safeguarding of the below listed physical features and traditions for the Shanti Project:

Location (if applicable)

- 730 Polk Street

Physical Features or Traditions that Define the Business

- One-to-one peer support provided by trained volunteers, offering psycho social and practical support services to individuals suffering from life-threatening illnesses
- Shanti Model of Peer Support, which is built on the values of mutual respect, positive regard, empowerment of the client, genuineness, acceptance of difference, empathy and the intention to be of service
- Shanti's 24-hour Volunteer Peer Support training
- Servicing of diverse populations, including marginalized and underserved segments of the population
- Being located in neighborhood(s) where a high number of its clients live

BE IT FURTHER RESOLVED that the **Historic Preservation Commission's findings and recommendations** are made solely for the purpose of evaluating the subject business's eligibility for the Legacy Business Registry, and the Historic Preservation Commission makes no finding that the subject property or any of its features constitutes a historical resource pursuant to CEQA Guidelines Section 15064.5(a).

BE IT FURTHER RESOLVED that the **Historic Preservation Commission hereby directs** its Commission Secretary to transmit this Resolution and other pertinent materials in the case file 2017-006234LBR to the Office of Small Business.

I hereby certify that the foregoing Resolution was ADOPTED by the Historic Preservation Commission on June 6, 2017.

Jonas P. Ionin
Commission Secretary

AYES:

NOES:

ABSENT

ADOPTED: