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Word from the president

Every year, when the time comes to offer my comments, I always wonder where to start. Sometimes, the task is easy, as there are so many nice things to say concerning Maison d'Hérelle and the people who give it vibrancy. This year, I have come to the conclusion that merely to summarize the main events in less than a page is simply impossible. Fortunately, my friends and colleagues have done it for me by preparing this annual report. I invite you to read it carefully and you will understand.

This year, I was able to observe what a motivated and determined team can accomplish when acting with a will. For many, the reaction when faced with a major problem such as the structural failure of our main building would be to toll the knell, when faced with an insurmountable obstacle. For other groups maybe, but not for the Maison d'Hérelle team.

How did they react? By creating a plan of action well considered and financially feasible. So we move forward! It was really great to watch.

This year, we have held Board meetings jointly with employees, volunteers and, of course, our residents, who were asked to contribute to our deliberations. It was an onslaught of ideas and of solutions. Thus, we have circumscribed our objectives and established a plan of action together, in a spirit of constructive and open dialogue. The reader will find the results in this document. With pride, I defer to those who are the true architects of Maison d'Hérelle's future.

I wish to express my deepest gratitude to the members of the Board of Directors and management as well as to our invaluable employees and volunteers for their outstanding work during the past year. To the reader, let us meet again next year to examine the next chapter of the adventures of Maison d'Hérelle.

William Nash, ASC, Adm.A.

President¹

¹ As president and administrator, my responsibility is to ensure that the organization benefits from sound governance.

Word from the Executive Director

What a year!!!

The content of this activity report bears no resemblance to those of previous years. There have been so many challenges at Maison d'Hérelle faced by so many with vigour and dedication. I am now convinced that it is truly during these troublesome and destabilizing moments that we are drawn to essential matters, and furthermore, it is during these times that we recognize our friends!

The most important element of this past year has definitely been to pursue our mission in spite of major architectural problems! How to remain on track when a wall is about to crumble? In these dire circumstances, I discovered a team of employees and volunteers that was ready, willing and able to shoulder the responsibilities and forge ahead; a dedicated Board of Directors led by a very capable president; a highly professional management team and residents who never cease to amaze me by their determination and ability to adapt.

This urgent situation did not deter the team from doing their job, and furthermore, from seizing this opportunity to demonstrate an admirable potential for creativity. Also, during these trials, we reaped the benefits of untold years of collaboration from and support of our partners.

This report is also coloured by events such as the opening of the satellite apartment for semi-autonomous people in Côte-Des-Neiges, the work begun on the 15 studios on Ste-Catherine Street and the architectural repairs at Maison d'Hérelle.

Can it be said that when a wall collapses, there is such openness that the impossible becomes possible?

The Chapter "The Present Situation" introduces the reader of this document to the details of the events and developments which put in perspective the other activities of Maison d'Hérelle.

I wish to take this opportunity to express my gratitude to each and every one of you for your living example of solidarity and unending devotion! Thanks to Roland Lafrance who this year left the position of Volunteer Coordinator to seek other challenges, and to Marc-André Bernard for taking his place in an interim capacity. Thanks to Bill Nash, President of our Board of Directors, for his particularly demanding role this year and all of you who work discretely in the shadows, who are dedicated to Maison d'Hérelle and who do not go unseen in my appreciation. .

Michèle Blanchard
Executive Director

Our Mission

La Corporation Félix-Hubert d'Hérelle² is a non-profit organization pursuing its mission since its creation in 1989.

Created through the initiative of the Quebec Ministry of Health and Social Services, the City of Montreal and Centraide, Maison d'Hérelle is a community home for people living with HIV/AIDS, experiencing loss of autonomy. Since its expansion in 1996, it has the capacity to have 17 residents at any given time.

May be admitted to Maison d'Hérelle anyone living with HIV/AIDS, who is experiencing loss of physical and/or psychological autonomy, and requires housing and support (palliative care, transition, convalescence or rest) can be admitted to Maison d'Hérelle, and this, without discrimination. The primary reason must however be directly related to HIV/AIDS.

The admission requests are evaluated by an internal committee composed of two care workers, a volunteer and a resident. Upon reception of an admission request, a visit is arranged to meet the person and evaluate the person's needs.

Criteria for admission

To be unable, alone or with the assistance of friends and relatives, to fulfill his needs and to live normally, whether for an indeterminate period or not, and this, inasmuch as the primary reason is related to HIV/AIDS, or to symptoms associated with the illness.

A person may also be admitted for end of life care, for a period of transition (convalescence, health stabilization), or for respite care.

The monthly financial contribution of \$550 covers housing, meals and services.

² Félix-Hubert d'Hérelle was a microbiologist born in Montreal on April 25th 1873. After completing his studies in medicine in France, he held research positions in some ten countries. It was during the course of his tenure at the Pasteur Institute in Paris that he discovered in 1918 the phenomenon of bacteriophage. A bacteriophage 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.

Objectives

- Offer adapted community housing to people 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 the loved ones,
- Ensure post-departure assistance.

1. Present situation

To better understand the succeeding chapters of our activity report, the following is a description of the particular context that existed during the current year. It could be entitled « *A wall collapses, two others are erected* » or again, « *Year of construction and development* ». In fact, circumstances brought about growth and positive results, even if some aspects of the situation remain worrisome and unsettling.

To begin with, in September 2006, an alarming situation developed: structural problems related to our building forced us to **relocate 6 residents**. Our Board of Directors sought the advice of Alain Mousseau, engineer and Jacques Coulloudon, architect, who explained that major works would have to be undertaken due to the possibility that the wall facing St-Hubert Street was in danger of collapsing and that remedial action would require that foundation piles be put in place. Estimated cost of the work: **\$400,000!**

The first step was to find suitable housing for the six people occupying the rooms that had to be evacuated. With the support of and in solidarity with other HIV/AIDS community homes in the Montreal area, and the help of the Health and Social Services Agency of Montreal, each person was relocated into an appropriate community home. We continued to provide external support to our residents.

Secondly, we had to evaluate the impact of costs related to the repairs and begin the search for financing. The members of the Board of Directors undertook to negotiate with our financial institution and with various lenders. This process was carried out over several months.

However, this period of work and negotiations was fruitful in other aspects. **The construction project of a 15 studios building was undertaken** with subsidies from municipal and federal programs, respectively « Accès Logis » and IPAC. Therefore, with the technical support of Atelier habitation Montréal, a technical resources group, this construction began in the Mercier-Hochelaga-Maisonneuve district. This is a project valued at \$2,000,000 and the opening is scheduled during the winter of 2007.

At Maison d'Hérelle, the demolition of the front wall did not our services on the premises with a reduced number of residents. However, moving will be necessary for the implementation of future works. Faced with this difficult situation, and having been informed of the availability of a 6 bedroom apartment in Côte-des-Neiges, 5 other residents proposed to the Board of Directors that a “**satellite apartment**” be used to accommodate those people who are in better health but still require a form of assistance within a framework more favourable to their autonomy.

This project received the approval of the Board of Directors and became a reality in a movement of creativity and initiative that we are pleased to recall. Following a collective mobilization of residents, volunteers and staff, the satellite apartment received its first tenants on February 1st 2007. Due to a generous grant from the André Gauthier Foundation, the premises were furnished and organized by the team care workers and volunteers. Thus, it is possible for the tenants to live within the community while receiving close supervision from the care workers of Maison d'Hérelle and from the Côte-des-Neiges CLSC, partners from the outset. Hence freeing up rooms to accommodate people on our waiting list.

Here is a brief summary of the vicissitudes of the year 2006-2007, adventures at the same time destabilizing and creative that brought to bear efforts from all, members of the Board, care workers, volunteers and especially the residents who again demonstrated courage and adaptability.

We end the financial year 2006-2007 on a new financial basis with the confirmation of mortgage financing for the architectural repairs. Work has begun and the Health and Social Services Agency of Montreal has undertaken to provide financial support for moving and temporary relocation during the work of driving the piles. Furthermore, we will now be in a position to offer housing according to the needs of people referred to Maison d'Hérelle, namely:

- 17 places on Saint-Hubert Street
- 6 rooms at the satellite apartment in Côte-des-Neiges
- 15 studios on Sainte-Catherine Street, and
- 35 people are also being assisted in post residency.

Total assistance: 73 people.

In conclusion, the present situation is favourable and impressive; furthermore, the team of employees, volunteers and residents is well motivated to participate positively in the ongoing changes.

As has been so well expressed by our president Bill Nash: “All is possible”.

2. Profile of the clientele

Evolution

By Anne Véronneau, managerial assistant

The data collected from the clientele of Maison d'Hérelle during the year 2006-2007 can be summarized in the following pages.

