JACINTA: Chris is one of the first ones I met when I came feeling I didn't know anything, which was a good place to be in, because then Chris became one of my first teachers. And Chris was a pagan and then he met me as a Roman Catholic nun. And he kept saying, we're a funny combination. And we were a funny combination.

He is a person who had been into satanic worship, he'd been into witchcraft. I mean, he'd been into some pretty rough stuff. And I had not met all this, and to be suddenly meeting a person where all this was inside one little human being. And he was little in one sense, but very big in the other. And as we came to know each other, I know that all of this was happening as he searched for truth. He went through a lot of things.

But it was because I didn't know what to do with Chris, because this is the first time I met somebody who was very ill and I knew was dying, that I could not or did not feel I should use the word God with. It was like my God prop was gone. And now, what do I do?

And I just was with him. And he is the one that once said to me, aren't you supposed to say if I don't say I believe in God, that I'll die and go to hell? I knew that wasn't true. And so I said, no, no way am I supposed to do that.

And I think there was a big amount of confidence came from him that day, because he really was trying to push me to the point where I should be preachy. Because that's what he thought Catholic nuns were about, they preached. So it became a very intimate relationship, because we let each other be. And that was very scary.

But he also taught me a lot about death. And he said, I'm not afraid to die. And I asked him, why? And he talked about different events that were going on in his life, how he was coming to a peace. And he said, if peace is what death is-- and that's how I think he could describe it as. He said, because I have never been peaceful and now I'm being peaceful and I'm getting very close to death. And I stayed with him when the doctor gave him that choice.

And I think the time that-- our last meeting is probably when he taught me the very most. I think he taught me that when two people can respect each other-- and I think that's what the role of the caregiver is, to really respect the person for whom they're caring and to really elicit their respect in return.

He told me he wanted me to take a vacation from him. And I said, I don't know what you're saying to me. And he said, I want you to tell me goodbye today, to say what we need to tell each other today, and I don't want you to come back to see me anymore.

And he told me, I'd been there when he needed me the most, and that they would begin to up the morphine, and he wouldn't really be himself in some ways. And he didn't want me to see him at that point. And then I said, OK, I could accept that. And that's part of what I think is important in these relationships, is to accept where they're coming from.

I did not want this to be my last time to see Chris. I wanted to be with Chris when he was dying, but now Chris was cutting me out of that. But I knew that our relationship was so strong that it was OK not to be with him. And I wanted to give up what I wanted to do.

And I think it's important for caregivers not to have their own agenda. Very important not to carry your own agenda there. And so I tried to put my agenda down and listen to his. And I said, but I still don't understand what you mean by the word vacation. And Chris said, by vacation, I mean because in 10 or 12 years, you're going to join me, and we're going to be together forever in the happiness of hereafter.

And that really touched me very deeply, because I knew then I may have always had to function out of the role of talking God. But I don't care what word we use for that higher being, whatever we want to call that. For me, it's I'm comfortable with the term God. But I knew that Chris had already met the greater than us and that he knew what he was saying when he told me that.

So then he asked me to kiss him goodbye, and I did. And I was leaving the room when he called my name once more. And I turned around and he just looked at me and said, Jacinta, it could be shorter. [LAUGHS] So I often have thought of that.

In fact, the day that word came to the center that Chris had died early that morning, Brother Jeremy came to tell me. And the way-- he was the only one that knew that that's what had happened between Chris and myself. And he said, Jacinta, start counting your days. [LAUGHS] So Chris was a great teacher. He taught me how to live and how to die, and that was in a short time.

And the outside world looked at us as our roles. But the two of us longed for something very much, and that was to be ourselves. I long for that too, just to be who I am, not this role. And he also had been labeled, and he knew that. And he wasn't that.

There's something deeper than these roles that people were giving us on either level. And so that our longing to just be who we are is what we gave to each other. It was OK for me to be who I am.

