



RAPPORT ANNUEL D'ACTIVITÉS 2004 • 2005

CORPORATION
FÉLIX-HUBERT D'HÉRELLE

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Word from the president

By William Nash

I am very pleased to participate in this report for the financial year 2004-2005. As President, I look at this closing chapter not only from the point of view of a supporter of the team, but also from a global perspective.

The Members of the Board met regularly throughout the year and we had many preoccupations:

- Concerns over the support to provide for la Maison and the residents, despite all the changes and new pressures exerted by more and more loss of autonomy.
- Improving working conditions and the need for more reliable recurring financing in this regard.
- The drafting of protocols and the development of management tools, which will ensure transparency and the effectiveness in our administration.
- The will to provide a comforting and secure environment to the residents we welcome.
- Participation in public and private events which will ensure visibility and a recognition of the work of la Maison d'Hérelle.
- The search for individuals interested in supporting, directly or at arms length, the work and the mission of the organization.
- The necessity to rejuvenate the furniture and to go ahead with some major repairs, considering the 15 year lifespan of some parts of the building.

We have also endeavoured to reevaluate our operations to determine whether or not our installations continue to serve the evolving needs of our clientele.

The same tendency will continue throughout this year that has begun and we will have the chance to reexamine our mission and the arising issues.

I thank each member of the Board of Directors as well as the entire team and the volunteers, whose devotion allows la Maison d'Hérelle to pursue its mission.

Word from the executive director

By Michèle Blanchard

We are pleased to present to you the annual report of la Maison d'Hérelle for the financial year beginning April 1st 2004 and ending March 31st 2005.

In exploring these pages, we hope to introduce you to the many elements of la Maison which affect directly its daily routines: the persons who stayed with us, those who have left us, the staff, the volunteers and the loved ones. You will discover the activities which dictate its daily rhythms: volunteering, training of numerous students, the continuing story of the post-care project, alternative and complementary approaches to health care as well as upcoming projects and our outlook for the future.

The year that has come to a close has allowed us to care for some 53 persons, some on multiple occasions. Each of these persons has uniquely contributed to our accompaniment experience. Among these, 20 have died, a number almost double the year 2003-2004.

The general outlook is the same as last year's, one in which the residents we cared for at la Maison d'Hérelle are those for whom the therapies are ineffective, or less affective than for others; they are also persons experiencing significant loss of physical and psychological autonomy.

This reality has often left us ambivalent : on the one hand, the satisfaction of having increased the quality of lives of persons suffering tremendous distress when admitted, and on the other hand, helplessness and frustration at the limits of the therapies which still don't prevent death from AIDS.

I can only acknowledge and say again my tremendous pride at working with a group of individuals who believe it worthy to fight on, in order to one day make this illness a thing of the past. Already, many residents return to the community better equipped to face life's difficulties. Others die and leave us perplexed, forcing us to admit with much humility that our work is not done yet.

During the 2004-2005 year,

- We have presented to many people the results of our studies of people with loss of autonomy, particularly the impact of dementia for people living with HIV-AIDS.
- We attended the film premiere of “*La lune fiendra d’elle-même*” (“*The Moon Shall Come*”) directed by Marie-Jan Seille. Many of us played extras in the movie. Marie-Jan Seille had the idea for the film in 1997, after having accompanied Esther Valiquette, a friend afflicted with AIDS who died at la Maison d’Hérelle. She was inspired by her experience with the members of the team, residents and volunteers, in the unique context of community housing.
- Last November, we presented a talk entitled “Dying With Dignity” at the Quebec forum of persons living with HIV or AIDS, which was dubbed “Between Ourselves” ».
- We have started putting together an “ethics” committee, in order to better deal with certain situations of conflict.
- The supervised apartments project is still in the works, though our requests for subsidies have yet to be answered. Pending its launch, our partnership with la Maison Plein Cœur and the access to its studio apartments, has been a tremendous support.

Our work could not take place with the helping and devoted presence of people like the volunteers, the numerous trainees from here and abroad and, among others, doctor Marie-Josée Brouillette and her team at the Thoracic Institute (McGill University Health Center), who must deal with, as we do, the reality of persons living with HIV and afflicted with neurological disorders.

I want to mention the generous assistance of the Farha Foundation, which enabled us to adapt and renovate our space and replace outdated equipment, notably several beds.

Finally, on our 15th anniversary, thank you to all those who have renewed their support for so many years and to the members of the Board of Directors for their dedication.

1. Our mission

The Félix-Hubert d'Hérelle Corporation¹ is a non-profit organization, which has been continuing 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.

¹ 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.

The Cost :

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

The 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

By Anne Véronneau, executive assistant

Analysis of the data collected during the last year and during the previous 15 years of the existence of la Maison d'Hérelle, provides the following portrait of the clientele.

Number of residents and type of care

Since the opening of la Maison d'Hérelle in May 1990, we have welcomed 519 residents. During the year 2004-2005, 62 persons were cared for. It should be noted that 6 of these persons had more than one stay: 4 were admitted twice and 2 were admitted 3 or 4 times respectively. In certain cases, these persons lived outside of Montreal and benefitted from the respite care. 19 persons were admitted for palliative care and most passed away at la Maison d'Hérelle. 29 residents were admitted for a transition period, whereas 14 benefitted from the respite or short term care.

The year 2004-2005 was marked by a nearly double increase in the number of persons admitted under the palliative care program.

On the other hand, from year to year, the "transition" care program fills some ever increasing needs. As a preliminary step to our supervised housing project, the launch of which we are still working on, we have established a partnership with la Maison Plein Coeur, which gives residents of la Maison d'Hérelle who have reached their objectives of autonomy, to make use of a studio apartment, allowing them a first step toward increased autonomy and a return to the community. (See Section 3: Return to the community, p. 22).

We have observed again that many persons we cared for this year still suffer from the permanent effects of AIDS and a tremendous loss of autonomy, which requires permanent housing in long term care facilities. In that sense, despite the fact that HIV-aids still causes controversy and that our clientele is very distinct from that of long term care facility's, certain contacts have been established, but the transition continues to be a lengthy process.

Age of admission

The average age of residents cared for during the 2004-2005 year was 43 and it has remained constant in the forties since 1990. However, we have welcomed an increased number of persons in the 25 to 34 age group.

Gender

As has been the case since the opening of la Maison, we have welcomed again, this year, a majority of men. Amongst the 9 women admitted, 4 passed away during their stay. One of those had been admitted in transition care.

Sexual orientation

As we have observed in the past few years, the same proportion of homosexual and heterosexual persons were cared for at la Maison d'Hérelle during the 2004-2005 year.

In the study *“Portrait of sexually and blood transfusion transmitted infections, Hepatitis C, HIV infections and AIDS in Québec – December 2004”* it is stated : *« ...the majority of existing cases are found among the HARSAH², whereas the estimates of occurrences lead us to believe that the majority of new cases occur among the IDU³. »*

Reasons for departure

The number of residents who passed away during the 2004-2005 year has increased considerably. For nearly half the persons who died, the length of care was brief (less than one month). The end of life accompaniement for some of these residents triggered many discussions and we were confronted with the issue: the “way to die” has changed and requires the team to adapt.

The proportion of residents returning home has decreased in comparison to last year, however the proportion of referrals to other resources has increased. The new partnership with la Maison Plein Cœur partly explains this fact. Also, two residents suffering tremendous loss of autonomy and living with some permanent effects of HIV-aids, were admitted to long term care facilities after

² HARSAH : men having sexual relations with other men

³ IDU : injectable drug users

staying at la Maison d’Hérelle for a few months. Finally, those persons who’s reasons for departure was classified as “other” left the la Maison for a detoxication resource, were expelled for violating the rules of la Maison or left without giving notice.

Number of deaths

This year, 20 residents of la Maison d’Hérelle passed away during their stay. 17 died at la Maison d’Hérelle whereas 3 died in hospital.

Occupancy rate

Paliative care and transition

Short-term care

number of days of occupancy	4 496	number of days of occupancy	125
total capacity (16 beds X 365 days)	5 840	total capacity (1 bed X 365 days)	365
percentage of occupancy	77.0%	percentage of occupancy	34.2%

During this 2004-2005 year, we cared for two couples, of which one of the partners was afflicted with AIDS and required extensive care. These persons were admitted because their partners actively participated in their care and joined in the efforts of the staff of la Maison. 2 double occupancy rooms allowed us to adapt to this situation.

Associated disorders

The compilation of associated disorders observed in the residents during the 2004-2005 year shows an important increase in the number of persons suffering from HIV associated dementia: 17 (12, 2003-2004). For the past year, the members of the team are receiving continuous training in order to gain a better understanding of HIV associated dementia and how to better care for the residents afflicted with this disorder.

Hepatitis continues to afflict a great number of persons admitted: 21 (17, 2003-2004). The number of residents suffering from Hepatitis has steadily increased as well since the year 2000. 6 persons suffered from a cirrhosis compared to 3 in 2003-2004. The problems associated with HIV secondary anemia are also on the increase: 13 (8, 2003-2004). Diabetis is encountered more often: 8 (3, 2003-2004). Persons afflicted with lipodystrophy have also been numerous this year: 11 (6, 2003-2004).