Number of residents and type of care

Since the opening of Maison d'Hérelle in 1990, we have welcomed 610 residents. The past year was particular in that some events affected our care facilities. During 2006-2007, 36 residents were cared for at Maison d'Hérelle. Of those, 2 persons were admitted twice for periods of transition and rest. 7 persons were admitted for periods of palliative care and 22 for a period of transition. For 2 of the latter, the transition culminated in their death. Also, 7 persons were admitted for a period of respite.

In May 2007, the residence started its 17th year of operation. Over the course of time, the property on St-Hubert Street deteriorated and important structural repairs were required. In October 2006, we had to close 6 beds and refer those residents to other resources within the AIDS network.

Nevertheless, the past year has been important in the evolution of our resource. In fact, while continuing to be present to the needs of people afflicted with HIV/AIDS, Maison d'Hérelle has broken new ground by adding a new type of transition for the residents whose state of health has greatly improved but who still require supervision and assistance of our team. Since February 2007, a satellite apartment located in the Côte-des-Neiges district can accommodate 6 people. To date, this innovation has proven to be interesting and very positive for the residents concerned. This apartment represents a further opportunity for people afflicted with permanent physical limitations left by HIV/AIDS and requiring long term care.

Age of admission

The average age is 47 years, slightly higher than last year, a trend that started in the past few years continues. In 2006-2007, 19 residents were over age 45. Nevertheless, a summary of statistics appearing from the COCQ-Sida Internet site shows that « the average age of diagnosed cases is 41.5 years...”

Gender

As is always the case, we have admitted more men than women.

Sexual orientation

As has been observed since the beginning of the years 2000, the proportion of residents of homosexual orientation is comparable to those of heterosexual orientation. This tendency is constant (see the profile and graphics on page 17). However, according to the *Profile of infections transmitted sexually and by blood (ITSS) in Quebec, year 2005 (and projections 2006)* “We notice a slight increase of new cases of HIV infection in people designated as HARSAH³... »

Reason for departure

During the year 2006-2007, 7 persons died during their stay, one of whom died in the hospital following an accident. Some hospitalized people requesting admission to Maison d’Hérelle in the final stages of life could not be admitted due to the closing of beds in October.

9 persons left to go back to living in an apartment. One person was referred to another resource due to a particular problem. Among the 12 persons who left the residence for “other” reasons, we have separated the statistics for those who were relocated because of the closing of beds (6) and the 5 residents who began a new experience at the satellite apartment. One person was requested to leave for reasons of security.

³ HARSAH : Men having sexual relations with other men.

We are aware of a great need for transitional resources in order to free up room in the care residences that is required by people with more important needs or people dying. We are very enthusiastic about the coming year in the light of our capacity to offer two new resources to people who have achieved the objective of their stay at Maison d’Hérelle: the satellite apartment and the studios at affordable rates being constructed in the Hochelaga-Maisonneuve district. These projects equally involve our partners within the network and new links are created with the CLSC.

Our close collaboration with the Maison Plein Cœur is ongoing and provides the opportunity for us to improve our means and assist the reinsertion into the community of people leaving our resource.

It should be noted that several of our former residents are now involved as volunteers or in assisting their peers. Maison d’Hérelle remains for them an anchorage which favours dialogue, where they may be heard and receive support.

Despite the many disruptions that have affected daily life and the length of stay of several people, Maison d’Hérelle remains a base, a constant resource around which gravitate those to whom we have brought assistance.

Number of deaths

During the year 2006-2007, 7 persons died during their stay at Maison d’Hérelle. The average age of the deceased was 46 years. One of these people died shortly after having been admitted to hospital following an accident. It must again be noted that we had to restrict the admission of people more seriously ill because of the state of the premises and the required imminent repairs.

Occupancy rate

Palliative care and transition

Short term care

Number of days of occupancy	3 878	Number of days of occupancy	188
Total capacity (17 beds X 365 days)	6 205	Total capacity (1 bed X 365 days)	365
Occupation percentage	62,5%	Occupation percentage	51,5%

The lower occupancy rate at the level of palliative care and transition is due to the fact that we had to close 6 beds in October 2006 for security reasons. Important architectural repairs must be carried out this year on the building itself. The opening of the satellite apartment provided an opportunity to those people who were ready to further increase their autonomy, to undertake such an experiment, thereby liberating facilities for more fragile people requiring care.

Associated disorders

As was the case last year, an important number of residents admitted suffering from candidosis (infection with a fungus of the genus *Candida*): 28 (29, 2005-2006). It should also be noted that many residents (18) were afflicted by drug addiction. During the years 96-97, people with drug addictions were starting tri-therapy. We well remember our learning process in receiving these people who required close supervision and objectives focused on their health. At present, we admit such people within a different context, often for palliative care, and the addiction is considered of lesser importance.

We accompany the same proportion of people affected by dementia associated with HIV: 13 (18, 2005-2006). During recent years, our experience holds that many people among these succeed in achieving relative stability and sufficient autonomy to allow them to function with little help. The team at Maison d'Hérelle can count on the invaluable collaboration of Dr. Marie-Josée Brouillette, psychiatrist at the Thoracic Institute of the McGill University Health Center, for a better comprehension of this and other mental health problems.

Hepatitis is an illness that affects a large number of people living with HIV/AIDS: 14 (19, 2005-2006). 12 of 14 recorded cases dealt with hepatitis C. « At present, most of the infections are related to the use of drugs by injection (UDI). Two-thirds of Quebec cases of UDI are infected by hepatitis C... »⁴

⁴ Profile of sexually transmitted infections and by blood (ITSS) in Quebec, year 2005 (and projections for 2006, Quebec Health and Social Services, Quebec Government, 2006.

There has been much talk in the media of infections caused by resistance to bacteria such as SARM (staphylococcus aureus resisting methicilline). 3 persons admitted after a stay in hospital were infected with SARM.

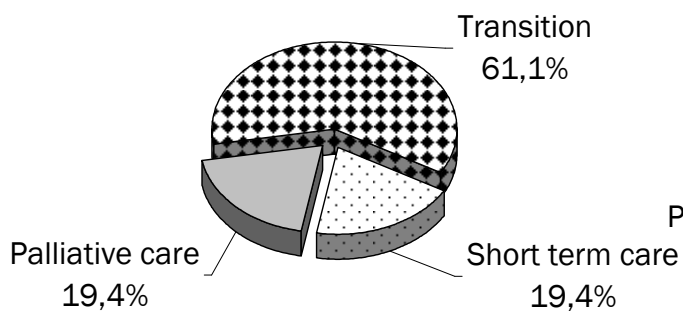
HIV secondary anaemia affected 11 admitted residents (13, 2005-2006) and 5 (4, 2005-2006) people suffered from kidney failure often following antiretroviral therapies. 8 persons were afflicted with a form of cancer: lymphoma (4), other forms (4).

Residents profile

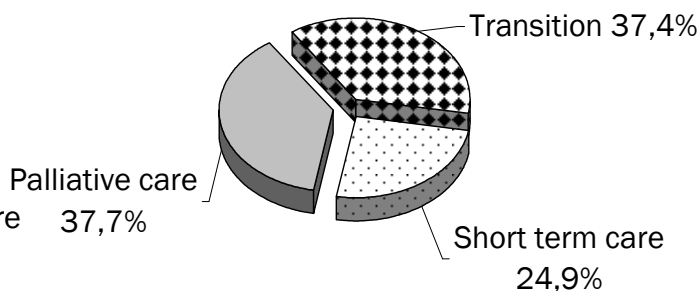
Type of care

	2006-2007	%	2005-2006	%	1990-2007	%
Palliative care	7	19,4%	11	20,0%	230	37,7%
Transition	22	61,1%	32	58,2%	228	37,4%
Short term care	7	19,4%	12	21,8%	152	24,9%
Total	36		55		610	

