



corporation féLix-Hubert d'HérelLe

2003 • 2004

RAPPORT ANNUEL D'ACTIVITÉS



# **Annual Report 2003-2004**

# 1. The Félix-Hubert d'Hérelle Corporation

## Collaborations

The entire team of the Maison d'Hérelle collaborated in the preparation of this Annual Report, by providing input concerning their respective areas of responsibility.

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## Word from the Executive Director

It is with great pleasure that we present to you this Annual Report for the year which began April 1<sup>st</sup> 2003 and ended March 31<sup>st</sup> 2004.

Each year, the drafting of the annual report is, for an organization such as ours, an exercise both demanding and interesting. It is an assessment, a look back at the year gone by. It is a snapshot, a portrait of people, of faces, of lives we have crossed and mostly, of the many experiences which have shaken our hearts and our ways. This entire process is a reminder of the why la Maison is continuing its mission and seeks to transmit its message faithfully.

We welcomed 51 persons, among which some were admitted more than once for a short stay of respite. In all, 62 “residents” benefited from a stay at la Maison d’Hérelle of which 11 persons died.

These persons whom we welcome are those for which the therapies are not working or for whom they are less effective. They are also those who are living with the after-effects of HIV leaving them with great loss of autonomy.

This reality, well identified last year, was more closely examined in the course of a research project headed by Mme Louise Pilon, psychologist. The results of this project, which will be available shortly, will enable us to better to better identify the needs and implicate our partners in tangible solutions.

This year was marked with various events, notably the shooting of a film by **Marie-Jan Seille**, *La lune viendra d’elle-même (The Moon Will Come)*. The scenario of this film was inspired by the true story of Esther Valiquette, a resident who passed away at la Maison d’Hérelle. The filming was met with enthusiasm by residents and the staff who actively took part. It should be released during the coming year.

December 1st 2003, international aids day, was marked with the unveiling of commemorative plaques, witnesses to the passing of all the residents who lost their live to the illness at la Maison d'Hérelle, since 1990. The ceremony was greatly appreciated by the loved ones of the residents, who expressed a desire to relive the experience in the future.

A training workshop on the topic of **mental health and HIV** was offered by Dr Marie-Josée Brouillette, a psychiatrist with the McGill University Health Center's Thoracic Institute, was organized with great success in collaboration with the Abbott Laboratories. This workshop was offered on two occasions. The participation of numerous community groups confirmed to us that we are well positioned to contribute significantly in the study of this aspect of HIV/aids.

The following chapters are a reflection of the extraordinary work of the entire team : employees, volunteers, former residents and members of the Board of Directors. They tell of the various ongoing projects such as the post-departure care, alternative and complementary approaches to health care and as much as possible, something very important to us, the observance of various holidays, observances and celebrations. In other words, life at la Maison d'Hérelle.

I wish to thank all those who, de près ou de loin, make this house into a welcoming home distinguished by its community spirit, its energy and its desire to make a difference for each person passing through.

Some team members have left us : Claudette Blouin and Claudette Isabelle, from the kitchen staff, François de Beaulieu, from the Board of Directors. Thank you for your generosity.

More than ever, community organizations find themselves at a crossroad. The wind of structural and political change in healthcare calls to us. We need to review the stakes surrounding our mission, our space in community work and our finances.

This annual report is therefore the result of a busy year. Thank you to all those who supported us and inspired us to continue!

Pleasant reading.

*Michèle Blanchard*  
Executive Director

## 2. Our mission

The Félix-Hubert d'Hérelle Corporation 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 II.

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, when possible, 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.

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.

## 3. Portrait of the clientele

### Evolution

Analysis of the data collected during the last year and during the previous 14 years of existence of la Maison d'Hérelle, provides the following portrait of the clientele.

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

Since opening in May 1990, la Maison d'Hérelle has welcomed some 457 residents. In 2003-2004, 62 persons resided with us. However we need to say that 6 persons were admitted more than once : 4 were welcomed on two occasions, whereas 2 were admitted 4 and 5 times respectively. In many cases, they were short stays, part of our short-term care program. 24 persons were admitted for this type of care, 29 benefitted from transition care and 9 were welcomed at the end of their life and received paliative care. 86 % of the clientele this year was admitted within the transition and short-term programs.

As we noted last year, the proportion of transition stays continues to maintain itself. This tendency brought the Board of Directors to set a new objective this year to develop a supervised apartment project, to respond to the needs identified after three years of post-care follow-up. (See section 3 Supervised Appartment Project, p. 23)

This year again, we welcomed persons dealing with significantly reduced autonomy and permanent ailments resulting from aids. These persons are welcomed in transition and their stay at la Maison d'Hérelle allows us to stabilize their health and direct them toward long-term care resources, which are often hard to find. The research project introduced last year was completed this year (See section 3, Loss of autonomy Project, p. 25)

### ***Age upon admission***

During the course of the 2003-2004 year, the average age of our residents was 43. This average has been relatively constant since the opening of la Maison. We have however noted an increase in the proportion of residents older than 50.

### ***Gender***

Our data is consistent with those recorded by the Quebec HIV Infection Rate Surveillance Program (*Study of the sexually and intravenously transmittable diseases (ITSS), of hepatitis C, of HIV infections and aids in Quebec, December 2003*). HIV infections affect a majority of men. The Study reports that “the majority of the tests confirmed positive (nearly 80%) were those conducted on men.”

La Maison d'Hérelle welcomes a majority of men. However, the proportion of men has been slightly inferior this year. Two of the women we welcomed were younger than 25 and one of them died. She had been admitted for short-term care.

### ***Sexual orientation***

This year, the number of persons of heterosexual orientation who stayed at la Maison d'Hérelle was slightly inferior to the number of persons of homosexual orientation.

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

The number of residents who passed away this year is approximately the same as last year and this number has been steady for the last few years. However, the number of residents who returned to live at home was significantly higher and represents in fact double last year's figures. Two residents were admitted in another long-term care facility. One of them was a resident of la Maison d'Hérelle for two years, while waiting for a place at such a facility.

## *Number of deaths*

11 persons passed away during the year 2003-2004. Two of them died in hospital.

## *Occupation rate*

### **Paliative care and transition**

Number of days of occupancy	4 596
Total capacity (15 beds X 365 days)	5 475
<b>Percentage of occupancy</b>	<b>83.9%</b>

### **Short-term care**

Number of days of occupancy	187
Total capacity (15 beds X 365 days)	365
<b>Percentage of occupancy</b>	<b>51.2%</b>

## *Associated disorders*

A study of the data compiled during the year 2003-2004 reveals that there has been an increase among our residents in disorders affecting the nervous system and mental health : dementia 12 (9, 2002-2003); depression 15 (13, 2002-2003); behavioral disorders 13 (4, 2002-2003); mental health disorders 12 (7, 2002-2003). These results were extracted from an in-depth study which is part of the project on loss of autonomy.

The number of persons affected a hepatitis has increased in the past few years : 17 (14, 2002-2003) and (12, 2001-2002). The number of persons suffering from drug addiction has increased significantly: 12 (5, 2002-2003)<sup>1</sup>. These persons were admitted under strict conditions and were required to respect the conditions outlined at the onset. We worked closely with the mobile team of the CHUM in order to allow those residents to benefit from their stay while respecting the rules that were set out.

Furthermore, we noted that many residents suffered from asthma (6) and that the number of persons afflicted with a paralysis had increased: 9 (6, 2002-2003) as well as cases of pulmonary tuberculosis: 4 (2, 2002-2003).