Just as we observed last year, the number of persons afflicted with an addiction continued to increase : 21 (12, 2003-2004). The mobile team of the CHUM provides precious support during the stay of these persons at la Maison d'Hérelle. In all cases, the focus during the stay is not on the addictions but on dealing with HIV-aids and encouraging a real commitment to look after their health. The rules to respect are defined from the onset and la Maison d'Hérelle has had, on a few occasions, the end the care of some residents. The extent of what the resource could offer had been reached. Despite this, the results are positive because some previously unexploited links have been established. We are becoming a reference and a resource towards which people are looking to when their health is collapsing. Amongst these 21 persons, 8 passed away during their stay.

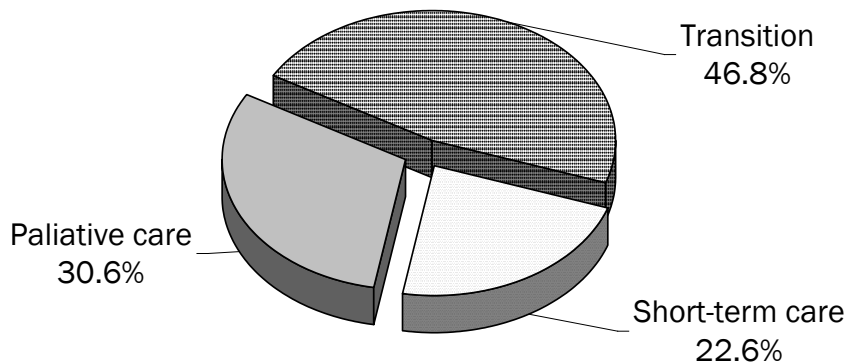
Finally, lets mention that 2 residents who were cared for during the 2004-2005 year were infected with the C. Difficile virus during their hospitalization, before arriving at la Maison d'Hérelle.

Profile of the residents

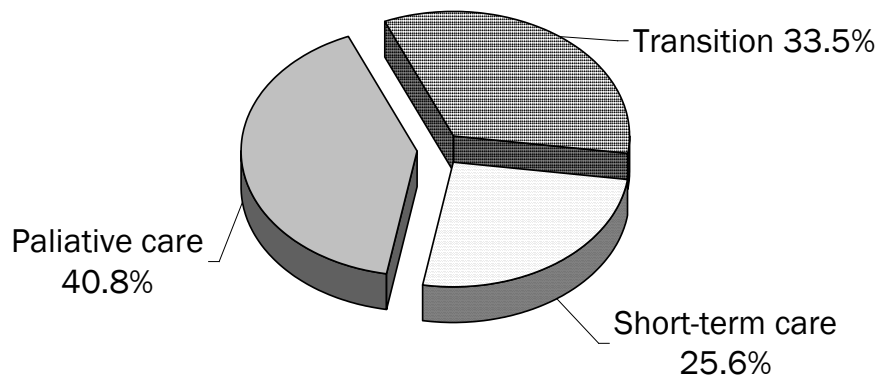
Type of care

	2004-2005	%	2003-2004	%	1990-2005	%
Paliative care	19	30.6%	9	14.5%	212	40.8%
Transition	29	46.8%	29	46.8%	174	33.5%
Short-term care	14	22.6%	24	38.7%	133	25.6%
Total	62		62		519	

2004-2005

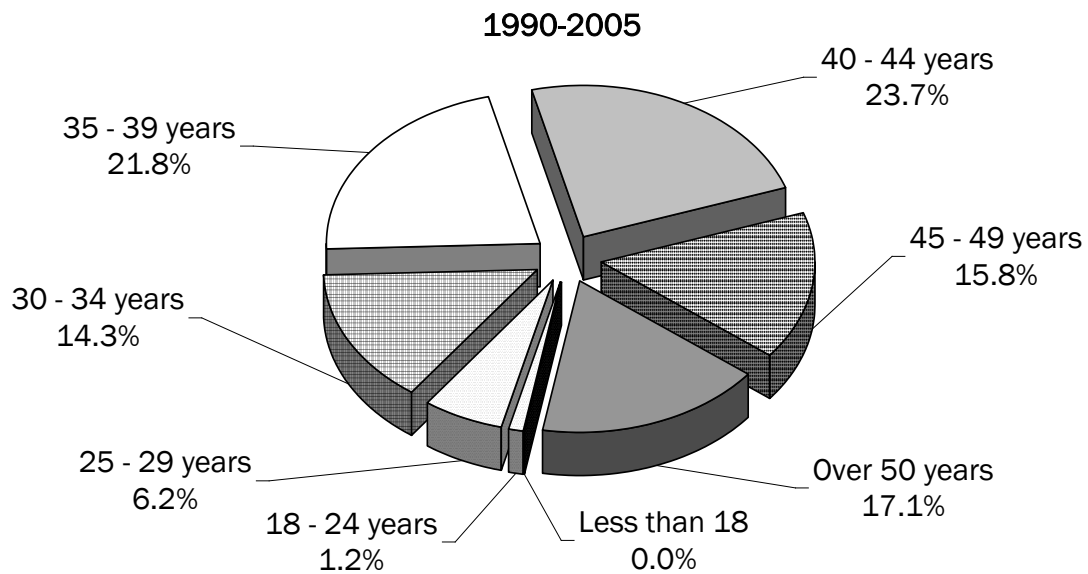
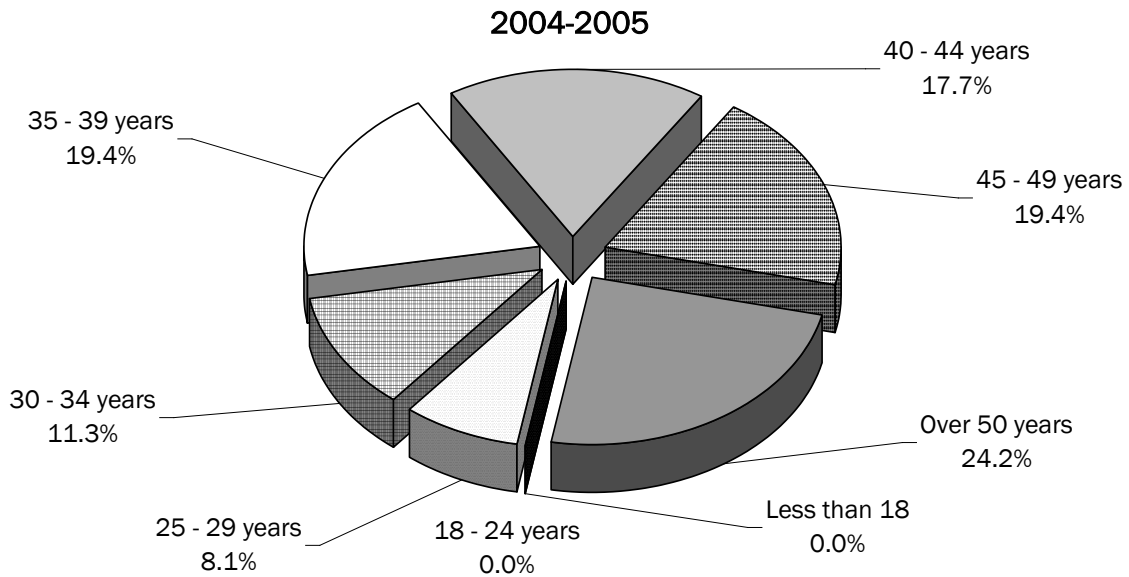


1990-2005



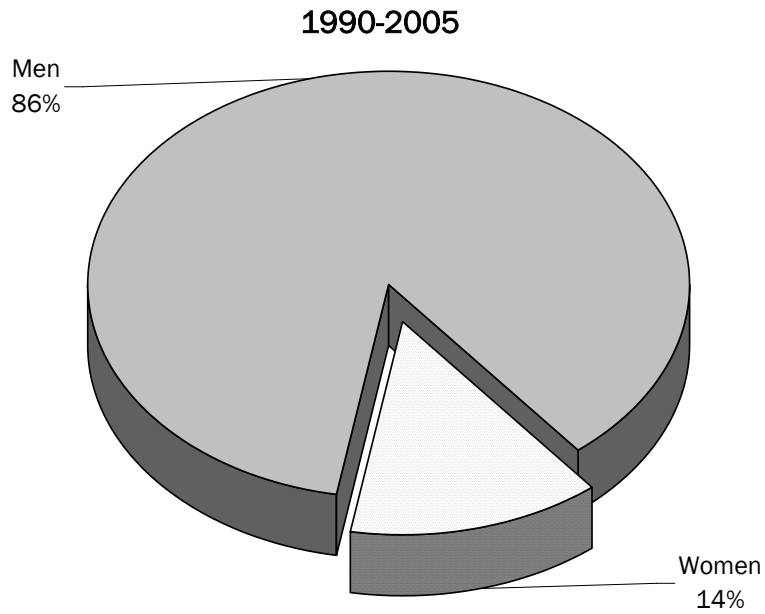
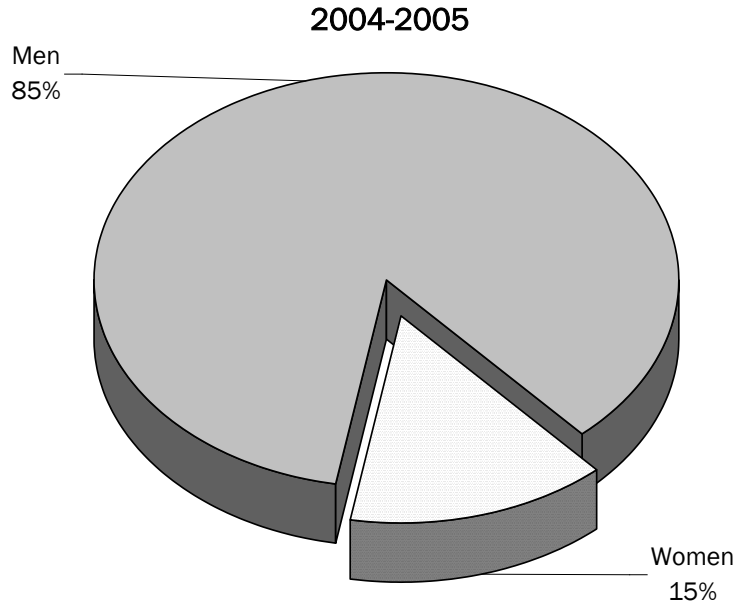
Age