2006-2007



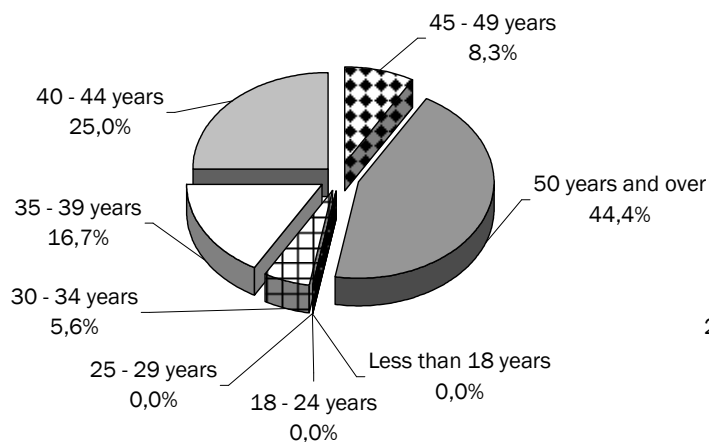
1990-2007



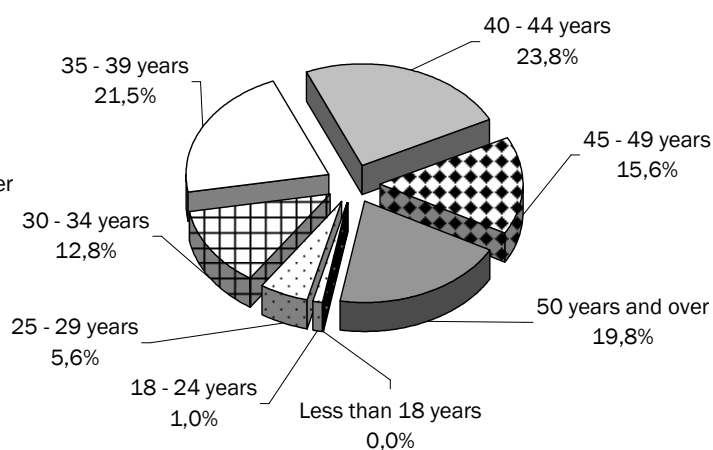
Age

	2006-2007	%	2005-2006	%	1990-2007	%
Less than 18 years	0	0,0%	0	0,0%	0	0,0%
18 - 24 years	0	0,0%	0	0,0%	6	1,0%
25 - 29 years	0	0,0%	2	3,6%	34	5,6%
30 - 34 years	2	5,6%	2	3,6%	78	12,8%
35 - 39 years	6	16,7%	12	21,8%	131	21,5%
40 - 44 years	9	25,0%	13	23,6%	145	23,8%
45 - 49 years	3	8,3%	10	18,2%	95	15,6%
50 years and over	16	44,4%	16	29,1%	121	19,8%
Total	36		55		610	

2006-2007

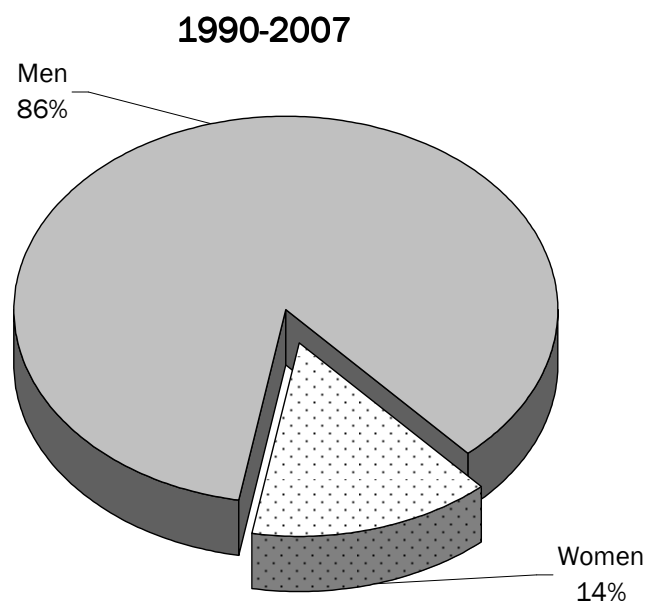
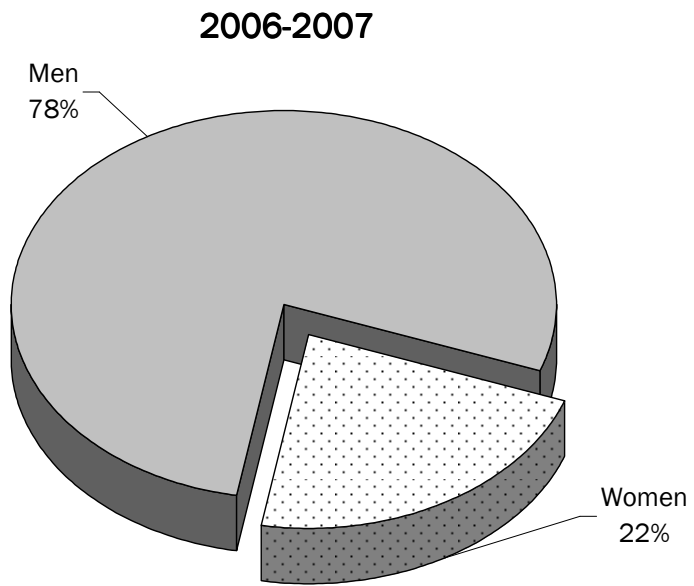


1990-2007



Gender

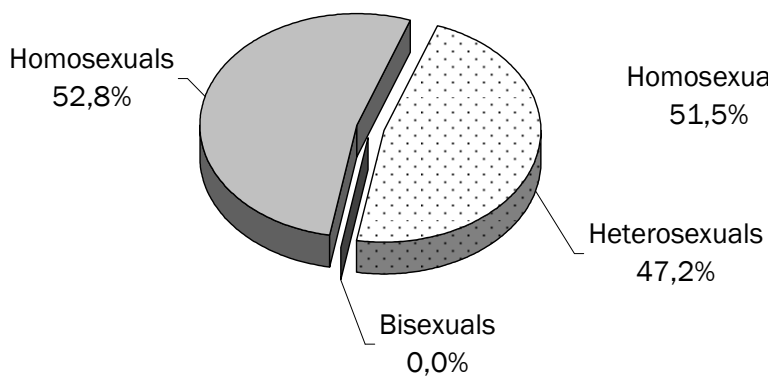
	2006-2007	%	2005-2006	%	1990-2007	%
Men	28	77,8%	46	83,6%	522	85,6%
Women	8	22,2%	9	16,4%	88	14,4%
Total	36		55		610	



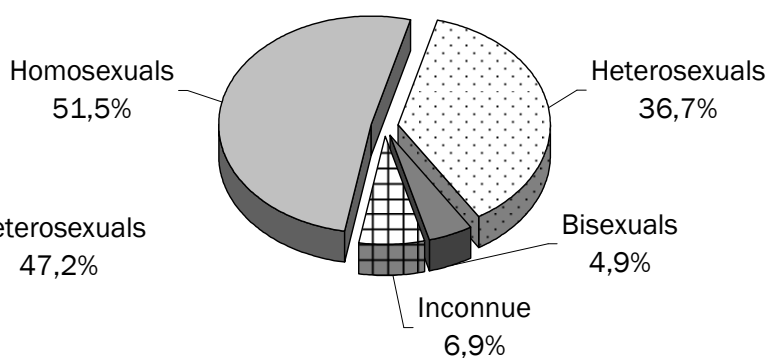
Declared sexual orientation

	2006-2007	%	2005-2006	%	1990-2007	%
Homosexuals	19	52,8%	27	49,1%	314	51,5%
Heterosexuals	17	47,2%	28	50,9%	224	36,7%
Bisexuals	0	0,0%	0	0,0%	30	4,9%
Unknown	0	0,0%	0	0,0%	42	6,9%
Total	36		55		610	

2006-2007



1990-2007



Source of the referral

	2006-2007	%	2005-2006	%	2004-2005	%
Hospital	27	75,0%	36	65,5%	48	77,4%
CLSC	3	8,3%	4	7,3%	6	9,7%
Penal institutions	0	0,0%	2	3,6%	1	1,6%
Others	6	16,7%	13	23,6%	7	11,3%
Total	36		55		62	

Mother tongue

	2006-2007	%	2005-2006	%	1990-2007	%
French	25	69,4%	40	72,7%	429	70,3%
English	4	11,1%	4	7,3%	77	12,6%
Creole	5	13,9%	6	10,9%	46	7,5%
Spanish	1	2,8%	3	5,5%	20	3,3%
Others	1	2,8%	2	3,6%	38	6,2%
Total	36		55		610	

Others: from 1990 to 2007 we have accommodated people whose mother tongue was Greek, Romanian, German, Portuguese, Punjabi, Vietnamese, Arabic, Italian, Kinyarwanda and Setswana.

