

La Corporation Félix Hubert d'Hérelle

RAPPORT ANNUEL D'ACTIVITÉS 07-08

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1. WORD FROM THE PRESIDENT

1.1 Word from the President

Dear Friends

This has been a remarkable year. As promised last year, you will find in the following pages chapter 2007-2008 of the adventures of La Maison d'Hérelle. In these times, organisms or enterprises that can report upon the realization of outstanding projects are few and far between. Those who succeed are usually restricted to a single one. At La Maison d'Hérelle, we have realized four:

- ✓ The organization and integration of the satellite apartment.
- ✓ The reconstruction of the frontal part of our building on St. Hubert Street.
- ✓ The temporary relocation of our operations at the Louis-H. Lafontaine Hospital;
- ✓ The construction and opening of the studio apartments on Ste-Catherine Street.

All these projects were carried out within time and budget restraints. We also completed the financial year within our projected goals. How is it that a community organization with limited resources can achieve such results?

The answer is simple. The team is comprised of persons who are motivated under the management of an efficient executive director. She provides exemplary leadership in dealing with a group of employees and volunteers who have never understood the meaning of the word "impossible".

Add to that a Board of Directors comprised of persons who are accessible and devoted. Through their judicious advice, they ensure that La Maison performs at all times in keeping with its vision, its mission, its objectives and its tradition.

The role of the president has never been so easy.

In the name of the Board of Directors, I wish to underline the invaluable contribution of the entire team of La Maison d'Hérelle and in particular, the outstanding efforts of :

- Richard Desjardins, our project manager who controlled the projects with outstanding ability.
- Anne Véronneau, who brought about the financial support of our partners that was required to complete the studio project.
- Pierre Auclair who provided incisive, timely, concise and clear advice concerning our financial direction.
- Jacques Coulloudon, our architect for the quality of his concepts and his priceless technical assistance.
- Éric Batiot, our Notary, who, as usual, looks after our interests and those of our residents.
- For their support and encouragement, Mr. David Levine, President and Executive Director of *l'Agence de la santé et des services sociaux de Montreal* and his team.

On a personal basis, I wish to extend my heartfelt thanks to the members of the Board of Directors for their devotion during this trying year.

This year, we regretfully announce the departure of Mr. Jean Brien (16 years of contribution) and of Mr. Jean Corriveau (6 years of contribution) two members who, having experienced the difficult as well as the joyous moments of La Maison d'Hérelle, have decided to seek new challenges. A simple word of thanks would not suffice. It is fair to say that we would not have achieved the same results to-day without their unfailing devotion in pursuing the mission of La Maison d'Hérelle. Gentlemen, it is with heartfelt gratitude that we wish you every success in your new undertakings.

For the year that has just begun, our challenge will be to consolidate our operations in order to integrate our new resources on a daily basis and to profit from the foresight that has inspired the changes, to better serve La Maison and its residents.

Once again, we rely on our outstanding teams to meet these challenges and, as in the past, we count on the continued assistance of our friends, supporters and partners in the pursuit of our objectives.

William Nash, ASC, Adm.A

1.2 **MEMBERS OF THE BOARD OF DIRECTORS**

- * William Nash President, Public Sector
- * Jean Corriveau Vice President, Public Sector
- * Me Bruno Grenier Secretary/Treasurer, Legal Sector
- * Jacques Briand Administrator, Hospital Sector
- * Dr Richard Lalonde Administrator, Hospital Sector
- * Rolph Fernandes Administrator, Citizen Sector
- * Daniel Vézina Administrator, Financial Sector
- * Édouard Pazzi Administrator, Volunteer Representative
- * Michel Bélec Administrator, External Tenant Representative
- * Yvon Lacroix Administrator, External Tenant Representative
- * Michel Richard Administrator, Employee Representative

2. A WORD FROM THE EXECUTIVE DIRECTOR

2.1 Word from the Executive Director

It is said that the noted French-Canadian microbiologist Félix-Hubert d'Hérelle, born in Montreal in 1873, significantly influenced research during his time. Yes! But it is also noted that he was an extraordinary person: a universally-minded self-taught individual, ahead of his time and on the fringes of the scientific community!

Reflecting on the past year, I'm tempted to say that we are honouring his name and his philosophy quite well through the years!

The chapters of this annual report deal with the persons who were welcomed this year, the human connections that were made, the accompaniment of some at the end of their life and the return to health for others.

You will also read about how our routines were particularly disrupted by two construction projects that were carried out simultaneously up until the Fall! The reconstruction of the facade of the main house at 3738 St-Hubert and the build-out of the 15 studio apartment building on Ste-Catherine East. Caring for some, rebuilding over here and building over there... this was our year!

I take this opportunity to salute these accomplishments, once again of pure madness, achieved with the complicity of many people!

Pursuing our mission through the chaos has been however, an exceptional experience for us; perhaps it was a reflection of what our residents go through on a daily basis, in the intimacy of their lives and as such, it was a lesson for us in better understanding them. These realities disrupted our habits, imposed a necessity for creativity and solidarity amongst ourselves, forced us to surpass our limits, allowed us to conceive some previously unimaginable solutions and to improvise a multitude of strategies in order to maintain our course!

Our residents and their loved-ones, the staff, our volunteers, the members of the Board of Directors, our neighbours, our partners..., all showed their willingness and abilities to participate in these changes!

Above and beyond, our organization pursued its mission by utilizing the invaluable strengths of its devoted team members, who worked with all their convictions and heart.

Our future challenges are not scant, having functioned for 17 years with one residence and finding ourselves managing three, and all this within the span of one year!

The persons we care for at la Maison d'Hérelle are life warriors! I hope that perhaps it will be written one day that aids is an affliction of the past because of these people who fought for more tolerance, compassion and mutual aid.

It has been my privilege to work alongside them and I thank every one of them with great pride.

Michèle Blanchard

2.2 List of employees (including those who left during the year)

Amélie Julien	Care worker
André Mercier	Maintenance assistant
Anne Véronneau	Administrative assistant
Aurélie Bernard	Volunteer coordinator
Caroline Belle	Care worker
Caroline Gagner.....	Care worker
Catherine Nash.....	Care worker
Chadi Saliba.....	Care worker
Diane Meilleur.....	Maintenance worker
Emmanuelle Douce	Nurse – care worker (on call)
France Beauchamp.....	Cook and kitchen coordinator
Ghislaine Roy.....	Care worker
Gui Brisebois	Maintenance worker
Hazem Abouchakra	Care worker
Jean-Marc Meilleur.....	Nurse and care coordinator
Jean-Michel Richard	Care worker and post-housing care coordinator
Jose Szlam	Care worker
Judith Dendy	Care worker and complementary care coordinator
Juliette Bellenger.....	Care worker (on call)
Karl Gibbs.....	Care worker
Karl Whissel.....	Care worker and cook (on call)
Lisa Max	Receptionist and administrative assistant
Lyne Tessier.....	Cook
Madeleine Royer	Receptionist and administrative assistant
Marc-André Bernard.....	Care worker (on call)
Marion Tartarin	Coordinator of the satellite apartment and training
Michèle Blanchard.....	Executive director
Pierre Auclair.....	Accountant (part time)
Reynald Mercier	Maintenance worker
Richard Desjardins.....	Executive assistant
Rita Phipps	Care worker (on call)
Sergey Kosyuchenk.....	Care worker (on call)
Sophie Terrapon.....	Receptionist and care worker (on call)
Sylvie Cadotte	Care worker (on call)

3. MISSION, OBJECTIVES, PHILOSOPHY

The Félix-Hubert d'Hérelle¹ Corporation is a non-profit organization which has been pursuing its mission since its creation in 1989, thanks to an initiative from the Province of Quebec's Department of Health and Social Services, the City of Montreal and Centraide.

The Corporation manages three venues, offering services in accordance with the different needs of its clientele: short stays, transition periods, community housing and social housing.

Admission requests are handled by an internal committee composed of care workers, one volunteer and whenever possible, one resident. When a request is received, a visit is organized with the person making the request, in order to evaluate his or her needs.

La Maison d'Hérelle on St-Hubert Street

Mission of the main venue : a community housing residence with a capacity to welcome 17 persons.

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, can be admitted to La Maison d'Hérelle, and this, without discrimination. The principal ailment must, however, be directly related to HIV-aids. The monthly contribution to the housing costs is \$550.00 per month.

¹ 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 bacterialphage. 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 Saint-Catherine Street Studios

Mission : To respond to the changing needs of the persons living with HIV, the Corporation has setup this permanent housing project comprised of 15 studio apartments, for persons having reached a certain level of autonomy but who remain in a precarious situation. The monthly rent is \$510.00 per month and the majority of the tenants benefit from a subsidy allowing them to contribute no more than 25% of their monthly income.

The Satellite Apartment

Mission : The Apartment is a large dwelling situation in the Côte-des-Neiges neighbourhood, for 6 persons living with permanent afflictions resulting from the illness. The monthly rent is \$400.00.

The post-housing follow-up and the return to the community

Mission : This programs aims to ensure a proper return to active life in the community by offering a stringent follow-up through regular visits, following the return to the community by our residents.

OBJECTIVES

- To offer adapted community housing to persons living with HIV-aids.
- Accompany and provide care to persons at the end of life or to those regaining their health, by favouring autonomy in our residents and encouraging them to take an active part in their quality of life.
- Provide support for the loved ones and encouraging their presence and implication.
- Ensure support for a return to active life and supply post-housing accompaniment.
- Offer a place of learning and research, and develop a multidisciplinary intervention model.

PHILOSOPHY

Actions of the Félix Hubert d'Hérelle corporation are inspired from the following principles.

- Care and accompaniment are offered in accordance with humanistic and holistic approaches to health.
- The operational structure is flexible, in order to adapt to the evolution of the needs if the clientele.
- Aid and support interaction is favoured.
- Administration is participative.
- The environment is warm and respects the aspirations, the beliefs, the choices and the individual differences of each person.
- Persons living with HIV/aids are entitled to their confidentiality and dignity.
- The individual is entitled to participate in decisions affecting his or her conditions of life.
- Despite the inevitable outcome of an illness that is at this time incurable, preparation for this stage of life can be an opportunity for personal growth.
- The interdisciplinary approach joins an accompaniment process intimately linked to the physical, affective, cognitive, social and spiritual aspects of the individual person. This practice favours connections and solidarity.

4. PORTRAIT OF THE CLIENTÈLE St-Hubert Street (excluding the Satellite Apartment and the Studios)

4.1 Testimony of Gérald

Since January 2007, I was going back and forth at the hospital, my state of health was low, I was losing weight, I had several pneumonias. The doctor suggested an HIV test. I was diagnosed with the illness in June 2007, it's recent. I remained in hospital, outside the city, during several weeks. When I was released, I was no longer able to live on my own, and I needed a place to live. My social worker was looking for a convalescence home for me, but I was too young. She contacted la Maison d'Hérelle; they were specialized in my illness, that's all I knew.