	2004-2005	%	2003-2004	%	1990-2005	%
Less than 18	0	0.0%	0	0.0%	0	0.0%
18 - 24 years	0	0.0%	3	4.8%	6	1.2%
25 - 29 years	5	8.1%	0	0.0%	32	6.2%
30 - 34 years	7	11.3%	5	8.1%	74	14.3%
35 - 39 years	12	19.4%	14	22.6%	113	21.8%
40 - 44 years	11	17.7%	12	19.4%	123	23.7%
45 - 49 years	12	19.4%	11	17.7%	82	15.8%
Over 50 years	15	24.2%	17	27.4%	89	17.1%
Total	62		62		519	



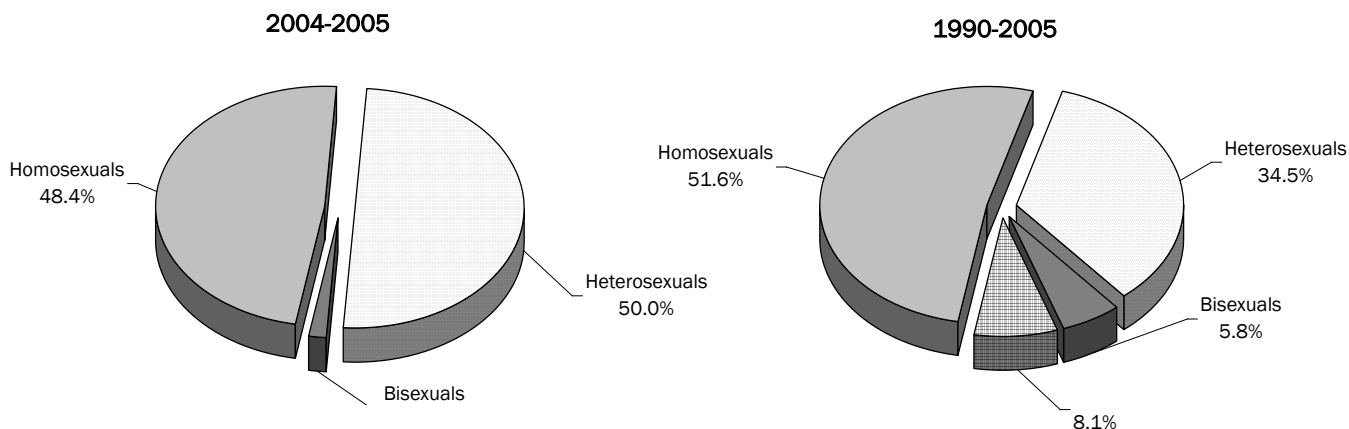
Gender

	2004-2005	%	2003-2004	%	1990-2005	%
Men	53	85.5%	50	80.6%	448	86.3%
Women	9	14.5%	12	19.4%	71	13.7%
Total	62		62		519	



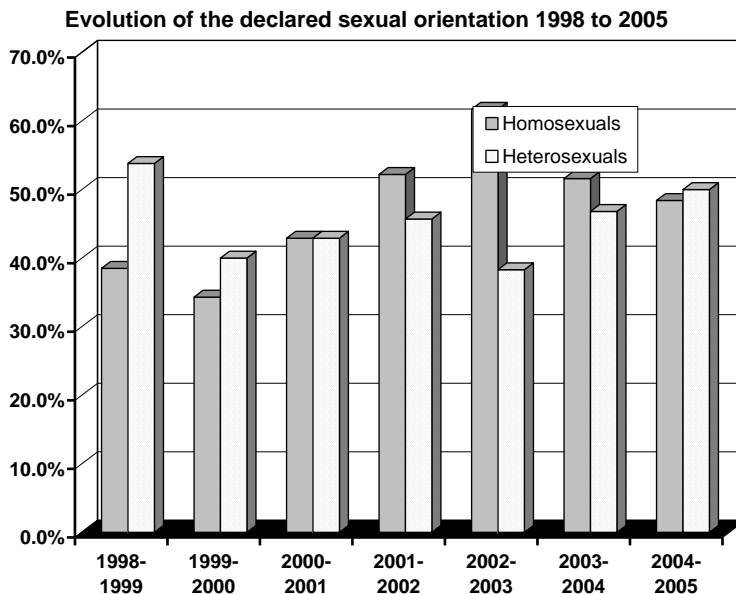
Declared sexual orientation

	2004-2005	%	2003-2004	%	1990-2005	%
Homosexuals	30	48.4%	32	51.6%	268	51.6%
Heterosexuals	31	50.0%	29	46.8%	179	34.5%
Bisexuals	1	1.6%	1	1.6%	30	5.8%
Unknown	0	0.0%	0	0.0%	42	8.1%
Total	62		62		519	



Evolution of the sexual orientation of residents in the past 7 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%
2004-2005	48.4%	50.0%



Source of referrals

	2004-2005	%	2003-2004	%	2002-2003	%
Hospital	48	77.4%	41	66.1%	35	74.5%
CLSC	6	9.7%	1	1.6%	5	10.6%
Penal institution	1	1.6%	0	0.0%	1	2.1%
Others	7	11.3%	20	32.3%	6	12.8%
Total	62		62		47	

Languages

	2004-2005	%	2003-2004	%	1990-2005	%
French	38	61.3%	39	62.9%	364	70.1%
English	10	16.1%	10	16.1%	69	13.3%
Creole	5	8.1%	6	9.7%	35	6.7%
Spanish	4	6.5%	1	1.6%	16	3.1%
Others	5	8.1%	6	9.7%	35	6.7%
Total	62		62		519	

Others : from 1990 to 2005, we welcomed persons whose first language was Greek, Romanian, German, Portuguese, Punjabi, Vietnamese, Arabic, Kinyarwanda and Setswana.

Financial resources upon admission

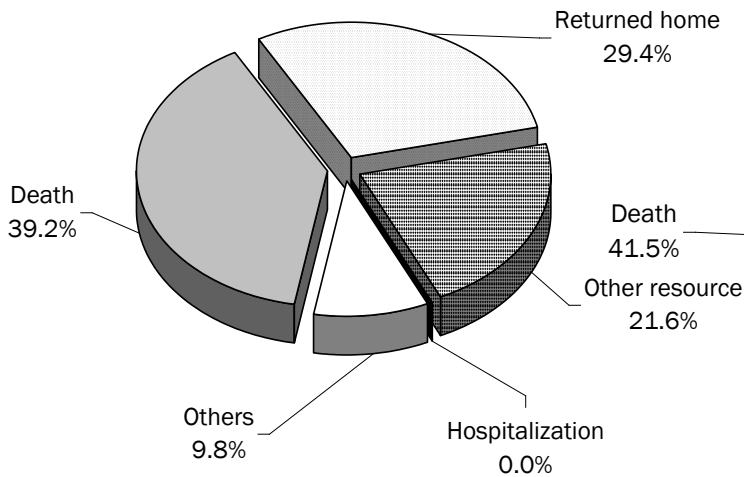
	2004-2005	%	2003-2004	%	1990-2005	%
Social security	44	71.0%	45	72.6%	342	65.9%
Salary insurance	7	11.3%	8	12.9%	77	14.8%
Quebec Pension Plan	2	3.2%	6	9.7%	36	6.9%
Employment insurance	9	14.5%	3	4.8%	24	4.6%
Workers' compensation	0	0.0%	0	0.0%	1	0.2%
RRSPs	0	0.0%	0	0.0%	2	0.4%
No revenu	0	0.0%	0	0.0%	12	2.3%
Undeclared	0	0.0%	0	0.0%	25	4.8%
Total	62		62		519	