Financial resources when admitted

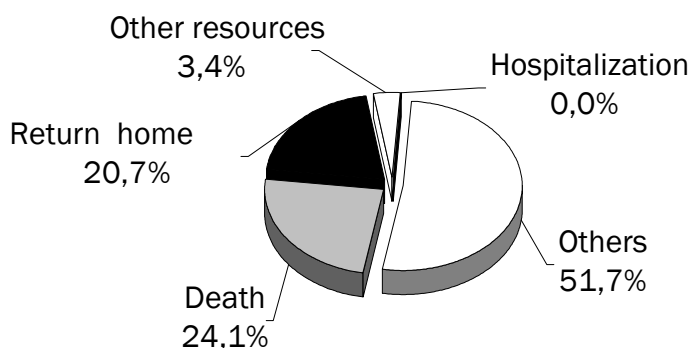
	2006-2007	%	2005-2006	%	1990-2007	%
Employment Insurance	29	80,6%	43	78,2%	414	67,9%
Salary Insurance	0	0,0%	3	5,5%	80	13,1%
R.R.Q. (Quebec pension fund)	6	16,7%	2	3,6%	44	7,2%
Quebec Employment Insurance	1	2,8%	5	9,1%	30	4,9%
C.S.S.T.	0	0,0%	1	1,8%	2	0,3%
R.R.S.P.	0	0,0%	0	0,0%	2	0,3%
Without revenue	0	0,0%	1	1,8%	13	2,1%
Unknown	0	0,0%	0	0,0%	25	4,1%
Total	36		55		610	

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

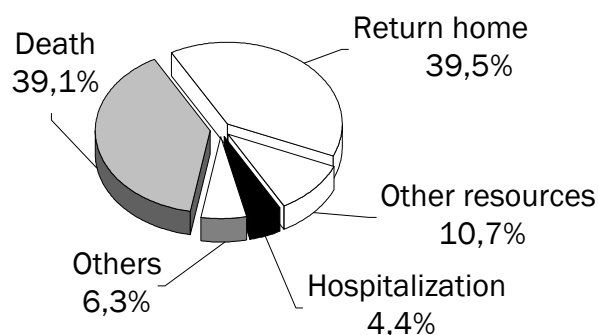
Reason for departure

	2006-2007	%	2005-2006	%	1990-2007	%
Death	7	24,1%	9	22,5%	204	39,1%
Return home	6	20,7%	22	55,0%	206	39,5%
Other resources	1	3,4%	3	7,5%	56	10,7%
Hospitalization	0	0,0%	1	2,5%	23	4,4%
Others	15	51,7%	5	12,5%	33	6,3%
Total	29		40		522	

2006-2007



1990-2007



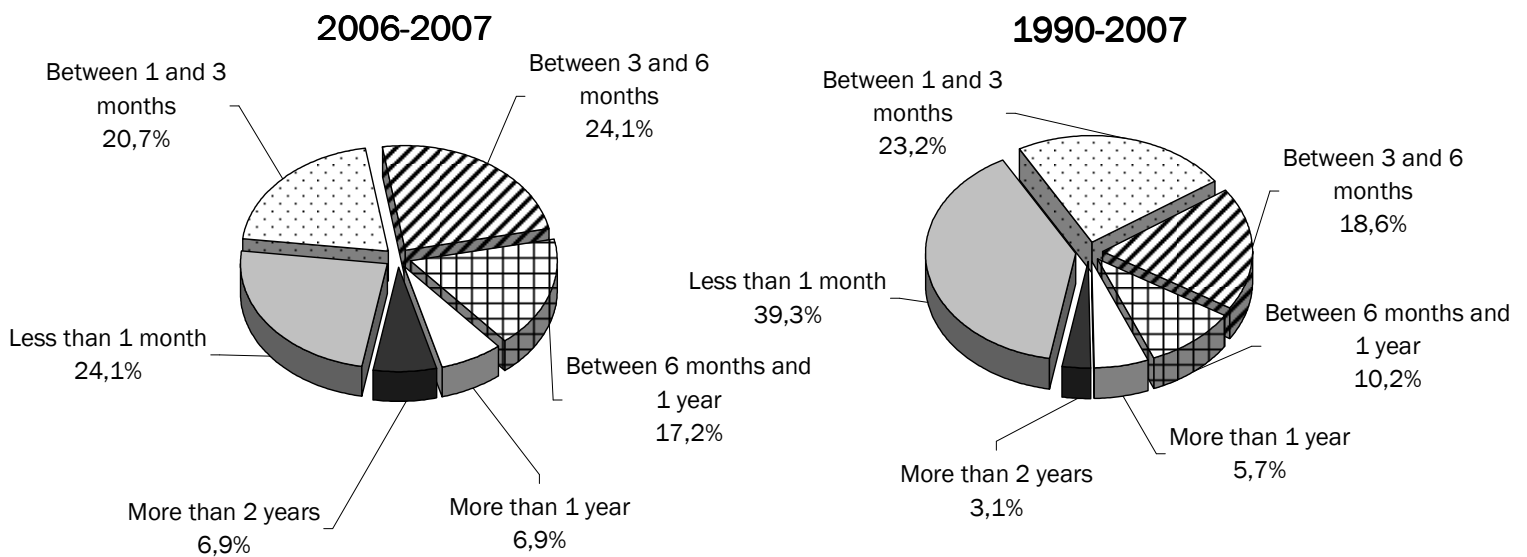
Place of death

	2006-2007	%	2005-2006	%	1990-2007	%
Maison d'Hérelle	6	85,7%	9	90,0%	165	85,1%
Hospital	1	14,3%	1	10,0%	29	14,9%
Total	7		10		194	

The average age of people deceased during the year 2006-2007 is slightly more than 46.

Length of stay

	2006-2007	%	2005-2006	%	1990-2007	%
Less than 1 month	7	24,1%	19	47,5%	205	39,3%
Between 1 and 3 months	6	20,7%	11	27,5%	121	23,2%
Between 3 and 6 months	7	24,1%	5	12,5%	97	18,6%
Between 6 months and 1 year	5	17,2%	3	7,5%	53	10,2%
More than 1 year	2	6,9%	2	5,0%	30	5,7%
More than 2 years	2	6,9%	0	0,0%	16	3,1%
Total	29		40		522	



Average length of stay per program

2006-2007

Palliative care	3,6 months
Transition	10,7 months
Short term relief	27 days

Associated disorders

This section presents a medical profile of our clientele during the past year. Data is taken from notes inscribed by the physician in the files of all the residents who have stayed at Maison d'Hérelle during the course of the year indicated.

	2006-2007		2005-2006		2004-2005	
Total number of residents	36	%	48	%	53	%
Candidosis	28	77,8%	29	60,4%	24	45,3%
Cryptococcosis	1	2,8%	1	2,1%	0	0,0%
Cytomegalovirus (C.M.V.)	4	11,1%	5	10,4%	7	13,2%
Dementia (cognitive)	13	36,1%	18	37,5%	17	32,1%
Depression	9	25,0%	11	22,9%	12	22,6%
Encephalopathy/leucoenceph.	6	16,7%	10	20,8%	13	24,5%
Hepatitis	14	38,9%	19	39,6%	21	39,6%
Herpes	9	25,0%	9	18,8%	9	17,0%
Recurring bacterial infection	0	0,0%	0	0,0%	0	0,0%
Lymphoma	4	11,1%	1	2,1%	6	11,3%
Mycobacteriosis (MAI/MAC)	5	13,9%	13	27,1%	7	13,2%
Paralysis	1	2,8%	0	0,0%	5	9,4%
P. carinii pneumonia	8	22,2%	8	16,7%	7	13,2%
Bacterial pneumonia	6	16,7%	2	4,2%	8	15,1%
Kaposi sarcoma	1	2,8%	3	6,3%	4	7,5%
HIV emaciation syndrome	14	38,9%	12	25,0%	15	28,3%
Drug addiction	18	50,0%	24	50,0%	21	39,6%
Toxoplasmosis	4	11,1%	3	6,3%	5	9,4%
Behavioral problems	8	22,2%	4	8,3%	4	7,5%
Mental health problems	8	22,2%	1	2,1%	6	11,3%
Pulmonary tuberculosis	3	8,3%	2	4,2%	3	5,7%
Zona	3	8,3%	1	2,1%	6	11,3%

During the course of the year 2006-2007, we also noted the following problems:

Anemia, affiliated with HIV	11	30,6%	Lipodystrophy	4	11,1%
Cirrhosis	3	8,3%	Neurosida	3	8,3%
SARM	3	8,3%	Hypercholesterolemia	5	13,9%
Diabetes	4	11,1%	Neurological problems	5	13,9%
Chronic diarrhea	4	11,1%	Neuropathic pain	5	13,9%
Lymphoma	4	11,1%	Cancers (neoplasies)	4	11,1%
Kidney failure	5	13,9%	Hepatitis C	12	33,3%

3. A few facts on housing

Admission requests

By Jean-Marc Meilleur, nurse

The admission requests at Maison d'Hérelle are evaluated based on the same process as in past years. A selection committee composed of a nurse, a volunteer, a few staff members as well as trainees (nursing care, social work) meet with the future resident at Maison d'Hérelle or at the hospital.

Selection criteria remain the same as in past years: the main problem related to future residents is that of HIV/AIDS with loss of physical and/or psychological autonomy

More than half of the admission requests received this year (51) originated from hospitals (30) mostly from teaching hospitals (CHUM and CUSM). The source of other requests was as follows: CSSS (2), penal institutions (5), home (5), CHUM mobile team (3), and other resources (6).

51 formal admission requests were received. We received many more requests for information by telephone. In most cases, they originated from care workers within health services, enquiring about the availability of places, the waiting time, the cost for housing, the services offered, etc. This year, due to our reduced accommodation capacity resulting from architectural repairs, the majority of these calls were not followed up by formal admission requests due to the longer waiting periods.