HIV was so new to me, I was not familiar with the illness, it scared me. I never imagined it would happen to me, I thought it was the end of my days, I did not know what to expect of life. At first, I was scared to go to community housing, to be abandoned there, badly followed-up with, like what happened with my mother. I thought I would die, I was resigned. I did not feel a lot of anger, I felt that the person who infected me with HIV was like someone walking around with a gun.

Jean-Marc and Aurélie came to meet me at the hospital, I still remember the day. They told me about La Maison, they explained how things worked there, I felt a trust in them, I cried so much I was happy at the prospect and I hoped they would accept me.

When I arrived, I was barely walking, I had lost appetite and a lot of weight. I did not understand my pills, did not know how to take them. I was

experiencing short term memory loss. At the time I was admitted at la Maison d'Hérelle, everyone had been temporarily relocated at the Louis-H Lafontaine Hospital. My first months were therefore spent over there.

I remember the first step I took outside. It was difficult, but that day I realized that with a lot of will, I could do it. After this, I was able to step outside every two days, then every day. By eating well, I regained my self-confidence, I came back.

Eight months have passed and I've regained my health, just like before my illness, able to see to my needs, cook for myself, take care of myself. I have learned not to neglect myself, be attentive. You have given me the will to fight. My memory has returned, my energy levels are good, I've regained weight though my legs remain fragile, and I tire easy.

There is a warm ambiance here, some humanity, a big friendship. Despite a large staff, we feel at home, it is not like a prison, we can receive the care we need but retain our independence. The team is always there to assist us morally and physically.

In such a specialized environment, we have access to some good information. The care workers are there to help you get familiar with the illness. My son was so scared of it that he would not come to visit anymore, so they spoke with him, explained what it was all about. It reassured him and since that time, it's like it before, I even spend some week-end at his place.

La Maison d'Hérelle helped me live with HIV. I vanquished my fears, I've healed here.

I can't describe just how incredible this experience has been. I will leave with a heavy heart, I will be losing my family, for me these are my brothers and sisters.

Gérald



Gérald ...after a little while at la Maison d'Hérelle

4.2 Profile of the admission requests on St-Hubert street

By Jean Marc Meilleur, care coordinator

The process of evaluation for admission requests at la Maison d'Hérelle remains unchanged. The selection committee is comprised of a nurse, a volunteer, a staff member and a trainee in health management. The main selection criteria is still that HIV-aids be the dominant affliction with a loss of physical or psychological autonomy. The evaluation is conducted in hospital in most cases, or at the person's home or at la Maison d'Hérelle.

Despite the impact of our reduced housing capacity because of the renovation work, we received 65 requests from throughout the health network. 36 persons that requested it were in fact welcomed at la Maison d'Hérelle, while 29 requests were turned down. It is worthy to note that all requests were done with the full knowledge of our limited capacities. We also handled an additional fifty or so calls for information or to enquire about availability, which did not lead to formal requests.

Admission requests that were granted and followed through (36)

Details in section 4.3 – Profile of the residents.

Admission requests that were refused (29)

Origin of the requests:

- 23 from hospitals (among them 11 from the CHUM and 9 from the CUSM)
- 3 from the CSSS
- 1 from a penal institution
- 1 from a housing center
- 1 from a person living at home

None of these requests met the criteria of the dominant affliction being HIV-aids, and two were referred to us for palliative care unrelated to HIV.

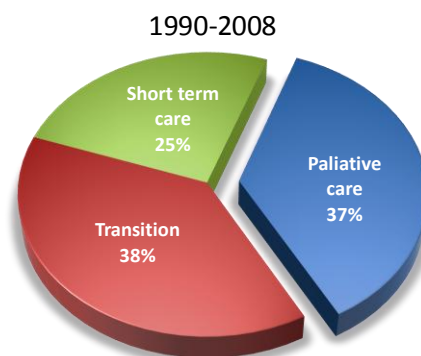
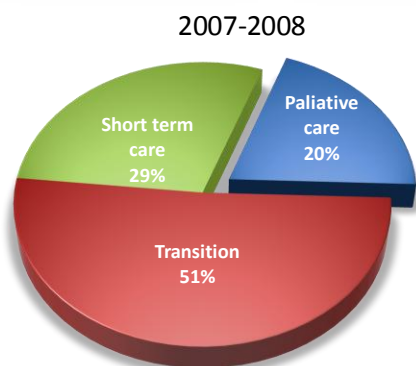
Worthy of note - the majority of our requests were from persons without a fixed domicile :

- 14 were homeless
- 6 were living in hospital and otherwise homeless
- 9 were living in apartments

4.3 Profile of the residents

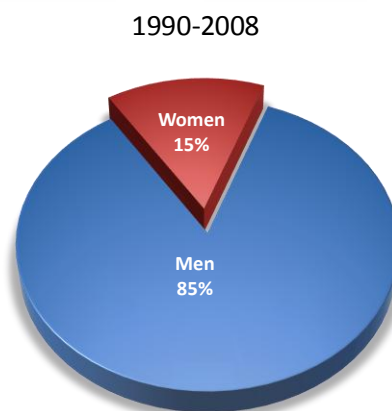
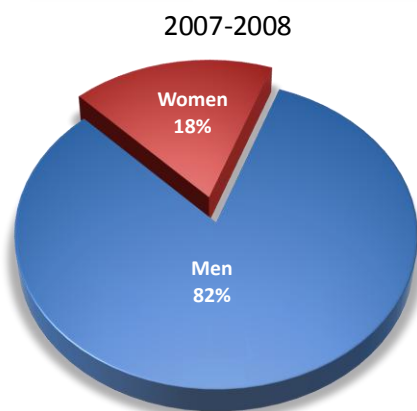
4.3.1 Type of care

	2007-2008	2006-2007	1990-2008
Paliative care	9	7	239
Transition	23	22	251
Short term care	13	7	165
Total	45	36	655



4.3.2 Gender

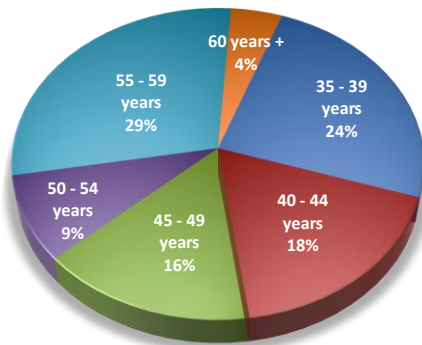
	2007-2008	2006-2007	1990-2008
Men	37	28	559
Women	8	8	96
Total	45	36	655



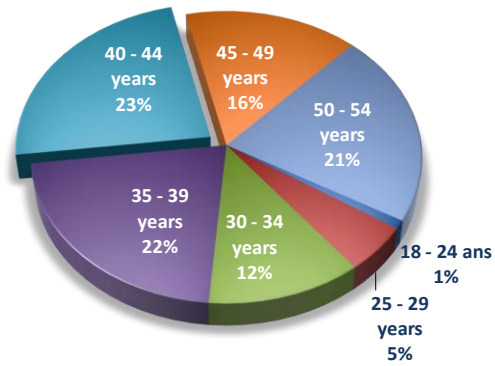
4.3.3 Age at admission

	2007-2008	2006-2007	1990-2008
- 18 years	0	0	0
18 - 24 years	0	0	6
25 - 29 years	0	0	34
30 - 34 years	0	2	78
35 - 39 years	11	6	142
40 - 44 years	8	9	153
45 - 49 years	7	3	102
50 - 54 years	4		
55 - 59 years	13	16	140
60 years +	2		
Total	45	36	655

2007-2008



1990-2008



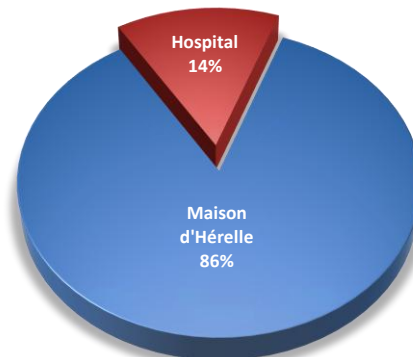
4.3.4 Place of death

	2007-2008	2006-2007	1990-2008
Maison d'Hérelle	8	6	173
Hospital	0	1	29
Total	8	7	202

2007-2008

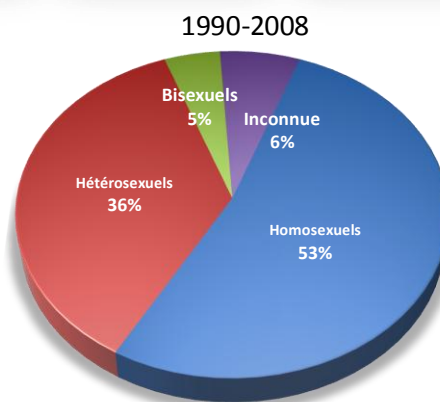
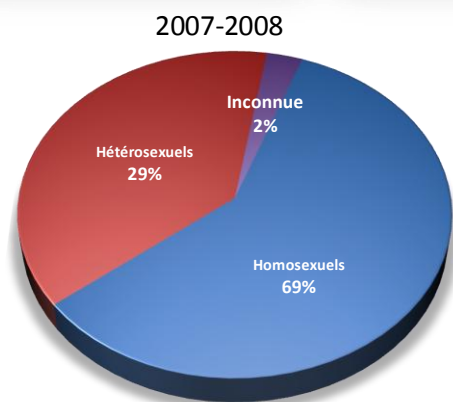


1990-2008



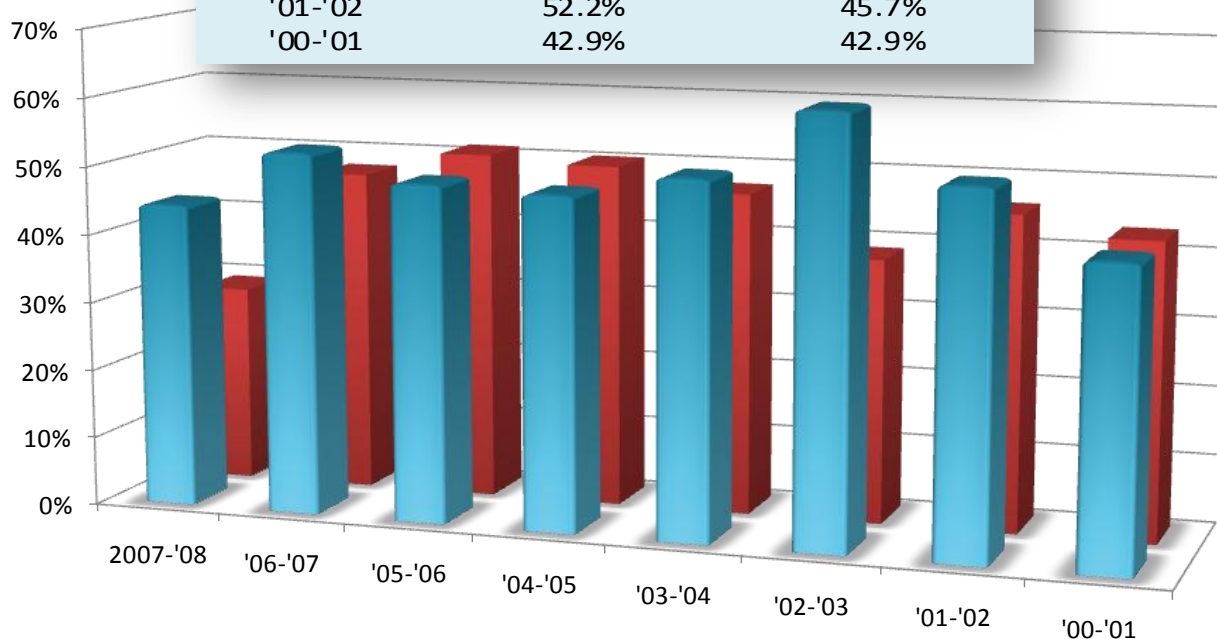
4.3.5 Declared sexual orientation

	2007-2008	2006-2007	1990-2008
Homosexuals	20	19	334
Heterosexuals	13	17	237
Bisexuals	0	0	30
Unknown	1	0	43
Total	34	36	644