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

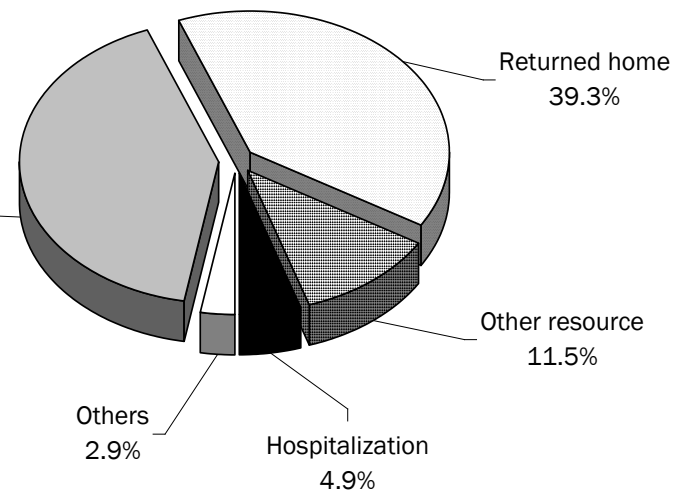
Reasons for departure

	2004-2005	%	2003-2004	%	1990-2005	%
Death	20	39.2%	11	22.4%	188	41.5%
Returned home	15	29.4%	25	51.0%	178	39.3%
Other resource	11	21.6%	5	10.2%	52	11.5%
Hospitalization	0	0.0%	2	4.1%	22	4.9%
Others	5	9.8%	6	12.2%	13	2.9%
Total	51		49		453	

2004-2005



1990-2005



Place of death

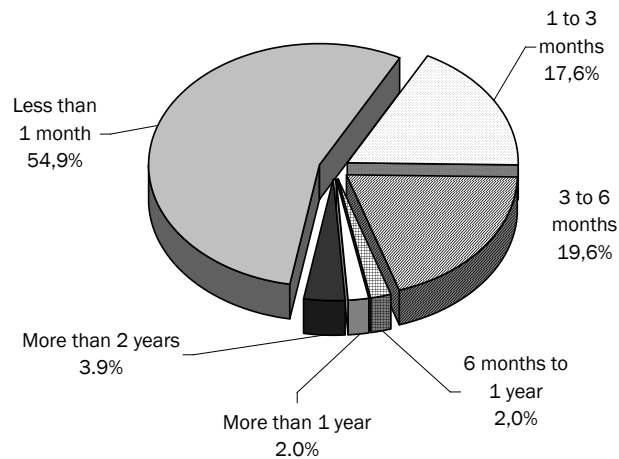
	2004-2005	%	2003-2004	%	1990-2004	%
Maison d'Hérelle	17	85.0%	9	81.8%	150	84.7%
Hospital	3	15.0%	2	18.2%	27	15.3%
Total	20		11		177	

The average age of persons who died during the 2004-2005 year was nearly 44 years old.

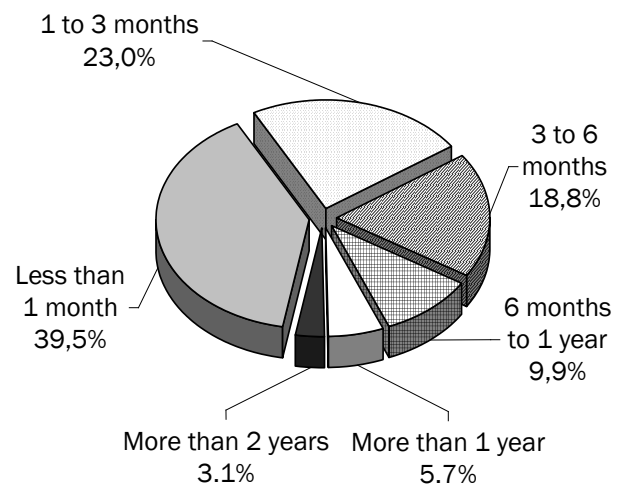
Length of stay

	2004-2005	%	2003-2004	%	1990-2005	%
Less than 1 month	28	54.9%	31	63.3%	179	39.5%
1 to 3 months	9	17.6%	6	12.2%	104	23.0%
3 to 6 months	10	19.6%	3	6.1%	85	18.8%
6 months to 1 year	1	2.0%	4	8.2%	45	9.9%
More than 1 year	1	2.0%	2	4.1%	26	5.7%
More than 2 years	2	3.9%	3	6.1%	14	3.1%
Total	51		49		453	

2004-2005



1990-2005



Average length of stay per program 2004-2005

Paliative care	4,5 mois
Transition	3,5 mois
Short-term care	9,5 jours

Associated disorders

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.

	2003-2004		2003-2004		2002-2003	
total number of residents	53	%	51	%	47	%
Candidosis	24	45.3%	23	45.1%	22	46.8%
Cryptococcosis	0	0.0%	1	2.0%	2	4.3%
Cytomegalovirus (C.M.V.)	7	13.2%	8	15.7%	9	19.1%
Dementia (cognitive)	17	32.1%	12	23.5%	9	19.1%
Depression	12	22.6%	15	29.4%	13	27.7%
Encephalopathy / leucoencephalopathy	13	24.5%	9	17.6%	11	23.4%
Hepatitis	21	39.6%	17	33.3%	14	29.8%
Herpes	9	17.0%	8	15.7%	10	21.3%
Recurring bacterial infection	0	0.0%	2	3.9%	4	8.5%
Lymphoma	6	11.3%	4	7.8%	2	4.3%
Mycobacteriosis (M.A.I. / M.A.C.)	7	13.2%	6	11.8%	5	10.6%
Paralysis	5	9.4%	9	17.6%	6	12.8%
P. carinii pneumonia	7	13.2%	7	13.7%	10	21.3%
Bacterial pneumonia	8	15.1%	9	17.6%	8	17.0%
Kaposi sarcoma	4	7.5%	1	2.0%	5	10.6%
HIV emaciation syndrome	15	28.3%	12	23.5%	18	38.3%
Drug addiction	21	39.6%	12	23.5%	5	10.6%
Toxoplasmosis	5	9.4%	4	7.8%	6	12.8%
Behavioral problems	4	7.5%	13	25.5%	4	8.5%
Mental health problems	6	11.3%	12	23.5%	7	14.9%
Pulmonary tuberculosis	3	5.7%	4	7.8%	2	4.3%
Zona	6	11.3%	9	17.6%	9	19.1%

We have also noted the following additional disorders during this 2004-2005 year:

HIV secondary anemia	13	24.5%	Lipodystrophy	11	20.8%
Cirrhosis	6	11.3%	Asthma	2	3.8%
Confusion	2	3.8%	Pancreatitis	2	3.8%
Diabetes	8	15.1%	Aphasia	4	7.5%
Chronic diarrhia	9	17.0%	Neuropathological pains	6	11.3%
Epilepsy	5	9.4%	Schizophrenia	3	5.7%
Renal insufficiency	2	3.8%	C. Difficile	2	3.8%

Dying of AIDS in 2005

By Michèle Blanchard, executive director

While the number of deaths attributed to AIDS has generally declined in Quebec, we note that at la Maison d'Hérelle, the numbers had remained roughly the same from one year to the next. However, during the course of the year that has just ended and which is the focus of this report, we noted nearly double the deaths from the previous year.

Inspired by the palliative care movement of the 80s, we need to adapt our approach in step with what it means to die of AIDS in this day in age.

The thoughts of the team throughout the year can be surmised as follows:

- Most persons die while still taking their antiretroviral medications, right to the very end. The end of life process varies significantly from what we had been accustomed to, whereas in the past, pain control was the primary focus.
- For many, the stay at la Maison d'Hérelle is brief before they die. Members of the team have less time to get to know the resident, get a clearer picture of their personal history, his or her habits, personal choices, needs, and also views on life and the meaning given to it.
- This short time to get acquainted is a challenge for us to create some ties and accompany the resident: these are our basic tools, to make as much room for communication and personal relations.
- Many persons we care for have lived very marginalized lives, often excluded and in poverty. Their daily habits push the team to the very edge of their personal relations, which were often achieved not by words but by trust, slowly, during daily tasks.
- This daily reality implies constant review of the framework, the rules and the control mechanisms of certain situations. For example, ensuring a presence for those who are very frightened of dying alone, as they have no loved ones to be with them. We are left helpless

when we encounter those who die the way they lived: angry, agitated, refusing the help that is offered and the care that they require.

- Many ethical questions return and are the main topics of our meetings. The issue of unrelenting medical treatment has namely surfaced. For some time now, the same questions surrounding the treatment of aging persons have been applied to people living with HIV-aids. Are we prepared to assume the consequences of “life at any cost and at any length”, when there is permanent loss of cognitive autonomy? This loss which make sufferers inept and incapable of judging their condition? Will we be called to build more long term care facilities, to welcome a younger clientele? How do we best support a policy of deinstitutionalization, of home care and of return to the community, in this context? How will we support loved ones who are attempting to care for their own, at the cost of their own health?

Despite these challenges, we are profoundly affected, even shocked, by the incredible results of the efforts by the members of the team at la Maison d’Hérelle. Some difficult life stories, which are difficult to imagine, force us to confront our preconceived ideas. We have had to acknowledge that life does not always end in an atmosphere of calm, serenity and reconciliation.

However, everyone has the right to die in dignity, surrounded by kind-heartedness and compassion. It is true, we are witness to some great distress, but we also benefit from the gifts which come with the patience and acknowledgement of another human being, in all its uniqueness.

In this upcoming year, this new aspect will be examined, by the team and by the Board of Directors. We have been invited to share our findings at various forums and symposiums, a process which will help us to best define our mission and the way to pursue it the future.