[MUSIC PLAYING]

NARRATOR: Jacinta's story about Chris brings us full circle back to the idea that the best caregiving involves mutuality. The caregiver understands that her or his actions are not a one-way street. I give, you receive.

Perhaps the most important realization for the caregiver is that you, yourself, after the death of a person who has become significant in your life, may be different than you were before that death. By self, I mean the person you know yourself to be, what values, beliefs, characteristics, and qualities, both positive and negative, that you identify as your own.

Doing AIDS caregiving may allow for profound psychological changes, changes in how you view people, the world, and yourself. These changes are not guaranteed, but they were certainly reported by our interviewees. One cannot spend time with committed AIDS caregivers without realizing the growing strength and depth of their lives.

Jacinta said that she was able to leave behind some ways of thinking that she felt were self-limiting. What she may have thought of as assets became liabilities when she entered into a true caregiving partnership with Chris. You can't help but note the wonderful irony in his name, Christopher, which means bearer of Christ.

The story teaches us one more time about acceptance, about letting go of our fixed agendas in response to a changing reality, and about relationship and deep partnership. It's also particularly poignant to learn that Chris deepened Jacinta's view of the afterlife, of being together again, despite the fact that she is steeped in a tradition that has a very well described view of what happens after death. It was Chris who suggested that they would see each other again after Jacinta died.

Jacinta also learned to trust her own intuitions, her own inner voice about what was right to do as a way of balancing her own insights with her religious faith. Working with Chris showed her how to stay open to emerging wisdom. As she said at the end, she learned that "it was OK to be who I am." Chris showed her it was necessary to listen to those inner voices, to trust her compassion, and to realize, in fact, who she is rather than have it rigidly defined by others.

For me, this story is yet another piece of evidence for my own intuition, that there is an emerging lesson for everyone living and working in the AIDS pandemic. I believe that nowhere on the planet, not in any schools or religious organizations, is spiritual awakening happening more rapidly than in the AIDS community.

We're finding here an emergence of the heart with people moving beyond belief systems that have formerly governed their entire lives into new and more compassionate awarenesses. There's no doubt that lives are being tragically shattered by AIDS. What I'm saying certainly does not imply that there's a person among us who would not choose to cure it today, right now.

But it's also true that within the tragedy and perhaps because of it, profound insights are occurring, leading to a deepening vision, purpose, and faith. Knowing that so many men and women are being taken from us so abruptly and often so young, many of us feel compelled to look to our deeper selves and, at times, to eternity for answers, to come full circle as we learn to treasure what is most important in ourselves. It's in this intensified climate, what one person called enlightenment at gunpoint, that growth, psychological, social, and spiritual may accelerate.

I can't help but think of what Daniel Warner told me. Daniel was a co-founder of Shanti, Los Angeles, modeled after the original Shanti project in the San Francisco area. Just before he died of AIDS complications, he said to me that he now believed that AIDS stood for accelerated inner discovery of self. He meant that for himself and for other people with AIDS.

I think it applies to all of us who come in contact with this very harsh teacher, and who pay attention. AIDS may teach us about cruelty, whimsy, absurdity, and tragedy. But it also may teach us about kindness, love, meaning, and the eternal.

Not every caregiving experience is going to provide you with the depth of insight that the Jacinta-Chris story offers. Many, if not most caregiver stories have to do with simply making life as positive and as tolerable as possible for the person with AIDS.

There may seem to be few profound conversations, and that perhaps is as it should be. But I can't ignore the fact that within the 80 or so interviews we did for this program, a limited number to be sure, we came across a significant sampling of such stories. Mainly they came in response to one question, how has this work changed you? Here are some of the responses.

MAN 1: I'm thinking of a really incredible day in working at San Francisco General when I was with a young man who was 25 years old and had 16 different AIDS-related infections. So many that there wasn't even room on our roster to write them all. And I think there are only like 22 on the CDC list. I mean, he had 16 of them.

