

**Table**  
**La Corporation Félix Hubert d'Hérelle**  
**Annual Activity Report**  
**2002-2003**

# of Contents

WORD FROM THE PRESIDENT .....	3
WORD FROM THE EXECUTIVE DIRECTOR.....	6
<b>1. OUR MISSION .....</b>	<b>9</b>
<b>2. PROFILE OF THE CLIENTELE .....</b>	<b>11</b>
EVOLUTION.....	11
PROFILE OF THE RESIDENTS.....	14
<b>3. A FEW FACTS ON HOUSING .....</b>	<b>23</b>
ADMISSION REQUESTS .....	23
RETURN TO THE COMMUNITY : POST-HOUSING PROJECT.....	25
PROJECT CONCERNING THE LOSS OF SELF-SUFFICIENCY .....	27
<b>4. ACTIVITIES.....</b>	<b>29</b>
SUPPORT FOR LOVED ONES .....	29
VOLUNTEER WORK .....	30
COMPLEMENTARY APPROACHES TO HEALTH CARE .....	34
TRAINING OF PERSONNEL.....	37
THE ACTIVITIES COMMITTEE.....	39
OUTSIDE COLLABORATION .....	41
<b>5. FINANCIAL RESOURCES .....</b>	<b>43</b>
<b>6. OUTLOOK FOR THE FUTURE.....</b>	<b>44</b>
<b>7. ANNEX.....</b>	<b>45</b>
A WORD FROM A RESIDENT .....	45
A WORD FROM A LOVED ONE.....	45
WORDS FROM A VOLUNTEER.....	46
A VOLUNTEER’S EXPERIENCE .....	48
BOARD OF DIRECTORS .....	49
EMPLOYEES.....	50
TRAINEES .....	51

## **WORD FROM THE PRESIDENT**

This was quite a year. Having overcome a precarious financial situation a couple of years ago, I am pleased to report that we have again succeeded in managing costs while maintaining high standards in the quality of services. Due to the ingenuity and dedication of our staff combined with the incredible efforts of our volunteers, our partners and contributors can rest assured that their contributions are used to enhance the quality of life for our residents rather than the reduction of debt and deficits. On behalf of the Board of Directors, I would like to acknowledge these efforts and express our sincerest gratitude and admiration for the outstanding work that continues to inspire all of us on the Board.

This past year has also been one of reflection. As you read these pages, it will become apparent that contrary to popular belief, the AIDS epidemic is far from over. Our ongoing challenge is to ensure that our medium and long-term objectives are such that we continue to effectively respond to the changing needs of our residents and the community.

La Maison d'Hérelle began as an experiment. After thirteen years of innovation, we have earned an international reputation, with many of our employees being recognized as unique contributors in their fields. In the coming months and years, our mission is to build on this expertise in order to adapt and in many cases, expand the scope of our activities and services.

We are currently actively engaged in planning the direction of our growth and defining specific projects and objectives. Over the coming months, many of you will be solicited and invited to participate in helping us achieve our goals. We can't do it without your help.

To our old friends who read this, it is our hope that you will find that your continued confidence in us and belief in our mission is not misplaced. To our new friends and prospective partners and supporters, I invite you to consider becoming old friends.

*Bill Nash*





## **WORD FROM THE EXECUTIVE DIRECTOR**

Dear friends of la Maison d'Hérelle, here is the statement of our activities for the fiscal year commencing on April 1st 2002 and ending on March 31st 2003.

La Maison has accommodated nearly 400 persons since its opening in 1990. Thirteen years later, we would be delighted to inform you that la Maison d'Hérelle has accomplished its mission because the struggle to eradicate HIV-aids has succeeded and we are now poised to undertake new challenges. However, the 47 residents that we received during the current year are a constant reminder that we have not yet reached our goal and must continue our efforts. Too many have succumbed and for those who remain, we must answer this question: What is their quality of life?

Those concerned, the team members, volunteers, residents and their loved ones, are well aware on a daily basis that a medication may be effective for some, but that for many others, therapeutic limits are all too often attained. Due to the increasing number of admissions, it appears that those responsible for referrals from the hospital network and CLSC, request that we admit persons for whom this type of accommodation is a last resort to restore and improve their state of health. It is my hope that this report will reflect our achievements and underline the elements that require improvement.

I remain convinced that the key to bringing about a better quality of life through our collective efforts resides in our communal approach, the residents' participation in, and contribution to, the Board of directors, the efforts of the volunteers and the team of care workers, as well as a reaching out to the community and preserving the bond established and nurtured with our partners.

Indeed, our objective remains the continued improvement of the quality of life of our residents as persons living with HIV-aids and this goal takes on different forms as further described in this report :

The dynamism of a dedicated team of care workers and volunteers, and that of the Board members, who participate actively in daily life, its interrogations, its evaluations and the incessant changes and adaptation with respect to the evolution of HIV. For everyone singly, it is mostly an undertaking of the heart that explains how the impossible occasionally becomes reality.

Ongoing projects, activities resulting from our observations and the needs as they arise, our goals and the persons who assist us in achieving them: volunteer action, post-housing follow-up, research concerning persons in regression of self-sufficiency, the emergency fund, the activities committee, complimentary and alternative approaches to health, the new corporation of the friends of la Maison d'Hérelle, our associates and prospects for the future.

Why are there so many cognitive problems and mental illness (dementia)? How do we deal with major repercussions arising from therapies? Where do we refer residents who suffer permanent after-effects of such magnitude that their return to the community cannot be foreseen? When and by whom will rehabilitation services be provided? With the scarcity of housing facilities, how do we plan a return into the community? These are some of the questions without immediate answers that require not only reflection but a concerted effort in consulting other social services such as, among others, the Montreal Regional Board, the CQCS (*Centre Québécois de coordination sur le sida*) and municipal authorities.

I wish to point out that Michel Richard, a care worker since la Maison d'Hérelle opened its doors and Esther Valiquette, (posthumously), a deceased resident, were honoured by The Farah Foundation and chosen among the heroes of aids 2002-2003. We were deeply moved

and proud of this recognition. Special thanks to Jacques Briand, a social worker at l'Hôtel-Dieu of Montreal, who resigned from the Board of directors after twelve assiduous and committed years.

Finally, since we are an autonomous community organization that is subject to budgetary constraints and to ever-increasing pressure to offer more services to more persons under the same budget, I wish to underline our commitment to maintain our basic mission of **action for social change**.

This action becomes evident when I am told that it is not HIV that is contagious here, it is the yearning to be a part of the d'Hérelle team and to project outwards the intrinsic values that counteract the prejudices and ignorance that still permeate our society today.

Pleasant reading,

*Michèle Blanchard*



# 1. OUR MISSION

The Félix-Hubert d'Hérelle Corporation<sup>1</sup> is a non-profit organization, which has been pursuing its mission since its creation in 1989.

Created through an initiative of the Quebec Ministry of Health and Social Services, the City of Montreal and Centraid, la Maison d'Hérelle is a community residence for persons living with HIV-aids, experiencing loss of autonomy. It is able to welcome 17 residents since 1996, the opening year of Phase 1.

May be admitted to la Maison d'Hérelle any person living with HIV-aids, who is experiencing loss of physical or psychological autonomy, requires housing (palliative care, transition, convalescence or rest) or support, and this, without any form of discrimination. The principal ailment must, however, be directly related to HIV-aids.

An internal committee composed of two care workers, one volunteer and one resident evaluates requests for admission. Upon receipt of a request for admission, a visit is organized to meet the person and evaluate his/her needs.

## **Specific criteria :**

Being unable, alone or with help of one's environment, to meet one's needs and to live in a natural circle of friends and acquaintances, for a precise or indeterminate period, and this within the scope of difficulties related to complications from HIV-aids or to symptoms associated with the illness.

---

<sup>1</sup> *Félix-Hubert d'Hérelle* was a microbiologist born in Montreal April 25th 1873. After completing his studies in medicine in France, he held research positions in a dozen countries. It was during the course of his tenure at the *Institut Pasteur* in Paris that he will discover, in 1918, the phenomenon of bacterialphagia. A bacterialphage is a virus which acts as a parasite to other viruses and destroys them. His discovery influenced the work of a great number of researchers in the field of infectious diseases.

A person may be admitted for care at the end of life, for a period of transition (convalescence, stabilisation of health) or for a rest or support

**The cost :**

The financial monthly contribution requested of the residents, in the amount of \$520.00, provides lodging, meals and access to services.

**Objectives :**

- To offer adapted community housing to persons living with HIV-aids;
- Provide care while stimulating autonomy in our residents and encourage them to take an active part in their quality of life;
- Provide support for loved ones;
- Ensure post-departure assistance.