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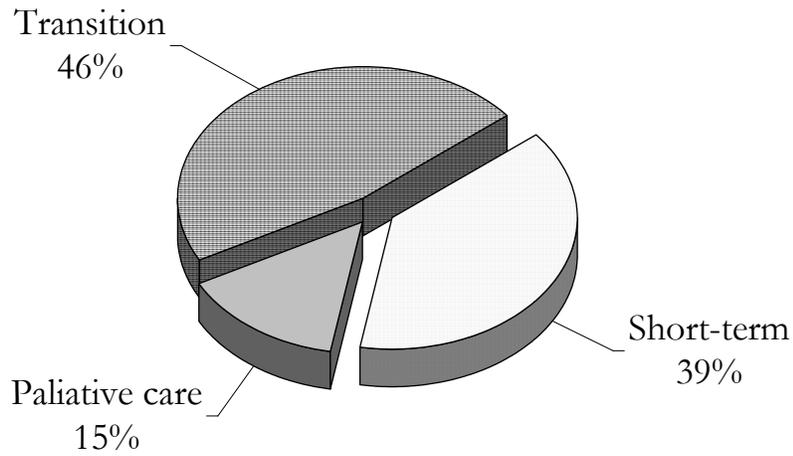
<sup>1</sup> The persons suffering from drug addiction were admitted on the condition that they demonstrate a real desire to look after their health. Their addiction did not disturb communal life nor did it compromise the objectives of their stay. Some were in advanced stages of palliative care and their addiction affected in no way their accompaniment and their end of life care.

# Profile of the residents

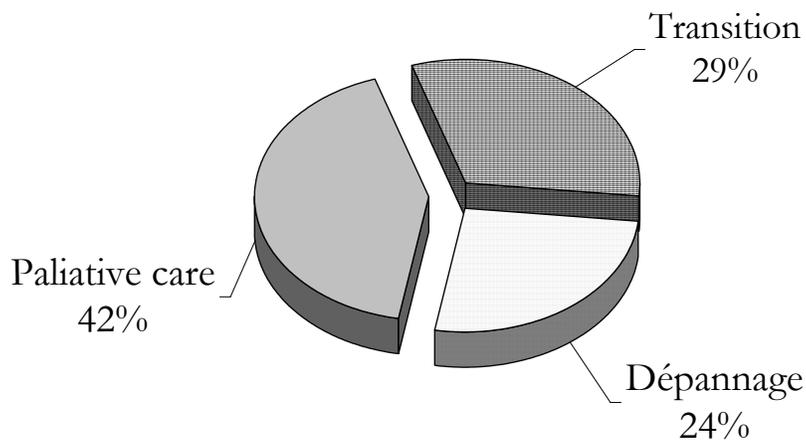
## Type of care

	2003-2004	%	2002-2003	%	1990-2004	%
Paliative care	9	14.5%	13	27.7%	193	42.2%
Transition	29	46.8%	23	48.9%	145	31.7%
Short-term	24	38.7%	11	23.4%	119	26.0%
<b>Total</b>	<b>62</b>		<b>47</b>		<b>457</b>	

### 2003-2004



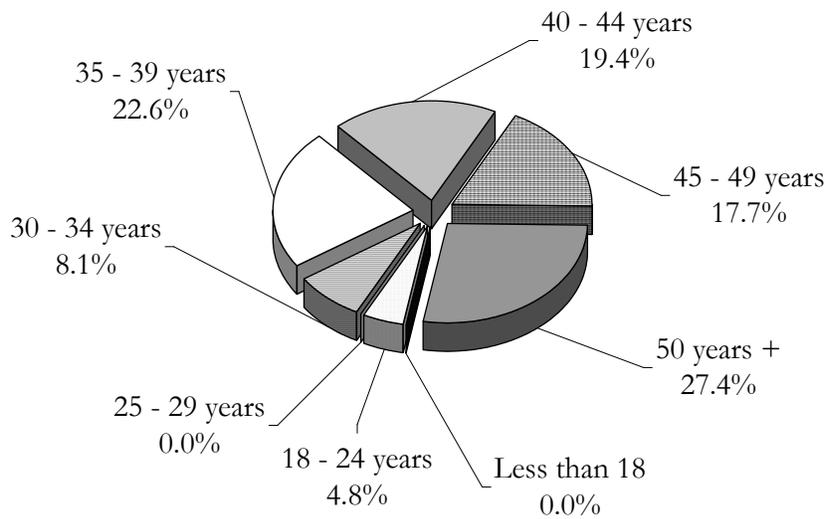
### 1990-2004



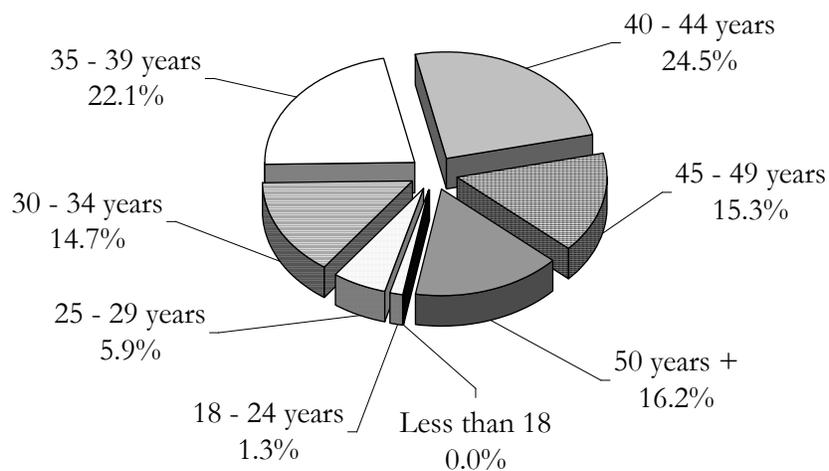
# Age

	2003-2004	%	2002-2003	%	1990-2004	%
Less than 18	0	0.0%	0	0.0%	0	0.0%
18 - 24 years	3	4.8%	1	2.1%	6	1.3%
25 - 29 years	0	0.0%	1	2.1%	27	5.9%
30 - 34 years	5	8.1%	5	10.6%	67	14.7%
35 - 39 years	14	22.6%	6	12.8%	101	22.1%
40 - 44 years	12	19.4%	19	40.4%	112	24.5%
45 - 49 years	11	17.7%	9	19.1%	70	15.3%
50 years +	17	27.4%	6	12.8%	74	16.2%
<b>Total</b>	<b>62</b>		<b>47</b>		<b>457</b>	

**2003-2004**



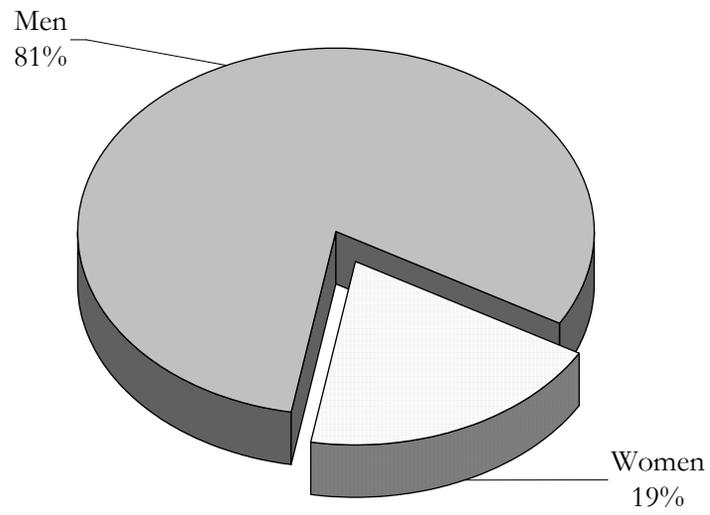
**1990-2004**



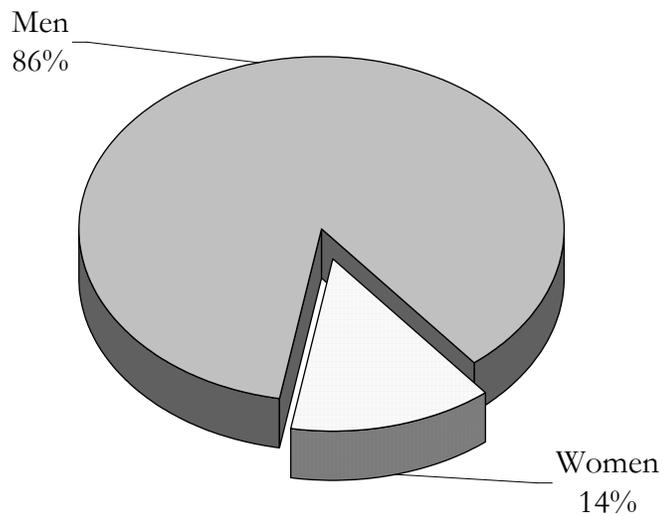
# Gender

	2003-2004	%	2002-2003	%	1990-2004	%
Men	50	80.6%	42	89.4%	395	86.4%
Women	12	19.4%	5	10.6%	62	13.6%
<b>Total</b>	<b>62</b>		<b>47</b>		<b>457</b>	