Among the requests received, 21 were approved. For the 30 persons who were not admitted, the situation was the following: 24 presented a dominant problem related to HIV/AIDS; the remaining 6 did not qualify based on our selection criteria. Among the 24 persons admissible, 4 died prematurely in hospital.

The following problems were classified based on the total admission requests received but not carried through. *:

Severe depression	1
Drug abuse/alcoholism	7
Problems related to neuro-AIDS	7
Mental health problems	4
Dementia due to HIV/AIDS	1
Personality disorders	2
Vagrancy	5

* Several were afflicted with multiple disorders.

Admission requests statistics

	2006-2007		2005-2006	
Admissions	20	39,2%	33	44,0%
Admissions on waiting list	3	5,9%	2	2,7%
Death before admission	4	7,8%	8	10,7%
Admissions - other resource	9	17,6%	15	20,0%
Abandonment of the request	6	11,8%	6	8,0%
Requests refused	6	11,8%	8	10,7%
Admission to long term care	3	5,9%	3	4,0%
Total	51		75	

Return to the community: post-housing project

A return to life in the community remains the goal of every person that we welcome, even those who have a long history related to HIV/AIDS. Available treatments and their considerable effectiveness provide hope to all without exception.

The courage and determination to pursue daily activities, access to physiotherapy, occupational therapy, meticulous medical follow-up, assistance in all undertakings and much encouragement from peers, are the ingredients for success.

Witnessing such achievement by so many is a source of great satisfaction for the staff and volunteers, in the light of such sought-after results by the residents.

In the past few years, such experiences have widened our perspective towards the post-housing phase and external follow-up. Such support is initiated by preparation (seeking out housing, moving, furnishing, and groceries).

Then comes in the implication of an external follow-up within the community, according to the individual needs of each person.

This year, we noted that the meetings had to become regular rather than punctual. A compilation of the types of requests indicates the need for a specific implication by care workers concerning matters of a judicial order, administrative tasks and complications related to the state of health.

The success of this program outlines a measurable impact in the sense that the follow-up tends to reduce hospitalizations and major health problems. Regular observation and continuity of contact with Maison d'Hérelle facilitates the adjustments required to prescribed medication and the mobilization of the health network, before a situation worsens.

It is in this spirit that we will be happy to open the doors of a building with 15 semi-supervised studios for next winter. This project seeks to accommodate people capable of living alone but still requiring a minimal external assistance that will include the support of the group.

For those who cannot live alone, our satellite apartment provides a type of return to the community with continual support and where the group support is of utmost importance. This is our experience through the auspices of Aurélie Bernard, project coordinator.

The satellite apartment at 3752 Queen Mary Road

By Aurélie Bernard, Coordinator

For the past several years, Maison d'Hérelle has been confronted with the challenges related to the future of certain residents who are beyond the requirements of long-term care but still too dependent for autonomous housing and a return to an active life in the community.

It is in partial response to this problem that on February 1st 2007, a Satellite Apartment of Maison d'Hérelle was inaugurated. We use the term "Apartment" because, for the six people who occupy it (five actually), it is their home, they are now tenants and no longer residents. Concerning the word "Satellite", the apartment gravitates around Maison d'Hérelle who maintains supervision both physical and by telephone.

Therefore, the apartment offers alternative homing to people living with HIV/AIDS, to residents Maison d'Hérelle who wish to return to an active life in spite of the after-effects related to the illness.

This project is conceived for people of low income who are socially isolated, and aims at providing an opportunity to develop personal, occupational and social autonomy, in this communal concept.

For several months, the present five tenants have been accompanied and supported in every aspect of their daily living. With the aim of maximizing their autonomy and aptitudes, the work is designed to develop both aspects: individual and collective.

Each tenant is accompanied, on an individual basis, in keeping with his physical and cognitive shortcomings with respect to:

- hygiene,
- medication,
- medical appointments,
- groceries,
- meals,
- social activities, etc.

The needs are re-evaluated very regularly and the responses adapted in the light of the availability of resources and partners:

- CLSC Côte-des-Neiges services (family auxiliary, occupational therapy, physiotherapy, nutritionist, social worker),
- Van Médic adapted taxi,
- Community groups such as CASAM, Sida Aide Directe, Santropol Roulant, Moisson Montréal,
- Pharmaprix Côte-des-Neiges drugstore
- Volunteers and trainees from Maison d'Hérelle.

The acquired and recovered autonomy brings to each person a largely improved self-image. This self-esteem increases their capacities. We were glad to notice their capacity to resolve complex situations that we had been worried about at the outset. Thus stimulated and having acquired an enhanced sense of responsibility, they exhibit faculties and aptitudes that had been forgotten or discarded by them ...and by us.

The stake on this apartment is also the collective aspect, created very artificially, which is helpful or even therapeutic for everyone: that the group develops a social bond of support and sharing.

This spirit of belonging is supported and encouraged by Maison d'Hérelle, notably during weekly meetings between the tenants and the coordinator. Each Wednesday this time is used for verbal exchanges and at times becomes a catalyst to express anger and resentments.

What we provide to the group is a social bond. The aim of our work is, in the final analysis, that this bond should survive beyond our presence, that such bond remain alive once we have moved on to other tasks. Thus we can say that our objective is to put forward and nurture a therapeutic dimension within the group.

When the group has been sufficiently solidified, a « therapeutic function » will arise within the tenants among themselves, which will be theirs, at the same time autonomous, and related to the therapeutic apartment-satellite.

4. Activities

Support of the friends and relatives

By Ghislaine Roy, care worker

Services	People	Hours
Psychological support	50	299
Information on the evolution of the illness	15	21
Advice on care	0	0
Judicial/legal support	3	3
Alternative approaches to health	1	1
Meetings with physician	0	0
Services related to socio-economic support	9	8

In 2006-2007, the employees of Maison d'Hérelle have continued to bring support to the loved ones in keeping with the availability of the family and friends in accompanying the residents.

In certain cases, our role is to welcome the loved ones, respond to their needs, and offer guidance in their accompaniment. In other cases, it is necessary to reach out to family and friends, to inform them and to facilitate a bringing together in order that the resident considers such presence desirable.

Through these efforts, results are sometimes achieved and, on occasion, they are not so prevalent. The important aspect is that such resources remain available in order to foster good relations between residents and people close to them, an important link to bring about balance and health at all levels of the individual.

Certain volunteers equally propose support to loved ones by sharing their abilities with one or another family member to assist the dying person in acceptance and to move calmly towards the final outcome. Thus, mutual support is present within the different groups involved; their knowledge, experience and strength are combined to better enhance their lives.

Volunteering

By Marc-André Bernard, interim volunteer coordinator.

As in the past, volunteers have been at the core of activities at Maison d'Hérelle. Loyal supporters have assisted for many years while others, new recruits, have managed to bring a fresh approach and their particular colouring to the singular universe of Maison.

Volunteer strength has continued to make a difference in areas of predilection, namely in the kitchen, with care workers, and assisting in maintenance. The daily delicacies offerings and the cleanliness of the premises, as well as concern for the resident, have thus been assured in part thanks to men and women who have offered some of their time. It seems important for me to particularly underline the work of the volunteers in the kitchen. They have exhibited such devotion and consistency that available billets to perform volunteer duties in the kitchen were scarce if not entirely unavailable throughout the year. A helping hand upon which we could rely... and which was greatly appreciated!

New this year at Maison d'Hérelle is the presence of many former residents, who happily returned to give back in part what they had received. Their presence in maintenance and in the kitchen is a sign of hope and will serve to enhance the reputation of our House as « A house of miracles.» Their courage and their devotion are much to their credit!

Also in 2006, Maison d'Hérelle was literally invaded by an outstanding team composed of 40 employees from KPMG. They arrived on October 11th last to carry out a thorough cleaning of the establishment. During an entire day, the house cracked and vibrated under the strength of all

these pairs of arms at war with dust in all areas. The result of which, achieved in a single day, was a new look to this revered building.

It must not remain unsaid that the Maison was subjected to a particular crisis in the course of the year. The danger associated with a possible collapse of the front wall and the urgency of bringing remedial action by laying piles under the building forced the departure of several residents obliged to seek refuge within other resources.

Faced with this whirlwind of events and upheaval of daily life, volunteers accepted the challenge without dismay. Some made regular visits to the residents who had been relocated, for the purpose of lessening the disruption and offering support and companionship during this difficult period. It goes without saying that their presence was greatly beneficial.

Finally, the newly conceived project of the satellite apartment, started in February 2007 and offering a 6 bedroom in a large apartment in the Côte-des-Neiges district for 5 residents prepared to seek autonomy, represented another challenge for our team of volunteers. At the outset, some helped in moving by offering their services. Then, many accepted joyfully to spend some time at the apartment to accompany the new tenants in order for them to maintain a constant relationship with Maison d'Hérelle, and to also provide needed support in this new phase of their search for the recovery of autonomy.