## 2. Profile of the clientele

### Evolution

Data collected this year and over the past 13 years allows us to present the following profile of our clientele :

### **Number of residents and type of care**

Since the opening of la Maison d'Hérelle in May 1990, we have welcomed 395 residents. During the year 2002-2003, 47 persons were cared for: 23 were in transition, 13 in palliative care and 11 for short-term care or for rest. The proportion of persons assisted, within the framework of the transition program in relation to the total, remains constant and indicates the continuing need for this type of service.

We have provided services for numerous persons whose state of health had deteriorated significantly. A number of these residents admitted in transition whose health had continued to decline, received palliative care and subsequently died (3).

Following a trend previously observed and which continued this year, we developed a project involving persons living with permanent after-effects due to aids and causing loss of autonomy. This project benefited from the financial support of the Farha Foundation and GlaxoSmithKline and is now in the process of completion. (*see section 3, Project for persons with loss of autonomy, page 27*).

### ***Age of admission :***

Since the opening of la Maison d'Hérelle, the average age of residents remains constant at approximately 40 years (42 in the year 2002-2003).

### ***Gender :***

Our data reflects those of the health authorities (*Programme de surveillance du VIH-sida au Québec ; Portrait de l'infection par le VIH et du sida au Québec, décembre 2002*) : « Among adults, aids is found mostly among men (89% of the cases).

We welcome a majority of men and the proportion has been constant over the years: 87% in 13 years. This year, 5 women resided at la Maison d'Hérelle. One of them has died. .

### ***Sexual orientation :***

The number of persons of homosexual orientation that resided at la Maison d'Hérelle is clearly greater than the number of heterosexual persons. Last year, we reaffirmed our intention to admit those persons whose illness was directly linked to HIV-aids. The number of those with problems of drug abuse that were admitted has greatly declined from 14 last year to 5 this year. These persons were mostly heterosexual.

### ***Reasons for departure :***

Our figures this year indicate that the number of deceased persons is about the same as that of persons returning to live at home. In fact, if we add the two who died in the hospital to the 10 who died at la Maison d'Hérelle, we have a total of 12 deaths compared to 13 who returned to the community.

### ***Number of deaths :***

This year, 10 persons died during their stay. Two others died shortly after their admission to hospital.

## *Occupancy rate :*

### **Paliative care and transition**

Number of days of occupancy	4 566
Total capacity (15 beds X 365 days)	5 475
<b>Percentage of occupancy</b>	<b>83,4%</b>

### **Short-term care**

Number of days of occupancy	231
Total capacity (15 beds X 365 days)	365
<b>Percentage of occupancy</b>	<b>63,3%</b>

## *Associated disorders :*

While compiling the data for the year 2002-2003, we observed an increase in emaciation linked to HIV (cachexia): 18 (5 in 2001-2002). The number of residents with paralysis has also increased: 6 (0 in 2001-2002) as well as those who developed anemia : 11 (6 in 2001-2002).

We have observed several cases of kidney failure: 6 (2 in 2001-2002). Three with heart conditions. One of these was hospitalized because of a heart attack (infarctus). Liver problems were also prevalent : cirrhosis 3 (2 in 2001-2002), hepatitis 14 (12 in 2001-2002).

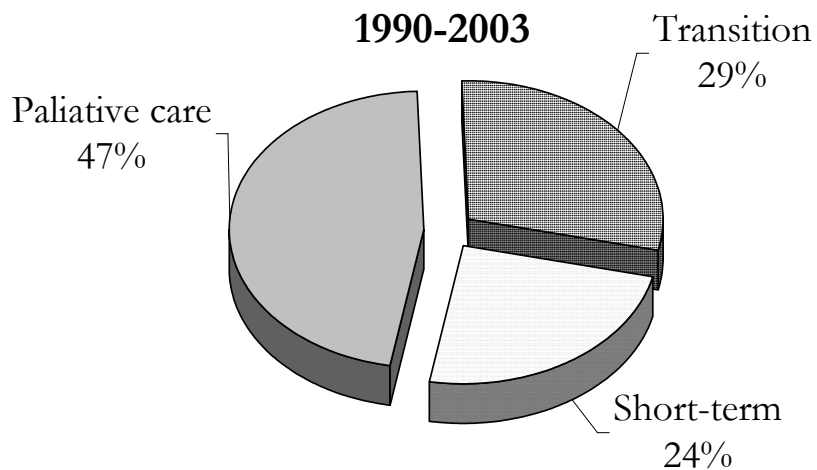
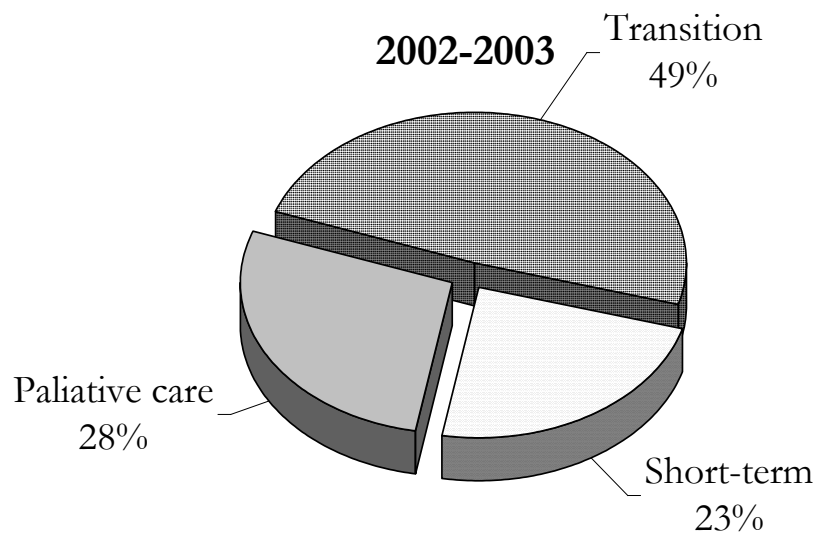
However, problems affecting the nervous system and mental health require our attention : dementia 9 (14 in 2001-2002), mental health problems :7 (3 in 2001-2002), confusion 3 (1 in 2001-2002), bipolar disorder 5, encephalopathy/leucoencephalopathy 11 (8 in 2001-2002). We will examine this data more closely within the framework of the project dealing with loss of autonomy.

The number of persons suffering from depression is the same as last year : 13 (13 in 2001-2002). We have observed that more residents suffer from mental anguish. The recent awareness of a diagnosis of HIV positive and aids adds to this anguish. For many residents, the developments came very quickly, thus modifying all their reference points.

## Profile of the residents

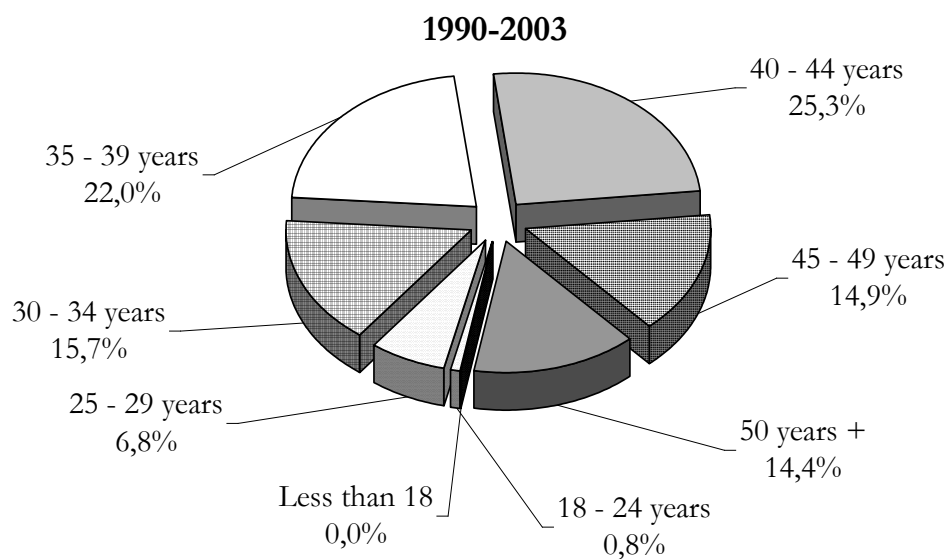
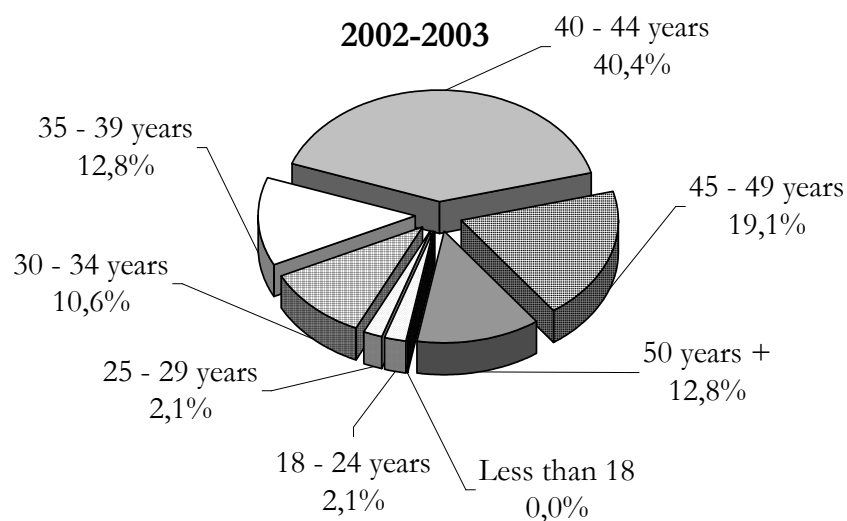
### Type of care