## 2003-2004



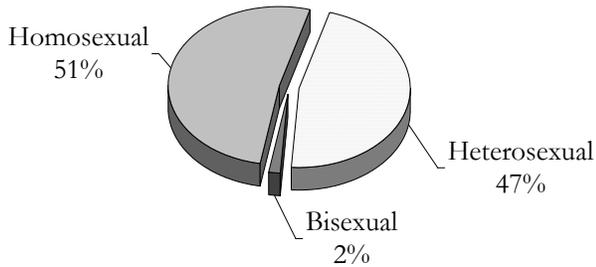
## 1990-2004



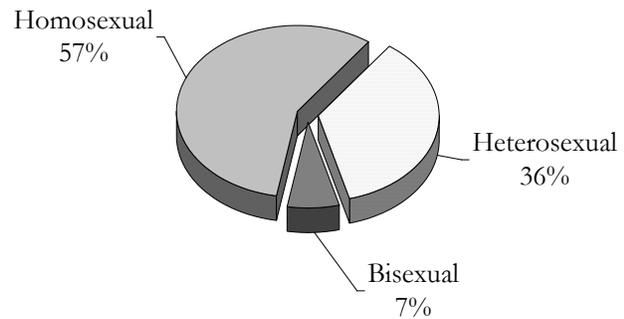
## Declared sexual orientation

	2003-2004	%	2002-2003	%	1990-2004	%
Homosexual	32	51.6%	29	61.7%	238	52.1%
Heterosexual	29	46.8%	18	38.3%	148	32.4%
Bisexual	1	1.6%	0	0.0%	29	6.3%
Undeclared	0	0.0%	0	0.0%	42	9.2%
<b>Total</b>	<b>62</b>		<b>47</b>		<b>457</b>	

2003-2004

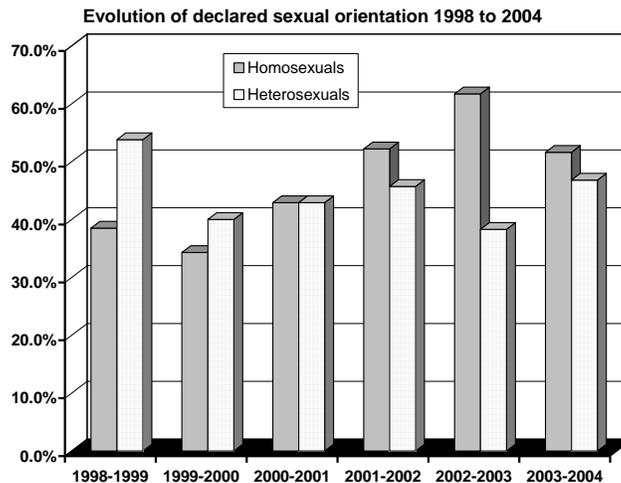


1990-2004



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

Year	Homosexuals	Heterosexuals
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%
2003-2004	51.6%	46.8%



## Languages

	2003-2004	%	2002-2003	%	1990-2004	%
French	39	62.9%	27	57.4%	326	71.3%
English	10	16.1%	6	12.8%	59	12.9%
Creole	6	9.7%	5	10.6%	30	6.6%
Spanish	1	1.6%	0	0.0%	12	2.6%
Others	6	9.7%	9	19.1%	30	6.6%
<b>Total</b>	<b>62</b>		<b>47</b>		<b>457</b>	

Others : from 1990 to 2004, we welcomed persons whose first language was Greek, Romanian, German, Portuguese, Punjabi, Vietnamese, Arabic, Kinyarwanda and Italian.

## Financial resources upon admission

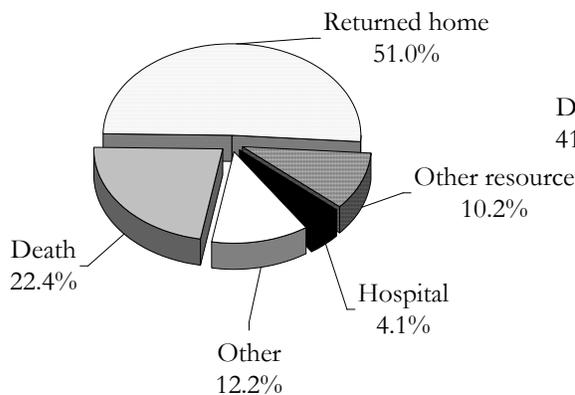
	2003-2004	%	2002-2003	%	1990-2004	%
Social security	45	72.6%	30	63.8%	298	65.2%
Salary insurance	8	12.9%	9	19.1%	70	15.3%
Quebec Pension Plan	6	9.7%	2	4.3%	34	7.4%
Employment insurance	3	4.8%	3	6.4%	15	3.3%
Worker's compensation	0	0.0%	0	0.0%	1	0.2%
RRSPs	0	0.0%	0	0.0%	2	0.4%
None	0	0.0%	2	4.3%	12	2.6%
Undeclared	0	0.0%	1	2.1%	25	5.5%
<b>Total</b>	<b>62</b>		<b>47</b>		<b>457</b>	

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

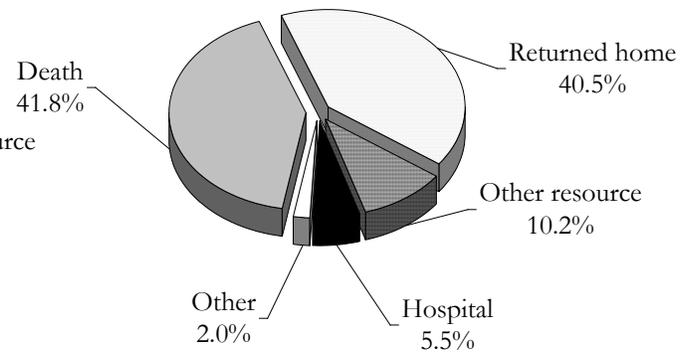
### Reason for departure

	2003-2004	%	2002-2003	%	1990-2004	%
Death	11	22.4%	12	36.4%	168	41.8%
Returned home	25	51.0%	13	39.4%	163	40.5%
Other resource	5	10.2%	6	18.2%	41	10.2%
Hospital	2	4.1%	2	6.1%	22	5.5%
Other	6	12.2%	0	0.0%	8	2.0%
<b>Total</b>	<b>49</b>		<b>33</b>		<b>402</b>	