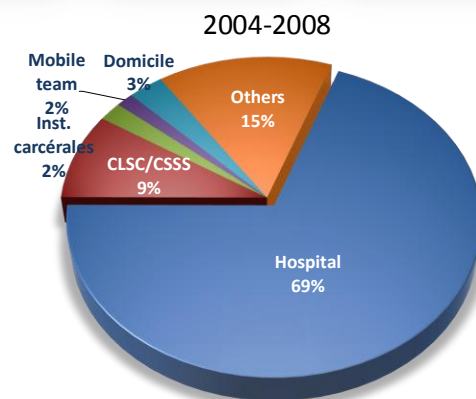
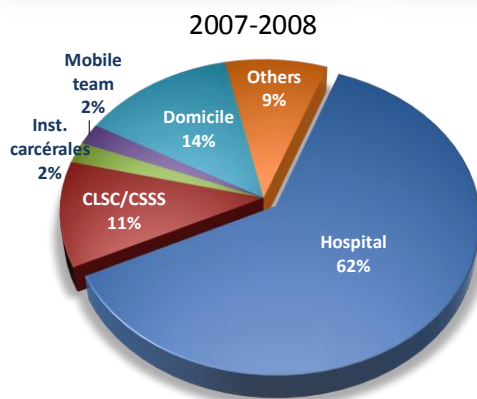
HISTORY OF THE DECLARED SEXUAL ORIENTATION

Year	Homosexuals	Heterosexuals
2007-'08	58.8%	38.2%
'06-'07	52.8%	47.2%
'05-'06	49.1%	50.9%
'04-'05	48.4%	50.0%
'03-'04	51.6%	46.8%
'02-'03	61.7%	38.3%
'01-'02	52.2%	45.7%
'00-'01	42.9%	42.9%



4.3.6 Origin of the admission requests

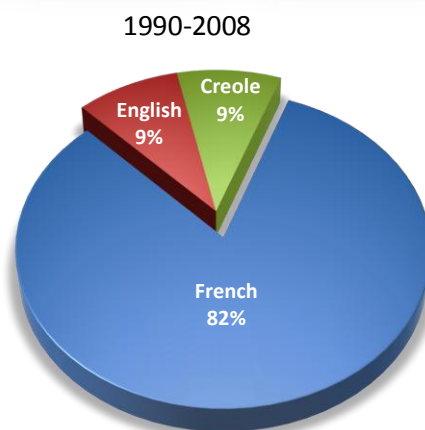
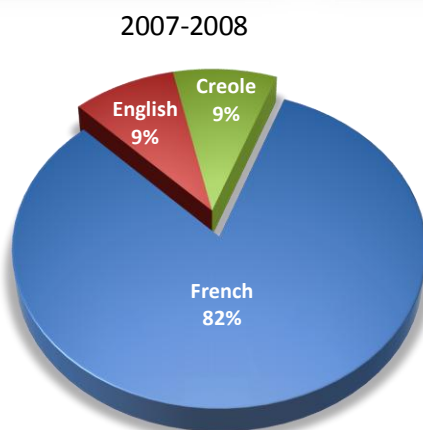
	2007-2008	2006-2007	(2004-2008)
Hospital	28	25	139
CLSC/CSSS	5	3	18
Detention centers	1	0	4
Mobile team	1	2	3
Domicile	6	0	6
Others	4	6	30
Total	45	36	200



4.3.7 Language

	2007-2008	2005-2006	1990-2008
French	37	40	466
English	4	4	81
Creole	4	6	50
Spanish	0	3	20
Others	0	2	38
Total	45	55	655

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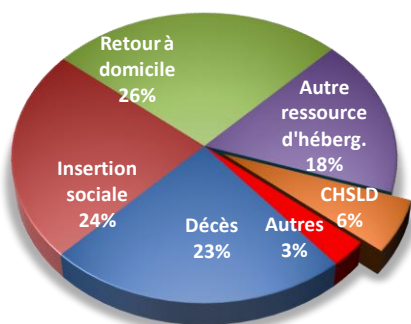
4.3.8 Source of income at admission

	2007-2008	2006-2007	1990-2008
Social security	37	29	451
Quebec Pension Plan (QPP)	0	6	44
QPP + Social Security	5	0	5
QPP + salary insurance	1	0	1
Salary insurance	1	3	81
Employment Benefits	1	1	31
Worker's Compensation Plan	0	0	2
RRSPs	0	0	2
No income	0	0	13
Unknown source	0	0	25
Total	45	39	655

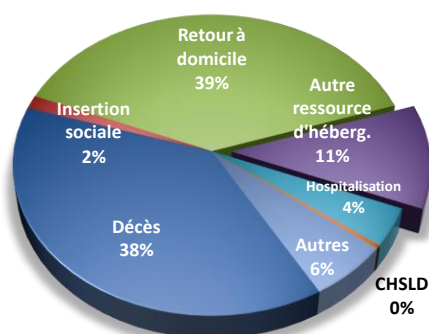
4.3.9 Reasons for departure

	2007-2008	2006-2007	1990-2008
Deceased	8	7	212
Returned to community	8	n/d	8
Returned home	9	6	215
Other community resource	6	1	62
Hospitalization	0	0	23
CHSLD	2	n/d	2
Others	1	15	34
Total	34	29	556

2007-2008

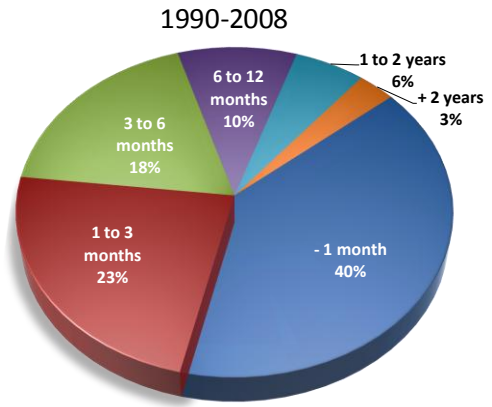
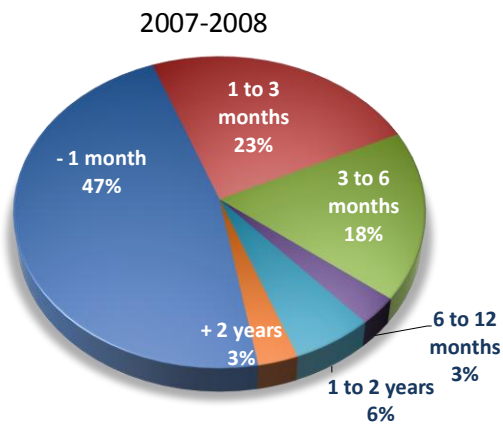


1990-2008



4.3.10 Length of stay

	2007-2008	2006-2007	1990-2008
- 1 month	16	7	221
1 to 3 months	8	6	129
3 to 6 months	6	7	103
6 to 12 months	1	5	54
1 to 2 years	2	2	32
+ 2 years	1	2	17
Total	34	29	556



4.3.11 Associated diseases

	2007-2008		2006-2007		(2004-2008)	
Total number of residents	45		36		177	
INFECTIOUS DISEASES						
HIV secondary anemia	1	2%	11	31%	0	0%
Candidosis	22	49%	28	78%	103	58%
Cryptococcus	1	2%	1	3%	3	2%
Cytomegalovirus (C.M.V.)	5	11%	4	11%	21	12%
Demencia (cognitive)	10	22%	16	44%	58	33%
Depression	13	29%	9	25%	45	25%
Encephalopathy	1	2%	6	17%	31	18%
Leucoencephalopathy	1	2%	0	0%		0%
Herpes	9	20%	9	25%	36	20%
Recurring bacterial infections	0	0%	0	0%	0	0%
Lymphoma (L.M.P)	1	2%	4	11%	0	0%
Mycobacteriosis (M.A.I. / M.A.C.)	2	4%	5	14%	27	15%
Paralysis	1	2%	1	3%	7	4%
P. Carinii Pneumonia	4	9%	8	22%	27	15%
Bacterial Pneumonia	11	24%	6	17%	27	15%
Kaposi Sarcoma	2	4%	1	3%	10	6%
HIV Emaciation Syndrome	21	47%	14	39%	62	35%
Drug addiction	20	44%	18	50%	83	47%
Toxoplasmosis	1	2%	4	11%	13	7%
Behavioral troubles	14	31%	8	22%	30	17%
Pulmonary Tuberculosis	1	2%	3	8%	9	5%
Zona	6	13%	3	8%	16	9%

	2007-2008	2006-2007	(2004-2008)
Total number of residents	45	36	177

Other health issues

Perianal Abscess	1	2%
ACV	1	2%
Alcoholism	1	2%
Anemia	5	11%
Anxiety	1	2%
Asthma	1	2%
Bronchiolitis	1	2%
Cancer	4	9%
Blindness	4	9%
Cirrhosis	3	7%
Spinal compression	1	2%
Genital condiloma	1	2%
Mental health troubles	16	36%
Convulsion	4	9%
Cyphosis	1	2%
Diabetes	7	16%
Chronic diarrhea	5	11%
Diverticulitis	1	2%
Gastro-intestinal pain	1	2%
Dyslipidemia	1	2%
Epilepsy	2	4%
Fracture of the vertebrae	1	2%
Pregnancy	1	2%
Hepatitis A	1	2%
Hepatitis B	4	9%
Hepatitis C	9	20%

Hypercholesterolemia	1	2%
Hypothyroidism	1	2%
Cardiac failure	1	2%
Renal failure	2	4%
Ulcerous lesions	1	2%
Leucopenia	1	2%
Lipodystrophy	3	7%
Cryptococcal Meningitis	1	2%
Contagious Mononucleosis	1	2%
Neuropathy	5	11%
Neuro-syphilis	2	4%
Pancytopenia	1	2%
Viral Pharyngitis	1	2%
Psoriasis	1	2%
Rhabdomyolysis	1	2%
Risk of de broncho-a	1	2%
SARM	2	4%
Schizophrenia	4	9%
Deafness	1	2%
Syphilis	1	2%
Thyroidemia	1	2%
Tracheotomy	1	2%
Cerebral Tuberculosis	1	2%

4.4 Reports

By Richard Desjardins, executive assistant

Number of residents, type of care and origin of referrals

Since its opening in 1990, 655 residents have been cared for at la Maison d'Hérelle. This past year was particular and was marred by events which affected our capacity to welcome people. Structural renovations on the facade of the building forced us to reduce the number of available places, requiring us to favour short term care rather than our usual selection process.