	2002-2003	%	2001-2002	%	1990-2003	%
Paliative care	13	27,7%	15	32,6%	184	46,6%
Transition	23	48,9%	24	52,2%	116	29,4%
Short-term	11	23,4%	7	15,2%	95	24,1%
<b>Total</b>	<b>47</b>		<b>46</b>		<b>395</b>	



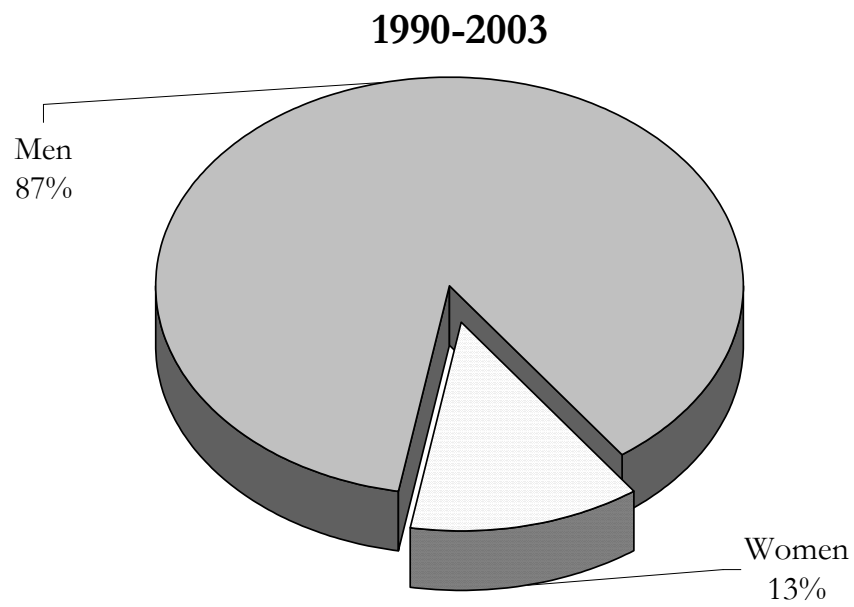
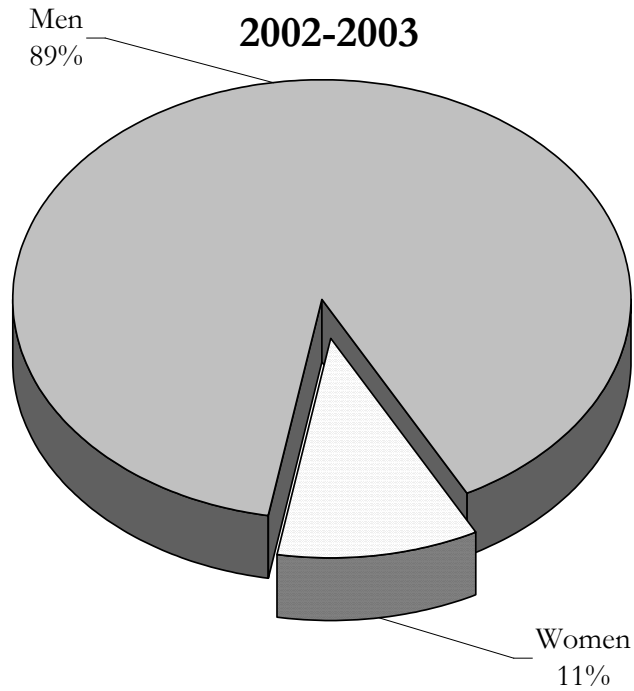
# Age

	2002-2003	%	2001-2002	%	1990-2003	%
Less than 18	0	0,0%	0	0,0%	0	0,0%
18 - 24 years	1	2,1%	0	0,0%	3	0,8%
25 - 29 years	1	2,1%	1	2,2%	27	6,8%
30 - 34 years	5	10,6%	9	19,6%	62	15,7%
35 - 39 years	6	12,8%	6	13,0%	87	22,0%
40 - 44 years	19	40,4%	15	32,6%	100	25,3%
45 - 49 years	9	19,1%	5	10,9%	59	14,9%
50 years +	6	12,8%	10	21,7%	57	14,4%



## Gender

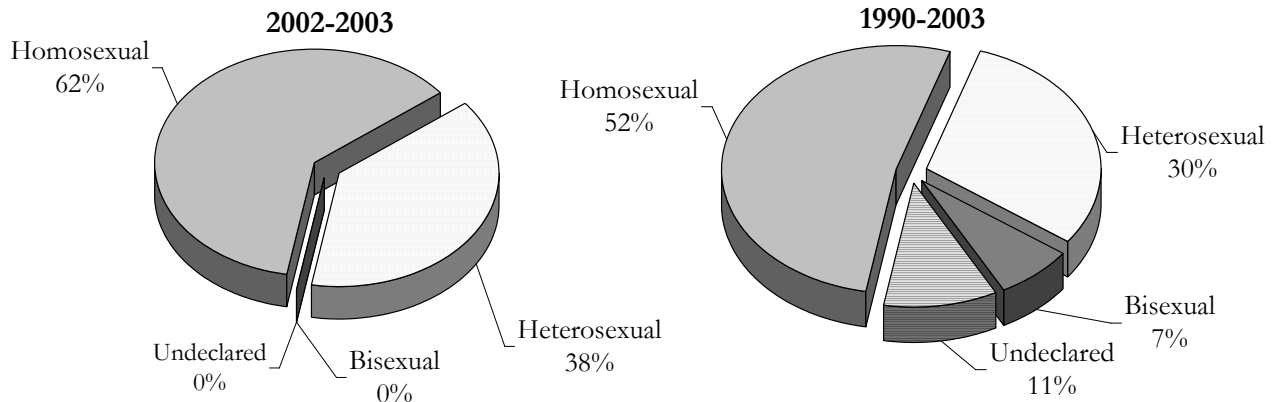
	2002-2003	%	2001-2002	%	1990-2003	%
Men	42	89,4%	40	87,0%	345	87,3%
Women	5	10,6%	6	13,0%	50	12,7%
<b>Total</b>	<b>47</b>		<b>46</b>		<b>395</b>	





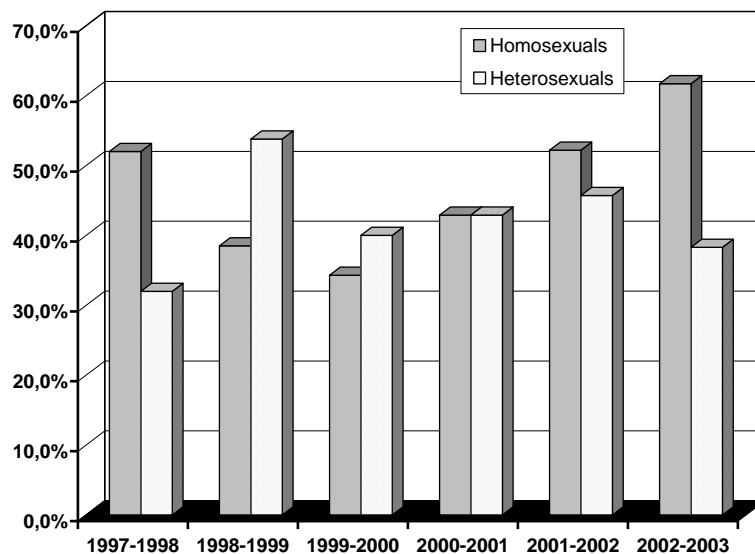
## Declared sexual orientation

	2002-2003	%	2001-2002	%	1990-2003	%
Homosexual	29	61,7%	24	52,2%	206	52,2%
Heterosexual	18	38,3%	21	45,7%	119	30,1%
Bisexual	0	0,0%	1	2,2%	28	7,1%
Undeclared	0	0,0%	0	0,0%	42	10,6%
<b>Total</b>	<b>47</b>		<b>46</b>		<b>395</b>	



## Evolution of the sexual orientation of residents in the past 6 years :

Year	Homosexuals	Heterosexuals
1997-1998	52,0%	32,0%
1998-1999	38,5%	53,8%
1999-2000	34,3%	40,0%
2000-2001	42,9%	42,9%
2001-2002	52,2%	45,7%
2002-2003	61,7%	38,3%



## Languages

	2002-2003	%	2001-2002	%	1990-2003	%
French	27	57,4%	31	67,4%	287	72,7%
English	6	12,8%	3	6,5%	49	12,4%
Creole	5	10,6%	4	8,7%	24	6,1%
Spanish	0	0,0%	1	2,2%	11	2,8%
Others	9	19,1%	7	15,2%	24	6,1%
<b>Total</b>	<b>47</b>		<b>46</b>		<b>395</b>	

Others : from 1990 to 2003, we welcomed persons whose first language was Greek, Romanian, German, Portuguese, Punjabi, Vietnamese and Arabic.