In summary, during 2006-2007, as in the previous years, the team of volunteers proved to be indispensable and helped to increase the comfort level of the residents while at the same time, relieving the team of some of the tasks.

It is evident that the temporary closing of 6 rooms due to the structural problems of the building, forced the house to function in a diminished capacity. Consequently, there was a reduction in the tasks and needs which, in turn, brought about a proportionate reduction in the ranks of the volunteer team. This being said, those who continued to provide assistance did so with the same enthusiasm and creativity as usual and in spite of the reduction in the number of residents, Maison d'Hérelle continued to attract new volunteers prepared to offer their time in the service of our cause. Fortunately, HIV/AIDS seems to continue each year to touch the hearts of many people, and entice them to become volunteers.

I wish to underline that Centraide has supported the aspect of volunteering since the opening of the house, thus permitting us to develop as a quality human resource which is renowned throughout the network.

In conclusion, thanks to all the volunteers who constitute a driving force for Maison d'Hérelle, and to the Service bénévole de l'est de Montréal for its precious collaboration in recruiting volunteers, but especially to all of those who gave of their time in 2006-2007. Maison d'Hérelle needs you. The residents and the team salute you with deep appreciation!

Statistics on volunteering

Sectors	People	%	Hours	%
Administration	6	0,7%	157	0,9%
Alternative	5	0,6%	426	2,4%
Others	569	71,0%	2 937	16,8%
Board of Directors	10	1,2%	846	4,8%
Consultants	4	0,5%	175	1,0%
Cuisine	14	1,7%	2 172	12,4%
Care work	31	3,9%	1 956	11,2%
Human Resources	82	10,2%	3 538	20,3%
Residents, friends & families	28	3,5%	585	3,4%
Trainees (students)	52	6,5%	4 656	26,7%
Total	801		17 448	

Note: The area « others » comprises various types of volunteer work such as maintenance, special projects, occasional collaboration.

Volunteers areas of involvement

- ▶ Administration : Board of Directors, coordinating, recruiting
- ▶ Assisting the care workers: general support, hygiene and comfort care, etc.
- ▶ Caretaking and vigil
- ▶ Alternative approaches to health management: massage therapy, reiki, Chi Qong, therapeutic touch, phytotherapy, aromatherapy, meditation, naturopathy, homeopathy, etc.
- ▶ Sociocultural activities: organization and planning, ticket sales, animation, music, etc.
- ▶ Kitchen assistance
- ▶ Nutrition and dietetics
- ▶ Fundraising activities
- ▶ Reception
- ▶ Accounting
- ▶ Psychology
- ▶ Nursing
- ▶ Medicine
- ▶ Painting, woodworking, renovations and repairs
- ▶ Newsletter
- ▶ Hairdressing and grooming

- ▶ Sewing
- ▶ Legal and judiciary concerns
- ▶ Committees and meetings
- ▶ In-house accompaniment
- ▶ Accompaniment in the community (medical appointments)
- ▶ Accompaniment for follow-ups (post-departure)
- ▶ Accompaniment of friends and relatives
- ▶ Graphic arts
- ▶ Trainees
- ▶ Transmission and representation : training in other resources, representation (Federal, Provincial, health care networks, community networks and partnership), demonstration
- ▶ Sponsorship
- ▶ Training

Complementary approaches to health care

By Judith Dendy, care worker

Since the beginning of the 1990s, Maison d'Hérelle has offered its residents the opportunity to access all the potentially beneficial therapies available. This included complementary therapies. With these opportunities before them, they were able to make choices, with the professional assistance of Judith Dendy, care worker responsible for this program, and of other members of the team.

The so-called "alternative" therapies place the emphasis on personalized treatment, adopting a holistic view of the person, that is, taking into account the physical, mental, spiritual, emotional and sexual aspects of life. 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 with the intent of replacing medical treatment.

This year, I completed training in aromatherapy at the *International Certified Aromatherapy Institute*. I am grateful to Maison d'Hérelle for its financial support which allowed me to obtain the title of clinical aromatherapist. My training is ongoing, stimulated and encouraged by the results obtained with the residents. I am now more confident with the use of alternative and complementary therapies because of a better grasp of their workings.

During the past year, we noted that three residents admitted to Maison d'Hérelle were infected by SARM (Staphylococcus Aureus resistant to methicilline). The year was also marked by cutaneous infections, notably by numerous abscesses. Our expertise was sought to remedy these problems.

Firstly, we applied to the wounds infected by SARM a mixture composed of herbal creams and some essential oils known for their antibacterial properties. The effects of this treatment did not completely heal the wound. Our research brought us to the therapeutic utilization of a sterile preparation of honey (*Leptospermum manuka* and jellybush) destined for the treatment of wounds, known as Medihoney⁵, used in Australia, New Zealand and in many European countries. A German paediatrist-oncologist Dr. Arne Simon, used Medihoney for the first time in 2002 and it appears that the antibacterial effects of *Leptospermum* honey are effective to fight many

⁵ Le Devoir.com, September 8th 2006 edition. Where the antibiotics fail, honey creates miracles. By Pauline Gravel.

bacterias. After only a single application, a resident affected by an interstice in the buttock crease noticed improvement. Such treatment is still in place for yet another resident. Dr. Peter Blusanovics upholds this process and we expect to receive the approval of the consulting physician since the prescribed medicinal creams were not effective.

We were consulted on numerous occasions for abscesses. We have obtained excellent results using mud-packs of green clay and the residents avoided entering the hospital in order to have the abscesses lanced and drained.

A resident who had read last year's annual report and who became aware that there existed complementary approaches to health management for the treatment of fungi infections consulted us. For the past several years, he avoided being barefooted because of fungi infections on the nails and toes. The application of a black walnut tincture on a daily basis eradicated the infection after two weeks of treatments.

The major problems for which the residents consulted are:

Digestive problems :

- Nausea
- Vomiting
- Heartburn
- Constipation or chronic diarrhoea

Cutaneous problems:

- Psoriasis
- Herpes
- Furuncles
- Eczema
- Dermatitis
- Abscess

Problems related to mental health:

- Anxiety
- Depression
- Panic attacks
- Insomnia

Others:

- Hepatic problems
- Fungi infections
- Venereal warts
- Scabs
- Œdema
- Candidosis
- Warts
- Ulcers

Pain :

- Neuromuscular
- Neuropathic
- Headaches
- Bony

By carefully consulting with physicians and pharmacists concerning the possible interactions with antiretroviral infections, we attempted to alleviate these problems by using phytotherapy (tinctures, infusions, creams), aromatherapy (essential therapeutic oils) and alimentary supplements (vitamins and minerals, omega 3, etc.) We wish to note that the team members, volunteers and employees frequently resort to our complementary resources and consult us for various problems.

The complementary and alternative health resources include massage, reiki, shiatsu, therapeutic touch, Qi Gong, visualization, meditation, homeopathy, music therapy, art therapy and zootherapy.

Maison d'Hérelle is renowned for its expertise in the use of complementary health approaches and the large number of trainees that we welcome are initiated in the different treatments used. Recourse to the *Natural Medicines Comprehensive Database* is frequent and usual for the care givers of Maison d'Hérelle and this database contains a large quantity of information for all residents, employees and volunteers.

A few volunteers assisted the team in the various sectors of complementary health approaches. I wish to thank Emmanuelle Jordan, massage therapist, always available to accompany people at the end of their lives, Benoit Filion for such beneficial massages, Barry Thompson who put forth all his energy and his knowledge of Chi Qong, Linda Terreault and Gaétan Lévesque, for zootherapy.

I am particularly happy with the interest of some of my colleagues in complementary health approaches and with their expressed desire to perfect their knowledge in this field. I hope to transmit the know-how that I have acquired over more than 17 years, starting with the application of whitened Savoie cabbage leaves on scabs, to lance the necrosed tissue until the instruction of intuitive massage... The coming year promises to be enriching and fully occupied.

The treatment of fungi abscesses with the use of mud-packs of green clay produced conclusive results. It is used frequently and successfully with our residents. Here is some information concerning green clay and its effects.

The therapeutic usage of clay has been known for millennias. This « miracle earth » has extraordinary characteristics. It is a sedimentary, earthy rock composed of aluminum silicates (in general) more or less hydrated. Its therapeutic properties and its colour vary according to its composition.

Green clay is polyvalent and it is very efficient. The following effects were observed in the treatment of wounds:

- Absorption of discharges
- Antimicrobial action (liaison with pathogenic agents)
- Accelerates the healing process
- Absorption of bad odours that emerge from the wounds

It is applied as poultice on the wound or abscess until recovery

Training offered and received

International aspect

In spite of this year's events, we have maintained approximately the same number of trainees who arrived from several learning institutions. Nursing is the most prominent, particularly that related to SIDIEF (*Secrétariat international des infirmières et infirmiers de l'espace francophone*)

Each year we receive nurses from Japan accompanied by their interpreter, whereas this year two people responsible for a housing project in Cameroun also came for a most enriching exchange. The subject matter that they consider unique is the professionalism they see within our approach to community life, the mainstay of our resource, a non-existent model in their own country. Such exchange is both enriching and constructive.