2003-2004



1990-2004



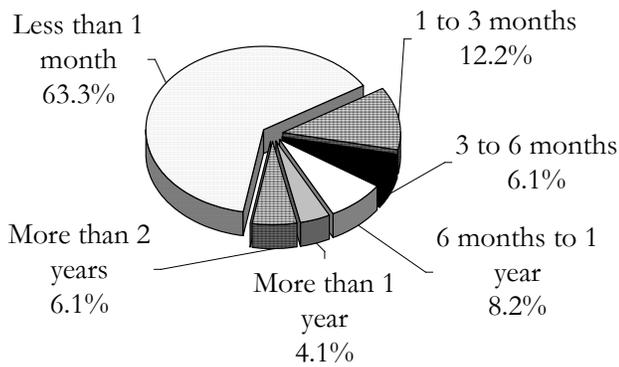
### Place of death

	2003-2004	%	2002-2003	%	1990-2004	%
Maison d'Hérelle	9	81.8%	10	83.3%	150	84.7%
Hospital	2	18.2%	2	16.7%	27	15.3%
<b>Total</b>	<b>11</b>		<b>12</b>		<b>177</b>	

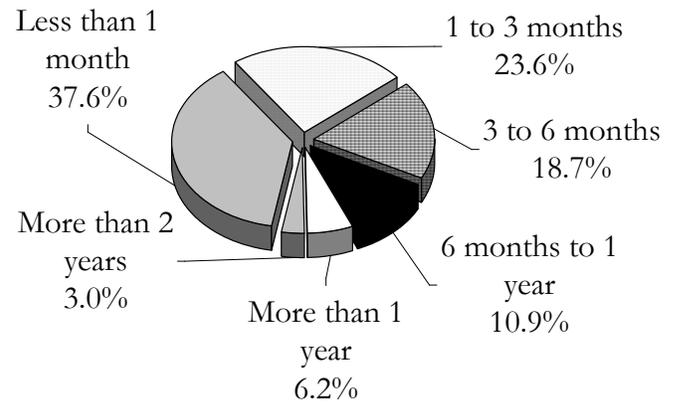
## Length of stay

	2003-2004	%	2002-2003	%	1990-2004	%
Less than 1 month	31	63.3%	15	45.5%	151	37.6%
1 to 3 months	6	12.2%	8	24.2%	95	23.6%
3 to 6 months	3	6.1%	3	9.1%	75	18.7%
6 months to 1 year	4	8.2%	4	12.1%	44	10.9%
More than 1 year	2	4.1%	3	9.1%	25	6.2%
More than 2 years	3	6.1%	0	0.0%	12	3.0%
<b>Total</b>	<b>49</b>		<b>33</b>		<b>402</b>	

**2003-2004**



**1990-2004**



## Average length of stay per program 2003-2004

Paliative care	<b>4.4 months</b>
Transition	<b>4.7 months</b>
Short-term	<b>8 days</b>

## Associated disorders

Total number of residents	51	%	47	%	46	%
Candidosis	23	45.1%	22	46.8%	24	52.2%
Cryptococcosis	1	2.0%	2	4.3%	2	4.3%
Cytomegalovirus (C.M.V.)	8	15.7%	9	19.1%	5	10.9%
Dementia (cognitive)	12	23.5%	9	19.1%	14	30.4%
Depression	15	29.4%	13	27.7%	13	28.3%
Encephalopathy / leucoencephalopathy	9	17.6%	11	23.4%	8	17.4%
Hepatitis	17	33.3%	14	29.8%	12	26.1%
Herpes	8	15.7%	10	21.3%	8	17.4%
Recurring bacterial infection	2	3.9%	4	8.5%	3	6.5%
Lymphoma	4	7.8%	2	4.3%	1	2.2%
Mycobacteriosis (M.A.I. / M.A.C.)	6	11.8%	5	10.6%	2	4.3%
Paralysis	9	17.6%	6	12.8%	0	0.0%
P. carinii pneumonia	7	13.7%	10	21.3%	10	21.7%
Bacterial pneumonia	9	17.6%	8	17.0%	3	6.5%
Kaposi sarcoma	1	2.0%	5	10.6%	5	10.9%
HIV emaciation syndrome	12	23.5%	18	38.3%	5	10.9%
Drug addiction	12	23.5%	5	10.6%	14	30.4%
Toxoplasmosis	4	7.8%	6	12.8%	8	17.4%
Behavioral problems	13	25.5%	4	8.5%	6	13.0%
Mental health problems	12	23.5%	7	14.9%	3	6.5%
Pulmonary tuberculosis	4	7.8%	2	4.3%	3	6.5%
Zona	9	17.6%	9	19.1%	12	26.1%

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	8	15.7%	Asthma	6	11.8%
Cirrhosis	3	5.9%	Pancreatitis	3	5.9%
Confusion	2	3.9%	SLA	1	2.0%
Diabetes	3	5.9%	Neuropathological pains	7	13.7%
Chronic diarrhia	7	13.7%	Bi-polar disease	3	5.9%
Epilepsy	5	9.8%	Condylomis	3	5.9%
Renal insufficiency	4	7.8%	Syphilis	2	3.9%
Lipodystrophy	6	11.8%	Schizophrenia	1	2.0%





## 4.A few numbers on housing

### Admission requests

During the course of this past year, the selection committee responsible for the admission requests was composed of a nurse, a volunteer, a care-worker coordinator and a resident. A few additional residents and trainees also participated in some interviews as observers.

The general orientation adopted two years ago prevailed again this year, in that is we ensured that the prevailing difficulties encountered by our future residents were aids-related, with a physical and/or psychological loss of autonomy.

The majority of the admission requests came from the hospitals (59). However, contrary to previous years when we received most of the hospital requests from local university hospital centers, we received received admission requests from some 16 different hospitals in the Montreal area and beyond. The other requests came from a CLSC (1), from the MUHC's mobile team (3) and other resources. One person placed a request on their own behalf.

We counted 65 formal admission requests, to which 3 repeat requests must be added, from our 2002-2003 files along with many return requests for short-term rest. We noted some 50 telephone requests aimed at obtaining some information about la Maison, it's operation, etc, with the intent to submit a request or simply to check for any availability. These calls were not followed up by any formal admission requests.

33 requests were accepted. Among those were not able to admit, 23 of them presented some HIV-aids prevalent ailments. Two died in hospital before they were actually admitted. The remainder did not meet the principal admission criteria and suffered from a

prevalent ailment other than aids. Note that 33 admission requests that were turned down had associated mental health related ailments:

Severe depression	5
Drug addiction/alcoholism	19
Neuro-aids related ailments	6
Cognitive ailments	6
HIV-induced dementia	4
Personality disorders	8
Homelessness	4

Some of the candidates suffered from multiple ailments.

### Admission requests

	2003-2004		2002-2003	
Admissions	33	48.5%	27	42.9%
On the waiting list	0	0.0%	30	47.6%
Died prior to admission	2	2.9%	6	9.5%
Admissions - from other resource	18	26.5%	0	0.0%
Withdrawn requests	4	5.9%	0	0.0%
Requests refused	6	8.8%	0	0.0%
Admissions to long-term care *	5	7.4%	n.d.	
<b>Total</b>	<b>68</b>		<b>63</b>	

\* This type of request is a first and had not been observed previously.

## Return to the community : post-housing project

This program, financed and supported by Centraid, allowed 35 persons to return to the community after a stay at la Maison d'Hérelle and benefit from post-care support from members of the team, both staff and volunteers.

The post-care program still has a goal of offering outside support in order to prevent deterioration that would require an eventual hospitalization or a return to community housing.

The summary of our third year of post-care follow up is as follows :

- Persons who left la Maison d'Hérelle have succeeded in stabilizing their health but remain fragile and are more likely to encounter difficult periods which could compromise their progress.
- We noted that this vulnerability is greater in some than in others, in light of the increase in persons suffering from dementia and losses on the cognitive level.
- Daily activities such as :
  - being responsible for their nutrition and personal hygiene
  - general upkeep of their premises
  - handle their financial responsibilities
  - take their medication regularlyrequires special efforts of persons afflicted with loss of autonomy.
- Preparing residents prior to their departure from la Maison d'Hérelle is essential to their reintegration in the community and post-care follow-up. This preparation includes help in the search for clean and affordable housing, some initial groceries, help with budgeting, increasing their network of friends and acquaintances and often,

encourage an agreement with the landlord willing to support and encourage a successful return home.