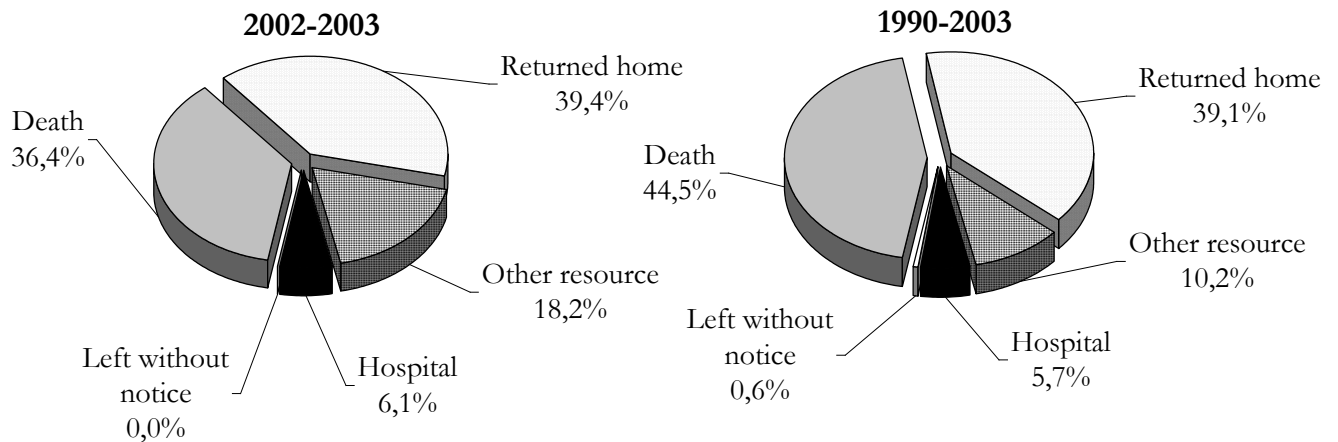
## Financial resources upon admission

	2002-2003	%	2001-2002	%	1990-2003	%
Social security	30	63,8%	31	67,4%	253	64,1%
Salary insurance	9	19,1%	9	19,6%	62	15,7%
Quebec Pension Plan	2	4,3%	1	2,2%	28	7,1%
Employment insurance	3	6,4%	0	0,0%	12	3,0%
Worker's compensation	0	0,0%	0	0,0%	1	0,3%
RRSPs	0	0,0%	1	2,2%	2	0,5%
None	2	4,3%	0	0,0%	12	3,0%
Undeclared	1	2,1%	4	8,7%	25	6,3%
<b>Total</b>	<b>47</b>		<b>46</b>		<b>395</b>	

The following data relates to residents who have left la Maison d'Hérelle

### Reason for departure

	2002-2003	%	2001-2002	%	1990-2003	%
Death	12	36,4%	14	38,9%	157	44,5%
Returned home	13	39,4%	17	47,2%	138	39,1%
Other resource	6	18,2%	3	8,3%	36	10,2%
Hospital	2	6,1%	2	5,6%	20	5,7%
Left without notice	0	0,0%	0	0,0%	2	0,6%
<b>Total</b>	<b>33</b>		<b>36</b>		<b>353</b>	

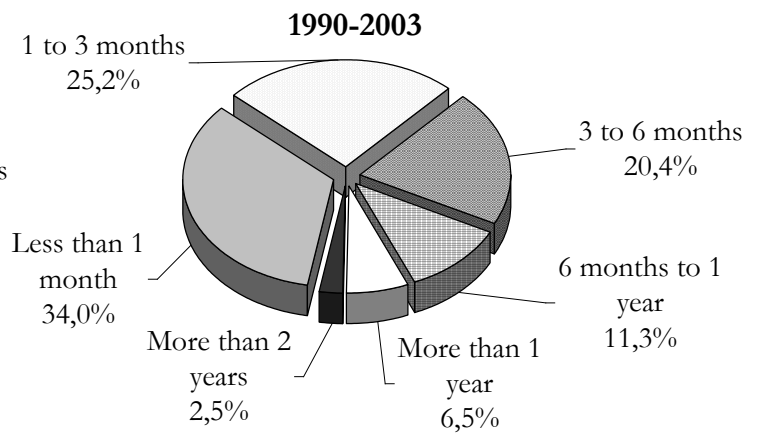
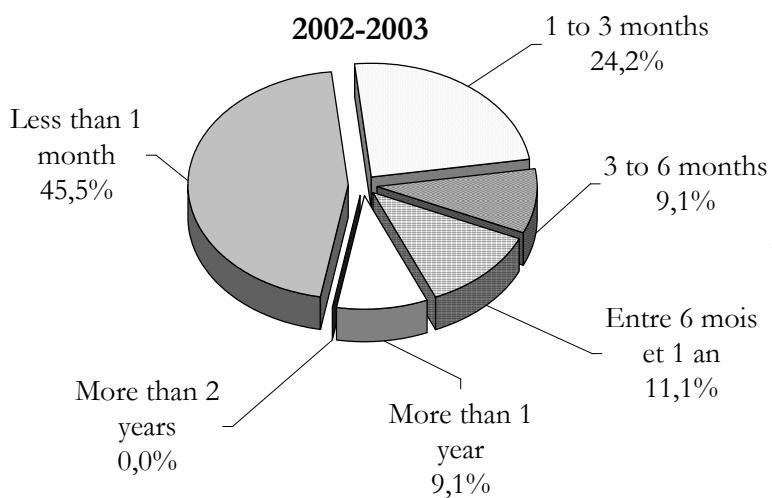


### Place of death

	2002-2003	%	2001-2002	%	1990-2003	%
Maison d'Hérelle	10	83,3%	14	87,5%	141	84,9%
Hospital	2	16,7%	2	12,5%	25	15,1%
<b>Total</b>	<b>12</b>		<b>16</b>		<b>166</b>	

## Length of stay

	2002-2003	%	2001-2002	%	1990-2003	%
Less than 1 month	15	45,5%	11	30,6%	120	34,0%
1 to 3 months	8	24,2%	11	30,6%	89	25,2%
3 to 6 months	3	9,1%	8	22,2%	72	20,4%
6 months to 1 year	4	12,1%	4	11,1%	40	11,3%
More than 1 year	3	9,1%	1	2,8%	23	6,5%
More than 2 years	0	0,0%	1	2,8%	9	2,5%
<b>Total</b>	<b>33</b>		<b>36</b>		<b>353</b>	



## Average length of stay per program 2002-2003

Paliative care	<b>3,5 months</b>
Transition	<b>5,3 months</b>
Short-term	<b>21 days</b>

## Associated disorders

	2002-2003		2001-2002		2000-2001	
<b>Nombre total de résidents:</b>	<b>47</b>	<b>%</b>	<b>46</b>	<b>%</b>	<b>56</b>	<b>%</b>
Candidose	22	46,8%	24	52,2%	24	42,9%
Cryptococcose	2	4,3%	2	4,3%	3	5,4%
Cytomégalovirus (C.M.V.)	9	19,1%	5	10,9%	4	7,1%
Démence (atteinte cognitive)	9	19,1%	14	30,4%	10	17,9%
Dépression	13	27,7%	13	28,3%	7	12,5%
Encéphalopathie/leucoencéphalopathie	11	23,4%	8	17,4%	15	26,8%
Hépatite	14	29,8%	12	26,1%	20	35,7%
Herpès	10	21,3%	8	17,4%	7	12,5%
Infection bactérienne récidivante	4	8,5%	3	6,5%	2	3,6%
Lymphome	2	4,3%	1	2,2%	2	3,6%
Mycobactériose (M.A.I. / M.A.C.)	5	10,6%	2	4,3%	0	0,0%
Paralyse	6	12,8%	0	0,0%	0	0,0%
Pneumonie à P. Carinii	10	21,3%	10	21,7%	14	25,0%
Pneumonie bactérienne	8	17,0%	3	6,5%	4	7,1%
Sarcome de Kaposi	5	10,6%	5	10,9%	6	10,7%
Syndrome d'émaciation à VIH	18	38,3%	5	10,9%	2	3,6%
Toxicomanie	5	10,6%	14	30,4%	32	57,1%
Toxoplasmose	6	12,8%	8	17,4%	6	10,7%
Troubles de comportement	4	8,5%	6	13,0%	11	19,6%
Troubles de santé mentale	7	14,9%	3	6,5%	9	16,1%
Tuberculose pulmonaire	2	4,3%	3	6,5%	1	1,8%
Zona	9	19,1%	12	26,1%	4	7,1%

Note : The associated disorders provide medical data concerning our clientele over the past year. Data is taken from notes inscribed by the physician in the files of all residents who stayed at la Maison d'Hérelle during the course of each year.

