

AIDS Committee of Ottawa Annual General Meeting
June 20, 2012
6:00 p.m. to 8:00 p.m.

Board Present: Gord Asmus, Kevin R. Hatt (KRH), Kevin A. Hall(KAH), Anu Sharma, Jean Chenier, Joseph Jacques, Alan Chaffe, Ashley Gaskell, and Soyini Cornette

Regrets:

Absent: Melissa Nesrallah and Charles Anyali

Leave: Norine Naguib

Guests: David Hoe

MINUTES

- 1. Welcome and Call to Order – Gord Asmus (translation available by volunteers)**
- 2. Approval of Agenda**
 - Motion: Pierre Seconded: Robert
- 3. GIPA/MIPA presentation by Lynne Cioppa**
 - Lynne Cioppa presented on the greater and meaningful involvement of people living with HIV/AIDS – Nothing About Us Without Us
 - Following Lynne’s presentation there was Candle lighting for those who have gone before, those who are living with HIV/AIDS and for the communities that continue to fight (Khaled, Gord and Anu)
 - Gord introduced David Hoe as the facilitator for the AGM: David counted to make sure that we have enough members present
- 4. Approval of Minutes (September 21, 2011 and November 30, 2011) - David**
 - Approval of September 21, 2011 Minutes; Motion: Pierre, Seconded: Norm, Opposed: 0, Abstentions: 0
 - November 30, 2011 Minutes - Motion: Peter Seconded: Norm, Opposed: 0, Abstentions: 1
- 5. Board of Directors’ Report – Gord Asmus**
 - Board decided to move the AGM back to June
 - Kathleen remains on sick leave and is expected to return in the fall
 - The board would like to thank Khaled for his hard work
 - Would also like to thank the staff for all of their hard work and dedication, thanks also to the volunteers
 - In the past year the volunteers donated more than 6,000 hours to ACO activities
 - The Board is working with a full complement
 - Full PHA on the board, collectively with over 70 years living with HIV
 - Very diverse group of Board Members that hopes to culturally reflect the very diverse members of the ACO
 - Kevin Hatt to speak to this
 - Melissa the Chair of our Policy and Bylaws committee

- Would like to congratulate Kevin Hatt who just received a seat on the Ontario AIDS Network along with three of our members, Lynne Cioppa and Richard Hubley
- David, we need to have a motion to accept the Chairs' report
- Peter: would like to know why the AIDS Committee is now a unionized organization
- Gord: Because the employees of ACO decided to become unionized
- David: something Khaled can speak to, not for Gord to speak
- Andre: raised concerns about the process
- Motion to Approve: Pierre Seconded : Jerry
- Discussion: Andre: everything that you said is Chinese to me, everyone at ACO knows that ACO went through an ordeal. AS GIPA and MIPA members we do not understand what you say, I am part of ACO and I don't even know what happened, people left and I don't even know why they left. All the change that happened, ask the people that go to ACO and we don't know. We don't what goes on in ACO. I heard that there was to be a cut at that Program, and you should increase funding to that thing, ACO should be the one in Ottawa doing something about it. We will win if you get the people of ACO to go with you, but we have to know. Give us information and we will give you information to do whatever you want.
- Gord: That motion on Harm reduction is on the Agenda and it did not come from the Board
- David: Is there a specific question to the Board?
- Andre: Could I ask the board of director to in the next 3 months to let people from the ACO to know what ever your plan is. The ACO member could talk to Khaled and the staff. Those guys can give you a better response.
- Gord: all of our board meetings are open to the members.
- Andre: give us assurance that you will be more open to us
- Gord: I will try and be more open
- David: Question to Andre: what would open look like?
- Andre: Have the board and Kahled come to us and let us know that people left because of what. I hate to come to ACO and see that my friends are gone, I don't have friends on the street.
- Peter: I have been with ACO for 12 years, I have been a member for a very long time. What I would like to know is why the Board has not, Khaled is the Acting ED, why not has Khaled or the Board Exec tell us why the staff chose to be protected from management. I did a survey, I presented my findings to the board, the board is very well aware of those findings. Why are we not open and saying that we have issues with an ED or an Acting ED. It seems to me that this is an organization that is suppose to be governance and we are not. I sat on this board seven years ago and it never changed. This board and the staff has to understand that they are responsible to us and the membership.
- Gerry: I suggest that the agency and the board leave memos posted at the board and the agency as to why someone is gone and where the agency is

going. If it is written on paper so that any member can read it if they have questions they can ask a staff or board member around at that time