Regional aspect

« *Dementia and HIV/AIDS* » by Dr. Richard Lalonde and Dr Marie-Josée Brouillette: a conference developed mainly for physicians.

« *Loss of Autonomy and daily life* » offered by Jean-Marc Meilleur (nurse) and Michèle Blanchard (Executive Director): a conference given to professionals of the CLSC network, nurses and social workers.

A general presentation of the work accomplished at Maison d'Hérelle was given to those responsible for Centraide fundraising in the private sector and in some schools.

The monthly team meetings were enriched by the following subject matters:

- Upholding rights
- Dementia
- Sophrology
- Update on new therapies

We are looking forward to the preparation in 2007-2008 of an enhanced course on the overall new developments of HIV/AIDS.

Profession of participants	People	Hours
Specialized education	2	120
Social work	1	900
Nursing	8	1 295
Nursing auxiliaries	22	1 320
Employees	4	300
Family auxiliaries	4	315
Total	41	4 250

Outside collaboration

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

- Aaron maison funéraire de commémoration
- Brigitte St-Pierre, Ombudsman and Ethics counsellor,
- Centre 2000 of Professional Training,
- Centre d'action bénévole de Montréal,
- Centre hospitalier de l'Université de Montréal (CHUM) : Notre-Dame Pavilion, St-Luc Pavilion, Hôtel-Dieu de Montréal Pavilion,
- COCQ-sida, for support and political representation, for guidance in the thought process
- COCQ-sida and the pharmacy of the Thoracic Institute for providing urgently required medication,
- Compétence 2000 Training Center,
- CPAVIH,
- Concordia University for the trainees within the framework of the course *HIV/AIDS: Cultural, Social and Scientific Aspects of the Pandemic*,
- Côte-des-Neiges CLSC, for its support of the tenants of the satellite apartment,
- Danielle Desroches Pharmacy,
- Dorothée Minville Pharmacy,
- École des métiers des Faubourgs,
- Faubourgs CLSC for collaboration with its social workers,
- Fondation d'aide directe sida Montréal, for assistance with the return home of our residents
- GAP-VIES,
- Hélène Morin, liaison nurse at Hôtel-Dieu de Montréal du CHUM,
- Isabelle Véronneau, graphic designer,
- Jeunesse au Soleil and Moisson Montréal for assistance with the return home of our residents,
- La Clef des Champs (phytotherapy) and Robert & Fils (essential oils and vitamins),
- La Maison Plein Cœur, for its studios and the post-housing aspect,
- Lucie-Bruneau Readaptation center,
- Magnus Poirier inc.,
- Maison André Viger for the assistance of Rose-Hélène Truchon, medical equipment representative,

- Maisonneuve-Rosemont Health Center,
- McGill University Health Center (CUSM) : Royal Victoria Hospital, Thoracic Institute, Montreal General Hospital,
- Michèle Herblin, owner of the restaurant La Petite Terrasse de Provence, for her hospitality towards our residents,
- Moisson Montréal for providing various food product on a weekly basis,
- Monnol Import Export (supplements and vitamins) for the support in the complementary approaches to health,
- Pierre Messier and the Congregation of Holy Cross, for their invaluable assistance in the satellite apartment project,
- Plateau CLSC, for their care workers : nurses, social workers, physiotherapists and occupational therapists,
- Robert Boivin for his pastoral support,
- St-Louis-du-Parc CLSC, for the weekly services of Dr. Peter Blusanovics,
- St-Mary's Health Center,
- Santérégie Training Institute,
- Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIEF),
- Service bénévole de l'est de Montréal,
- The AIDS Housing Community Resources of Quebec,
- The nurses of the Thoracic Institute of Montreal and of the Plateau CLSC for welcoming the French trainees for home visits,
- The team from National Program of Counselling on HIV/AIDS,
- The team from the Thoracic Institute of Montreal and Dr Marie-Josée Brouillette, psychiatrist,
- The teams from the Quartier Latin and l'Actuel medical clinics,
- The UHRESS teams, and the UHRESS-CHUM mobile team,
- The St-Louis-de-France parish and Father Alain Mongeau,
- University of Montreal, Department of Nursing Sciences.

5. Financial resources

The principal source of funding for Maison d'Hérelle continues to be subsidies from the Quebec Ministry of Health and Social Welfare (69%) (support program to community organizations, PSOC), and from Centraide (16%). The residents contribute to housing costs (8%) and, we rely on the generosity of our donors for 7% of our budget.

In particular this year, we were favoured by the generous donations of those who wished to assist us in pursuing the work undertaken more than 17 years ago, namely, to accompany people living with AIDS in the best possible conditions. We are sincerely grateful for their response to our call last December.

André Gauthier Foundation
May Yuen
À Contre-courant Aquatic Club
Roger Rondeau
Dr Richard Lalonde
K. Fukushima (Academic Exchange Programs)
Abbott Laboratories
Shirley Madgett
France Castel
Maison André Viger
France Moreau
Luc Jacques
James Cameron
Patrick Ouellet
Hélène Lauzon
BMO Fontaine d'espoir
Diane Simard (Les Volières)
Juliette Mainville
Minh-Phuc Truong
Winners Merchant International et Marie-Josée
Lemaire

The Franciscains (Fraternité St-Bonaventure)
Lynda Peers
Pierre Antoniadès
Guy Auger Desgroseillers
Lise Pelchat
Bell Canada
Yolande Biron
Marie-Jan Seille
Serge Blackburn
Christine Cabedoce
Yolande Tanguay
L'Aubainerie Luc Croteau
Guy F. Chabbert
Dr Claude Thuot
Stéphane St-Hilaire
Diane Claveau
Jacqueline Verrette
Clifford Hogan
Sharon Flaro

Their contribution exceeded \$ 34,000, a sum which greatly assisted in enhancing the quality of life of the residents at Maison d'Hérelle.

6. Outlook on the future

During the course of the year 2007-2008 :

- We will pursue those activities already undertaken in order to consolidate financing for the architectural repairs and for the satellite apartment project.
- The Accommodations Committee will continue to analyse the adaptation requirements of the premises.
- The Clinical Committee will continue to study, with the Board of Directors, the future and the evolution of our mission.
- We hope to better integrate the aspect of “international development and collaboration.”

Addendum

Members of the Board of Directors

Bill Nash	President Representing the business community
Jean Corriveau	Vice-president
Me Bruno Grenier	Secretary-treasurer Legal Counsel
Jean Brien	Director– Finances
Jacques Briand	Director – Hospital environment
Dr Richard Lalonde	Director– Hospital environment
Rolph Fernandes	Director
Daniel Vézina	Director– finances
Édouard Pazzi	Representing the volunteers
Michel Bélec	Representing external residents
Yvon Lacroix	Representing internal residents
Michel Richard	Representing the employees
Michèle Blanchard	Executive Director

Employees

The following employees were present during the year 2007-2008 :

Michèle Blanchard	Executive Director
Anne Véronneau	Management assistant
Richard Desjardins	Management assistant and special projects officer
Roland Lafrance	Volunteers coordinator
Madeleine Royer	Secretary-receptionist
Sophie Terrapon	Receptionist and on call care worker
Lisa Max	Receptionist and on call care worker
Pierre Auclair	Accounting services (part time)
France Beauchamp	Cook and kitchen coordinator
Lyne Tessier	Cook
Hazem Abouchakra	Assistant cook
Reynald Mercier	Housekeeping manager
Diane Meilleur	Housekeeping worker
André Sébastien Mercier	Housekeeping worker
Jean-Michel Richard	Care worker
Judith Dendy	Care worker
Jean-Marc Meilleur	Nurse and care coordinator
Ghislaine Roy	Care worker
Caroline Belle	Care worker
Caroline Gagner	Care worker
Emmanuelle Doucet	Care worker (on call) nurse
Sylvie Cadotte	Care worker (on call)
Karl Whissel	Care worker and cook (on call)
Aurélie Bernard	Care worker (on call)
Yvan Gareau	Care worker (on call)
Lucie Dubé	Care worker (on call)
Marthe Mujawimana	Care worker (on call)
Rita Phipps	Care worker (on call)
Danielle Gervais	Care worker (on call)
Michael Kleiman	Care worker (on call)

Employees (cont'd)

Emmanuelle Doucet	Care worker nurse (on call)
Amélie Julien	Care worker (on call)
Marc-André Bernard	Care worker (on call)
Martine Marin	Care worker (on call)
Juliette Bellenger	Care worker (on call)
Sergey Kosyuchenko	Care worker (on call)