This year we have also noted the following additional disorders :

HIV secondary anemia	11	23,4%	Malaria	1	2,1%
Cirrhosis	3	6,4%	Pancreatitis	4	8,5%
Confusion	3	6,4%	SLA	1	2,1%
Diabetes	4	8,5%	Neuropathological pains	5	10,6%
Chronic diarrhia	9	19,1%	Bi-polar disease	5	10,6%
Epilepsy	7	14,9%	Cardiovascular disease	3	6,4%
Renal insufficiency	6	12,8%	Neurological disorders	4	8,5%
Lipodystrophy	5	10,6%	Schizophrenia	2	4,3%



### 3. A few facts on housing

#### Admission requests

This year, the selection committee responsible for the evaluation of admission requests was composed of a male nurse, some care workers, one volunteer, one resident and one trainee in social work, a student in the master's program.

We have followed the course of action established last year which ensured that the disorders associated with loss of physical and/or psychological autonomy represented the major problem of the future resident.

Although a person afflicted with HIV-aids can submit a request for admission, the majority of requests received originated from hospital sources (48). The CLSC (9), the mobile team of *Centre Hospitalier Universitaire de Montréal* (2) and other resources (4) provided the other requests received during the year 2002-2003.

We received 63 formal requests to which are added 50 telephone calls seeking information concerning la Maison d'Hérelle or the number of accommodations available.

Of the 63 requests received, 27 were accepted. Others were directed towards other resources due to a lack of available space. Six persons awaiting admission died prior to their admission (5 were terminally ill and one died by suicide). Of the 36 requests that we were unable to accept, 31 originated from persons afflicted by an associated disorder related to aids coupled with mental illness; the remaining 5 came from persons whose major problems were related to aids accompanied by a loss of physical autonomy.

The problems of mental illness (and other affiliated disorders) that were identified with the 31 persons who were not admitted are the following \* :

Severe depression	13
Drug abuse/alcoholism	13
Problems related to neuro-aids	10
Cognitive problems	10
Dementia	4
Personality disorders	3
Homelessness	3

\*Several were afflicted by multiple disorders.

	2002-2003		2001-2002	
Admissions	27	42,9%	22	47,8%
On the waiting list	30	47,6%	2	4,3%
Died prior to admission	6	9,5%	0	0,0%
Admissions - from other resource	0	0,0%	3	6,5%
Withdrawn requests	0	0,0%	2	4,3%
Requests refused	0	0,0%	17	37,0%
<b>Total</b>	<b>63</b>		<b>46</b>	



## **Return to the community : post-housing project**

This project has come into being thanks to the support of Centraid and The Farha Foundation who believed in the need of a follow-up beyond the period spent at la Maison d'Hérelle, in order to ensure that former residents continue to maintain the level of progress achieved. Our second year of the follow-up in the community has just ended.

The post-housing phase is directed to those who attempt a return to a more active life after their stay at la Maison d'Hérelle. Often, the fact of having had a period of convalescence or transition, or having come close to dying, has a serious impact on a person who feels insurmountably fragile when the time comes to consider a return home.

It is at this very moment that the project comes into play. A plan of action is devised after discussion between the resident and accompanying care worker. This plan consists of different stages designed to prevent the departure from being a burden of concerns but rather a stimulating challenge to be viewed with optimism and anticipation. What a pleasure to hear a resident announce at the Wednesday meeting to the group members, assuredly present and anticipating the latest developments, his/her intention to leave and eagerness for their support! Some are envious while others are confident that their turn will arrive soon, but in the final analysis, all offer encouragement, albeit with some ambivalence. “ You are lucky, we will miss you, bravo and good luck, come back to see us ”.

The various phases undertaken in the process of departure constitute, for example, support in finding suitable lodgings, initial grocery shopping, establishing a budget, assisting in enlarging a support group of friends or, at least, of persons able to assist, and enlisting the help of a volunteer who will visit on a regular basis.

We have observed that not all residents leaving us require this support, but more precisely those who have fewer personal resources, such as family ties, social security benefits, or

difficulties in generally organizing their lives. These are the persons who are mostly at risk of losing what they have acquired during their residency with us, especially concerning HIV-aids: taking their medication, eating well, keeping medical appointments, etc.

We are very pleased with the results obtained and our findings concerning the success of this project are based on the following :

The regular contacts which avoid the accumulation of problems (forgetting to take medication, keeping medical appointments, neglecting the physical organization of the lodgings).

Acceptance of day-to-day events and of responsibility for one's personal situation.

The comforting aspect of expected visits.

An attentive ear and encouragement received filling a great need because of a marked social isolation and providing the possibility of weighing all aspects of decisions to be taken.

The results obtained confirm those that were foreseen : fewer readmissions to hospitals or to specialized housing, and the establishment of collaboration with other care workers in the area. The project will therefore continue during the present year, involving some 34 persons currently signed up.

## Project concerning the loss of self-sufficiency

### *Research financed by GlaxoSmithKline/Shire Biochem and The Farba Foundation*

We have observed over a period of time that certain persons admitted to la Maison d'Hérelle have experienced an important and permanent loss of self-sufficiency because of HIV-aids. This project was initiated in order to ensure that these persons have access to the care, rehabilitation services and special housing facilities which are not presently available in the community for reasons that we do not fully understand.

Since the thrust of housing facilities such as ours is to maintain acquired achievements by our residents and ensure a return to the community with adequate support facilities, we attempt to acquire certain data that will enable us to better analyse and describe this situation, and transmit our findings to the relevant authorities.

With the data collected, we hope to be in a position to:

1. Better understand the problem and its ramifications;
2. Transmit this information and inform the new partners ;
3. Improve the living conditions of those who often do not have the benefit of a support network;
4. Share our findings with residents of other housing facilities who are subjected to similar problems.
5. Bring pressure to bear upon other decision-makers concerned with health problems.

Ms Louise Pilon, psychologist, is in charge of this project and is assisted by Mr. Gilbert Renaud, professor at the School of Social Sciences of the University of Montreal, and Mr. Gabriel Kashindi, physiotherapist.



## 4. Activities

### Support for loved ones

Service	Persons	Hours
Psychological support	97	1 165
Information on the progress of the illness	68	272
Advice on care	48	239
Legal/notarial support	34	75
Alternative approaches to health care	27	69
Meetings with physicians	9	36
Socio-economic assistance	27	102

When a person becomes a resident of la Maison d'Hérelle, it is often found that most of his/her loved ones live in similar circumstances. It often occurs that the resident has recently left the hospital in a state of worry and concern that the situation will deteriorate. They are weary, resigned to the situation and hopeful of a rapid adaptation to this "housing facility". Added to these concerns is the worry of being a burden to the loved ones. Emotions are wrought with a sense of guilt, anxiety, insecurity concerning the future, fear, etc.

We continue to encourage the presence and participation of family and loved ones. This year, approximately 2/3rds of the residents were mostly alone and without a social network, while the remainder were well supported and since, in many cases, the latter have endured a prolonged illness, the presence of their loved ones was highly beneficial.

We have made a concerted effort to reach the Haitian and African communities by offering to loved ones information meetings concerning the illness, medication, the socio-economic aspects of dealing with the disease and notably, what steps to undertake in dealing with

institutions such as the Public Curator, revenue departments, the medicare system and services to immigrants. Many have to deal with these rather complicated structures in order to process their immigration files.

We have the good fortune to have among our volunteers a Notary, Éric Batiot, whose counsel and assistance provided to this group is invaluable.

Our thanks to these loved ones without whom our work would be less meaningful.

## **Volunteer Work**

We wish to reiterate that since the opening of la Maison d'Hérelle, Centraid has been the driving force behind volunteer work. In fact, it is due to the confidence shown by this organization since 1990 that volunteer work has evolved and developed in our midst while adapting to the various aspects of aids.

During a study group event held by the Montreal Center For Volunteer Work on May 8<sup>th</sup> 2003, Nathalie Charrette of Volunteers Canada stated that, based on the latest survey carried out in 1997, the number of volunteer workers has increased but that the number of hours dedicated to volunteer work have decreased, when compared to a previous survey held 10 years prior. Furthermore, according to the same sources, a major decrease of volunteers has been noted, especially in the areas of health and social services.

