

# ACET News

## Spring 2022

*“When there is loss of a beloved community ... even the placing of one’s own hand on one’s own heart and gentle breathing can soothe both mind and body”.*

— from *How Touch Can Bring Healing*, page 4

Thank you for being part of our work!

We invite you to read about touch, place and our neighbourhood in this issue of ACET News.

As clinic visits return or we shut the door one last time on a client’s home, when we hear about what is happening in Ukraine and think about our neighbours in Ireland and other parts of the world, we continue to hope and encourage change.

## ACET in Ukraine

Did you know that there is an ACET in Ukraine and that there are hundreds of volunteers across the country? Since the war began there they have been providing shelter and support to the many millions of people internally displaced. Some have even been able to continue to provide sexual health education in schools and youth clubs. They include Sergey and Vicky, who in partnership with their local church in Kyiv are providing food and bedding to over 300 people living in the metro of the capital city. Please pray for them over the coming days.

ACET offices in neighbouring countries like Slovakia have also been busy with providing accommodation from the border.

Here in Dublin we are working with the HSE in coordinating some of the health and social supports for the many hundred of Ukrainians living in the north inner city of Dublin.



Left, scenes from a church in Lviv and the metro in Kyiv where ACET staff provide food and bedding.



Watch our social media over the coming months as we tell ACET Ireland’s 30 year story with the help of 30 objects. An example, above: Sharing a cup of tea or coffee with a client has been a big part of our history, but Covid meant that those recent cups have more often been take-aways shared outside.

## Hope and Hesitancy: re-emerging into a new year

Our work has steadily returned to its “new normal” of mainly face-to-face work in homes and the community; we continue to provide hybrid options where appropriate, recognising that everyone has varying degrees of comfort with the pace of change in the last few months. The care team regularly assess public health risk, informed by government advice, to safeguard ourselves and all of our clients; overall this helps us stay safe and well.

The Covid impact story seems to have stretched beyond the more explicit — fear of being hospitalised, vaccine hesitancy, unknown side- and long term effects — into “how to be” in society. Since society re-opened and most services resumed, we have had plenty of work in finding out what supports in the community are available, how they are operating, assessing their risk, and helping clients find the motivation and drive to manage health and other self-care pieces. Isolation has been a strong theme throughout, with a resulting negative impact to both mental and physical health.

Supporting clients to safely find a place of connection to their outside world, their community and with themselves can be an important place to begin. This has been challenging for some more than others, but often draws upon the strong connection within the care relationship that has been built over many years.

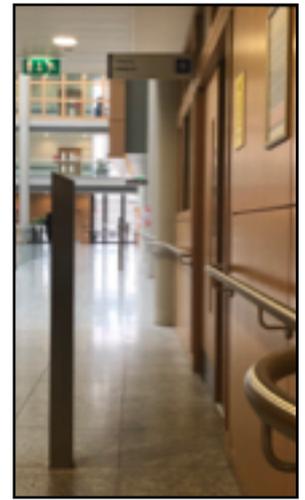
Other issues seen during the usual winter months still prevail, this time with inflation costs and the domino effect from the last two years, such as additional family members living in the home or ongoing debts. Fuel and food remain a challenging burden, so encouraging clients around financial management, accessing available practical supports and managing boundaries in their home are some of the main ways we support individuals.

Another notable impact has been the return of hospitalisations and poor health, once again seeing the ripple effect of isolation, postponed routine health appointments and the overall toll of the last two years mentally and physically.

Support of clients through health-related fear is crucial: we do this by offering an empathetic listening space and collaboratively working through a plan for prioritised health and wellbeing. As an example, key concerns that come up regarding HIV & ageing are: “What will happen as I get older?” “Will I be a burden on my children?” “Will I need to tell them about my status?” These questions arise in various seasons but during this particular shift within the pandemic worries about the future and the impact of health come into light more.

Our role, as always, is to listen and be a non-judgmental presence through these important questions.