And he was very weak. And I was spending time with him, he seemed to take so much pleasure in just listing all of the-- he had an incredible speaking voice and his diction was wonderful. And he was just lying there, saying, and I have this, and I have toxoplasmosis, and I have cryptosporidium, and just going over that until my head was spinning.

And then I just really began to focus on him and just allowed him to just go through that. Something in me just said that-- something was waiting for me to just-- I really had the inclination to cut him off, but I just allowed him to go through that.

When he finished, he said to me, and with all of those things that are happening to me, everything that's happening to me, I can really say that I'm having a good life. And he said it in the present tense. And it was so powerful to say that in the midst of all of this stuff he was still having a good life.

That's the inspiration that I was talking about earlier is, it's very hard to leave a situation like that and not feel inspired. For me, it was just such an inspiration that somebody could be going through that much and still find something to be joyous about.

What I have a hard time with is day-to-day complaining of people that I know after dealing with someone like that. People always say to me, oh, it must be so hard, AIDS work. And actually, some of the hardest things for me are dealing with non-AIDS related things that seem very petty.

WOMAN 1: My appreciation for people is definitely changing. I just can see such a universality between each person, that we all just have the same basic needs. We need to eat. We need a place to live. Everyone likes to be loved.

And it just puts me more on a plane. I can identify with any person on my route and basically any person in the world. It's definitely opened up my eyes to seeing other people as needing care in a way also, whether they seem healthy or not. Everybody needs help. And I'm just starting to treat people better in my everyday life, in my job, and in my family, and things like that.

MAN 2: Well, I think we have a heightened awareness of how important this day is. And if we're feeling well, that we really celebrate that we're feeling good today. That we do the little things to make the day special.

I think every morning, what am I going to do today to make this a nice day for me? Today, I'm getting my car serviced and going out to lunch with a friend, but every day to make it a special day.

So there's an urgency to live and keep current with our agenda and keep forgiveness-- keep current with people, keep forgiveness and relationships healed. Those little unfinished business as possible.

MAN 3: I appreciate things a lot more. I also cry when I have to. That's not something I used to do. If I feel like crying, I let it come. I do it. I recognize my pain. I do that. And that makes me recognize my joy and the things that I like and the things that I appreciate.

And most importantly, in my relationships. I have a lover now that I have a level of experience and relationship with him that is so much deeper than I would have let myself have. It's tied into the intimacy stuff.

Because I felt a level of human intimacy that's beyond sexual and beyond, when am I going to get out of this? Or what does this person think of me? And all those kind of things. I have felt a step beyond that. I don't feel that every waking moment. So I'm lucky to have done that-- to have felt it when I have.

PETTY ROSE: I'm a much better person. When I say that I care about you and we're going to get something done together, there's absolutely nothing that will get in my way, nothing. My focus is real clear and the goal line is real clear to me.

I'm not a shy person, but sometimes I don't take myself seriously enough. And sometimes working with certain professionals, I'm intimidated. But I've been able to go to Washington DC and speak to the president of the Center for Disease Control about AIDS, and senators about AIDS, and Ted Kennedy and his chief health educator about AIDS, and the surgeon general, although I didn't get to meet him personally, Everett Koop, when he was the surgeon general. I got to be at a meeting.

So I've been able to do those things, where before I may not have been able to do that. And speak in front of thousands upon thousands of people very clear. I can speak to anybody. I can get to any group.

MAN 4 Learned a lot about the value of hearing and about acknowledging that people exist even though they might not have the conventional responses, such as when people are demented or on respirators and things.

I remember a man who had PML and rapidly deteriorated so that he went from being this gregarious former bartender, who all of his friends came in with strong alcohol on their breath. And I thought, I can't-- this is not my scene at all. They would come in, I would leave. I was going through my duty.

And as things progressed, he slowly lost control of his extremities and muscular deadening to his throat. Even as respiration became suppressed, he could no longer talk. And he would often sit looking seemingly just into space.