In 2007-2008, 45 residents were cared for at la Maison d'Hérelle. Of these, 9 came to us to receive palliative care, 23 were in transition and 13 came for short-term care. 4 persons were admitted on more than one occasion (varying from 2 to 6 stays), thus confirming the need for our respite/convalescence. The majority of the requests came from hospitals.

Occupancy rate

It is important to note that the limitations caused by the renovations lowered our occupancy rate.

PALLIATIVE CARE AND TRANSITION		SHORT TERM CARE AND CONVALESCENCE	
Occupancy days	3 440	Occupancy days	191
Total capacity (17 beds X 365)	6 205	Total capacity (1 bed X 365)	365
Rate of occupancy	55,44%	Rate of occupancy	52,33%

Age

The average age has continued to climb, and it is now 48 years old, or a little higher than last year. The tendency noted in the last few years is therefore maintained and can be partly explained by the event of multitherapy as well as the general aging of the population.

We had no residents under 35 this year, whereas there have been 118 in our first 15 years (out of 574). This could be explained by the fact that the multitherapies are particularly effective for newly diagnosed persons.

Gender

The proportion of men versus women has remained identical (notwithstanding multiple stays), so men in majority.

Sexual orientation

The number of homosexual persons has increased again this year, whereas the number of heterosexual persons has remained essentially the same.

Sources of revenue

82 % of residents are social security recipients. It is well documented that persons living on social security do not have the means to maintain a healthy nutrition and can barely see to their basic needs; these persons are therefore more vulnerable and often live in social isolation which have adverse effects on their health.

Reasons for departure

Despite the 8 deaths we have had this year, 17 persons (notwithstanding the multiple stays) left la Maison d'Hérelle. The impact of the illness is unquestionable however, since only 8 have returned to the community, whereas 6 are now in other community housing and 2 are in long term permanent care.

Ombudsman services

The Félix Hubert d'Hérelle Corporation has set up a process for the management of complaints, with the generous volunteer contribution of Brigitte St-Pierre, as ombudsman. We take the opportunity to thank her for her continued availability... while at the same time we are proud to not have had to resort to her services.

New important factor of influence

The majority of persons admitted this year, some 68% of them, were without a fixed address. This is a fact which has grown in importance in the last few years and something which we must now study thoroughly in order to better see to their needs.

WFA	Renters	Boarders	TOTAL
26	11	1	38
68 %	29 %	3 %	100 %



Yvon in creative mode . . .

5. RETURN TO THE COMMUNITY

5.1 D'Hérelle's Satellite Apartment

By Marion Tartarin, coordinator of the Satellite Apartment

This year has been a rich learning experience for those involved in the Satellite Apartment : returning home for people afflicted with loss of physical or psychological autonomy, socially isolated or who's loved ones cannot care for them, turns out to be possible. Long term care is no longer the only option for these persons, the dream of living in their own home has become reality once again!

This is greatly facilitated by the regrouping several persons in a single dwelling: isolation is eliminated, ties are reinforced among roommates, services (CLSC, meals-on-wheels, pharmacy, etc) are easier to organize. The apartment is therefore working as a social "unifier", just as it was hoped for at when the project was conceptualized.

Aurélie Bernard, who had accompanied the tenants since the initial meetings to build this project, left the coordination of the apartment in August 2007, in order to take up another challenge : coordinating the volunteers. This transition was accomplished smoothly thanks to her great availability and her support during moments of uncertainty. The fact that I was privileged to develop a trusting relationship with them as a volunteer, during their stay at d'Hérelle and then at the apartment itself, probably simplified this transition.

Indeed, the group is particularly sensitive to change. It was to take this factor into account that the admission process of new tenants was revised, in order to make the process more gradual. Future tenants are invited to come and visit the apartment several times before they move in, in order to meet their future roommates and to get acquainted with the surroundings. The feeling of belonging seems to be essential to a successful integration to the group. In this way, a former resident of la Maison d'Hérelle, well known to the tenants, will integrate more easily than someone coming from another resource.

However, this alone is not sufficient to integrate the apartment successfully. A certain level of stability, both physical and mental, as well as a minimum of autonomy of movement seem necessary to take full advantage of the apartment.

Finally, we should note that the mobility of persons between the three housing units of the Félix Hubert d'Hérelle Corporation has revealed itself to be quite useful. Indeed, the three types of housing (the community house, the group apartment and the studios) allow for a form of gradual adjustment in the forms of accompaniment, in accordance with the autonomy of each resident.

One of our tenants who thought she was ready for a more autonomous lifestyle left us for the studio apartments. Another was able to benefit from the respite program offered at la Maison d'Hérelle after a few weeks in hospital, in order to stabilize her health status before returning to the satellite apartment. La Maison also offers respite when it is required for a tenant to leave the apartment for a time after a violation of some rules governing the group.

Even if the apartment is completely functional today and can be deemed a success, a number of issues must still be considered.

- The turnover of the group with an increased participation of the tenants in the selection of new tenants.
- Volunteer implication (create a core of volunteers in Côte-des-Neiges)
- Open up to the outside world :
 - outings through the participation of other community groups (HIV and other) in order for the tenants not to be tagged solely to the HIV question and avoid the phenomenon of the ghetto;
 - training for the tenants in order to allow them to regain control of their lives – preferably externally in order that the Corporation d'Hérelle not be perceived as the only resource offering them support, ex: training in personal conflict management at the *FOHM*.
- Complementary approached to health care (luminotherapy, aromatherapy, phytotherapy, etc.).

Statistics

Admission requests		
Admit	Refused	Abandoned
1	2	1

Origin of the reference	
Maison d'Hérelle	5
External (CHSLD)	1

Length of stay	
3 to 6 months	1
6 to 12 months	1
More than a year	4

Age	
40 to 44 years	3
45 to 49 years	1
50 years +	2

Gender	
Men	2
Women	4

Declared sexual orientation	
Heterosexual	5
Homosexual	1

Mother tongue	
French	4
English	1
Creole	1

Sources of revenue	
Social security	5
Quebec pension plan	1
Salary insurance	1

Associated illnesses	
Candidosis	4
Cytomegalovirus (C.M.V.)	1
Dementia (cognitive)	5
Depression	3
Hepatitis	3
Herpes	1
Lymphoma	1
Mycobacteriosis (M.A.I. / M.A.C.)	1
Paralysis	1
Bacterial pneumonia	2
HIV emaciation syndrome	2
Drug addiction	2
Toxoplasmosis	1
Behavioural troubles	2
Mental health troubles	1

5.2 The Studios

By Jean-Marc Meilleur and Richard Desjardins

Origins of the project

At the beginning of this decade, the multiple therapies considerably prolonged the life of many persons living with HIV/aids. However, for many of them, getting their lives back means living with the physical consequences of the illness and the medication. Notably, we see a loss of physical autonomy and dementia-related troubles. This fact is complicated for persons already living in social isolation.

In 2002, during a group meeting of the Montreal region housing resources dealing with HIV/aids, members concluded that some of their residents no longer required full time permanent care, though they were not quite able to live on their own independently. The absence of specialized resources capable of meeting their particular needs prevented them, however, from leaving the community houses. This situation led to ever increasing waiting lists for admission to these resources.

Faced with this situation and willing to take action, the group wanted their members to take action and develop a housing resource able to respond to the needs of these persons. Encouraged by the group, la Maison d'Hérelle took up the challenge and submitted a request for financing. Presented in the scope of one of the programs of the *Société d'habitation du Québec (Accès Logis - Tome 3)* in 2005, the project is initially rejected. Revised and resubmitted in 2006, the project is finally accepted.

The purchase of land, the payment of the subsidies and the construction follow their course and on December 21st 2007, la Maison d'Hérelle welcomed its first tenant.

The financial partners who made the project possible are as follows:

- ♥ *Initiative de partenariat en action communautaire (IPAC)*
- ♥ *Société d'habitation du Québec (Accès Logis – Volet 3)*
- ♥ City of Montreal

This project is therefore a response to the complementary needs of social housing, which is more and more apparent in the fight against HIV/aids. The process of « returning to active life » for persons living with HIV/aids is varied, as is their needs for housing. In fact, a

number of different yet complementary resources already exist, each with their own objectives:

- The Satellite apartment of la Maison d'Hérelle
- The Satellite apartment of la Maison du Parc
- The Centre Amaryllis (of Sidalys)
- The Habitations Jean-Pierre-Valiquette (of Sidalys)
- The Studios of la Maison Plein Cœur

A number of meetings were held with the various HIV/aids housing resources, the community representatives and the hospital centers, in order to present the objectives and the mission of the new resource.

Description of the project

The primary mission of the studios is to offer permanent and affordable lodging to persons living with HIV/aids, who would risk a relapse if they were isolated in a regular apartment and who still require some intense support. These studios offer community support in line with the services that were offered in the community housing and/ the assistance of a social worker.

The referring resources are, in order of priority : the HIV/aids community houses, the aids community network and the public health sector.

A selection committee was set-up in order to study the admission requests and to meet with the candidates and their referrers. The committee is comprised of the coordinator of the Studios, a member of the team from La Maison d'Hérelle and a representative of the other community houses (alternating between them).

Requests received

From the opening in December 2007 to March 2008, 21 requests for admission were presented. 18 requests were granted, 2 were refused and 2 were withdrawn after approval. One additional request was granted and waiting for availability.

Origin of the requests :

- 13 from the housing resources (Maison Dominique 2, Maison d'Hérelle 6, Maison L'envol 1, Maison du Parc 4)
- 2 from the mobile team of the St-Luc CHUM
- 3 from the mobile team of the Thoracic Center of the CUSM
- 1 from la Maison Plein Cœur
- 2 from the CSSS Laval

Approach

The approach we use aims chiefly to responsabilize the tenants and to maintain and develop the capacities and abilities acquired. The management style emphasizes collaboration between the tenants as well as social implication, both at home and in the community. A coordinator is present 2 days a week to foster interaction within the group and to encourage the use of external services, as well as manage any internal conflicts.

Individual follow-ups of the tenants are ensured by the referring resource. The tenants assume in part the management of the building (cleaning, snow removal, etc.), whereas the Tenant Committee allows them to establish themselves the rules for the building. The administration and management of the building (repairs and technical maintenance) are handled by the staff of la Maison d'Hérelle on St-Hubert.

5.3 Returning home and post-housing

By Jean Michel Richard, responsible for post-housing follow-up

Specific needs surrounding the issue of social reinsertion have been clearly identified by the care workers, creating a post-housing facet of considerable importance on the day to day work at la Maison d'Hérelle. In order to ensure the success of the residents' departure and subsequent accompaniment, prior to their departure, the team has, once again, taken up the challenge.