— Hansi Chisnall, care worker



*Hospitalisations return as we see the overall toll of the last two years.*

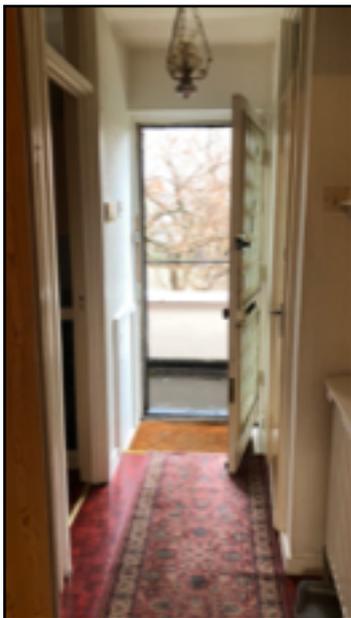
## And So We Remember

At the end of 2021 a long-term and much-loved ACET client passed away after a sudden health decline. While grief is something we have experienced so many times, it never gets easier. It serves as a reminder of how meaningful and personal the relationships are that we form with those we care for. This client had decades of friendship and support from an incredible ACET volunteer, spending time together on an almost weekly basis over those years. ACET as an organisation has always prided itself on its relational model of work and while we see the benefits of this working ethos, it also brings undeniable heartbreak when there is a loss.

When we resumed work after the Christmas break and in the midst of a lockdown, we began to work through the logistics of clearing this client’s home, surrendering the property and ensuring her last wishes were respected. Some of the furniture was able to be donated to other ACET clients, a homeless charity and a church outreach program. It was during these long days of sorting that we were able to reflect on the memories and legacy of this wonderful woman and the time we were privileged to share with her.

As we left her home for the last time it was like saying goodbye to our memories in that space and the many times we had shared together there. It was difficult to lock the door knowing we wouldn’t be walking in there again. She was an avid reader and in a sense this chapter felt somewhat unfinished. And yet as we have learned from experience, the impact of our long trusted relationships are that the wonderful memories are something that transcend the physical space we work in and which we must hold in our heart. Even as we grieve we see such value in remembering, and so we remember.

— Olivia Corbett, care worker



*One last look*



## Shaping a Better Response: health inequalities within the migrant community

The Covid-19 pandemic is not over yet. During all that time, Migrant Plus remained in touch with migrant communities, providing public health information and recommendations that were regularly updated following the national health authority guidance. We also helped migrants understand those messages by answering their questions — generally linked to language and cultural barriers, cultural codes issues, or conspiracy theories — through group talks and one-to-one support.

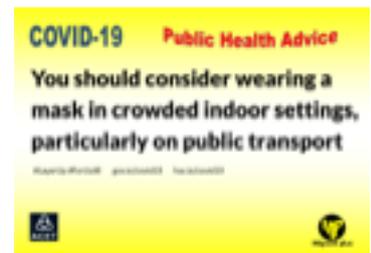
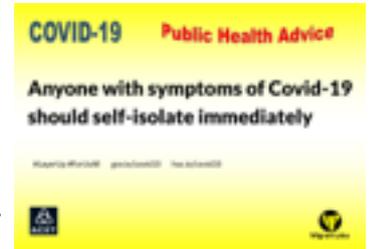
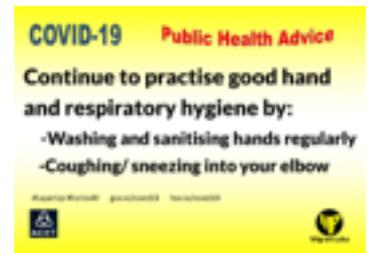
As community involvement is key to any efficient public health campaign, especially for people from a different cultural background, we endeavoured to engage with community members and their leaders and maintain open communication channels with active interaction. This helped information to flow in both directions.

Now there is feeling that finally we are slowly getting out of the acute phase, and better times may be ahead. But going back to what life used to be before the pandemic will be really be challenging; so many changes that happened during the pandemic may hardly be reversible. Working from home, virtual meetings, more public services accessible online, the use of masks in certain situations, the practice of social distancing, remote worshipping: all these will probably remain to a certain degree in the future. There will certainly be a transition period where people will collectively try to adjust to the new environment or context to cope with the return to some kind of normal life. This may take time.

During that process, it will be necessary to explore how to address some of the shortcomings of the Covid-19 response as concern migrant communities. The Covid-19 pandemic has highlighted pre-existing health inequalities affecting marginalised migrants. For instance, it has shown how vulnerable migrants can be in terms of access to trusted information on health, isolation and its effect on mental health. Migrant Covid-19 vaccination take-up has for long been below the average national rate and even now many have not received their third dose.

Misinformation has played an important role in the attitude of many migrants towards the pandemic. It is important to learn from that experience to be able to shape a better response to future health crises that might disproportionately affect migrants.

— Yvon Luky, Migrant Plus



## Who are Our Neighbours?



The question "Who is my neighbour?" is being bandied about in recent days.

The Tánaiste chose to address it when asked about differing treatments of Ukrainian refugees and those from other countries also seeking protection in Ireland. His answer was that it was 'only natural' that we show preferential treatment to those from 'our neighbourhood, our parish'.