But I noticed his eyes would track people when they would come in the room, and that he was actually aware of his environment. But everyone was treating him like he was gone already. He was dead. And that's my worst fear, is that I will be treated as if I'm dead when I'm not.

And I had a really-- I felt so helpless going into-- I didn't know what to do. What do you do with the person that can't talk to you in a conventional way? I mean, you feel awfully stupid sometimes saying things to people like I care. I mean, all those things you learn about interventions don't seem relevant.

And one day, I don't know how, but I walked into his room and I just sat next to his bed. And I said to him, just because you don't have your old personality anymore doesn't mean we can't hang out together. And his eyes opened up and he looked at me with tears in them and my eyes filled with tears. And I mean, I didn't have to say anything else. We just hung out there for a while.

[MUSIC PLAYING]

NARRATOR: How would you answer the question? How has this work changed you? Let me draw a few themes that are common to the responses we just heard. Almost everyone said that doing AIDS work caused them to shift or change their priorities in life.

I agree with Danny Castro's comment, that one of the harder things about the work happens when the petty gets elevated to the important. What's really important becomes much clearer as you spend more time in caregiving.

A corollary of the priorities theme has to do with becoming politicized by the work. We heard Petty Rose talk about how the anger and frustration she felt turned her into a public speaker and an AIDS activist

I appreciated Borat's story about being with a bartender whose friends had deserted him. Knowing how to just be with someone without words is an art you can learn. Borat's honesty about the man not being someone he would have chosen to spend time with under other circumstances shows us the extent to which the work can have a humanizing effect on us all.

It's important to know how to be with someone in that place beyond words. Working with people with AIDS, how the caregiver feels and how he or she communicates those feelings contribute significantly to the quality of the relationship. That is when the caregiver is feeling centered, and open, and relatively undefended, long and important conversations are more likely to occur as well as the space to just be together.

When the caregiver is tired, or shut down, or psychologically defended to an extreme, or biased for some reason against the person with AIDS, that person will soon know it and may experience it as a judgment or lack of concern.

The key, the idea that we're not always able to reach, but need to shoot for is to be with the person in the presen moment wherever they are, especially in those confusing and frightening moments of confronting the unknown. As we've said at Shanti project since the beginning, your heart is your credential.

One of my favorite quotes relates to this theme. It comes from Henry Nolan's book,*Out Of Solitude.* Nolan wrote, "Still when we ask ourselves which persons in our lives mean the most to us, we often find that it is those who instead of giving much advice, solutions, or cures have chosen to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing, and face with us the reality of our powerlessness, that is the friend who cares."

Another theme I hear from our caregivers is the need for a greater tolerance for ambiguity. A serious illness, such as AIDS, especially one that cannot be readily explained or remedied at this point, poses a threat, a threat that may crack the cultural trance that we can fix anything.

AIDS reveals the limitations of those shared assumptions we take for granted about how life should work. And this may leave us more liberated or more anxious as so much of life is thrown into question. With AIDS, both patient and caregiver are haunted by unanswered questions, the uneasy ambiguity of mystery, and the rank injustice of suffering.

What I hear also is a deepening realization of what it means to be human. For me, this means, among other things, the ability to experience and express deep feeling. There may also be a heightened experience of the sacred in everyday life. By that, I mean a sense that the life we are participating in, however tragic, deserves our reverence, respect, and gratitude.

One caregiver said he'd become more tender and expressive as he appears the veil of ordinary reality and see deeper things. These are not the words of a mystic or someone whose thinking is somehow mushy or half baked. These are discoveries reported by many caregivers for whom spirituality may not have been a comfortable frame of reference. Often, this tenderness leads to insights that they themselves call spiritual. Let's listen to the comments of Chuck Landis, Nina Minger, and Gary Shepard on this topic.