This year, the support offered some of our former residents in the context of this project was intensified. Though the number of persons we assisted with their return to the community was somewhat reduced to some thirty people, the actual workload of the follow-up was increased. This occurred principally because, beyond the casual accompaniment of former residents, the medical aspects of the follow-ups were steeper to deal with, essentially because of mental health issues, diabetes, drug addictions and the side effects of the antiretroviral drugs. Furthermore, because these persons who are requiring follow-ups are also stigmatised and marginalised, they have to deal as a whole with poverty, lack of proper education, their seropositive status, drug addiction, issue related to their ethnic origin, their mental health, their homosexuality and homelessness, which are all issues to deal with on a daily basis. In this context, the care workers have to systematically ensure that rights are respected and dignity for these persons prevails. This reality is an echo of the failing social network and as a consequence, the absence of loved ones for many of them.

Faced with this reality, the care workers and volunteers have witnessed on a number of occasions, the perverse effects of the health policies which have thrust us into the leading role of post-housing support for our former residents returning to the community. It is quite difficult for a person receiving a social security cheque of \$860 to handle payments for their rent, electricity, telephone, television and public transport, all the while maintaining a healthy diet and trying to balance their mental health with some leisure activities.

Whereas rent alone averages \$500 a month, the care workers have encouraged development of alternative resources such as the Studios and the Satellite apartments.

Thus after their stay at la Maison d'Hérelle, we assist them in becoming active participants, as citizens, rather than spectators or exclusively users of social services. The approach favours motivation for a new individual start, such as pursuing language courses or advanced learning for some, or volunteer work for others, at la Maison d'Hérelle or elsewhere, in the hopes of building a new social network.

With this project, our objectives remain the same, that is to maximize the chances for an active return to the community and to help maintain and increase their quality of life. We are also well aware that maintaining the close ties developed with the members of the team of la Maison d'Hérelle, can help to limit some problems and that these follow-ups in the community will avoid some of them returning to the hospital and in the housing resources, or worse, ending up on the street,

To attain these objectives, these are the steps the team of care workers and the volunteers have taken :

- Prepare the various stages of the return home : finding an apartment, appropriate furniture and accessories, groceries, etc.
- Ensure adapted follow-up: visits at home, telephone contacts, outings and meetings, offered at la Maison d'Hérelle, in order to break the isolation.
- Support for the taking of medication and observance of the side effects.
- Develop and maintain close ties with the partners of the health network and social services, the community network, the rehabilitation services and the social housing network.

6. SUPPORT OF LOVED ONES



6.1 Letter from Mariane

Aux intervenants et résidents de
la maison d'Hérelle,
je tiens à vous remercier du fond du
cœur pour tout le soutien que vous nous
avez apporté à mon père et moi durant
ces moments intenses. Grâce à votre
ouverture, votre présence et votre grande
générosité, j'ai pu vivre une réconciliation
avec l'homme le plus important de ma vie.
Tout le respect et l'amour que vous lui
avez accordé m'ont aidé à me sentir
fière de lui, à reconnaître son grand
courage, et à lui pardonner et l'aimer. À vos
côtés, mon père a su regagner sa dignité et
sa paix intérieure.

La plus grande leçon que je retiens de cette
expérience est que notre plus grand besoin
est celui d'aimer et d'être aimé. En votre
précieuse compagnie, mon père s'est senti
en sécurité pour donner et recevoir cette
grande ressource qu'est l'amour.

Je porterai à jamais dans mon cœur cette
magie que chacun de vous avez contribué
à créer durant ces moments de
retrouvailles.

Je vous souhaite à tous un heureux temps
des fêtes, rempli de chaleur et d'amour.

Affectueusement,  
Marianne xxx

6.2 Letter from Diane

At the end of the month of August 2007, Martin Campeau arrived at la Maison d'Hérelle. I, his sister, had taken the appropriate steps with the help of the social workers of the Ste-Agathe Hospital where Martin had been hospitalized previously (since July 11th 2007). It was there that doctors diagnosed AIDS. Martin and his loved ones did not suspect this illness because, having suffered from 3 cancers in the previous years, we thought it was the cancer returning. It came as a shock to Martin because he thought himself shielded from this illness. We called it wishful thinking. It was a nonetheless a shock for us, his family and friends.

AIDS afflicted him in his lungs, on his skin and in his brain. Progressively, the assault on his brain rendered him aphasic and paralysed on the right side. I witnessed the degradation of his body with consternation. Let me come back to Martin's arrival at la Maison d'Hérelle. Jean-Marc had come to the Ste-Agathe hospital to evaluate Martin's condition. What surprise, and a great deal of relief, when Jean-Marc confirmed that Martin would be transferred to Montreal two days later. Jean-Marc acted with great empathy and undeniable competence. I knew right away that Martin would be well cared for. I felt the same way when I first stepped in this house. The warm welcome and the professionalism impressed me a lot, and it was like this all along Martin's stay there, which ended with his passing on October 20th 2007.

The ties with my brother flowed very deep and this continues even in with his physical absence. I was with him almost constantly. As soon as he became ill (mid-June 2007), I wanted to support and help him. This period amounted to a great deal of suffering for me. But I was consoled to see him beautiful smile

and his eyes light up when I arrived to see him. He could no longer talk but to hold him in my arms replaced all conversation. I could see that the other residents did not receive many visits and this affected me. I would not have wanted Martin to go through that.

The whole staff : employees, care workers, nurses, cooks and volunteers were amazing. They provided care and assistance to Martin. I will be forever grateful to them. For my part, they supported me in my grief. They listened and encouraged me to talk. Even the other residents were kind to Martin and I.

I will never forget the meals I shared with those who were present when I went to help Martin feed himself. Despite the demanding tasks, everyone knew how to lighten the mood. There was even room for some humour. Bravo!

Tell me how people afflicted with AIDS managed a few years ago when no place like your could be found. I don't dare to imagine. It is an essential service. We must greatly thank those who took this initiative and all the persons who actively work there.

My hats off to you, thank you.... thank you!

Marianne

6.3 Observations

By Ghislaine Roy, care worker and responsible for the support of loved ones

The needs of the loved ones are always present at la Maison d'Hérelle. The many issues suffered by the residents and the too often complex nature of their family relationships, have made it so that the support of loved ones today is very diversified. Though fewer loved ones are present, the time of accompaniment has intensified in order to better respond to the needs: psychological support, personal assistance, information on HIV/aids and about the associated illnesses and symptoms, clarification of the status of the resident, end of life accompaniment, explanations on the need for loved ones to be implicated and integrated during the stay and during the post-housing period, support of common law spouses, and many others.

Family members and loved ones come with their concerns, their feelings of guilt and the pressing feeling of needing to catch up with the time that was wasted. One family will seize the opportunity to reconnect with the resident with whom they had "lost contact"; another will seize the opportunity for reconciliation, in order to best support the resident. In one particular case, we were called upon to demystify the illness and the means of transmission, only to discover that the almost complete absence of loved ones was caused by fear of transmission of the illness; once everyone eased a little, close ties were once again attained.

Too often, the arrival of the afflicted loved one happens in last resort, when those close to him or her are on the verge of collapse, following a number of remissions and relapses. So many spoiled hopes! Feelings of failure and guilt! How will our loved one be welcomed in this house where illness and death are omnipresent? Will we have some energy left to continue fighting for his rights and to accompany him? For them, it is too often the first chance they will be offered to take the time to express their emotions, to be themselves supported in this adventure in which they don't know what to expect and where they turn to use for some answers.

Support for loved ones therefore continues to be an essential need and remains a constant concern. The entire team tries to remain alert to their needs and to respond to them. This is the case for not only the care workers but the administrative staff, the maintenance staff

too, who because of the daily presence can often anticipate requests, and our cooks as well, through their welcoming attitudes and their observations in the dining hall.

It is therefore through the availability that we manage to offer this indispensable service as much to the families and loved ones, but to friends as well. Even beyond the support services, we often play a teaching role to delivery persons and workers who come to la maison. We believe that, just as the residents themselves teach us how to best accompany them, each person who visits la Maison d'Hérelle has an opportunity to teach about aids and participate more actively in social change.

Thank you to all those who allow for this solidarity to develop towards better common values, at la Maison d'Hérelle and in society at large.

6.4 **Statistics**

Type of care	No. of pers.	No. of hours
Psychological support	41	332
Information of the progression of the illness	12	24
Advice on care	4	3
Legal support	8	9
Complementary approaches to health care	1	1
Meeting with doctors	2	1
Social-economic support	9	9
Others (general support, assistance with funeral arrangements)	8	9

7. VOLUNTEERING

7.1 Observations

By Aurélie Bernard, volunteer coordinator

Support, Unite, Build

We have to realize that there has been a reduction in the number of volunteers and volunteer hours. La Maison d'Hérelle was not spared the general tendency that was noted in other HIV support organizations, namely the community resources. The factors explaining this reduction in volunteer work in la maison are numerous and complex.

The commonness of HIV is certainly one them. In the eyes of the general public, the illness appears, rightly so, chronic. It mobilizes fewer militants, it is less mediatised. And we can't deny the impact of the therapeutic advances of the last decade and the return to active living of many persons living with HIV/aids. It's just reality!

Certainly, fewer die from aids, but are the residents of our houses are they necessarily living better lives? The media, the population ignore those for the therapies don't work, who benefit from little or no social and family support, who present behavioural troubles, perhaps even multiple problems (drug addiction, homelessness, co-infections). This is the clientele of our house, these persons experiencing a completely different reality of HIV.

We know that this new clientele represent new challenges for all the teams, even the highly specialized ones. No wonder then our volunteers, despite the support we offer them, sometimes feels helpless, lacking in skills or incompetent.

In the past, volunteering meant accompanying someone at the end of life, supporting this spiritual path, and to comfort with one's presence a resident at the end of life, who was grateful for the services being offered. This type of volunteering was perceived by the volunteer and indeed by the rest of the community, as humble and worthwhile. Today, helping someone rejoin the community, accompanying this person in regaining their health while juggling the contrary effects of their drug addictions, with the accompanying negotiations, is far less gratifying.

There are two factors that might explain the reduction in the number of hours of volunteers and volunteer work. However, the Félix Hubert d'Hérelle Corporation considers itself lucky. Even if we suffer through storms, the ship remains steady. Despite our real

estate issues, our reduction in activities and temporary relocation in the context mentioned earlier, we have kept a great number of our volunteers, and some 22 new persons have even joined their ranks this year.

Let's take a closer look at the statistics. We note that the volunteers are still as present in the kitchen, accumulating the second largest number of hours at la maison. Care work has attracted fewer persons; however those present were heavily involved and completed about the same number of hours as previous years.

Let's salute those volunteers who, far from Saint-Hubert Street, remain very involved with the residents of the Satellite apartments. The ties they are weaving are one of the key elements of the success of this great project.

We will never thank enough those who get involved behind the scenes, in the Board of Directors, as consultants, in the administration and in other sectors, and who knew how to protect the ship during the bigger swells. Their involvement is their vote of confidence in the residents and the team, to pursue projects that others would have deemed mad, but that shape the hope for all our residents!