3. Some facts about housing

Admission requests

By Jean-Marc Meilleur, nurse

The evaluation process of the admission requests is handled by a committee composed of a nurse, a volunteer and a member of the staff. A few trainees have also participated, as observers, in some of the interviews. As much as possible, we try to include a resident in the evaluation meetings. The health of the residents we cared for this year did not allow this.

The main selection criteria upheld by the committee has remained the same: the main affliction of the future resident must be AIDS accompanied by a loss of physical and/or psychological autonomy.

Most of the admission requests received during the course of the year came from the hospitals (60) and in particular from the university health center. However, we did exchange with more than 12 hospitals in the Montreal region. Other admission requests came from CLSCs (7), the CHUM mobile team (6), penal institutions (3), people living at home (3) and other resources (4).

83 formal requests were presented to us. We received many more telephone requests for information. They were often from workers of the health network who wished to get information on vacancy and the workings of la Maison, the cost of housing, etc. The majority of these calls did not result in a formal admission request.

Amongst the requests, 38 were granted. The profile of the 45 persons we were able to care for is as follows: 31 suffered from a predominant HIV-aids affliction, the other 14 did not meet this admission criteria. Amongst those 31 who were admissible, 4 persons died in hospital before we were able to admit them.

A study of the all the admission requests allowed us to classify the following afflictions:

Severe depression	9
Drug addiction/alcoholism	33
Neuro-AIDS related afflictions	9
Mental health problems	9
HIV induced dementia	1
Personality disorders	11
Homelessness	17

Some of these persons were suffering from multiple afflictions.

Admission requests

	2004-2005		2003-2004	
Admissions	38	45,8%	33	48,5%
Admissions en attente	7	8,4%	0	0,0%
Décès avant l'admission	4	4,8%	2	2,9%
Admissions - autre ressource	14	16,9%	18	26,5%
Abandon de la demande	6	7,2%	4	5,9%
Demandes refusées	14	16,9%	6	8,8%
Admission en soins de longue durée	0	0,0%	5	7,4%
Total	83		68	

Return to the community : the post-care project

By Michèle Blanchard, executive director

This program is financed and supported by **Centraide** since the beginning.

For many persons living with HIV-aids, returning to live in the community is perceived to be an extremely difficult in not insurmountable challenge. Nearly 90 % of all resident admitted at la Maison d'Hérelle underwent a period of hospitalization. They are in a precarious situation in regards to their health and their objectives is to focus on regaining some ground and enjoy a few years of respite.

The challenges of returning to the community

To get back on their feet means to put forth some numerous efforts and to embark on a road that requires courage: following treatment schedules, seeking reduction of the side-effects of

medication, getting familiar with a balanced diet which favours the absorption of medications and weight increases, gaining better personal hygiene in order to maximize the chances of remaining healthy. These challenges are that much greater when a person has lived a marginalized life because of drug addiction or homelessness, or because they come from a cultural community where they suffer, additionally, from isolation and rejection. What's more, some are challenged with a permanent loss of autonomy, physical, psychological, or both.

The cultural communities

The particular situation of this part of the population must be mentioned: on top of living with the effect of HIV-aids, they must contend with all aspects surrounding their immigration status in Canada. In the last few years, we have supported more and more persons from various cultural communities in their approach toward various governmental agencies, in the hope of resolving their status and ensure the due process of their immigration requests. In this context, we enjoyed the precious and essential support of G.A.P.- V.I.E.S. (The action group for the prevention of transmission of HIV and the eradication of AIDS).

It is easy to understand that the notion of returning to live in the community and leave behind the backing, the security, the support, the follow-up of symptoms and the accompaniment which have contributed to the long expected climb back to health, raise concerns. Returning to live in an apartment is to achieve a goal, but it creates understandable apprehensions. For persons who know themselves to be fragile and fear a relapse, loneliness and isolation, the unknown, uncertain and unforeseen issues of HIV-aids can be menacing.

The approach

In the past 4 years, about sixty persons have returned to live in the community after a stay at la Maison d'Hérelle. Our post-care project has involved about 40 among them. The team of la Maison maintain contact with these, either formally or informally, by telephone or whenever a difficult situation arises. Persons registered with this program know that someone is available 24 hours a day to listen, organize an appointment or refer them an appropriate resource.

The main elements of day to day life noted by the post-care team are the following:

- Comply with treatments by respecting the complexity of the medication, despite the symptoms related to side-effects;
- Addiction habit which conflict with a stable health;
- The management of financial affairs;
- The upkeep and the organization of the apartment;
- The challenge of eating healthy on a social assistance budget;
- Facing reality in regards to plans to go back to work or school;
- The need to create some ties in order to create or expand a limited or inexistent support network.

Post care and the partnership with la Maison Plein Cœur

The project

La Maison Plein Cœur is a partner community organization in support of persons living in the community. One of their 8 studio apartments has been set aside for residents of la Maison d'Hérelle who's care program, consisting of measuring their level of autonomy and comfort in a new environment, have been attained. This year, 6 of our resident were able to successfully live this experience. The close ties between the care workers of our two organizations allowed a more precise evaluation of the needs of each participant, as well as a clearer idea of the required adjustments.

Results

We can state that the experience was very positive: none of the 6 persons who had access to the studio apartment of la Maison Plein Cœur were hospitalized since, nor were they readmitted at la Maison d'Hérelle et this, despite the fact that some of them were experiencing severe loss of autonomy.

The success rate of returns to the home or to supervised apartments, continuously surprises us. Whereas these are slow times for the development of social housing, our supervised apartments project, which includes 16 studio apartments, has never been more timely. A minimal amount of support in a secure, affordable and clean setting promotes the triumph over the challenges faced by a person living with HIV-aids in 2005, which were mentioned earlier. We are continuing our efforts to bring this project to bear.

4. Activities

Support of loved-ones

By Ghislaine Roy, care worker

services	persons	hours
Psychological support	82	1,089
Information on the progress of the illness	61	226
Advice on care	31	57
Legal/notarial support	31	60
Alternative approaches to health care	9	19
Meetings with physicians	3	13
Socio-economic assistance	52	110

Support for loved ones remains pertinent and important for the team of la Maison d'Hérelle despite the fact that in 2004-2005, half the residents were rather isolated, without a social network. A few however, could count at least one friend and nearly all of the other half of the residents enjoyed the presence of family and friends. It was a more or less adequate presence, depending on the situation.

Sometimes, loved ones don't know exactly how to get involved or are ill at ease in regards to this illness. It happens often, also, that they simply show up at the door, having no other choice but this call for help, because they are exhausted and that much more concerned.

A warm and family-like setting welcomes the residents and their loved ones. The relationship with the latter is established right away, upon admission. The support for loved ones is there to reassure by providing all the necessary information about the illness, the medications, the possible outcomes. We let these persons know that we are available, to help build trust and a maximum of well-being, a little more respite which will profit everybody and especially the residents themselves.

The loved ones of residents afflicted with neurological disorders which render them unable to take care of various aspects of their lives, often need someone to listen to them, to guide them and to inform them. Sometimes, complex family dynamics don't facilitate the different steps that need undertaking. My role is to be a link with all the aspects which surround the resident. I sometimes receive confidences which enable me to better understand the situation and help with the relationship with the other members of the team.

During the course of the year, the notary Éric Batiot continued to support the team and the loved ones of the residents with his precious legal counsel and expertise.

The quality of the people volunteering at la Maison d'Hérelle allow them to be a sometimes discreet but very appreciated presence for the loved ones and the families of the residents. They often provide precious respite.

All these assembled resources allow us to pursue our mission and contribute, we hope, to the well-being of the residents while always steering the course to what is essential: caring for life in all its features.

Volunteering

By Roland Lafrance, volunteering coordinator

Firstly, we could not talk about our year in volunteering without thanking Centraide, which has been supporting volunteering at la Maison d'Hérelle since its launch in 1990. Without this support, the team of volunteers could not have developed as it has and acquired the reputations it enjoys.

If the volunteers were in fewer number this year, the number of hours they put in at la Maison has increased by 23,2 %. Many reasons explain this fact. On the one hand, la Maison welcomed numerous student trainees, who's work was excellent. We should thank, namely, the young students from Concordia University (HIV/AIDS : Cultural, Social and Scientific Aspects of the Pandemic). Their continued presence and exceptional talents were appreciated in the

kitchen and in the care of residents. We need to mention the generosity and professionalism of the European nursing trainees.

The alternative approaches to health care sector benefited from the dedication of the volunteers, who devoted themselves to the residents. Their regular presence explains the spectacular increase in volunteering hours in this sector.

Worth noting is the fact that we are starting to profit from an accrued interest of seniors, who are joining our team of volunteers. These persons, often well educated and competent, have more time to give to volunteering than other volunteers who are still on the work force. The team of volunteers was able to count on the presence of these seniors, which explains the fact that more hours were logged by fewer volunteers in this sector.

It is important to note that regarding maintenance, all painting work is performed by volunteers. Many come regularly to assist in housekeeping.

The complicity of generous and fearless volunteers allowed a group of kitchen employees to share some holidays in the sun. The planning of this event took place several months before their departure date and the volunteers took up the challenge brilliantly. They took over the serving of meal and the responsibilities of the kitchen for one week. Even last year, certain volunteers were working in the kitchen one day a week, for several months.