CHUCK LANDIS: You have to understand that they're going to be ups and downs. I think that it's very important to find a way to center yourself. In order to be of use to somebody else, I think you yourself have to be pretty well centered. That's awfully hard to do sometimes. That's much easier said than done.

For some people-- it was true with me. For some people, tapping into whatever spiritual base you have is helpful. Not necessarily the Christian or Judaic experience, but just the sense that there are higher powers or stronger powers than you that perhaps can undergird you to carry you through. We're not always sure of that. Sometimes that's more hope than it is knowledge. But I found that to be very helpful.

NINA MINGER: My son is still with me. His spirit is very strong only with me. And recognizing that really lets me be at peace with letting his physical presence go, because I know I have not lost him. He is still very much part of my life. His presence is just always with me.

GARY SHEPHARD: I'd heard that a lot. People said, well, this could be a spiritual path. So I kept thinking that while I was doing the work, that I would find a spiritual path that I hadn't known before. That I would suddenly practice meditation, or I would be interested in Zen, or I would-- whatever that is, I become more religious or I'd have some-- some light would shine down on me. And I'd know why I was doing this, and I'd be off and running in some spiritual path.

And it wasn't until I did the work a long time that I realized that the work is the spiritual path. The work is the meditation. The work is confronting the profundity of life, the angst, whatever that is, the existential stuff that you encounter all the time, and learn to know about and hold in a different way.

So in that sense, the work became very spiritual for me. I don't think it does for everyone else. And I try to be really careful about over elaborating some spiritual benefit from it because I don't think that's necessarily necessary. And for me, the important thing is that people do the work.

NARRATOR: As Gary points out, whether or not you label a particularly moving experience you had while caregiving as spiritual doesn't matter. What matters is that you do the work. There may be nothing beautiful in suffering, but in searching or constructing meaning and an opening to another's pain, something important and deep can come about.

In our current world full of hostility and indifference, we don't need some elaborate spiritual system as much as we need an increasing willingness to touch pain with mercy. Any possibility for growth that AIDS caregiving presents is less useful if seen in spiritual terms that are remote, otherworldly and transcendent.

This is perhaps why the word spiritual is uncomfortable for some people. The work and the experience are here now on Earth, right in front of you. For Garry and others like him, the work is the spiritual path. I asked Gary to give us an example of what he meant by the work having a spiritual dimension for him, and he told this story.

He described the time when he had volunteered to be with a man who was in a hospice, near death. The man's wife, his parents, his two children had all distanced themselves from him. They were apparently afraid of getting the disease. Gary remained at the man's bedside, alternating with the only other person who would be there for him, an old friend of his. At one point, the man's friend left.

GARY SHEPHARD: So then there I was in the room alone with him and realized that my job, my commitment to him was to help him through the fearful parts. And he had a lot of fear about dying alone. And so it occurred to me that if I was afraid, he was afraid too. I had to find a way not to be afraid.

And I think I did that by breathing and by being open, and just being reminded of my affection for him and my agreements with him, that I would be there for him. So I sat down next to the bed in a rocking chair that was there. And he was turned on his side, facing me. It just was purely intuitive.

I just began to sing. I began to sing songs that I sang to my kids when they were babies. And it was this metamorphosis. It wasn't like more than two or three minutes of my singing until his breathing rate changed dramatically.

And suddenly, I knew-- I knew that he was dying. So I stood up and I went to-- sat on the edge of the bed, and put my arms around him and got down close to him, and talked to him and into his ear. And suddenly, he just stopped breathing.

What seemed really profound to me around that was how we are people when we are alive and we're not when we're gone. And that line between living and dying is so thin. And I felt like I had walked with him right up to the door, and then he had to go through the door and I couldn't.

In the end, I think everybody should experience the death of a loved one that way, because there's something miraculous about as part of that miracle of life. Because he was not a personal-- he was not my brother, or lover, or husband, wife, whatever that is, not that close to me.