We are pleased to note that volunteer work at la Maison d'Hérelle during the past year has proven contrary to these findings : the number of volunteers remained approximately the same (423 in 2001-2002 and 421 in 2002-2003) and the number of hours dedicated has *increased* by 27.7% ! The activities mostly affected by this increase are interaction with residents, which indicates a rise of 58.6% and kitchen help, in the order of 43%. The hours indicated in the section "others" which contains several activities, notably maintenance, have doubled.

It is worthy of note that the presence of loved ones and the participation of residents in the daily activities, have increased significantly, resulting in a rise of volunteer hours carried out in this sector (from 278 to 790).

As in the past, we note that the activities where persons are in direct contact with the residents are preferred by the volunteer workers, whose numbers have increased at this level as well.

These statistics confirm the proposition that volunteer work at la Maison d'Hérelle is in good shape and augurs well for the coming years since 57% of the new volunteers during the year 2002-2003, are less than 28 years of age. These young people come from all walks of life. They wish to become involved in the community and their degree of maturity, their competence and their sense of duty and responsibility are admirable, but no less than their openness and compassion.

The project of return to the community and post-housing follow-up which was inaugurated last year has been successful due to the collaboration of volunteers who participate in structuring the program, who write the reports and maintain friendly and trusting relations with the former residents, as well as regular visits to their homes.

Also due to the volunteers, residents benefited again this year from several activities such as acrylic painting, outings to the cinema, exhibitions and the like. On the occasion of holidays such as Christmas, “ *Le Chœur Ouvert* ” choir sang for the residents and employees, followed by a musical presentation by a Peruvian group. A storyteller delighted the residents with stories that were greatly appreciated.

The volunteers work in close collaboration with the care workers, the kitchen staff and all employees. They assist the organization in achieving its aims and fulfilling its mission. They are at the heart of the action. They assist the residents in their progression and create an atmosphere of generosity. Volunteer work is thus perceived as the link with, and the extension of, social action within a professional context. This year, the residents were encouraged to assist at our bi-monthly meetings, since they have been considered from the onset as full members of the team.

I believe that the team of volunteers is sustained through supervision and adequate management. I see my function as that of a person dedicated to listening, answering questions and giving direction to those who provide their time in an environment that is often difficult. By providing the necessary support and continuous training in a number of areas which increases their skills, I believe we contribute to their sense of belonging that is essential to retaining their participation.

In the name of the residents and of the employees, I wish to take this opportunity to thank all the volunteers for their generosity, their availability, perseverance and especially, for their presence in our midst.

### *Roland Lafrance*

In the year recently begun, we wish to :

- Recruit more volunteers for maintenance and social activities;
- Develop even greater ties between the volunteers and the team as a whole towards a better collegial structure.
- Recruit persons who will accompany the residents on their individual outings.
- Ensure the continuity of volunteer participation in supporting the residents in their spiritual quest.



## Statistics on volunteering

<b>Sector</b>	<b>Persons</b>	<b>%</b>	<b>Hours</b>	<b>%</b>
Administration	12	2,9%	308	1,7%
Alternative approaches	4	1,0%	433	2,4%
Others	167	39,7%	3 220	17,7%
Board of Directors	10	2,4%	821	4,5%
Consultants	4	1,0%	204	1,1%
Kitchen	15	3,6%	1 492	8,2%
Intervention	46	10,9%	4 029	22,2%
Staff	101	24,0%	3 844	21,2%
Residents and loved ones	40	9,5%	790	4,4%
Student trainees	22	5,2%	3 009	16,6%
<b>total</b>	<b>421</b>		<b>18 150</b>	

Note : The area “others” comprises various types of volunteer work such as maintenance, special projects, occasional collaborations, as required

## Areas of involvement of volunteers

- ◊ Administration : Board of Directors, coordinating, recruiting
- ◊ Assisting the care workers : general support, hygiene care, etc.
- ◊ Caretaking and vigil
- ◊ Alternative approaches to health management : massotherapy, reiki, therapeutic touch, phytotherapy, aromatherapy, mediation, naturotherapy, homeopathy, etc.
- ◊ Sociocultural activities : planning and organization, ticket sales, organized activities, music, etc.
- ◊ Kitchen assistance
- ◊ Nutrition and dietetics, healthy eating.
- ◊ Fund-raising activities.
- ◊ Reception
- ◊ Accounting
- ◊ Psychology
- ◊ Nursing
- ◊ Medicine
- ◊ Painting, woodwork, renovation and repair work
- ◊ Newsletter

- ◇ Hairdressing and grooming
- ◇ Sewing
- ◇ Legal and notarial questions
- ◇ Attendance at committees and meetings
- ◇ Accompaniment in-house
- ◇ Accompaniment in the community (medical appointments)
- ◇ Accompaniment for follow-ups (post-departure)
- ◇ Accompaniment of loved ones
- ◇ Graphic arts
- ◇ Trainees
- ◇ Transmission and representation : training in other resources, representation before Federal and Provincial authorities, health care networks, community networks and partnerships, demonstration
- ◇ Sponsorship
- ◇ Training

## **Complementary approaches to health care**

*Since the early 1990s, la Maison d'Hérelle has offered its residents the opportunity to access all potentially beneficial therapies. These include complementary therapies. Residents can make choices, with the assistance of professionals who are members of the committee for alternative approaches to health care.*

*So-called "alternative" therapies emphasize personalized treatment, starting from a holistic consideration of the individual, in other words taking into account physical, mental, spiritual, emotional and sexual aspects of life. La Maison d'Hérelle has a policy of making complementary use of these therapies, alongside traditional medicine, in the hope of increasing comfort for the residents, and not in replacing medical treatment.*

During the past year, we have continued to offer to the residents, their loved ones and members of the team the accessibility to complimentary approaches to health care. It often, occurs that, when medication has run its course, alternate approaches to health care have brought about a measure of relief.

Ms Carole Durand, a specialist in naturopathy and aromatherapy received in consultation 29 residents and was available every two weeks to discuss various problems. On several occasions, volunteers, former residents or members of the team, have benefited from advice of the team members comprising the unit of alternative approaches to health care. The follow-up in naturopathy proposed by Ms Durand included phytotherapy, homeopathy, aromatherapy and counselling with respect to diet and the use of supplementary nutrition. Repeatedly, we have noted excellent results from the use of therapeutic essential oils.

Last summer, a research project entitled *Évaluation de l'efficacité d'un complexe d'huiles essentielles immunostimulant et immunomodulant pour accroître la réponse immunitaire chez des personnes vivant avec le VIH/SIDA* was submitted to Health Canada by Carole Durand n.d., and Joane Otis Ph.d, presently the scientific director responsible at COCQ-SIDA for support in the development of community research. The project was favourably received and we are now awaiting further response.

The number of consultations for skin disease has increased. Several residents were affected by hepatic problems, neuropathic pain, renal insufficiency, a depressive state and digestive problems. In time, we continue to respond to requests for assistance concerning opportunistic sicknesses such as herpes, shingles and fungous growths. We work constantly in close collaboration with physicians and pharmacists to ensure that such treatments do not have adverse interaction with medication.

Marguerite Ronaldo, a seasoned massotherapist and for the past 9 years, a volunteer at la Maison d'Hérelle, offers on a weekly basis to residents and members of the team the opportunity of a massage. The residents and all those who have received this benefit greatly appreciate her skills. Ms Ronaldo also supervises trainees in massotherapy. Special thanks go to Marguerite for her untiring and loyal efforts.

Also found in alternative therapies are the therapeutic touch and reiki. Responding to the request of residents, Rolph Fernandes supervised exercises in meditation, yoga and breathing that were all well received.

Several residents that we welcomed have lived with HIV-aids for a number of years, while others have noticed a rapid progression of the illness in their system. We have noted the need for alternate therapies for those who take a variety of medication on a daily basis. On the long term, systems other than the immune system may be affected due to undesirable effects of medication.

Since our experience with the self-care project (2000-2001), we encourage the residents to take a more active part in their treatment and to insist that they be heard more assiduously by their doctor. The ability to express their concerns and their taking the upper hand in dealing with their health, are essential to their progress towards betterment.

In the year to come, we will strive to increase the number of care workers, residents and volunteers who wish to work with us in developing and maintaining these approaches. We also wish to increase the number of trainees in different areas of alternative approaches: musicotherapy, phytotherapy, massotherapy, etc.

## Training of personnel

### *Training offered*

La Maison d'Hérelle is known internationally and we continue to receive numerous requests for training in various subjects. Most of the trainees from abroad are male and female nurses who are completing their studies and are interested in the approach to nursing in the community in relation to persons afflicted with HIV-aids. There are usually no resources such as ours in their countries and it often provides them with an opportunity for profound reflection, enhanced by the experiences gained during their training period. Our expertise and the particular community approach to HIV-aids that we have developed assist them in the course of their career.

We continue to cooperate with SIDIIEF (*Secrétariat international des infirmières et infirmiers de l'espace francophone*) which each year refers several student nurses to us, French for the most part. Because of its specific vocation, la Maison d'Hérelle is particularly sought out as a training centre. The trainees are much appreciated for the quality of their training and for their maturity. They become our enthusiastic ambassadors, filled with memories that they have shared with us.