Thanks to the efforts of a small team, an internal journal project was realized last August. It is a rallying tool that fosters links throughout all part of la Maison d'Hérelle : its residents, its staff and its volunteers. Each publication solicits great interest and discussions and recounts life in la Maison. Volunteers express themselves in it regularly. The support from Abbott Laboratories pays for the printing and assembly costs.

Despite all the positive aspects mentions here, we must mention some difficulties that were encountered by the volunteers in the care of residents, during the course of the year. If the volunteers assumed very well the challenges of helping a clientele afflicted with neurological and mental health disorders, it was often difficult for them to assume their rightful place in la Maison. With so many student trainees assigned to the care of residents, the volunteers were

sometimes relegated to a less satisfying accompanying role. Certain persons stopped volunteering or were often absent, due to a lack of motivation.

Despite these problems, the tendencies of the last 3 years that have shown that volunteers remain much longer with us, were maintained: (5 persons since 3 years, 7 since 2 years, 10 since 1 year and 11 for more than six months). This is no doubt the effect of feeling included, which makes volunteers declare that they feel welcome at la Maison d'Hérelle.

What challenges await us in 2005-2006 ?

- Firstly, establish the place of volunteers in la Maison. Needs are evolving from one year to the next and I believe it is time to constitute a committee bringing together staff members, volunteers and residents to decide together what orientation to give to the volunteering at la Maison d'Hérelle.
- Continue the publication of the internal journal which offers the opportunity to residents, staff members and volunteers to express themselves.<

I wish to close by thanking from the bottom of my heart those volunteers for their support and their presence at la Maison d'Hérelle, without forgetting the members of the Board of Directors and the staff members, who also all volunteer.

Statistics on volunteering

sector	persons	%	hours	%
Administration	7	1.6%	121	0.6%
Alternative approaches	7	1.6%	738	3.6%
Others	120	27.7%	1 459	7.1%
Board of Directors	9	2.1%	450	2.2%
Consultants	3	0.7%	130	0.6%
Kitchen	25	5.8%	2 865	13.9%
Intervention	36	8.3%	4 224	20.4%
Staff	106	24.5%	3 818	18.5%
Residents and loved ones	59	13.6%	924	4.5%
Student trainees	61	14.1%	5 929	28.7%
total	433		20 658	

Note : the sector identified as “others” include various types of volunteering such as maintenance, special projects, spontaneous collaborations, etc.

Sectors where volunteering occurs

- ▶ Administration : Board of Director; coordination; recruiting
- ▶ Assisting the care workers : general support, hygiene care, etc.
- ▶ Care taking and vigil
- ▶ Alternative approaches to health management : massotherapy, reiki, therapeutic touch, phytotherapy, aromatherapy, mediation, naturotherapy, homeopathy, etc.
- ▶ Assisting the care workers : general support, hygiene care, etc.
- ▶ Care taking and vigil
- ▶ Alternative approaches to health management : massotherapy, reiki, therapeutic touch, phytotherapy, aromatherapy, mediation, naturotherapy, homeopathy, etc.
- ▶ 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

By Judith Dendy, care worker

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.

This past year has been very stimulating in regards to complementary and alternative approaches to health care. We have had to maintain and improve this facet without the assistance of Carole Durand, naturopath consultant. At the beginning, it was somewhat worrisome for me, but after having reflected and meditated on my new responsibilities, I have come to the following conclusion: we needed to have at our disposal some tools to enable us to acquire some knowledge which we did not possess.

My research led me to recommend a subscription to a database, *The Natural Medicines Comprehensive Database*. This database is a precious and priceless tool where are categorized all the herbs, minerals and natural products imaginable, from every corner of the world. The undesirable effects as well as the possible interaction with medications are also explained.

The members of the team had access to this source of information and were able to perform some queries for their own personal use as well. A reference book is also at the disposal of subscribers and can be consulted at will. We were thus able to build a reference system on some 130 products and/or different problems. These references can be consulted by the team.

I wish to thank the members of the team for the enthusiasm and support they showed in experimentation and in using complementary approaches to health care. It is not always the easy way and the alternative care we dispense to the residents in order to try and increase their quality of life often take more time and require more effort on their part. I'm thinking of one particular resident who felt much pain in his lower limbs, because of skin legions. Changing 5 dressings, two to three times a day, required 30 minutes each time. Likewise, to massage the legs of another resident suffering from neuropathological aches, 2 or 3 times per shift, in order to reduce his pain and avoid having recourse to strong doses of pain killers, took some time.

The main problems for which the residents consulted us were:

Digestive problems:

- Nausea
- Vomiting
- Stomach pain
- Chronic constipation or diarrhoea

Skin problems :

- Psoriasis
- Herpes
- Eczema
- Dermatitis

Problems related to mental health :

- Anxiety
- Depression
- Panic attacks
- Insomnia

Pain:

- Neuromuscular
- Neuropathic
- Headaches
- Bones

Others:

- Hepatitis troubles
- Fungal infections
- Condyloms
- Wounds
- Œdemes
- Candidosis
- Warts
- Ulcers

In carefully checking with the doctors and pharmacists the possible interactions with the antiretroviral therapies, we attempt to alleviate these problems through the use of phytotherapy (dyes, infusions, creams), aromatherapy (therapeutic essential oils) and dietary supplements (vitamins and minerals, omega 3s, etc). Note that members of the team, volunteers and staff all make frequent use of complementary approaches and consult us for different problems.

The complementary and alternative approaches to health care include massage, reiki, shiatsu, therapeutic touch, Qi Gong, visualization, meditation, homeopathy, music therapy, art-therapy and zoo therapy.

We were able to count on a team of massotherapists trained by Marguerite Ronaldo, Emmanuelle Jordan and René Paquin, who's competence and availability were very much appreciated by the residents as well as all the members of the team. Some of them visited our residents who had been hospitalized and made their difficult stay in hospital a little easier. A few residents were followed for several months by Marie-Claude Tremblay, an osteopath trainee. These residents benefited from weekly treatments and the experience was clearly successful. Thank you to Andrée David who has offered, until very recently, some reiki treatments to residents, volunteers and members of the team alike.

Some fifty student trainees from various fields (nursing, social work, special education) familiarized themselves with alternatives approaches to health care, during their training, and developed an interest to use them in the future.

For several years now, the aspects of complementary approaches to health care have singled out la Maison d'Hérelle and our expertise in this field is well-known. Other housing resources, community organizations and individuals have heard about recipes we use successfully and have solicited our help. All these recipes have been documented and assembled in order to be published soon. We will then be able to share and transmit them. This project is dear to us this year.

Zona is an illness which afflicts many people who's immune system is weakened. Its characteristic is a localized eruption near a nervous system root. A tenacious pain similar to a burn pain precedes the eruption by a few hours. The following recipe helps reduce the pain caused by Zone lesions.

Products used :

Cinnamomum Camphora (Ravensara) essential oil
Lavandula Angustifolia essential oil
Calophyllum Inophyllum (vegetable oil)

Properties of these oils :

Cinnamomum Camphora (Ravensara) : antiviral, antibacterial, neurotonic
Lavandula Angustifolia : powerful antispasmodic, soothing, anti-inflammatory, antalgic
Calophyllum Inophyllum : scaring

Use :

Skin application

Prepare the following :

5 ml Cinnamomum Camphora (Ravensara) essential oil
5 ml Lavandula Angustifolia essential oil
15 ml Calophyllum Inophyllum (vegetable oil)
25 ml olive oil, first cold pressure
Apply this mix 4 to 5 times a day for 7 to 14 days

And simultaneously, orally

3 drops of Mentha Piperita (peppered mint) essential oil, diluted in ½ tea spoon of vegetable oil, 3 times daily for 7 to 14 days

Training received and offered by the staff

By Anne Véronneau, executive assistant

Training offered

International

The particular approach of la Maison d'Hérelle and its expertise, acquired after 15 years, makes it a much sought-after place for trainees. The 2004-2005 year was a hallmark for the number of residents welcomed and the partnerships with several teaching institutions. Internationally and regionally, we had a strong demand to contend with and the tendency seems to continue, as almost all the places available for this summer have been filled. We can affirm that la Maison d'Hérelle is now recognized internationally as a training resource with a unique approach.

European trainees were numerous gain this year: 16 nursing students were from France. The name of la Maison d'Hérelle circulates much amongst the various nursing institutions in France and more and more students solicit us to do their 2nd and 3rd year training, which vary from 4 to 8 weeks. Their choice is the result of personal research or the outcome of some enthusiastic colleagues who have kept a memorable souvenir of the training experience with us.

Some nursing students are referred by the SIDIEF (the international francophone association of nurses) but several contact us of their own accord. These students are highly motivated and the quality of their training is remarkable. They integrate our structure easily despite the fact that community work is often unsettling and very different from the framework they have been used to. The unique approach to the care of persons living with HIV-aids that has been developed at la Maison d'Hérelle, often causes tremendous re-assessment which we can see will influence the careers of these trainees.

We receive a yearly visit of a group of nursing students from Japan, accompanied by their interpreter, who wish to familiarize themselves with the care of persons afflicted with AIDS in a community context.