I felt that there was this enormous gift, which I think I have felt with other clients, but this was the first time I experienced it, of having the privilege of going to that door. To take something that was so intimate for him, his major life transition, and that I got to be a part of that. He invited me into that process. And it made my own death seem less fearful for me. I thought, oh, this is it. This is how it is. Someday I will go through the door and someone else will wait for me. I saw all of that as a gift in that way.

NARRATOR: Gary's story is basically about a sense of partnership and intimacy during this special time. What some would call sacred time. He used the word gift in connection with what he received as the man's caregiver. That word, gift, would undoubtedly sound strange to most people outside the work. Only if you've been in it for a while does it begin to make sense.

One of my favorite comments from our interviews goes something like this. I feel like I finally know what it is to live, to really call forth the best in me and demand the truth from myself, and to offer that as a gift to myself as well as to others.

It's hard to listen to these common themes without learning at least the way other people interpret spirituality, even if the term doesn't hold meaning for you. Many people made comments like in crisis, your powerlessness forces you to constantly turn toward God to the mystery, to that which is larger than human beings, but includes human beings. They report that the work allowed them to discover a larger context for viewing life, and that with or without the disease, they now look for communities of people that support this larger context.

[MUSIC PLAYING]

Let's briefly review the ideas we've covered that could constitute some lessons for the second decade of AIDS. The first set has to do with the changing nature of AIDS caregiving. The second set has to do with the changing needs of you, the caregiver.

Two important facts stand out for me with regard to caregiving. The kinds of people who are becoming HIV positive or who are experiencing full-blown AIDS are changing dramatically and the emphasis of the whole movement is slowly shifting from dying from AIDS to living with AIDS.

Much of what we've covered in this program has to do with basic caregiving, no matter who the recipient is. But the fact is that AIDS is hitting communities of people who will not know about or perhaps even consider asking for help from some of the existing AIDS organizations.

It's going to be very important to support intra-community AIDS organizations, which can reach out to the people society has marginalized, low income people of color, drug users, and homeless people. Penny Chernow stated succinctly the challenge facing us as we care for the largest emerging group of people with AIDS in the 1990s.

WOMAN 2: The rate of HIV infection is growing two-and-a-half times faster in women than it is in men right now. So the next decade, you're going to have women, you're going to have children, you're going to have women and children, mothers and children together who are both infected. You're going to do double intakes. I'm doing them already.

You need to worry about childcare, you need to worry about transportation. There's aspects of caregiving that we haven't even touched that are indigenous to women. What about when the mother dies if she has a child who's not infected? What are you going to do?

You're talking about adoptions, you're talking about setting up lives for children left orphaned. This is major. This is big. And we're not even close to knowing what to do or how to do it. We don't even know how to take in a child here yet when we've had a couple.

NARRATOR: Penny also pointed out that many more social service agencies will feel the impact of AIDS in this decade. Of course, hospitals and existing AIDS organizations will also be taxed beyond today's demands. Will we rise to the occasion or, in this case, the catastrophe?

One of the most remarkable and heartwarming byproducts of the HIV pandemic has been the development of grassroots organizations, consisting mainly of volunteers, which are dedicated to serving the needs of people with AIDS. AIDS volunteerism clearly is a testimonial to human compassion and to the power of communities of so-called ordinary people to unite and respond to extraordinary events.

One other lesson for caregiving that I'd like to remind us of is the battle cry being raised by the veterans of the war on AIDS. People who are HIV positive can and are living healthy normal lives. Dr. Paul Curtis Bellman who specializes in treating AIDS patients wrote the foreword for Nick Siano's book, *No Time To Wait.*

Dr. Bellman writes, "I am currently participating along with other physicians in the rapid growth of scientific knowledge and clinical expertise that is enabling our patients to live longer and better. I believe it is possible for many of our patients to survive HIV disease. The notion that AIDS is an incurable disease, in addition to being untrue, serves to justify a lack of commitment and vision that itself inhibits progress."