- The type of follow-up offered by the care-workers and volunteers is fairly simple to establish since during their stay, the resident has had an opportunity to outline his or her particular needs. Some require regular and structured meetings, others contact us when the need arises though for many, a telephone contact is enough or they communicate with us only at times of crisis. In all cases, the ties established during the stay at la Maison d'Hérelle bring trust and a feeling of security, which in turn encourage attempts, if not an outright plunge, into a return to the community.
- The persons under this type of care know that a care-worker is available 24 hours a day to listen to them, to encourage them or to direct them to appropriate services if the need arises.

### **The Haitian community**

Deeply afflicted by HIV-aids, many people from the Haitian community have been cared for at la Maison d'Hérelle in the past few years. The return to the community was successful for many of them, despite the fact that their precarious health did not indicate such a success. During their stay, a peer support group was formed and this dynamic continued on the outside. These persons visit one another, they enquire on each other's health and keep in contact with la Maison. Many go so far as to volunteer for the kitchen or to accompany other Haitians staying at la Maison d'Hérelle.

### **The partners : Maison Plein Coeur**

The main challenge facing a person with HIV-aids who wishes to live at home is to acquire the confidence that he/she will have sufficient health and strength to continue to do so. The transition between a protected and structured environment such as that of la Maison d'Hérelle and apartment living is for many a source of serious concern. Due to favourable circumstances, we were able to conclude an agreement with la Maison Plein Cœur in order

to reserve a studio for one of our residents who is in a period of transition, thereby providing him/her with a trial period of three to six months to experience living alone in an apartment with minimal supervision. During this period, the strong bond between the care workers of both organizations will facilitate the evaluation of required support once the resident has taken up independent lodgings. Such collaboration is an added element to the success of the project.

### **Perspectives for the future**

Since not all residents leaving la Maison d'Hérelle require transit accommodation and those who are the most destitute experience much difficulty in finding adequate lodgings especially during the current period of scarcity of available accommodation, we have devised a project, now underway, aimed at finding supervised apartments.

### **Supervised Apartments Project**

After 3 years of follow-up in the community of the former residents of la Maison d'Hérelle, we have found a most important need for accommodation, more particularly for those who have less personal, financial or family resources.

In fact, finding decent and affordable lodgings has become very problematic for the most destitute who in addition must deal with the affliction of HIV-aids and doing so is the cornerstone of successful reintegration within the community. In order to meet this need, the Board of Directors at the beginning of last year undertook to develop the project of supervised apartments.

We have chosen to target those persons living with aids:

- ♦ who are recovering and whose stay at la Maison d'Hérelle has achieved its purpose.
- ♦ whose financial resources are limited and who rely mainly on social assistance.
- ♦ who have no access or very limited access to a social network.

- ♦ who require assistance and supervision in order to continue the growth pattern acquired in residence.

These persons who are found to be the most destitute require continued support from their former residence because :

- when seeking new lodgings, they are often victims of discrimination because of aids and of their limited financial resources;
- the risk of a relapse creates stress and increases their vulnerability;
- they need to be supported in order to maintain the progress achieved;
- a secure, affordable and healthy environment facilitates regularity in taking medication which is essential to achieving self-sufficiency.

The aim of this project of supervised apartments is to prevent disorganization by providing a « safety-net » that ensures adequate support after a period of residence. We wish to work in conjunction with other similar residences and offer their clientele who meet the above criteria the opportunity to find suitable lodgings.

We wish to find permanent lodging for the targeted persons. The present housing situation in Montreal is such that we will face a similar problem in three to six months if we impose a fixed term.

To begin the project, we established communications with a group of technical resources (GTR), *Atelier habitation Montréal*, we defined more precisely what we wished to achieve and we searched out a site that could accommodate this type of requirement. The landsite identified is interesting in that it is in proximity to other resources that are utilized by persons afflicted with HIV: la Maison Plein Coeur and la Fondation d'aide directe sida Montréal. We expect to build 16 studios in a 3 and one-half story building with supervision. These studios will be furnished and suitably equipped.

We requested funding within the framework of *l'Initiative de Partenariats en Action Communautaire* (IPAC) which was not granted. We have recently requested funding from *AccèsLogis* and expect a favourable response.

## **Project on loss of self-sufficiency**

The research project begun this year has come to fruition. We hope to gather sufficient data in order to better describe the evolution of the illness that we observed in persons living with severe and permanent loss of self-sufficiency due to HIV-aids at la Maison d'Hérelle. Such data should permit us to reflect upon the requirements of our organization in terms of resources arising from the presence of this type of clientele.

The gathering of data was carried out in 3 stages :

1. by starting with the information available in the files;
2. by individual meetings with the care workers ;
3. by discussion groups targeting residents identified as being difficult cases.

The observation period that was the object of the study took place between April 1st 2000 and July 15th 2003. All persons admitted to la Maison d'Hérelle during this period were subject to analysis upon examination of the files, which comprised a sample group of 125 persons.

We are now in a position to better understand the variety of needs which must be met when a resident suffers from a neurological disorder; for example, the degree of surveillance required, the control of medication, financial management, etc.

This research will provide the opportunity to revise our task by taking into account the new reality that has evolved and by adjusting our needs in terms of human resources in relationship to the complexity of the requirements. We must establish a partnership with various health care groups who are willing to take up the challenge.

In conclusion, we wish to thank those persons who have contributed to the realization of this project, namely: The Farha Foundation and the Glaxo Smith Kline/Shire Biochem corporation.

## 5. Activities

### Support for loved ones

Service	Persons	Hours
Psychological support	65	707
Information on the progress of the illness	43	78
Advice on care	28	58
Legal/notarial support	25	29
Alternative approaches to health care	10	8
Meetings with physicians	8	32
Socio-economic assistance	38	71

Support for loved ones continues to be important for the team of la Maison d’Hérelle, so that family and friends become allies in the accompaniment proposed to the resident. This year, about a third of the residents were rather alone and without a social network; another third maintained links with at least one person and a few were very well supported.

Residents and their loved ones arrive at la Maison d’Hérelle worried, fatigued, even exhausted. They face insecurity in regards to this new adaptation in housing and for the future, often because of a lack of information. Support for loved ones begins on the doorstep, in an atmosphere of warmth and familiarity. It continues with information about the illness, about medication, about possibilities for the future, in short everything that may reassure, relieve and establish trust, which sooner or later, will reach the residents themselves.

We continue to welcome persons from Haitian and african communities and on several occasions this year, we shared with loved ones information regarding the progression of the illness, medication, special needs of the residents, namely on dietary requirements, the many

steps to take with RAMQ – the health care card – immigration services, income security and the public curator.

Concerned that our intervention would not be purely task oriented, we trusted Ghislaine Roy with their accompaniment and support assistance. Her subtle presence and availability positioned her in a privileged way to support loved ones and family, while easing relations with the rest of the team.

For many years now, notary Éric Batiot lends assistance to loved ones of residents, in need of his advice and expertise in certain legal issues.

Without all these persons supporting the residents, our work would not be so reaching and mostly, would not have the same significance. Thank you to all the loved ones who, alongside the members of the Maison d'Hérelle's team, contribute to the well-being of the residents.

## **Volunteer Work**

I can't begin this overview of volunteer work in 2003-2004 without underlining the fact that Centraid has supported the volunteer work at la Maison d'Hérelle since its inception in 1990. Thanks to the confidence shown to us by this organization and to its generous support, the volunteer work continues to develop in our community while adapting to the changing needs over the years.