Jesus took a different approach to the question. The answer is not discerned through a rational geo-political statement. Rather it is a story of encounter, touch and proximity that leads us into truth. The Parable of the Good Samaritan, of course, turns on its head our assumptions of neighbourhood, but it does so as we listen to the how and where of mercy lived out on familiar territory with presence, listening, oil, wine, bandages, care, shelter, referral and generosity.

This newsletter tells the story of proximate support. Thirty years on we still do not run a building but rather find ourselves in family homes, hospital clinics, community venues and even roadsides as we listen, support and empower.

If Ireland is to answer the question "Who is my neighbour?" it can only do so in proximity to those who have and continue to suffer from the impact of war and conflict. This includes acknowledging the way in which Ireland has already responded in the last few decades. This has been far from perfect and often has exacerbated the suffering. The need to be proximate is true whether we are listening to those from the terrible situation in Ukraine or any other region where conflict continues to this day. Their stories are not far away in another parish: they are right on our doorstep.

— Richard Carson is ACET CEO

# Leaning on the Beloved: how touch can bring healing

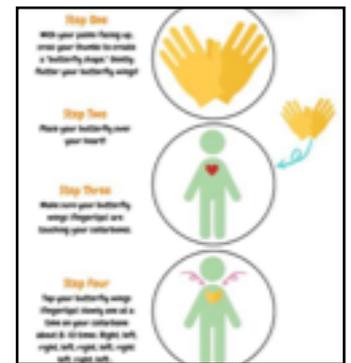


As I watched a survivor coming up out of the rubble of the bombed theatre in Mariupol leaning on the arm of a rescue worker, I thought of the verse in the Hebrew scriptures: “Who is this coming up out of the wilderness leaning on the arm of her beloved?” Traditionally this arm is taken to be God, Yahweh, Jesus, bringing us out of the vicissitudes of the wilderness, out of the trauma of our lives. And here was that love in action on our screens, in a city laid waste. People living in desolation with the constant perils of bombing death, thirst and hunger. In this uncertain world where the future seems tottering on the brink and so many stagger from utter crisis to crises with no apparent hope of redemption, this verse might become a prayer: that we will lean on God; that we will lean on each other. In that scene from Ukraine, the firefighter’s touch as he was leaned upon by the rescued man was the first tiny resource of healing in this person's overwhelming trauma.

A certain soothing happens in the nervous system, a sense of safety and trust returning that comes with an appropriate touch: a tender hand on a shoulder, a supportive hand on a back, a hug. When none of these are apt, proximity or eye contact can also evoke a visceral sense of ‘you’re ok’ and can be the thing that prevents a sliding into despair. Safe touch releases a flow of the neurochemical oxytocin. It helps give a sense of safety. When there is loss of a beloved community, isolation, terror, even the placing of one’s own hand on one’s own heart and gentle breathing can soothe both mind and body. Research shows that even the calling to mind of a moment of safe touch from the past when one felt safe, loved and cherished can help, as can the touch of a pet who loves and cherishes you: we have seen refugees arrive only with their pet, a sure source of comfort.



In the 1970s Ashley Montague published his work ‘Touching’, and wrote about our skin, our biggest organ which beautifully envelops and protects us, and described it as our nervous system ‘on the outside’. He develops the idea that even giving ourselves a butterfly hug when alone and staying with it for 20-30 seconds, will send waves of relational goodness to ourselves and restore our shuddering nervous system. When this is done we can “colour our world a little bit more beautifully”.



Let us not allow trauma and grief and terror to overwhelm others/ourselves but rather try to find ways to gently and sensitively use the gift of touch to assist others and indeed ourselves to begin a journey of healing.

Let us learn to gently lean on each other and to begin to journey out of the wilderness on our ‘beloved’.

— Vivienne Morrow Murtagh is ACET’s counsellor



**Race and Place in the City** walking tours will be back in April. Within a 500 metre stretch of Lower Gardiner Street in North East Inner City Dublin and inspired by the work of Black theologian Willie Jennings, the tour addresses three ideas related to the development of race: displacement, ownership and segregation.

Email [richard.c@acet.ie](mailto:richard.c@acet.ie) for details of dates and times.

ACET (AIDS Care Education & Training) Ireland CLG  
50 Lower Gardiner Street  
Dublin 1  
Registered Charity No 20027810 & CHY 10732

Tel: 01 878 7700  
Email: [dublin@acet.ie](mailto:dublin@acet.ie)

[www.acet.ie](http://www.acet.ie)  
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