We continue to receive trainees in special education (4) from CEGEPS in the Greater Montreal region. A new institution, *l'École des métiers des Faubourgs de Montréal*, has asked us to receive auxiliary nurses in training because we are one of the last institutions to offer nursing care in the area of HIV-aids, with an approach well known in health services.

For the fourth year, Mme Fukushima, interpreter, has accompanied Japanese student nurses from the Toho University School of Nursing, wishing to learn our approach to PVHIV-aids and the functioning of a community housing institution.

## Trainees

Sector	Persons	Hours
Special education	4	875
Social work	1	500
Nursing	6	1 027
Technical nursing	10	600
<b>Total</b>	<b>21</b>	<b>3 002</b>

## *Training received*

Our team members felt the need to increase their knowledge in certain areas where expertise was often required. For this reason, we offered training in security measures to be used when moving patients, to all interested employees and volunteers, which was given by an occupational therapist from the *Centre Lucie Bruneau*. The loss of self-sufficiency of certain residents makes the review or knowledge of these techniques essential. In the course of the year, we followed different information sessions organized by the *CPAVIH* on different aspects of aids, such as new techniques under development, how to deal with the undesirable effects of medication, treatments adopted in different cases, etc.

In May 2002, Jean-Marc Meilleur, nurse at la Maison d'Hérelle for several years, and Dr. Peter Blusanovics, presented a medical profile of the patients treated since 1990, during the course of a workshop for employees and volunteers. It was a first experience which should be repeated as it was most appreciated.

In fact, Jean-Marc Meilleur participated in the National Program of Counselling on HIV-aids created in 1997. This program was directed towards physicians and nurses in Quebec who were called upon to administer treatment to persons who are HIV positive and to organize training activities according to the needs of its members. It is integrated in the *UHRESS-CHUM* (*L'Unité hospitalière de recherche, d'enseignement et de soins sur le sida*).

Last October, a care worker also attended a training program organized by Centraid in collaboration with The Canadian Mental Health Association, Montreal Branch, dealing with the crisis and risk of suicide as well as persons with behavioural problems.

## **The activities committee**

In October 2001, we decided to organize an activities committee for the residents of la Maison d'Hérelle. Even though there was a need for it among the residents, many obstacles developed along the way: a lack of space and funds, problems finding donations of required materials, etc.

Nevertheless, we moved ahead and succeeded, with the help of management, to find a place for an arts and crafts studio. We also asked several stores for art supplies, parlour and board games, DVDs and free videos. These attempts were largely unsuccessful as many suppliers were already committed to other causes.

We were convinced of the interest that residents had in these activities aimed at developing their creativity when we saw how many of them enjoyed decorating the flower pots offered to the volunteers during volunteers' week. This continued for several weeks with no lack of interest.

The development of an activities program for the residents is part of the objectives set by the Board of Directors for 2003-2004. We now have a budget for the coming year. We will be able to continue offering the residents these activities which respond to their needs and meet our objectives, namely to eliminate their isolation, improve their well-being, offer an outlet for their emotions, establish a social network and increase their self confidence.

Thus, we hope this year to use our budget to obtain artists' supplies and put these activities in motion. We will also renew our efforts to obtain supplies from different organizations

and especially, to increase the number of outings, allowing the residents to remain in contact with the outside world.

So many great projects for the coming year ! Let us hope that they will all come to pass!

*Élise Patenaude and Caroline Gagner*  
*Care workers*



## Outside collaboration

We wish to underline the invaluable collaboration that we were able to establish or continue to enjoy with the following organizations :

- ✂ The University of Montreal, department of Social Work (for the support of professor Gilbert Renaud) and the department of Nursing Sciences ;
- ✂ Concordia University ;
- ✂ The McGill University Health Centre (CUSM) : Montreal Children's Hospital, Royal Victoria Hospital, Thoracic Institute, Montreal General Hospital ;
- ✂ Le Centre Hospitalier de l'Université de Montréal;
- ✂ Maisonneuve-Rosemont Hospital Montréal (CHUM) : Notre-Dame Pavilion, St-Luc, Pavilion, Hôtel-Dieu de Montréal Pavilion ;
- ✂ Fleury Hospital;
- ✂ Montreal Sacred-Heart Hospital ;
- ✂ Pierre Boucher Hospital ;
- ✂ CEGEP Marie-Victorin, CEGEP du Vieux Montréal and Vanier College ;
- ✂ CLSC St-Louis-du-Parc, for the weekly visits from Dr. Peter Blusanovics ;
- ✂ CLSC du Plateau, for their care workers : nurses, social workers, physiotherapists and occupational therapists ;
- ✂ CLSC des Faubourgs for the presence of Louise Pilon and Danny Leblond, psychologists
- ✂ The team of the National Program of Counselling on HIV-aids;
- ✂ The teams of UHRESS ; the Mobile Team UHRESS-CHUM;
- ✂ Hélène Morin, liaison nurse at l'Hôtel-Dieu du CHUM;
- ✂ The teams of the medical clinics of the Quartier Latin and of l'Actuel ;
- ✂ The nurses of The Thoracic Institute of Montreal and of the CLSC du Plateau for welcoming the French trainees for home visits ;
- ✂ The team of The Thoracic Institute of Montreal and Dr. Brouillette, psychiatrist;
- ✂ The Pharmacy Dorothée Minville and the Pharmacy Danielle Desroches ;
- ✂ The Rehabilitation Centre Lucie-Bruneau ;
- ✂ La Maison Plein Cœur, the COCQ-aids and the Pharmacy of The Thoracic Institute for assistance in urgent medical needs ;
- ✂ La Maison Plein Cœur for the accompaniment, the support and the van ;
- ✂ The CPAVIH ;
- ✂ The team of GAP-VIES ;
- ✂ La Fondation d'Aide-directe-sida-Montréal, for the assistance with the return home of our residents ;
- ✂ Moisson Montréal and Jeunesse au Soleil for the help to our residents in returning to the community ;
- ✂ La COCQ-sida, for its support and public representation and for its work in reflection ;
- ✂ The Aids Housing Community Resources of Quebec ;
- ✂ La Maison Aaron and La Maison Magnus Poirier ;
- ✂ Isabelle Véronneau, graphic designer ;

- ✧ La Clef des Champs boutique (phytotherapy) and Robert & Fils (essential oils and vitamins), Monnol Import Export (supplements and vitamins) for the support in alternative approaches to health ;
- ✧ La Maison André Viger for the assistance of Rose-Hélène Truchon, medical equipment representative ;
- ✧ St-Louis-de-France parish and Father Alain Mongeau ;
- ✧ La Communauté religieuse des Sœurs Grises, for the attendance of Sister Gisèle Gosselin ;
- ✧ The pastoral support of Robert Boivin ;
- ✧ La Communauté des Petites Franciscaines de Jésus for the assistance of Sister Nicole Burst ;
- ✧ Le Service bénévole of Montreal East ;
- ✧ The Centre d'action bénévole of Montréal.

## 5. Financial resources

The principal source of funding for la Maison d'Hérelle continues to be subsidies from the Quebec Ministry of Health and Social Welfare (support to community organizations) and from Centraid. We rely as well on the contribution of residents for housing costs and on the generosity of our donors.

We especially wish to thank all those that have continued to support la Maison d'Hérelle this year and particularly :

GlaxoSmithKline/Shire Biochem	\$ 11,505
BBCM Foundation	\$ 2,250
The Liberal Party of Quebec (Mr. Thomas Mulcair)	\$ 2,000
The Club de natation À Contre-Courant	\$ 2,160
A group of young Belgians accompanied by Vincent Della Faille who participated in the World Youth Day (JMJ)	\$ 2,287
Kankala Buddhist Center	\$ 1,100
Discreet Logic	\$1,000
Association patronale des entreprises en construction du Québec (APECQ)	\$1,000
Emergency Resort	\$ 850
Jacques Briand	\$ 509
Pierre Antoniadès	\$ 500
Parti québécois (M. André Boulerice)	\$ 500
Serge Blackburn	\$ 400
Edgard Goharghi	\$ 400
Maurice Grenier	\$ 315
Club de Motocyclistes Faucon	\$ 300

We wish to acknowledge the success of the fund-raising activity of “*Les Chamarades*” organized by the members of its Board of Directors October 1<sup>st</sup> 2002. This event was significant and coincided with the official launching of “*Les Amis de la Maison d'Hérelle*”, a new corporation created to respond to our financial needs. Due to the generosity of 3 artists, Marie Rioux, Pierre Lachapelle and Jean Corriveau, la Maison received \$12,390.