*Volunteer work is an essential foundation of society.* Non profit organizations are often conceived by volunteers. Volunteer work is the participation of citizens to the evolution of the mentalities and attitudes of society.

The volunteer workers of la Maison d'Hérelle responded very well to the Campaign of Volunteers Canada 2004 "***I WILL PARTICIPATE!***" and did not wait for the slogan to do so. In the course of the current year, these people who are very active, who work, have children, a family, came in numbers each week to give us a few hours of their time. They do it with generosity and solidarity. This desire to help and share has permeated all the activities of la Maison d'Hérelle.

Though we have noticed a drop in the hours volunteered this year, the number of volunteers has increased from 421 to 481. Statistics have shown us that volunteers stay with us much longer and generously extend their six month undertaking comprising five hours weekly. We have noticed this increase mostly in the kitchen, in general maintenance, and in the accompaniment of residents to their various appointments and social activities.

We have observed a new tendency : volunteers work in more than one field of activity. They are versatile and flexible in response to the needs of la Maison d'Hérelle. They move easily from care working to the kitchen, from the kitchen to general maintenance and from the latter to accompaniment of the residents. This year particularly, the volunteers have offered their services to prepare meals for the residents and this experience has been decisive.

Last year, we hoped that the volunteers would increasingly participate in social activities with the residents. The progress in this direction and the initiatives taken allow us to expect much success in the coming year. Many social activities are entirely organized by volunteers: drawing workshops, bingos, group outings for concerts, etc

The best example of the excellent work done by the volunteers in the setting up of activities linked to la Maison d'Hérelle was the organization of the commemorative evening of

December 1st 2003 on the World Day of aids. In fact, this evening event attended by many family members was entirely set up and animated by volunteers. Thank you so much!

In the last few years, we have found a need among the residents for professional help in psychology. This year, two qualified psychologists offered to receive residents in private consultation and two trainees in psychology spent a few hours each week with the residents. These trainees were also available to encourage the care workers and personnel in their tasks.

The volunteers at la Maison d'Hérelle, who help the employees in their work, were also able to adapt as did the employees to the various needs that arise from time to time, even if this is not an easy task. The problems arising from the illness have changed over the years and require another form of intervention often more complex. The volunteers did not hesitate to participate in workshops offered by health specialists in order to better assist the personnel in their tasks concerning the residents. If the volunteer work is doing well at la Maison d'Hérelle, this is due to a feeling of belonging that has developed because of efficient management and devoted personnel, to the ongoing training and to the involvement of volunteers in the organization of care given to the residents.

In the past year, we have also wished to allow volunteers and members of the staff to meet in a different context in order to exchange ideas and become better acquainted. Two outings to a restaurant were organized and took place in a warm and cordial atmosphere, allowing all present to become better acquainted. These outings are very much appreciated and will be repeated during the present year.

Finally, I would like to extend my warmest thanks to all the volunteers for their support and their presence at la Maison d'Hérelle, including the members of the Board of Directors for their excellent work. Thanks to all!

## *Roland Lafrance*

Coordinator of volunteer work

During the course of the upcoming year, we would like to :

- Develop even more the « activities » aspects in order to allow the greater participation of all the residents;
- Increase the presence of volunteers in post-housing care : their collaboration is essential;
- Create an internal publication which would allow the residents, volunteers and staff to express themselves and would be a useful communications tools between the various sectors.

### Statistics on volunteering

Sector	Persons	%	Hours	%
Administration	9	1.9%	173	1.0%
Alternative approaches	8	1.7%	347	2.1%
Others	123	25.6%	1 526	9.1%
Board of Directors	10	2.1%	449	2.7%
Consultants	4	0.8%	185	1.1%
Kitchen	17	3.5%	2 511	15.0%
Intervention	42	8.7%	3 622	21.6%
Staff	131	27.2%	3 905	23.3%
Residents and loved ones	100	20.8%	938	5.6%
Student trainees	37	7.7%	3 112	18.6%
<b>Total</b>	<b>481</b>		<b>16 768</b>	

Note : The sector identified as « other » contains different types of volunteering activities, such as maintenance, special projects, spontaneous collaborations, etc.

## Volunteering areas

- ◇ Administration : Board of Directors; coordination; recruitment
- ◇ 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 beginning of the 1990's, la Maison d'Hérelle has offered its residents the opportunity to access all the potentially beneficial therapies available. This included complementary therapies. With these opportunities at hand, they were able to make choices, with the professional assistance of Judith Dendy, a care worker responsible for this program, and the other members of the team.*

*The so-called « alternative » therapies place the emphasis on personalized treatment, adopting a holistic view of the individual, or in other words, taking into account the physical, mental, spiritual, emotional and sexual aspects of life. La Maison d'Hérelle's policy is to make use of these therapies as an addition to conventional medicine, in order to increase the comfort of its residents, and not in the hope of replacing medical treatment.*

According to a publication of the judicial Canadian network HIV-aids, persons living with HIV-aids generally prefer to have recourse to complimentary or parallel approaches to health care, in order

- to control their own health care;
- to reinforce their immune system;
- to reduce the viral infection and avoid, delay or treat the symptoms of the progression of the disease of HIV or opportunistic infections;
- to ease the side-effects of a conventional therapy (antiretroviral medication and treatment of opportunistic infections), which allows the proper use of a prescribed pharmacological treatment;
- to help reduce stress, depression and fatigue, and to generally improve their state of health. (1)

At la Maison d'Hérelle, we have observed that the residents are similarly motivated in choosing this type of therapy.

The residents have mainly sought advice for the following problems :

**Digestive problems:**

- Nausea
- Vomiting
- acid stomach
- Constipation or chronic diarrhea

**Skin problems :**

- Psoriasis
- Herpes
- Eczema
- Dermatitis

**Problems relating to mental health**

- Anxiety
- Depression
- Panic attacks
- Insomnia

**Others:**

- Liver problems
- Fungus Infections
- Condyloma
- Sores
- Edema
- Candida
- Warts
- Ulcers

By carefully monitoring with doctors and pharmacists the possible interactions with antiretroviral therapies, we attempt to ease these problems with herbal medicine (tinctures, infusions, creams), aromatherapy (therapeutic essential oils) and alimentary supplements (vitamins and minerals, omega 3, etc.). 34 persons have consulted us, often in attempting to find relief when medication is no longer effective. We also note that members of the team, volunteers and employees often have recourse to complementary approaches for various problems. The residents have also benefited from the expert advice of Carole Durand, specialist in aromatherapy and naturopathy, and consultant on a bi-monthly basis.

Complimentary approaches to health care are readily relied upon at la Maison d'Hérelle and have been for several years, allowing us to acquire an expertise in this field. Other organizations or institutions interested in familiarizing their employees with the different approaches utilized successfully at la Maison d'Hérelle have requested that we receive them as trainees. Such employees represent a number of professions such as nursing, family care and specialized workers, social workers, psychologists and musicotherapists.

New recruits have joined Marguerite Ronaldo, a seasoned massotherapist for almost 10 years : Andrée David and Julie Raymond who provide reiki treatment and René Paquin, massotherapist. Their competence, perseverance and inspired presence are most appreciated by the team as a whole and by the residents.

In the year to come, we will attempt to create a closer affiliation with other organizations interested in the field of complimentary approaches to health, with emphasis on research, health regulations, including access to, and effectiveness of, alternative therapies.

One of the problems that is very often the subject of consultation is herpes. This is what we suggest. For many years this recipe has improved the quality of life of many people.