This year was marked with the beginning of close collaborations with several teaching institutions in the Montreal region. Lets mention first *l'École des métiers des Faubourgs de Montréal*, the *centre de formation Compétence 2000* and the *Institut de formation Santérégie* who have all established la Maison d'Hérelle as their primary training center for their auxiliary nursing students. Some 20 students from the *Health, Assistance and Nursing* program from these schools performed their training with us, which lasted 60 hours for each. We also welcomed 6 future orderlies from the *Centre 2000 de formation professionnelle* and the *Centre de formation Compétence 2000*.

A ramp-up period was required in order to ensure that collaborations would be harmonious and that everyone's interests were served. Presently, we can say that everything is going well, but we need to reflect on the organization of the workload and the consequences of having the nearly constant presence of numerous trainees offering care to the residents.

The collaboration with the *Cégep du Vieux Montréal* continues and we welcomed 2 special education students who were in the process of completing the 3rd year of their program. Finally, a social work student from l'UQAM was among us during the Fall trimester and Concordia University referred students taking a course in HIV-aids, wishing to get involved as volunteers with a resource caring for afflicted persons.

Trainees

sector	persons	hours
Special education	2	365
Social work	2	665
Nursing	21	2 576
Technical nursing	20	1 200
Orderly	6	525
total	51	5 331

The results of the study of our clientele suffering from loss of autonomy were presented on several occasions during the year. Firstly, on the invitation of *la COCQ-sida*, Michèle Blanchard explained to the members of the coalition this new reality being experienced in community housing. Then, the partners of the AIDS health network were brought up to date at the Jeanne-

Mance auditorium of the CHUM. Finally, during the course of one of its monthly meetings, the team of la Maison d'Hérelle were presented with the results of the study and the recommendations brought forth by its author, Louise Pilon.

Furthermore, in November 2004, Michèle Blanchard was asked to present a talk entitled "Dying With Dignity" at the Quebec forum of persons living with HIV or AIDS which was dubbed "Between Ourselves",

Training received

The permanent training of the team on the subject of HIV-related dementia and mental health continued throughout the year. Being that the workshop of Dr. Marie-Josée Brouillette, MD FRCPC, a psychiatrist at the thoracic institute of the McGill university health center, was available on video, several care workers were able to refresh their knowledge of the topic and apply these notions in their care of residents suffering from dementia. The format of the monthly reunions of the staff has been modified and now includes some time set aside for training. The following themes were discussed: HIV and human rights, the drug addicted clientele in community housing, ethics surrounding the history of certain residents.

During the course of the year, in accordance with the interests and needs of each, several care workers participated in training workshops. The nursing care workers participated in the 3rd symposium of nurses members of the national HIV-aids mentoring program entitled *The diversity of the clientele: challenges facing the HIV-aids nurse*.

Two of our care workers participated in a workshop offered by the day center of Ste-Anne Hospital, on the topic of end-of-life care. Others accepted an invitation from the info-treatment group of CPAVIH to attend a conference on complementary and alternative therapies. Finally, 4 members of the team, including the nurses, participated in a symposium on the clinical aspects of HIV infections, also organized by the national mentoring program.

Outside collaborations

We wish to mention the precious collaboration we were able to gain or pursue with the following organizations:

- ② The *Université de Montréal*, department of nursing ;
- ② Concordia University, for their students following the course *HIV/AIDS : Cultural, Social and Scientific Aspects of the Pandemic* ;
- ② The McGill University Health Centre (CUSM) : Montreal Children's Hospital, Royal Victoria Hospital, Thoracic Institute, Montreal General Hospital ;
- ② The Centre Hospitalier de l'Université de Montréal : Notre-Dame Pavilion, St-Luc, Pavilion, Hôtel-Dieu de Montréal Pavilion;
- ② Maisonneuve-Rosemont Hospital ;
- ② St-Mary's Hospital ;
- ② CLSC St-Louis-du-Parc, for the weekly visits from Dr. Peter Blusanovics ;
- ② CLSC du Plateau, for their care workers : nurses, social workers, physiotherapists and occupational therapists ;
- ② CLSC des Faubourgs for the assistance of their social workers ;
- ② The *École des Métiers des Faubourgs* ;
- ② The *Centre de formation Compétence 2000* ;
- ② The Santé Régie training institute ;
- ② The *Centre 2000 de Formation professionnelle* ;
- ② The *Secrétariat international des infirmières et infirmiers de l'espace francophone* (SIDIIEF) ;
- ② The team from the *Programme national de mentorat sur le VIH-sida* ;
- ② The UHRESS teams; the mobile team of the UHRESS-CHUM ;
- ② Hélène Morin, liaison nurse from the CHUM's Hôtel-Dieu ;
- ② The teams from the Quartier Latin and l'Actuel clinics ;
- ② The nurses from the Montreal Thoracic Institute and the CLSC du Plateau, for welcoming our French trainees for house calls ;
- ② The team from the Montreal Thoracic Institute and Dr Marie-Josée Brouillette, psychiatrist ;
- ② The Lucie-Bruneau rehab center;
- ② La Maison Plein Cœur ;

- ② La COCQ-sida and the pharmacy of the Montreal Thoracic Institute, for their emergency drug supply ;
- ② La Maison Plein Cœur, for their studio apartments and the support of our post housing project ;
- ② The CPAVIH ;
- ② GAP-VIES ;
- ② The Fondation d'Aide-directe-sida-Montréal, for their help in our return home program ;
- ② Moisson Montréal and Jeunesse au Soleil for their help in our return home program ;
- ② The COCQ-sida, for its support and public representation and for its work in reflection ;
- ② The Aids Housing Community Resources of Quebec ;
- ② 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 ;
- ② La Maison André Viger for the assistance of Rose-Hélène Truchon, medical equipment representative ;
- ② St-Louis-de-France parish and Father Alain Mongeau ;
- ② Isabelle Véronneau, graphic artist ;
- ② The Dorothée Minville and Danielle Desroches pharmacies ;
- ② The pastoral support of Robert Boivin ;
- ② The Volunteering Services of East Montreal ;
- ② The Volunteering Center of Montreal.

5. **Financial resources**

The main sources of finance of la Maison d'Hérelle remain the subsidies granted by the Quebec department of health and social services (67 %) (community organizations assistance program) and by Centraide (17 %). The residents contribute 9 % through the housing fees they pay and finally, the support of our generous donors accounts for 5 % of our budget.

The tendency brought to light in the study of persons suffering loss of autonomy has maintained itself. We cared for persons requiring much assistance and support, both physically and psychologically. The presence among us of numerous residents living with the permanent effects of HIV-aids and requiring the use of a wheelchair, let us to the following conclusion: it was necessary to adapt our environment in order to best increase the autonomy of these people and improved the conditions under which their care is proffered. The Farha Foundation responded favourably to our financial request for some 23 000 \$ to pay for the improvements, which will greatly improve the quality of life of the residents. The Foundation has also renewed the funding for housing support, which come to the assistance of residents who's financial situation makes it difficult to pay for the housing fees.

One event we need to mention and celebrate, for the vibrancy it generated : the creation of the internal journal. Thank you to Abbott Laboratories and to Marie Prévost who have helped us produce this communication tool thanks to a donation 2 500 \$.

Thank you to the swimmers of the À Contre-Courant swim club who's efforts once again, benefited la Maison d'Hérelle.

We wish to thank all our donors who continue to support from one year to another, and in particular :

Hazem Abouchacra

Pierre Antoniadès

Guy Auger Desgroseillers

Thérèse Beaudin

Denis Bergeron

Serge Blackburn

Jean-François Angers

Arc-Noir Gestion d'architecture Inc.

Francine Beaudin

Bell Canada

Yolande Biron

Jean-Pierre Boivin

John Bryant	Caisse populaire of Mont-Royal
James Cameron	Yves Carpentier
France Castel	Guy Chabbert
Frédéric Charbonneau	Diane Claveau
Club de natation À Contre-Courant	Crochetière, Pétrin, attorneys
Conway Daly	Luis de Cespedes
Suzanne Desjardins	Manon Deslandes
Michel Dessureault	Luc Durocher
Pierre Fauteux	BBCM Foundation
Farha Foundation	<i>Fontaine d'espoir</i> (Bank of Montreal)
Gestion GCD Inc.	Nina Gould
Maurice Grenier	Richard Guindon
Alain Hébert	St-Paul Hotel
Luc Jacques	Daniel Jean
K. Fukushima Academic exchange programs	Éric Laberge
Abbott Laboratories	Réal Labrie
Jean Lalande	Dominique Lampron
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L'Aubainerie Luc Croteau	Paul Legault
Outsiders Films Inc.	The Franciscans
<i>Les Petites Franciscaïnes de Marie</i>	Magnus Poirier
Juliette Mainville	Maison André Viger
Guy Marleau	Patrick Ouellet
Charles Papasoff	Paris Genève
Parti québécois (M. André Boulerice)	Lynda Peers
Francine Pellerin	Denis Pelletier
Dorothée Minville Pharmacy	Christine Régimbal
Robert & Fils	Roger Rondeau
Gabriel Rouette	Services comptables Pierre Auclair
Syndicat des employés de l'UQAM	Huguette Simard
Stéphane St-Hilaire	Michel St-Laurent
Yolande Tanguay	Valérie Tesnier
Claude Thuot	Jacqueline Verrette

Their contributions represent more than 54 000 \$ which has served to improved the quality of life of the residents of la Maison d'Hérelle.