Loved ones and the residents themselves, we realize every year, get less and less involved in our activities, despite our great will to include them. The cognitive and multiple afflictions mentioned earlier, along the presence of fewer loved ones, are probably to blame.

Finally, let's not forget the volunteer work of the members of team. Very present, notably during fundraising activities, their loyalty is a message of support that is appreciated by the residents; it is a way for the team to militate in favour of the residents and to give them a voice where they, too often, have none.

The great loyalty and the consistency of our long time volunteers are a message of love and hope for our residents; the new faces too, contribute to making la maison a second family for them. The messages from the volunteers found at the end of this annual report, illustrate far better than any of my words could express why they choose to come to us when they choose to get involved in their community.

We say often, and we will never tell THEM enough, volunteers make all the difference in our organization. Without them, we would be able to operate, without them, la maison would not enjoy its extraordinary reputation.

Without Centraid, which has supported our volunteers since 1989, none of the challenges which we face would be so well answered and our organization would not enjoy this great humane reputation it enjoys throughout the network.

This year's theme for the Annual Volunteering Week, which was held at the beginning of the month of May 2008, was "Support, Unite, Build". It summarizes perfectly the Corporation's philosophy during all these years. It is because we are supporting, because we are united, that we are able to build together what we believe in most: a place for every person where they have chosen to be.

In conclusion, thank you to all of you volunteers, whatever the role you have played or your personal mission, you have changed the life of our organization. I am proud to have had the opportunity to have accompanied you this year. I was granted a great opportunity to work with such lovely people.

Thank you !!!

7.2 Testimonials

Why I chose la Maison d'Hérelle to volunteer

I think you must go there once, a single time, to understand that this place is authentic, with authentic people, with authentic residents. I chose to do my training session in zootherapy there, because I believed society has set aside people living with HIV. But these persons living at la Maison d'Hérelle are so friendly, so open, so full of life. I haven't been a volunteer for very long but I feel welcomed with such warmth from the residents and the members of the team, who keep the stronghold that this place truly is.

An experience that is most positive for me and that I hope will be the start of a long friendship with this organization.

Caroline Lachapelle, zootherapist

Because I believe there remain prejudices, exclusion, rejection and incomprehension of persons living with HIV.

Because there exists no truththerapy for ignorance and intolerance of others.

Because here, the values being circulated are identical to mine.

Because every person living at la Maison is unique, with a unique life experience and I am enriched by the contact I have with them and getting to know them.

Because, I hope that with everyone of my encounters, I may give back a small piece of what they give me simply by letting me enter their life.

Because I admire their courage, their combativeness, the ever present light in their eyes, despite their suffering.

Because there is and always will be human needs that require attention. Being listened to, being accepted, sharing a common understanding are among those, whether you are infected with HIV or not.

Because by being in proximity with each and everyone here, I become a better person, a better human being.

Josée Lafrenière, zootherapist

I was looking for a place to volunteer in order to work closely with people and practice speaking French. I visited the SBEM (the East Montreal Volunteer Service). They

referred me to la Maison d'Hérelle. When I started volunteering, I soon discovered this was a place of exception, a place apart, with a great atmosphere to work in.

I feel truly privileged to belong to the team; it is like a family, where everyone feels welcome. The residents are treated with respect and enjoy exceptional attentions. I have found that the staff truly wants to accompany the residents and that this is not just a job for them. What I appreciate at la Maison d'Hérelle is this general attitude of being in the service of others. "The one who wants to be great amongst you, let that person be your servant"

Kevin Martin, kitchen volunteer

I was taking a course in HIV/aids at Concordia University. I was required to volunteer in a resource working in the field of HIV. I chose la Maison because I wanted to be among those living the reality of the affliction. I started in the kitchen, but I found I was too removed from the residents. So I made my way to the "the front lines". I appreciated the family atmosphere and the fact that I was considered part of the team. I met some person who enriched my life.

Afterwards, I worked with the residents in the apartment. It allowed me to get to know the tenants. They welcomed me warmly. I also accompanied them to the pool every two weeks. We have a lot of fun in the water.

Why do I continue? If I'm not there often, I feel part of the family. I completely escape my own world, which does me tremendous good. I meet other being who are completely different from one another, but who seek to enjoy their life despite the obstacles in the health. It's inspiring!

Thank you! X X X Alice

I chose to volunteer at la Maison d'Hérelle for three reasons. The first is to honour God for granting me life, the second is related to my husband passing away, at home, several years ago. The third is to find a meaning to my life, to rediscover human qualities I thought I has lost and the peace that I feel when I at la Maison d'Hérelle. I believe in their cause and I find in everyone so much love and goodwill.

Jocelyne St Fleur

7.3 Statistics

Secteur	Personnes	Heures
Administration	5	230
Approches alternatives	4	350
Autres	164	920
Conseil d'administration	10	1034
Consultants	8	407
Cuisine	16	2,302
Intervention	28	1,816
Personnel	48	1,315
Résidents et proches	14	72
Stages d'étude	40	5 260
Total	337	13 706

Areas of involvement of the volunteers

- ▶ **Administration** : fundraising; coordination; recruitment, reception, representation
- ▶ **Alternative approaches to health care** : massotherapy; reiki; Chi Qong; therapeutic touch
phytotherapy; aromatherapy; meditation; naturopathy; homeopathy; etc..
- ▶ **Others** : general maintenance, painting, renovations, repairs, special projects and various collaborations, hairdressing,
- ▶ **Board of directors** : administrators
- ▶ **Consultants** : accounting, public relations, attorney, notary, graphic art, training, newsletter
- ▶ **Kitchen** : assistance with the preparation of meals, nutrition, diet
- ▶ **Care work** : assistance to the care workers, nursing, psychology, partnering, hygiene and comfort, accompaniment in and out of the residence, accompaniment of the loved ones, training, sponsorship
- ▶ **Personnel** : newsletter, sociocultural activities, fundraising, meal time, committees and reunions, newsletter, training for other resources, representation (federal, provincial, health network, community, partnerships), etc
- ▶ **Trainees** : specialized education, zootherapists, massotherapists, social work, nursing, auxiliary nursing, orderlies, family auxiliaries

8. ALTERNATIVE AND COMPLEMENTARY APPROACHES TO HEALTH CARE

8.1 Approaches

By Judith Dendy, care worker and responsible for the program

Right from beginnings of la Maison d'Hérelle, residents asked us about alternative or complementary approaches to health care. We have since been offering them access to various potentially effective therapies. The so-called "alternative" therapies emphasize custom treatments with a holistic approach to the individual, in consideration of physical, mental, spiritual, emotional and sexual aspects of life. La Maison offers these therapies as a complement to traditional medicine and in the hopes of increasing the comfort of the resident, and not as a substitute to medical treatment.

Phytotherapy (tinctures, infusions, creams), aromatherapy (therapeutic essential oils) and diet supplements (vitamins and minerals, Omega 3, etc) are used to alleviate symptoms, after having evaluated, with the assistance of the doctors and pharmacists, the possible interactions with the antiretroviral therapies. Other approaches often used are: massage, reiki, shiatsu, therapeutic touch, Chi Gong, visualization, meditation, homeopathy, music therapy, art therapy and zootherapy.

La Maison regularly refers to the "*Natural Medicines Comprehensive Database*", an internet site with a database on alternative medicines, in order to remain abreast of possible treatments. Over the years, la Maison d'Hérelle has acquired a certain notoriety for its expertise in the use of complementary approaches to health care. The team members and the trainees are introduced to the treatments used, and supervised by Judith Dendy, responsible for the program.

The staff and the volunteers also make use of complementary approaches and consult us more and more frequently for their personal issues.

8.2 This year's activity calendar

The main problems for which the residents consulted for :

Digestive disorders	
Nausea	Upset stomach
Throwing up	Constipation or chronic diarrhea

Skin disorders	
Psoriasis	Eczema
Herpes	Dermatitis
Furunculatis	Abscesses

Mental health issues	
Anxiety	Panic attacks
Depression	Insomnia

Others	
Hepatic troubles	Œdema
Fungal infections	Candidosis
Condyloma	Warts
Bed sores	Ulcers

Pain	
Neuromuscular	Headaches
Neuropathic	Muscular-skeletal

Volunteers trained in certain approaches and therapies assisted the team by bringing their expertise and support, which was very beneficial. I wish to thank Emmanuelle Jordan, massotherapist, who was always available for persons at the end of life, René Paquin for his very comforting massages, and Barry Thompson, Chi Kong instructor, for his time and patience in the training sessions in numerous relaxation techniques offered to our residents, trainees, volunteers and staff, and finally to Caroline Lachapelle for the zootherapy.

A conference by the ACCM (Aids Community Care of Montreal)

I was offered an opportunity to speak at one of the ACCM's workshops entitled "Complementary therapies". The objective was to inform and create contacts between their clients and the community resources in the fields that had been solicited, as well as encouraging, on the part of their employees and volunteers, a greater understanding of the resources available in the community. We touched on the subjects of creams, tinctures, herbs and essential oils which could contribute to alleviate some of the side effects of the antiretroviral medicines: insomnia, indigestion, diarrhea and neurotherapy in the extremities, to name only a few. One young man in particular received a copy of one of our recipes for Herpes Simplex. The comments received in general: excellent information, I am more inclined to use alternative methods to heal myself, I will add natural therapies to traditional therapies as an additional approach. The ACCM offered our coordinates to their clientele and added our information leaflets which I left for them in their resource library.

Luminotherapy

The use of luminotherapy was so successful that we transferred our lamp at the Satellite apartment and purchased another one for the house on St-Hubert.

Intuitive massage

This type of massage provides physical relaxation:

- ♥ Harmonises cardiac and pulmonary rhythms
- ♥ Calms agitation and favours relaxation
- ♥ Allows a temporary reduction in pain
- ♥ Combats insomnia

Additionally, it contributes to the emotional and spiritual well-being

- ♥ By reducing the sensation of fear and anguish
- ♥ It re-established self-esteem, reconciles body and soul
- ♥ It establishes a close contact by creating an emotional bond
- ♥ It awakens a sensory conscience
- ♥ Appeased in their physical and moral suffering, delivered from their anguishes, some persons will be able to accept death and illness with more serenity.

Challenges for the coming year

- Improve training for the care workers and train the new ones.
- Expand and adjust the appropriate approaches for the Satellite apartment.
- Evaluate the interest and the pertinence of offering the techniques to the Studios.