## 6. Outlook for the future

During the year 2003-2004, the Board of Directors will strive to :

- ❖ Develop a third phase of our housing facility, a project for the development of supervised apartments with the participation of other organizations dealing with housing accommodations and in collaboration with the social lodgings network.
- ❖ Enlarge the scope of activities available to residents during their stay, especially in those cases where mobility is reduced.
- ❖ Establish psychological services for the residents
- ❖ Develop our relationship with universities with particular focus on research within the context of community development, and document the results for projection on a national and international scale.

## 7. ANNEX

### A word from a resident

D'Hérelle gives you wings  
    Sometimes it's Heaven  
Sometimes it's honey  
    No matter where you go  
Love and peace will be yours  
    Never forget that life is good  
If you doubt, go towards d'Hérelle  
    Compassion and respect you will find  
The team will confirm it  
    I remind you  
D'Hérelle gives you wings

*François Dumberry*

### A word from a loved one

#### *For just a moment*

Imagine for a moment,  
A park without grass, a garden without flowers.  
It is not life, it is emptiness.

Imagine for a moment,  
A school without children, a book without a story.  
It is not life, it is emptiness.

Imagine for a moment,  
A forest without trees, a rainbow without colours.  
It is not life, it is emptiness.

Imagine for a moment,  
A sky without birds, a song without music.  
It is not life, it is emptiness.

But imagine just a moment,  
A welcoming home,  
A home of warmth,  
Where, without a word said, you are understood.  
Where, without asking, you receive.  
It is not death, it is life.

Imagine for a moment,  
A great house of love.  
Where the future makes way for the present.  
Where the past is accepted.  
It is not death, it is life.

A house where one celebrates life,  
La Maison d'Hérelle,  
The house of life.

*Chantal Martel*

*In memory of Lucie Leduc*

## Words from a volunteer

As a volunteer since September last year, I wish to share with you my experience with the residents, the staff and the volunteers of la Maison d'Hérelle.

To begin with, I have learned many things about interpersonal relationships. Once a week, for 5 hours at a time, I assisted the care workers of la Maison in their tasks. In accompanying residents to the hospital, in joining another in palliative care, at his bedside, or simply in taking part in discussions over a shared meal, this volunteering has taught me about life.. In effect, I encountered persons I would otherwise never have met. The life-experience they have acquired through their illness has been and will continue to be a tremendous source of learning for the “neophyte of life” that I am. I will always be astonished at the strength and the good mood of the residents facing their illness. This is what makes volunteering such a tremendous well, from which you can drink off the experience of others.

I have learned a great deal about myself through la Maison d'Hérelle. I have discovered a passion for accompaniment, which I had not had a chance to develop earlier. In this place, my efforts and my enthusiasm are appreciated to their full value. Accompaniment is now a necessary part of my life which I can't deny and which I need for my fulfilment. Since my experience with la Maison d'Hérelle, I have decided to change my orientation and head into medicine. I hope to live for this accompaniment in the future. This need to assist and care with selflessness has been transmitted to me by the people of la Maison.

Additionally, volunteering at la Maison d'Hérelle has helped me open my mind. As a university student, in an “ivory tower”, it is a simple thing to declare yourself tolerant of homosexuality, to say you understand illness or to fight racism. But hands on experience is often not part of that assessment because it is much more difficult and painful. But it is the most enriching experience. I was given the opportunity to know people different from

myself, which enabled me to open my mind to different views and to get to know myself better.

Finally, besides the long term enriching aspects, volunteering provides me with intense feelings never felt before. The environment at la Maison is convivial. There are no masks. Everyone is authentic and reflects happiness. This atmosphere and the satisfaction I get from accompaniment provide a sense of well-being that I have never known before. It is not a feeling of satisfaction, it is a feeling of happiness.

This experience, which is a personal growing experience is only possible thanks to the support given by la Maison d'Hérelle to its volunteers. La Maison organizes suppers, barbecues and celebrations to thank us. Also, we are constantly assisted and supervised. We are encouraged to discuss our feelings as volunteers at la Maison. A sympathetic hearing makes us feel appreciated while broadening our knowledge and experience.

Finally, the choice I made to give of my time to a cause as demanding as that of persons living with HIV-aids, has been difficult since I feared being incompetent and uncomfortable. I learned that these difficult and demanding moments are those from which we learn the most. Long live volunteer work!

*Mathieu Dufour*

## A volunteer's experience

I would simply like to share with you an experience I had recently. One that explains why I am still moved by the accompaniment of persons living with HIV-aids, especially within the confines of la Maison d'Hérelle. It is the sort of experience that tells me that we must continue the fight.

A few months ago, I found myself with a young man 33 years old. In my mind, he was in the prime of life. His face was so emaciated that one could hardly see the piercing blue eyes, pleading for answers to endless questions. In spite of his youth, he walked slowly and painfully. He struggled endlessly to participate in the activities of la Maison, especially at mealtimes, even if it had become unbearable. He would collect his energy and use it. He hoped to return to work and to live with his friend. He would often repeat this wish... I noticed his long silences and the way he compared his condition to that of other residents. I saw him watch the parade go by without being able to participate... Therapy works miracles for some, but not for others.

I vividly remember his tenacity, his desire to be active on the house committees and on the Board of Directors where I had the opportunity to work with him. At these meetings, the Directors hoped he would reach the end of the meeting without mishap. His unhappiness, his confusion, his situation as a gay person and the sadness of his close ones, all contributed to a very heavy burden! A young man who should have been looking for an apartment in order to return into the community, whereas in reality, he had instead to select a funeral home in view of his coming demise.

All this I can't forget and I am proud of having gone part of the way with a man such as Patrick.

*Michel Richard*  
Heroes of Aids 2003



## **Board of Directors**

Bill Nash	President Representing the business community
Me Bruno Grenier	Vice-president (1 <sup>st</sup> ) Secretary and Treasurer since March 2003 Legal counsel
Jean-Pierre Hogue	Vice-president (2 <sup>nd</sup> ) Up until May 2002
Jacques R. Briand	Secretary and Treasurer up until January 2003 Social worker, representing the hospital community
Jean Brien	Administrator
François de Beaulieu	Administrator
Jean Corriveau	Administrator Vice-president since March 2003
Jacqueline Chabbert	Representing the volunteers
Patrick Pellerin	Representing the residents Up until August 2002
Gary McCarrick	Representing the ex-residents Up until February 2003
Sylvain Ouellet	Representing the ex-residents Since Mars 2003
Michel Richard	Representing the employees
Michèle Blanchard	Executive Director

## Employees

The following employees were on staff during the year 2002-2003 :

Michèle Blanchard	Executive Director
Anne Véronneau	Administrative assistant
Madeleine Royer	Secretary and receptionist
Lise Tremblay	Coordinator - volunteers (part-time)
Pierre Auclair	Accounting (part-time)
Claudette Blouin	Supervisor - kitchen
Jean-Pierre Cholette	Cook and care-worker (on-call)
France Beauchamp	Cook
Claudette Isabelle	Cook (part-time)
Roger Gagné	Cook (on-call)
Myriam Van Male	Supervisor - maintenance
Reynald Mercier	Coordinator - Maintenance
Guy Fortin	Assistant maintenance worker
Diane Meilleur	Assistant maintenance worker
Gary McCarrick	Assistant maintenance worker (on-call)
Michel Richard	Care worker
Judith Dendy	Care worker
Jean-Marc Meilleur	Care worker
Philippe Chanlair	Care worker
André Lortie	Care worker
Carole Durand	Naturopath (consultant)
Jocelyne Charette	Care worker (part-time)
Ghislaine Roy	Care worker
Joffré Maneli	Care worker (on-call)
Élise Patenaude	Care worker (part-time on-call)
Caroline Belle	Care worker (part-time on-call)
Caroline Gagner	Care worker (part-time on-call)
Christine Guay	Care worker (on-call)
Maryse Bernard	Care worker (on-call)
Sylvie Cadotte	Care worker (on-call)
Roland Lafrance	Care worker (on-call) and volunteer coordinator
Jean-Paul Kerba	Care worker (on-call)
Jérôme Wermeille	Care worker (on-call)
Lyne Tessier	Care worker (on-call) receptionist
Lynn James	Care worker (on-call)

## Trainees

Pauline Guillerm	Social work
Josée Filion	Special education
Carmen Prévost	Special education
Marianne Simard	Special education
Véronique Chartrand	Special education
Delphine Delebarre	Nursing (France)
Pauline Lauters	Nursing (France)
Sébastien Bénard	Nursing (France)
Magali Bozonat	Nursing (France)
Stéphanie Pace	Nursing (France)
Marie de la Rochemacé	Nursing (France)
Marie-Claude Dubois	Technical nursing
Emmanuelle Jovin	Technical nursing
Tuli Truong	Technical nursing
Shantoo Yav	Technical nursing
Clodia Pierre	Technical nursing
Julie Daigle	Technical nursing
Valérie Blais	Technical nursing
Norghestre Lormestoire	Technical nursing
Nadia Hardy	Technical nursing
Valérie Bordeleau	Technical nursing