6. Perspective for the future

During the course of the 2004-2005 year :

- ◆ Several events are planned to celebrate the 15th anniversary of la Maison.

- ◆ We will re-evaluate our mission and attempt to define the paths we need to take in order to better embrace the new challenges presented to us in the past three years.

- ◆ We will seek some funding to perform some major renovations and to stabilize the recurring financing of la Maison.

- ◆ We will continue our efforts to make the supervised apartments project a reality.

- ◆ We wish to actively get involved and feed the discussions which will lead to the health and social services reforms, by advocating the precious and indispensable role of community resources like ours.

7. ANNEXES

Members of the Board of Directors

Bill Nash	President Representing the business community
Jean Corriveau	Vice president
Me Bruno Grenier	Treasurer and Secretary of the Board Legal counsel
Jean Brien	Administrator - finances
Jacques Briand	Administrator Representative – hospitals
Édouard Pazzi	Representing the volunteers
Michel Bélec	Representing the residents
Daniel Vézina	Administrator – finances
Rolph Fernandes	Administrator
Michel Richard	Representing the employees
Michèle Blanchard	Executive director

Employees

The following employees were present during the 2004 - 2005 year:

Michèle Blanchard	Executive director
Anne Véronneau	Executive assistant
Roland Lafrance	Volunteering Coordinator
Madeleine Royer	Reception and administrative assistant
Pierre Auclair	Accounting (part time)
France Beauchamp	Cook and kitchen coordinator
Lyne Tessier	Cook
Roger Gagné	Cook (on call)
Myriam Van Male	Supervisor - maintenance
Reynald Mercier	Supervisor - maintenance
Diane Meilleur	Maintenance worker
André Sébastien Mercier	Assistant maintenance worker
Michel Richard	Care worker
Judith Dendy	Care worker
Jean-Marc Meilleur	Nurse
André Lortie	Care worker
Ghislaine Roy	Care worker
Élise Patenaude	Care worker
Caroline Belle	Care worker
Caroline Gagner	Care worker
Emmanuelle Doucet	Nurse and Care worker (on call)
Sylvie Cadotte	Care worker (on call)
Jérôme Wermeille	Care worker (on call)
Karl Whissel	Care worker (on call)
Jacinthe Hogue	Care worker (on call)
Yvan Gareau	Care worker (on call)
Alvaro Bravo	Care worker (on call)
Miguel Ruiz	Care worker (on call)
Nathalie Cormier	Care worker (on call)

Employees (continued)

Amélie Julien	Care worker (on call)
Marc-André Bernard	Care worker (on call)
Djamila Mechkour	Care worker (on call)

Trainees

Students

Astrid François	Social Work (Île de la Réunion)
Yves Gourde	Social Work
Karine Godin	Special education
Marie-Pierre Primeau	Special education
Élisabeth Tible	Nursing (France)
Hélène Beaumet	Nursing (France)
Audrey Jacquet	Nursing (France)
Véronique Rannou	Nursing (France)
Cyrielle Murier	Nursing (France)
Aurélie Mazabrard	Nursing (France)
Mireille Simard-Landry	Nursing (France)
Aurélie Pradel	Nursing (France)
Miriam El Mansouri	Nursing (France)
Dominique Roche	Nursing (France)
Aurélie Guérin	Nursing (France)
Aurore Ballu	Nursing (France)
Nathalie Dupuy	Nursing (France)
Hélène Orel	Nursing (France)
Guillaume Riffi	Nursing (France)
Florence Moreau	Nursing (France)
Marjorie Ménard	Nursing
Wendy Sherry	Nursing
Kim Crosbie	Nursing (British-Columbia)
Yannie Rock	Nursing

Trainees (continued)

Students

Geneviève Piètre	Nursing
José Gagnon	Technical nursing
Johanne Valcin	Technical nursing
Julie Ouellette	Technical nursing
Anick Lachapelle	Technical nursing
Édith Juteau	Technical nursing
Émilie Clément	Technical nursing
Nadia Joanne Exil	Technical nursing
Marie-Douce Filteau	Technical nursing
Bouchra Ferrahi	Technical nursing
Ibtissam Fanani	Technical nursing
France Breton	Technical nursing
Bryan Brother	Technical nursing
Karine Beaulé	Technical nursing
Sophie Tourville	Technical nursing
Karine Thomas	Technical nursing
Annick Berthelus	Technical nursing
Fatima Baskuin	Technical nursing
Annie Handssiold	Technical nursing
Murielle Audain	Technical nursing
Louise Lormestoir	Technical nursing
Ralph André	Orderly
Dominique Piere-André	Orderly
Jean-Lantil Jacquelin	Orderly
Maria Teresa Correia	Orderly
Djamila Mechkour	Orderly
Saran Kebe	Orderly

Testimonials

A volunteer

By Marly Parisi

Firstly, I would like to thank, from the bottom of my heart, all those who have welcomed me at la Maison d'Hérelle : the residents, the care workers, the volunteers, Roland (coordinator of volunteering) and Michèle Blanchard (executive director). Mon experience with the extraordinary people began on May 31st 2002.

I have always wanted to dedicate some of my time to offer some help and some love to people in need. However, I did not have a preference for one particular organization. During a discussion with Michel Arnold (executive director of the Farha Foundation), I mention my desire to do volunteer work. He then referred me to la Maison d'Hérelle and it was at that moment that my experience began.

Because of my job, I unfortunately cannot spend more time volunteering and participate more often in the exchange of energy and love which occurs at la Maison d'Hérelle. At the moment, I come for a half-day every 15 days and I participate in the special activities such as the dinners, the barbecues and other celebrations.

To mix with these dear brothers and friends, especially the residents, is a great lesson in life for me. To share in their pain, their suffering and their anguish leaves me convinced that we will never be alone. We will always have a friend ready to help us in the harshest moments.

From my point of view, we are all the same and we live on this planet where no one is perfect. Even from birth, we carry baggage which we will have to contend with in all the missions we will be undertake. Nobody, without a doubt, gets through life without experiencing anguishing moments. However, to accept them with distinction and courage is an ordeal which allows those who are ill to get beyond and try to enjoy some happiness. Now there is a great lesson in life!

It is through the gift of self that I have been able to progress spiritually, with the conviction that nothing really dies and that life carries on. The gift of self is greater than the simple gift of

something material. Love, of course, is present in my actions. The friendship, the sharing and the understanding I offer sincerely to the residents bring them comfort, but they bring me an unparalleled well-being.

May God bless us all by shedding light on our paths and by guiding our steps during our passage on this earth.

He who shares and gives unrelentingly, achieves the fullness of Love and reaches God in his inner self.

A care worker

By Judith Dendy

(Judith Dendy has worked at la Maison d'Hérelle for the past 13 years and coordinates the complementary approaches to health care)

What are the Alternative/Complementary Approaches (Alt/Comp App) to Medicine at Maison d'Hérelle in 2005?

After nearly fifteen years of caring, laughing, crying, and experiencing a countless number of emotions with the residents, volunteers, and my co-workers past and present, I want to say that the Alt/Comp App plays a very important role in the way we are at Maison d'Hérelle. From the minute you enter the house a sense of peace and acceptance touches you gently, possibly brought on by the light smell of incense or the tasty odours coming from the kitchen or the spiritual presence of men and women who have died peacefully or have moved on, back to the larger community after experiencing the Alt/Comp App to medicine offered here.

Massage is at the top of the list. People living with HIV/AIDS need to be touched more so than a person living with any other illness. You see, their bodies betrayed them by getting sick with this virus through the action of touch, either the use of a needle or the intimate touch of a human being. So in exchange very often touch is removed from their lives. Many stop having intimate relations for fear of contamination or fear of rejection once the person knows. Receiving a massage helps a person get in touch with their body. Aside from getting in touch with their body, they experience the warmth generated through the oil or cream applied to a sore spot and the warmth and acceptance of the person giving the massage who is nonverbally saying, "I am not afraid to touch you, as a matter of fact, it is a pleasure to bring you relief". I also include Therapeutic Touch, Shiatsu, Reiki, and Qi Gong, Vitamins, Minerals, Essential Oils, Herbs, creams and tinctures as well as Music therapy, Zoo therapy, Aromatherapy, Arts & Crafts, Meditation, Visualization, and Laughter therapy (we do a lot of it) makes up the Alternative/Complimentary Approaches to Medicine being utilized at Maison d'Hérelle.

In conclusion, d'Hérelle challenges my spirit daily to respond honestly, lovingly and respectfully to a diverse multicultural group of individuals. I feel very privileged and gifted by the experiences shared with the residents. They have taught me and are still teaching me about life, pain, sorrow, love, courage, acceptance, and peace to name but a few of life's experiences. Thank you to everyone involved in the life at d'Hérelle. What an adventure!

A trainee

By Guillaume Riffi

Dear Maison d'Hérelle,

I wanted to thank you for your welcome and support, which are incomparable ; for your residents who are so nice and tolerant of my superb French accent. I want to thank also the people who manage you and ensure your evolution and who managed to make my own ideas evolve, about my future career and what I will do with it.

You were for me a rejuvenating experience that reinitiated me to my training. I wanted also to wish you a good continuation, a long life and a happy anniversary. Thank you for everything.

(postcard received from Mayenne, France, where Guillaume studies to become a nurse)