Trainees

Students

Chantale Rajotte	Nursing sciences
Sylvie Dugas	Nursing sciences
Virginie Ducoin	Nurse (France)
Sylvie Ferreira	Nurse (France)
Sabrina Benzertitha	Nurse (France)
Nathalie Lambert	Nurse (France)
Mélanie Filippetti	Nurse (France)
Vanessa Roy	Nurse (France)
Joannie Boudreault	Specialized education
Karoline Lavoie	Specialized education
Danielle Lajoie	Social work
Jacqueline Molina Butto	Nursing auxiliary
Saïd Luna	Nursing auxiliary
Livegit Padda	Nursing auxiliary
Claudie Marchain Morissette	Nursing auxiliary
Bienvenue Tchindo	Nursing auxiliary
Pauline Latry	Nursing auxiliary
Fatima Oumalani	Nursing auxiliary
Suzie Gaspard	Nursing auxiliary
Marie-Claude St-Hubert	Nursing auxiliary
Abad Zhimdrinove	Nursing auxiliary

Trainees (cont'd)

Students

Borjana Malcheve	Nurse auxiliary
Thierry Montésinos	Nurse auxiliary
Dimanche Nato	Nurse auxiliary
Tirado Yahaira	Nurse auxiliary
Céline Barette	Nurse auxiliary
Ernst Badio	Nurse auxiliary
Marie-Carmel Alexis	Nurse auxiliary
Mostafa Manlah	Nurse auxiliary
Karl Gibbs	Nurse auxiliary
Carline Mentor	Nurse auxiliary
Adler Nkouka	Nurse auxiliary
Marjorie Jean-Baptiste	Nurse auxiliary
Karel Nadeau	Nurse auxiliary
Nathalie Dion	Family auxiliary
Marie-Carmelle Joseph	Family auxiliary
Pierre Sébastien Blouin Rock	Family auxiliary
Steve Buzzell	Employee
Mater Piedad	Employee
Tanya Gamez	Employee
Aline Benett	Employee

Testimonies

A resident

I am invited to spend the period of my convalescence at Maison d'Hérelle as I have been afflicted with AIDS for 23 years and was recently diagnosed with cancer of the larynx and vocal cords.

The male nurse, Jean-Marc, visits me in the hospital, accompanied by Danielle, a trainee. He assures me that I can stay as long as necessary until I can get back on my feet and I will receive the support of an entire team who is prepared to welcome me. My only question: « Can one die in peace there? » « Yes », I am told, “but many recover and leave Maison d'Hérelle to continue their lives elsewhere.”

Upon leaving the hospital, I visit the residence on St-Hubert Street, an old house with very high ceilings and authentic wood panelling, very well restored, on three floors. There is an elevator for the more sickly, many toilets and bathrooms on each floor. Even though it is well occupied by the 17 residents, it is impeccably clean. There is a pleasant odour of food which permeates the halls, since there are two cooks who are busy preparing small plates of healthy food as well as all the meats and fish, much better for me than whatever I could cook for myself. Thus, always this delicious aroma inciting us to better living.

Several rooms have a balcony and smokers have a reserved area; all quite welcoming. It is hard to differentiate volunteers and staff as everyone is cordial and kind.

When I arrived, I was grumpy and frustrated as life has almost deprived me of speech, hence unable to express it. Residents and staff welcome me and offer friendship, while sharing space in this beautiful residence. It will not be easy as I feel like being alone. They however accept this temporary and voluntary isolation that I so desire.

In a period of a month and a half, I receive 33 treatments of radiotherapy and chemotherapy. I am supported by the entire team. I can say today that, thanks to this incredible team, residents and volunteers alike, the personnel, the team managing the multiple levels of necessary support for a

better quality of life, I did not sink into total despair. Such is, I believe, the mettle of human love divinely orchestrated.

Then came Christmas. Thanks for the Peruvian festivities. It is a feast and each is invited to participate in his own way. It is abundance, generosity and shared pleasure, all unexpected but well prepared and supported by the entire team of Maison d'Hérelle. It begins early, ends early, and everyone seems repleted with pleasure and true happiness.

The rules of the house are quite strict. The meal hours are almost inflexible. Each person, when autonomous, must participate on his own. No drugs are tolerated in the building. The comings and goings are monitored by an intercom system and that is good. A line must be drawn when living in a community setting and that seems to be understood by everyone.

I will soon go back home to the Abitibi region and I suddenly realize the good fortune and the privilege that life has given me by directing me here. I love Maison d'Hérelle, with each resident, each volunteer, each care worker and the entire administrative staff. I would like to stay but I must leave...

And I am told : « You can return to visit us. »

So, I bring you all with me in my most valuable memories that neither rust, bad weather nor the passage of time can destroy.

I love you.

André-Pierre X X X

Testimonies (cont'd)

A volunteer

I began working as a volunteer at Maison d'Hérelle in July 2006. I am a teacher and my employment insurance did not allow me to work for 2 months. I felt grateful for the help I was given. In exchange for these funds, I wanted to give in return but in a more personal way.

I had often heard of Maison d'Hérelle. It seemed to fascinate those who were there. Something permeated from this workplace through those people who spoke of it. I knew that many volunteers came to give a little of their time each week and that was ongoing for years. It attracted me and I too wanted to discover this place.

I liked the idea that it was not a hospital, that it was a place that had individualized objectives focused on each resident. I had no experience in the medical or social world but the idea of participating in this way attracted me. I did not really know how I could be useful. I did not want to take part in the physical care given to the residents, but I was willing to help in any other ways.

Beginning in July, I went to Maison d'Hérelle once a week. The care workers welcomed me and showed me around the house. Facing illness was not always easy but very soon the personality of each resident overcame my concerns and I felt comfortable with each one.

The contact with the residents increased progressively according to their personalities and expectations. I offered them my help in their daily tasks (errands, outings, etc.) but the greater part of my time is spent keeping them company. I try to bring about some pleasure in the course of their day with the hope that they rediscover their autonomy.

I also help the care workers and the staff according to their needs.

I have now been working as a volunteer for 10 months and it is always with pleasure that, once a week, after my work, I spend time at Maison d'Hérelle. I feel useful and I think that by helping others, to some extent, we help ourselves.

I like the ambiance that exudes from this place, one with a soul. Each resident leaves a bit of himself and the staff make this place an ideal framework to recover or to spend the last moments of one's life. I would hate to be in a situation where I would have to cease my volunteer work. This is a privileged opportunity and I will not give up my place. I am always touched by their strength when faced with illness and they always convey a message of hope.

Sandrine Chardin

Testimonies (cont'd)

A care worker

I began my work at Maison d'Hérelle as a volunteer in March 2004. As I recall, I came without many expectations, possibly only hoping to do my share. Little did I know at the time that I would soon become "hooked on" it !

What immediately amazed me was the staff. It is a team that I consider very open and that brings me much support. One feels respected and welcomed. It is also a much diversified group although remaining united. I believe that what brings about the cohesion of the group is that there is often the opportunity to share feelings about our work but also about our personal experiences and growth. One knows at all times where to find an attentive and understanding ear. For me, Maison d'Hérelle provides an opportunity to work in an area which is passionately enriching on a personal level. I feel that I was received here, with all the naivety of a young girl, and that the experiences, constantly renewed, have continued to make me understand many things. One learns a lot while working with human beings! We are often confronted to ourselves and our limitations, which incites us to work on ourselves. Also, by discovering ourselves, we have access to the best tools with which to assist others.

What I love in Maison d'Hérelle and what makes me proud to work here, is the fact that it is an environment where one is called upon to adapt to the needs of others and where new creative approaches are not only allowed, but expected. I was not around in those days where AIDS equalled death. I know that today, we see many people for whom death approached rapidly and who are given a second chance. Often, they resume their lives with traces of the illness with which they must learn to live. It is now in this context that part of our work is geared: to give support to these people in order to become healthy and to examine with them all the possibilities available. Maison d'Hérelle was able to adapt itself to this new reality, while developing new services in line with the new individual needs.

And now, we often see dementia. I came here at a time while this illness was showing a new face. At a training session I attended on HIV, I remember asking the speakers if there would be a discussion on dementia during the week-end. One of them answered: "You are from Maison d'Hérelle are you not ?" Therefore, you are undoubtedly the best person here to teach us about it!"

It is then that I understood, that not only had this area not yet been investigated, but that our role in this new dimension of the illness could become important. It is therefore without guidelines that we take on the challenge of dementia on a daily basis, by witnessing its new manifestations. Yet once more, we continue to question the new realities, we try to make sense of it as best we can, and then, we find ways to adjust.

I have thus many reasons to remain “hooked on” Maison d’Hérelle. It’s a place where we feel welcomed, respected, and where we must always be genuine. It’s a stimulating environment, open to change and where I learn continuously about myself, the others, the illness, the care and, life...

Amélie Julien