All the great feats of history, which were deemed impossible, the end of smallpox, the climbing of Everest, the breaking of the four-minute mile, putting a human on the moon were accomplished because someone believed it was possible. Positive belief, vision, and determination always precede the accomplishment of the so-called impossible. I think it's crucial for all of us to hold the mindset that AIDS is curable. It can only happen when enough of us believe and want it to happen. Not instead of financial resources, research, and political action, but as the very foundation for success in these areas.

As long as there still are people becoming ill and dying from this disease, we must know how to address their needs. We must continue to draw more volunteers and professionals with all manner of organizational and social service skills into the pool of folks who have said, yes, I will do something. I want to help. I want to make a difference.

As I said earlier, the pandemic of AIDS has been with us well over a decade now. We've all heard the figures of over one million Americans infected with HIV, over 13 million worldwide. The Global AIDS Policy Coalition based at Harvard University predicts up to 110 million HIV infections by the year 2000. 110 million, that's almost 10 times what it is now. Clearly, the need for AIDS caregiving is not going to go away.

Let's consider a couple of the lessons for the '90s that apply to caregivers. There are two I want to touch on. The first is that you need to protect yourself from burnout and compassion fatigue. As you grow in wisdom and experience, you're fast becoming a national, treasure which we cannot afford to squander.

The final lesson I'd like to recap is the one about return on investment. The investment you make in AIDS caregiving should be paying you a motivational dividend. Sure, the work is hard. Yes, sometimes the pain from the grief and sorrow are overwhelming and you have to withdraw. However, if you can look beyond the tears, you may find some gifts glittering in the shadows of the suffering.

Think of caring, of something that you do for another person or allow another person to do for you as a result of AIDS. The gift of caring that unites giving and receiving and a single act of love. Think of purpose, of a part of your life that has a new or renewed sense of mission or purpose as a result of your AIDS work: Political action, spiritual commitment, a personal relationship, your job.

Think of fellowship, of a connection you've established with a group of people you respect and feel a kinship with as a result of your AIDS caregiving. There is wisdom. Think of something important in your life because of AIDS, and that's helped shape your priorities and values.

There is commitment. Think of a person who has entered your life because of AIDS and think of the intimacy and sharing that has occurred. There is hope. Always hope, that uniquely human ability to envision a more positive state of affairs. Think of a time when your hope for yourself or for someone with AIDS became your anchor, an inner strength you never knew you possessed, a covenant that guided your actions.

Think of letting go, of a time when you relinquished your need to control and open more to the caring of another person or to the deeper mystery of life. Think of aliveness, of times when you were alone or with another person when the vividness of the moment moved you so profoundly that past and future melted away and you were fully present to the power of the moment.

And last, think of love. Some loving expression that exceeded all your expectations, a loving bond that endured and that made life literally seem worthwhile no matter how difficult things got. A love that is at the core of the compassionate action and creativity so evident in many caregivers responses to the pandemic. A love that we're all capable of and that is central to our humanity and our survival.

Caring, purpose, fellowship, wisdom, commitment, hope, letting go, aliveness, and love. These are some of the gifts of AIDS caregiving. Gifts from those we care for and from the process of caregiving itself. Gifts from working with people courageously living with AIDS and from those who are courageously dying of it. May you receive in full measure what you so generously give.

[MUSIC PLAYING]

[MUSIC - SWING OUT SISTER, "AFTER HOURS"]

HOST: Oh, yeah, you've been listening to *After Hours,* a continuing tradition on KPFT Houston. And in the background, you hear the *After Hours* theme from Swing Out Sister. That was the AIDS caregiving week 4, the final part, how caregiving changes you.

And next week, we'll have Michael Crawford with us. Michael and Scott are going to change things around. Now, I've heard that we-- the engineer has called and expects the station to be off the air for about five minutes right around three o'clock. We're now awaiting his call. And until then, listen to these messages.