9. TRAINING WORKSHOPS

- ♥ Presentation of the Executive director on the topic of “commitments”
Before the Canadian Association on Mental Health
- ♥ Presentation of the Executive director on the topic of “detachment”
before some social delegates of the FTQ
- ♥ Presentation of the Executive director on the subject of the Satellite apartment
before some masters in social work students from l’UQAM
- ♥ Two workshops dispensed by the care coordinator and the executive director on the topic of HIV and
dementia, at the CLSC Côte-des-Neiges
- ♥ Training offered by the care coordinator on the topic of HIV prevention
to the staff of the CLSC Côte-des-Neiges
- ♥ Training offered by a nurse and the executive director on the subject of the Satellite apartment
to the palliative care teams of the Pierre-Boucher and Charles-LeMoyne Hospitals
- ♥ Training offered to the personnel of la Maison d’Hérelle on the themes of mental health, drug addiction
defence of rights, symptoms and side effects of medication
- ♥ Supervision of trainees by the executive director for a practicum training on the subject
of clinical ethics in the masters program in bioethics
- ♥ Participation by the nurses in 2008 in a symposium on the subject of
HIV and dementia
- ♥ Two training sessions offered by the care coordinator on the subject of care for HIV dementia
to the staff of Sidalys and la Maison Amaryllis
- ♥ Conference offered by the in-house physician of la Maison and the care coordinator on the subject of
Chronic illnesses VS palliative care, at the Quebec symposium on palliative care
- ♥ Visit by a social worker and a member of the administration of a housing resource in Cameroon,
organized through the Rooftops Canada
- ♥ Visit at la Maison d’Hérelle by a group of nurses from Japan
- ♥ Two days of training and resourcing for the staff



A day of resourcing... to rejuvenate our energies!

10. STUDY TRAINING SESSION

10.1 Letter of thanks from the Université de Montréal

Université 
de Montréal

Montréal, le 27 mai 2008

Monsieur Jean-Marc Meilleur
Maison d'Hérelle
3738 rue St-Hubert
Montréal H2L 4A2



Objet : Remerciement pour votre précieuse collaboration

Monsieur,

Le moment est propice pour vous remercier pour la précieuse collaboration que vous avez apportée à la formation d'étudiants(es) au programme de baccalauréat en sciences infirmières. Cette collaboration soutenue fut grandement appréciée. Elle est d'autant plus appréciée étant donné le travail et le temps qu'elle exige.

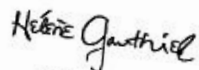
Nous souhaitons également souligner votre engagement auprès des étudiants(es). Cette expérience d'accompagnement d'étudiants(es) par des infirmières et infirmiers a permis d'établir, une fois de plus, des liens de partenariat entre la Faculté des sciences infirmières et votre établissement. Pour nous, ce partenariat avec vous est toujours très riche et important.

Pour leur part, les étudiants(es) ont apprécié les apprentissages faits lors de ce stage. Ainsi, nous vous remercions, en leur nom, pour votre accueil chaleureux et votre grande disponibilité. Vous avez su transmettre aux étudiants(es) votre passion pour les soins et votre ouverture à l'égard de la formation de la relève.

Veillez agréer, Monsieur Meilleur, l'expression de nos sentiments distingués.



Paule Bolduc, inf., M. Ed
Chef secteur formation clinique et pré clinique
Faculté des sciences infirmières
Université de Montréal



Hélène Gauthier, inf., M. Ed
Coordonnatrice de stages
Faculté des sciences infirmières
Université de Montréal

10.2 Observations

By Richard Desjardins, executive assistant

La Maison d'Hérelle outside Quebec towards the world stage!

A victim of its own success and the reputation that international trainees have carried abroad, la Maison d'Hérelle receives more and more requests from trainees. The humanism that transpires from our innovative approaches and the success that trainees are able to experience firsthand, is being transmitted by word of mouth from student to student and from student to teachers. Many are willing to come and see for themselves what transpires here and understand why their colleagues return enthralled by their experience.

Thus we have an abundance of trainees, primarily nursing students and auxiliary nurses. Others come to us from the fields of specialized education, bioethics and social work. We welcomed 25 trainees from the province of Quebec and 15 from France, though none came to us from l'Île de la Réunion and Africa this year.

Some of our trainees maintain contact with us, even after several years. La Maison d'Hérelle, which is sometimes sought after by Quebec universities, is now being solicited for conferences and training by schools and physicians in France.

How far can the philosophy and the approach fostered by la Maison d'Hérelle resound, and how much social impact can be expected?

Some answers are proposed at the end of this report, in the section entitled "Perspectives for the future"...

10.3 Statistics

Secteur	Personnes	Heures
Bioéthique	1	35
Travail social	1	900
Éducation spécialisée	7	1 035
Sciences infirmières	15	2 100
Infirmiers auxiliaires	17	1 190
Préposés	0	0
Auxiliaires familiaux	0	0
Total	40	5 260

Provenance	Personnes	Heures
Stages d'instituts d'enseignement du Québec	25	3 160
Stages internationaux	15	2 100
Total	40	5 260

10.4 Trainees

Alphabie Didier	Auxiliary nurse	Montreal
Brenda Liz JaramillePancar	Auxiliary nurse	Montreal
Caroline Lavoie	Specialized education	Montreal
Caroline Mennereau	Nursing care	France
Chantal Rajotte	Specialized education	Montreal
Claire Lévêque	Nursing care	France
Danielle Lajoie	Travail social	Montreal
Djenie Volcy	Auxiliary nurse	Montreal
Domille Serraz	Masters in bioethics	Montreal
Édens Faustin	Auxiliary nurse	Montreal
Emmanuel Saladin	Auxiliary nurse	Montreal
Françoise Martha Ulysse	Auxiliary nurse	Montreal
Gertrude Bunzele	Nursing care	France
Hubert Maze	Nursing care	France
Jasmin Béchard	Auxiliary nurse	Montreal
Jeannie Boudreault	Specialized education	Montreal
Judith Célestin	Auxiliary nurse	Montreal
Judith Nzasi	Auxiliary nurse	Montreal
Julianne Brousson	Nursing care	France
Ketia Gran-Pierre	Auxiliary nurse	Montreal
Khadija Azizeddine	Auxiliary nurse	Montreal
Kim-Alexandra Gagnon	Specialized education	Montreal
Lovely Lasserre	Auxiliary nurse	Montreal
Mame Fatou Taye Diop	Auxiliary nurse	Montreal
Marie-Ève Pelletier	Auxiliary nurse	Montreal
Marie-France Pizot de Bonad	Nursing care	France
Martine Dandurand	Nursing care	France
Meaghan Coleman	Specialized education	Montreal
Nadège Fleuridien	Auxiliary nurse	Montreal
Ophélie Gautrais	Nursing care	France
Patricia Georgeault	Nursing care	France
Patricia Mancini	Nursing care	France
Paul Romuald Zebeyou	Auxiliary nurse	Montreal
Pauline Talamo	Nursing care	France
Rose Virginie	Nursing care	France
Rosée Parenteau	Specialized education	Montreal
Sabrina Gouia	Nursing care	France
Sylvie	Specialized education	Montreal
Thomas Gendron	Nursing care	France
Thomas Khatchadourian	Nursing care	France
Victorine Mitongu	Auxiliary nurse	Montreal

11. FINANCIAL RESOURCES

11.1 Considerations

La Maison d'Hérelle exists primarily thanks to the Quebec Department of health and social services, which subsidizes it today at 85%.

Centraid, since 1989, continues to support the indispensable volunteer program and the return to the community and post-housing programs, with financial support representing some 18% of our revenues. It contributes also indirectly to the spread of la Maison d'Hérelle's considerable expertise.

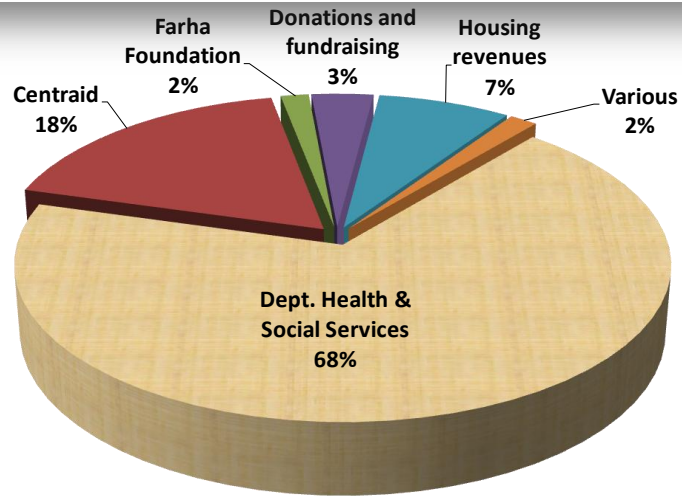
The Farha Foundation continues to offer us support, not only with the annual March, but also when it comes to put together new support resources to persons living with HIV/aids, such as the Satellite and the Studios.

Donations and fundraising activities help to round-off our financial needs.

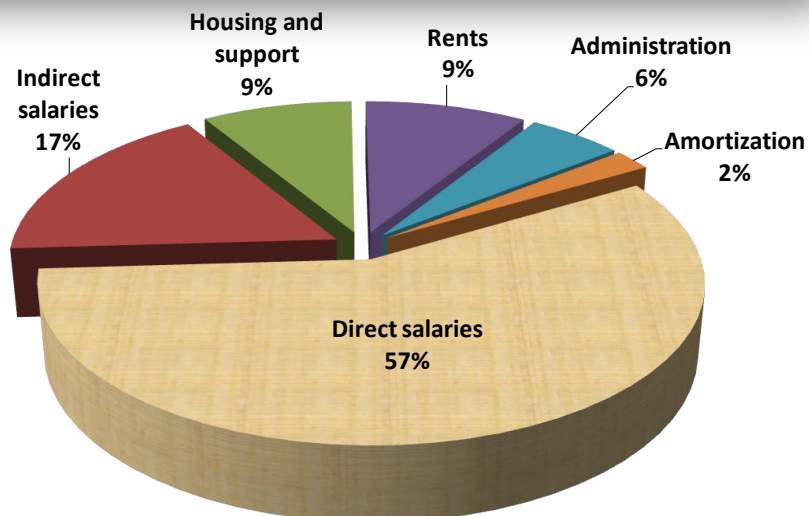
Total salaries represent 74% of expenses, which is explained by the fact that the *raison d'être* of la Maison d'Hérelle is to offer personal accompaniment to the residents, for care, for diet, for maintenance; 26% of expenses are attributed to indirect services.

11.2 Financial information

Dept. Health & Social Services	\$ 647,000
Centraid	\$ 167,000
Farha Foundation	\$ 15,000
Donations and fundraising	\$ 33,000
Housing revenues	\$ 71,000
Various	\$ 15,000
TOTAL	\$ 948,000



Direct salaries	\$ 527,000
Indirect salaries	\$ 157,000
Housing and support	\$ 79,000
Rents	\$ 85,000
Administration	\$ 50,000
Amortization	\$ 20,000
TOTAL	\$ 918,000



12. Acknowledgements

During this year of unprecedented challenges, adventures and accomplishments, our partners have been so numerous that it is difficult to name them all. We must however underscore a number of them who have been particularly helpful this year.

12.1 Unexpected support

In addition to annual contribution, we were fortunate to count on an additional support from the Montreal Agency for health and social services, who helped with the expensive problem of the facade of the building, and who reiterated its support for the creation of the Satellite apartment.

Thanks to a special contribution, Centraid allowed us to develop a training program for the HIV/aids care workers.