**Products utilized :**

Essential oil (*melaleuca alternifolia*)  
Essential oil (*melaleuca quinquinervia cineolifera*)  
Essential oil (*mentha spicata*)  
Canophylum inophylum (vegetable oil)

**Properties of these oils :**

*melaleuca alternifolia* : antiviral, immunostimulant  
*melaleuca quinquinervia cinéolifera* : antiviral, cutaneous tonic  
*mentha spicata* : healing, mucocutaneous

**Directions:**

Prepare the following mixture:  
2 ml of Essentiel oil (*melaleuca alternifolia*)  
2 ml of Essential oil (*melaleuca quinquinervia cineolifera*)  
1 ml of Essential oil ( *mentha spicata*)  
5 ml of canophylum inophylum (vegetable oil)  
Apply this mixture 3 or 4 times a day.

## Training of personnel

### *Training offered*

La Maison d'Hérelle is sought after regionally and internationally as a training resource. We have received many requests from foreign trainees, most of them European (France, Switzerland), for training lasting from 4 to 8 weeks, mostly in the field of nursing. Training in an organization such as ours is a destabilizing experience and often of profound impact for those in nursing who discover the community aspect and a unique approach to nursing care of those persons afflicted with HIV-aids. Such training often provides them with an opportunity for profound reflection that will have some bearing on their future careers

A number of foreign students are referred to us by SIDIEF (Secrétariat international des infirmières et infirmiers de l'espace francophone). Other students apply for training on their own initiative and are assisted by enthusiastic colleagues who have undergone a training program with us and have become our best ambassadors. We greatly appreciate the contribution of these nursing trainees who reflect an undeniable quality of training and maturity.

We cooperate with several professional teaching institutions at college and university levels. Our specific vocation and particular approach to care in the community have encouraged l'École des métiers des Faubourgs de Montréal and le Centre 2000 de Formation professionnelle to promote la Maison d'Hérelle as a privileged training center for their auxiliary nursing students and care workers. We have also received some trainees in specialized education from the Cégep du Vieux Montréal : one student was completing her training and 2 others attended training sessions as observers. Also, in collaboration with the school of social services of the Université de Montréal, we had the pleasure of receiving a trainee in social work from Reunion Island.

## Trainees

Sector	Persons	Hours
Special education	3	271
Social work	1	140
Nursing	9	1 260
Technical nursing	15	855
Orderly	6	413
<b>Total</b>	<b>34</b>	<b>2 939</b>

On the other hand, Jean-Marc Meilleur, who was concerned with the mental health problems of residents, (See section 2, Profile of residents, pages 9 and 17), prepared a paper called « Santé mentale et VIH » that was first given to the nurses in the National Program of Counselling on HIV-aids, and subsequently, to the 10th symposium on the clinical aspects of the HIV disease in November 2003.

### *Training received*

Having observed the training difficulties encountered by members of the team in dealing with residents having problems of mental health, and thanks to the collaboration of Marie Prévost of the Abbott Laboratories, Jean-Marc Meilleur organized a training workshop of nearly 2 hours given by Dr Marie-Josée Brouillette, MD FRCPC, psychiatrist at the Thoracic Institute of the McGill University Health Center, called “New challenges in the care of persons infected with HIV: mental health in perspective”. (« Nouveaux défis dans les soins des personnes infectées par le VIH : la santé mentale en perspective ».) This training program was given twice and was accessible not only to the employees and volunteers of la Maison d’Hérelle but also to all persons involved in the network. It was most successful and the interest shown reflected the need to understand persons suffering from dementia or personality disorders related to HIV. Dr Brouillette also met the team

from la Maison d'Hérelle to discuss more specific cases and recommended methods of approach.

At the monthly meetings, members of the team also benefited from the presence of Danny Leblond, psychologist at the CLSC des Faubourgs. This collaboration will continue during the next year.

During the entire year, several care workers participated in continuing training programs dealing notably with HIV and hepatitis C, fusion inhibitors in the treatment of HIV-aids, the observance of treatment, the sex trade and HARSAH (men having sexual relations with other men). Others improved their security techniques concerning the displacement of residents by participating in half-day training sessions given by Karine Lavallée, specialized in education (psychology). Also, certain employees received a two-day training course in first-aid (RCR).

## Outside collaborators

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 ;
- ✂ The Centre Hospitalier de l'Université de Montréal : Notre-Dame Pavilion, St-Luc, Pavilion, Hôtel-Dieu de Montréal Pavilion ;
- ✂ Maisonneuve-Rosemont Hospital ;
- ✂ St-Mary's Hospital ;
- ✂ Jean-Talon Hospital ;
- ✂ Santa-Cabrini Hospital ;
- ✂ Pierre Boucher Hospital;
- ✂ Fleurimont Hospital of the University of Sherbrooke Health Center (CHUS) ;
- ✂ CEGEP Marie-Victorin, CEGEP 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 Danny Leblond, psychologist
- ✂ The team of the National Program of Counselling on HIV-aids;
- ✂ The teams of UHRESS ; the Mobile Team UHRESS-CHUM;
- ✂ The Care-workers' Support Committee ;
- ✂ 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 Dorothée Minville Pharmacy, the Danielle Desroches Pharmacy and the Martin Duquette Pharmacy;
- ✂ The Lucie-Bruneau Rehabilitation Centre;
- ✂ 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 ;
- ✧ 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 ;
- ✧ The pastoral support of Robert Boivin ;
- ✧ The Petites Franciscaines de Jésus for the attendance of Sister Nicole Burst ;
- ✧ The Service bénévole de l'est de Montréal ;
- ✧ The Centre d'action bénévole de Montréal.

## 6. Financial resources

The principal source of revenues of la Maison d'Hérelle remains the subsidies from the Quebec Ministry of Health and Social Welfare (support to community organizations) (66%) and Centraid (16%). We rely as well on the contribution of residents for housing costs (10%) and on the generosity of our donors (7%).

We wish to thank the faithful and essential support of the Farha Foundation, thanks to whom we are able to follow the evolution of the needs of the residents under our care and to develop new initiatives in response, such as the post-care project and the project for the care of persons suffering from loss of autonomy. Always attentive throughout the year, the Farha Foundation donated \$ 10 000 for the research on loss of autonomy and \$ 5 000 for relief fund for the residents. The latter allowed us to admit persons for whom the housing fees were problematic, either because they had to continue paying their rent or simply did not have the means.

A special thanks to the *À Contre-Courant* Swim Club, who supported our cause again this year.

We take the opportunity to thank all those who have continued to support la Maison d'Hérelle this year and in particular :

The À Contre-Courant Swim Club	4 509 \$	The Public Sector Alliance of Canada	685 \$
The BBCM Fondation	2 500 \$	The Parti Québécois (Mr. André Boulerice)	500 \$
The Liberal Party of Quebec (Mr. Thomas Mulcair)	2 000 \$	Serge Blackburn	500 \$
Snowdon Baptist Church	1 062 \$	Stéphane St-Hilaire	500 \$
James Cameron	1 000 \$	Patricia Davidson	300 \$
Gisèle Gosselin	1 000 \$	Pierre Antoniades	300 \$
Fontaine d'Espoir (Bank of Montreal)	1 000 \$		



## 7. Outlook for the future

During the upcoming year 2004-2005 :

- ▶ We will pursue phase III of la maison, which is the instauration of supervised apartments accessible to persons living with HIV-aids. The board of directors will follow closely the progress of this endeavour with the various groups involved in social and community housing, until the financing for the project is secured.
- ▶ We will develop the research sector in the scope of our community development, in conjunction with the universities, with our provincial association (COCQ-sida) and with other institutions.
- ▶ We will seek new funding sources for certain costs associated to our operations, in particular regarding nursing care.
- ▶ We intend to follow closely the impact of the transformation of the health and social services network in Montreal. We will therefore be present in various public consultations and study groups initiated by the organization of the network.
- ▶ We intend to set up an ethics committee.



## **Annex**

## Members of the Board of Directors

Bill Nash	President Representing the business community
Jean Corriveau	Vice-president
Me Bruno Grenier	Secretary and Treasurer since March 2003 Legal counsel
Jean Brien	Administrator
François de Beaulieu	Administrator until December 2003
Jacqueline Chabbert	Representing the volunteers
Ragui Mikhaïl	Representing the residents From November 2003 to May 2004
Ronaldus Linschoten	Representing the residents From November to December 2003
Sylvain Ouellet	Representing the ex-residents From March to October 2003
Michel Richard	Representing the employees
Michèle Blanchard	Executive Director

## Employees

The following employees were on staff during the year 2003 - 2004 :

Michèle Blanchard	Executive Director
Anne Véronneau	Administrative assistant
Roland Lafrance	Coordinator - volunteers
Madeleine Royer	Secretary and receptionist
Pierre Auclair	Accounting (part-time)
Claudette Blouin	Coordinator - kitchen
Jean-Pierre Cholette	Cook and care-worker (on-call)
France Beauchamp	Cook and coordinator - kitchen
Claudette Isabelle	Cook (part-time)
Roger Gagné	Cook (on-call)
Myriam Van Male	Supervisor - maintenance
Reynald Mercier	Coordinator - Maintenance
Diane Meilleur	Assistant maintenance worker
Michel Richard	Care worker
Judith Dendy	Care worker
Jean-Marc Meilleur	Nursing care
André Lortie	Care worker
Carole Durand	Naturopath (consultant)
Ghislaine Roy	Care worker
Élise Patenaude	Care worker
Caroline Belle	Care worker
Caroline Gagner	Care worker
Christine Guay	Care worker (on call)
Maryse Bernard	Care worker (on call)
Sylvie Cadotte	Care worker (on call)
Jérôme Wermeille	Care worker (on call)
Lyne Tessier	Care worker (on call)
	Receptionist (part-time) and cook
Karl Whissel	Care worker (on call)
Alvaro Bravo	Care worker (on call)
Miguel Ruiz	Care worker (on call)
Emmanuelle Doucet	Care worker (on call)

# Trainees

## Students

Astrid François	Social Work (Île de la Réunion)
Karine Godin	Special education
Luis	Special education
Patrick Rinquette	Special education
Dominique Roche	Nursing (France)
Hayet Gamond	Nursing (France)
Corinne Thivillon	Nursing (France)
Fabienne Romanens	Nursing (Switzerland)
Daniel Godbhane	Nursing (France)
Marie Ciavaldini	Nursing (France)
Élisabeth Tible	Nursing (France)
Hélène Beaumet	Nursing (France)
Laetitia Moulin	Nursing (France)
Manon Levasseur	Technical nursing
Marjelène Mervilus	Technical nursing
Fernande Filion	Technical nursing
Josée Gourd	Technical nursing
Marie-Nicole Lapierre	Technical nursing
Sylvain Lapointe	Technical nursing
David Toussaint	Technical nursing
Riquette Desains	Technical nursing
Fédéline Leconte	Technical nursing
Nadia Khaldaoui	Technical nursing
Hélène Sejour	Technical nursing
Caroline Hogue	Technical nursing
Jean-Baptiste Lecorps	Technical nursing
Claudio Warner	Orderly
Diana Rios	Orderly
Marlyn Arpurno	Orderly
Carmen Arpurno	Orderly
Claudia Verez	Orderly
Midelaine Fils-Aimé	Orderly
Orfelina	Orderly

## Work program

Kathy Touchette	Receptionist
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## Word from a volunteer

Having been retired from teaching for about one year, I was searching in 2001 for an orientation in my new life. I still felt capable of giving, of being helpful, of sowing small seeds of happiness around me while continuing to enjoy life to the fullest. I have received so much in life that I felt the need to try to be useful to those less fortunate than myself. I therefore began to do volunteer work with the homeless.

A combination of circumstances brought me to la Maison d'Hérelle. I was intrigued by the name and arranged a meeting with Roland, the coordinator of social work, to offer my services. I was well received, in fact so well, that the undertaking to serve for 6 months proposed by Roland has been extended to the present and will continue so long as my state of health will permit. I was fearful at the beginning. Sickness, suffering and death affect me deeply but I took the plunge. The welcome, organization and training offered to volunteers were a source of inspiration and fostered the desire to be of service. I began my volunteer work by constantly reminding myself that “ *at all times, the resident remains the captain of the ship*”, as is so well expressed by Michèle Blanchard, Executive Director of la Maison d'Hérelle.

At the outset, I was involved in a grand project proposed by my sister Jacqueline of repainting the premises. This provided an opportunity to work closely with the residents and their care workers. I was a witness to remarkable surges of well-being and established a particular bond of friendship with a resident, Eric.

Roland, our « boss », then requested that I accompany another resident called Denis to his medical appointments. What great moments we shared as he was blind and I served as his guide! I learned a great deal from Denis who communicated his human values to me. I also accompanied Ginette with whom I also shared valuable moments.

I am now helping out in the kitchen on Mondays and Tuesdays and assist the dynamic maintenance staff. In both cases the atmosphere is convivial and it is most rewarding to work with kind and committed persons.

If I were to make a personal evaluation, I would emphasize that I am always available to la Maison d'Hérelle, with whatever I can contribute. I try to be efficient as well as vigilant and ready to be of service wherever and whenever needed. What is special about la Maison d'Hérelle is the atmosphere of generosity, good humour, sharing, friendship and compassion, and this list is not exhaustive. I have been given much and feel I have grown, though not in height (I am 5 feet tall !) and hopefully will continue to make progress.

I hope that in thanking la Maison d'Hérelle, each and every member of the team will feel individually addressed. You have also given me your support in my personal trials during the past year. Your work is excellent and indispensable.

Simply and sincerely,

*Lise Verrette*

## Word from a care-worker

I have been working at la Maison d'Hérelle as a care-worker for more than a year, with a mandate to accompany and support the residents.

The residents needs regarding accompaniment are diverse and vary, of course, from one person to the next. There are needs related to physical and mental health, which require the most energy of us, depending on the person's level of autonomy. And then, through this care, there are the needs related to spirituality and religious beliefs, always arising from a quest for answers, which comes from the shock of the illness and a loss of the meaning of life. Everything crumbles and once-steady footholds disappear. Tout semble craquer et certains repères autrefois équilibrants disparaissent. Professional work becomes impossible for some and for others, a marriage breaks-up or relationships with family and loved-ones become problematic, the diagnostic of aids and sexual identity that seems impossible to reveal.

So, all the losses inherent to the disappearance of health, absent for a more or less long period of time and, in many cases, the permanent loss of health, which forces a turn towards the Hereafter. One way or another, there is this need to learn or relearn how to give in to life, to rediscover within, deep within, a place of absolute comfort, allowing either a glide toward solid ground, or toward another shore.

So, we try to offer the appropriate support in order for the person to reach their central core and stay connected to it in order to extract from it energy and serenity and progress through these extreme experiences. On occasion, this process requires few words and calls for certain appeasing rituals which are sometimes pulled from the christian faith, since a majority of our residents are from this culture. On other occasions, this accompaniment takes shape in the creation of an atmosphere, a lightness, a joy, a peacefulness which takes

into accounts the seriousness of each person's experiences. Through our respective tasks, often simple yet so important when they are an expression of respect, understanding and empathy, we strive to be present in the present and thus, unbeknownst to us, transmit to one another something of the unsaid, God revealed singularly through each individual.

There is a challenge in working in such a place, while I feel favoured at the same time by the privilege to accompany like this persons who bring us back to the fundamentals, to follow them on the respective journeys, to contemplate the work of God in each one – whether the Eternal be named or not – and to thus welcome life. In this, work can become a place of resourcing and growth, a shared joy.

*He decides and they exist and he holds them forever. (ps 148 : 5... 6)*

***Ghislaine Roy***