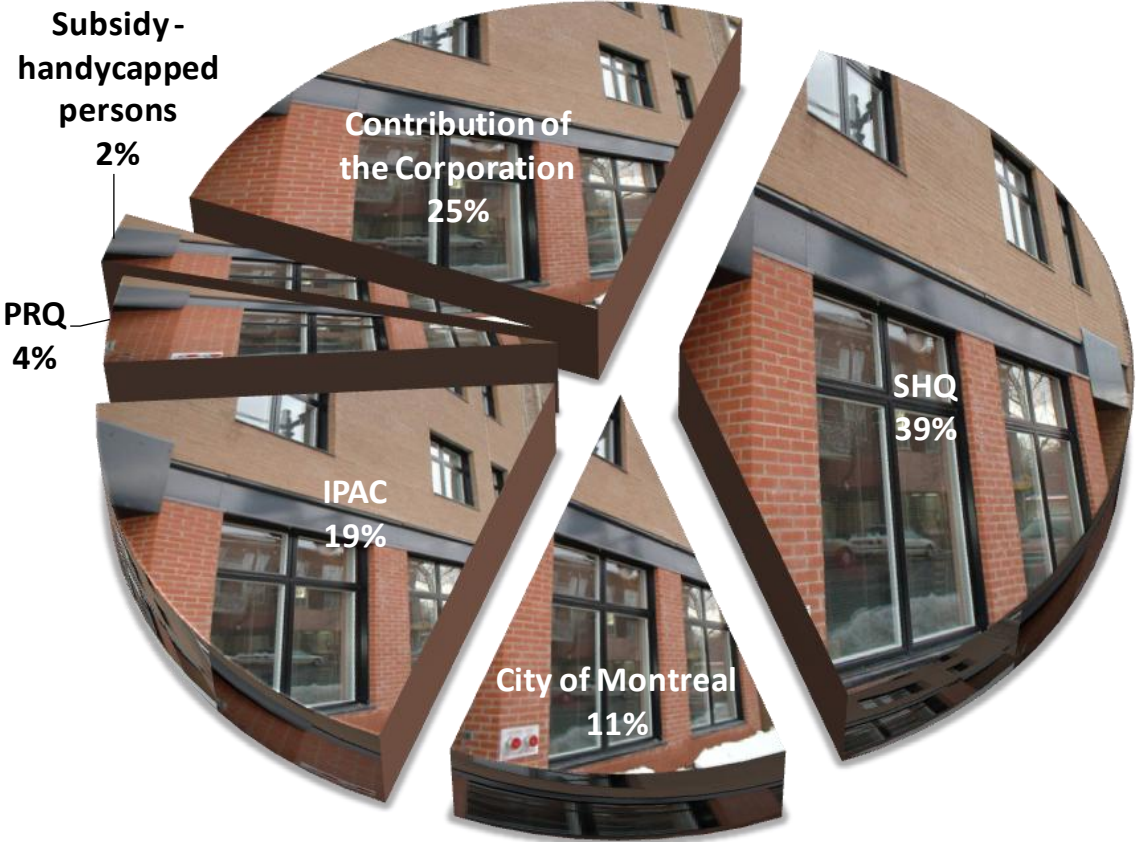
The Farha Foundation, who has been supporting us for so many years, merits a special mention for their unwavering support and for contributing to our special projects.

12.2 Realization of the Studios Project

Let us mention firstly the financial contribution of the *Société d'habitation du Québec* (SHQ), or the City of Montreal, and of Service Canada (IPAC) who together, contributed nearly 2 million dollars for the construction of our Studios.

12.3 Principal donors

SHQ	780,262 \$
City of Montreal	219,150 \$
IPAC	369,750 \$
PRQ	83,200 \$
Subsidy - handycapped persons	48,144 \$
Contribution of the Corporation	497,883 \$
	1,998,389 \$



We need to thank our generous donors, whose continuing support allows us to contribute to the quality of life at la Maison d'Hérelle. We thank them from the bottom of our heart for their generosity and their steadfastness:

Annie McConnell (Entropal Inc.)

Benoît Éthier

Benoît Grenier

Carl Bousquet

Christine Cabedoce

Claudette Renaud-Desjardins

À Contre-courant Aquatic Club

Ste-Marie St-Jacques Committee

Conway Daly

Corp. Syndics apostoliques Les Franciscains

Denis Bergeron

Denise Blondin

Denyse Lavigreur

Diane Claveau

Diane Simard (Les Volières)

Dr Claude Thuot

Éric Laberge

BMO Employees' Foundation

France Castel

France Moreau

Francine Beaudin

Francine Bélanger

Francine Pellerin

Gabriel Rouette

Georges Campeau

Guy Auger Desgroseillers

Guy F. Chabbert

Guy Michaud

Hans Christen

Hélène Lauzon

Huguette Simard

Jacqueline Verrette

Jacques Coulloudon

Jacques Poirier

Jamie Cameron

Jean Lalande

Jocelyn Boudrault

Juliette Mainville

K. Fukushima (Academic Exch.Pgms)

Abbott Laboratories

La Corp. des syndics apostoliques des Frères

Mineurs ou Franciscains

Lauretta Amundsen

Employees of the Journal de Montreal

Lise Pelchat

Louise Harel

Luc Croteau (L'Aubainerie Concept Mode)

Luc Croteau (L'Aubainerie Mega Centre N-D)

Luc Durocher

Luc Jacques

Lynda Peers

Maison André Viger

Manon Deslandes

Marc Roussin

Marie-Claire Bergeron

Marie-Jan Seille

Martin Duquette

Maurice Grenier

May Yuen

Michel Dessureault

Michel Jean

Michel Saint-Laurent

Minh-Phuc Truong

Normand Cusson

Pierre Antoniadès

Pierre Auclair

Raymond Bachand, minister

Raymond Veilleux

Robert S. Remis

Roger Rondeau

Roland Corriveau

Roland Gosselin

Serge Blackburn

Serge Guénette

Shirley Madgett

Stéphane St-Hilaire

Suzanne Desjardins

Sylvain Kirouac

Thérèse Beaudin

Thérèse Juneau

Valmont Larochelle (Renaissance)

Yolande Biron

Yolande Tanguay

12.4 Celebrating a hero

On April 7th, the Farha Foundation saluted a few of those heroes in Quebec who, through specific, necessary actions, give themselves heart and soul to the fight aids and the prejudices that it engenders. To underscore their contribution, some 350 guests came together at the Hyatt Regency Hotel in Montreal.

One of the 6 honourees for 2008 was Roger Gagné, a pioneer of the fight against aids in Quebec. As far back as the mid 1980s, Roger was involved with the CSAM (*Comité sida aide Montreal*), the first Quebec organisation of its kind. He hasn't stopped since in his the cause against aids. La Maison d'Hérelle was privileged to count him amongst its staff for several years.

La Maison d'Hérelle joined the Farha Foundation, on this occasion, to honour his exceptional contribution to the fight against aids. We make ourselves the voice of those no longer with us today, who's quality of life was so improved by Roger Gagné's deeds and implication.



Our esteemed hero of the year : Roger Gagné

12.5 External collaborations

We wish to underscore the precious collaboration we were able to establish or continue with the following organizations :

- The Plateau Mont-Royal – Delorimier CLE for their services to our residents ;
- The Université de Montréal, nursing department ;
- The Université du Québec à Montreal, social services department ;
- Concordia University for the trainees of the HIV/aids course : Cultural, Social and Scientific Aspects of the Pandemic ;
- The McGill University Health Center (CUSM) : Royal Victoria Hospital, Thoracic Institute, Montreal General Hospital;
- The Centre hospitalier de l'Université de Montreal (CHUM) : Notre-Dame Pavilion, St-Luc Pavillon, Hôtel-Dieu de Montreal Pavillon;
- The Louis-H. Lafontaine Hospital for having hosted us for 3 months ;
- Dr Peter Blusanovics for his weekly visits, his availability, his assiduity and his precious advice ;
- The CLSC du Plateau, for their care workers : nurses, social workers, physiotherapists and ergotherapists ;
- The CLSC des Faubourgs for the collaboration of their social workers ;
- The CLSC de Côte-des-Neiges, for their support of the tenants of the Satellite ;
- The École des Métiers des Faubourgs ;
- The Compétence 2000 training center ;
- The Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIIEF) ;
- The team of the National Mentor Program on HIV/aids ;
- The teams of the UHRESS ; the mobile team of the UHRESS-CHUM ;
- Hélène Morin, liaison nurse at the CHUM's Hôtel-Dieu ;
- The teams of the medical clinics of the Quartier Latin and l'Actuel ;
- The nurses of the Montreal Thoracic Institute and the CLSC du Plateau for welcoming our French trainees for the home visits ;
- The team of the Montreal Thoracic Institute ;
- Dr Marie-Josée Brouillette, psychiatrist ;
- The Lucie-Bruneau Rehabilitation Center ;
- The Dorothée Minville Pharmacy and the Danielle Desroches Pharmacy ;
- Aids Community Care of Montreal (ACCM) for their accompaniment service ;

- The Maison Plein Cœur ;
- The COCQ-sida, for their support and representation, and for their contribution to the strategies ;
- The COCQ-sida and the Montreal Thoracic Institute pharmacy for their assistance with medication ;
- The Quebec HIV/aids community housing resources ;
- The Maison Plein Cœur, for their studios and post-housing program ;
- The CPAVIH ;
- GAP-VIES ;
- The Fondation d'Aide Directe – Sida Montreal, for their assistance with the return to the community program ;
- Moisson Montreal and Jeunesse au Soleil for their assistance with the return to the community program ;
- Moisson Montreal for their various food items from which we benefit every week ;
- The Maison Aaron ;
- The Maison Magnus Poirier ;
- La Clef des Champs for their products and counsel ;
- Robert & Fils for their essential oils and vitamins ;
- Monnol Import Export (supplements and vitamins) for their support with the complementary approaches to health care ;
- The Maison André Viger for the collaboration of Rose-Hélène Truchon, sales representative for the medical equipment ;
- The Paroisse St-Louis-de-France and their priest, Father Alain Mongeau ;
- Isabelle Véronneau, graphic artist ;
- The pastoral of Robert Boivin ;
- The Volunteer Service of East Montreal ;
- The Montreal Volunteer Action Center ;
- Brigitte St-Pierre, ombudsman and ethics consultant ;
- Michèle Herblin, owner of La Petite Terrasse de Provence restaurant, for her welcome of our residents ;
- The Pères Ste-Croix and Pierre Messier, for their precious support of the Satellite apartment project ;
- Gérard Briand, fundraising consultant ;
- Jocelyne St-Pierre, social worker with the Public Curator
- And the numerous other persons and resources which would be too long to enumerate...



At la Maison d'Hérelle... impossible to distinguish residents from volunteers, trainees and volunteers. When an opportunity arises to work together and have some fun, everyone gets onboard. (Garage sale, Summer 2007)

13. PERSPECTIVES FOR THE FUTURE

During the course of the coming year, our actions will be directed toward consolidating our projects.

- Put into action the Studios' action plan and create partnerships with the health network and the community organizations of the sector.

- Continue our steps in fundraising.

- Fully integrate the “international development and collaboration” aspects.

- Complete and actualize the training program for the care workers of HIV/aids.

- Update the corporate documents and communication tools.