- Joel: I don't feel that the employees have to give any explanation as to why they are unionized
- Robert: ACO puts out a newsletter every one the if there is any information it should be placed in the ACO
- Norm: Return of Kathleen is expected for when? In the fall? Gord : Yes, sometime in September. What I am concerned about is that probably all of the members have concerns regarding her return and we would like to know what is going on. Gord: We don't really know, this is the third doctor's note, and it just keeps changing. We have to wait and play it out. Norm: I'm sure a lot of the members would like to know what is going on with our so called ED.
- Keith: Are we a governance board or an operational board. Is this one of the issues with the ED. Gord: We are definitely not an operational board or a full governance board, we are somewhere in the middle. Keith: when the board decides to be come an operational or governance board we should notify the membership. Is the ED going to represent the board as it is or the membership? Khaled: if you look at our bylaws it does not say that we are a governance board, but in the past it has functioned as a governance policy board. The current board structure shows that the ED is responsible to the board. Keith: Who is going to answer what Peter was saying, is the ED's position going to be decided by the membership or the board. Khaled: it depends on the request, and who it affects. If the issue represents the staff it goes to ED or ED goes to the board.
- David: Point of Order: Peter: I would like to maintain a point, it is not the board or the ED that decides if it is the board or the ED to decide if the board is a governance or operational board that decides. I take offence that the Acting ED is giving us the impression that it is a Policy governance board. It is the membership that guides the board and the board that guides the staff.
- David: point taken: Mike: Is there a possibility that another medical note is coming? Gord: my understanding is that we have to hold her position for two years. David: there seems to be general concern about the holding of Kathleen's position. Let's vote for what Gord said, not what he did not say. Peter: The last item is on something from your report. I find it insulting that after all this the membership gets to say something.
- Accepting what was said by Gord: Two opposed, 1 abstentions.
- David: There is a request that the agenda me switched around to accommodate the Auditor needing to leave shortly.

6. Auditor's Report – Anu presented Marc Rosseau

- Good news: you are in a good financial position
- Marc reviewed pages 1-2 of the report
- Page 3 – statement of operations for the year ending March 31, 2012. The revenues are very similar to that of last year. Most of the revenues comes from grants and contribution as well as the ministry of health.

- Special projects is up from last year from 10K to 24K
- We have an excess of 3,400 compared to being in the negative 2,654 from last year.
- Notes 6-7 have more detail on the operating expenses which is more than last year.
- Program expenses are a little higher this year, living Room, ACAP program and the NAC AIDS fund new program
- Page 4: Statement of changes and net assets, very important. The opening surplus was a little under 10K, we added the excess of revenue generated over the year and the excess of surplus is now 413K. There is the Robert Chisolm fund, that was donated years ago and set aside as an internally restricted fund. It has not been decided yet what to do with this fund.
- Page 5: The Assets, the Liabilities and the Net Assets of the Agency
- Roughly what it means if the agency had closed its doors at the end of march 2012 and paid it's expenses, there would be about 413K in the bank +/- a few capital expenses.
- On the last few pages you will see two Schedules, which are required b the Ministry and the Public Health Agency.
- David: Does anyone have any questions?
- Chris: Page 3, I was just wondering why we are giving back 3K? Mark: we are not giving it back, it was added to our revenues.
- Brigitte: Can you explain trick counts and harmonized sale tax: page 10: Mark: The agency being a registered charity can recover 69.7 percent of its HST. Trade accounts are all amounts that have not been yet collected or received on March 31st.
- Norm: can someone explain what is the current liability on page 5. Mark: that is the normal liability amount of the agency, including staff salaries etc. Accounts payable includes, salaries. Norm: Should that not be listed as salary instead of liability, it gives the impression that someone can sue someone. Mark: it is accounting terms that is used, accounts payable and liabilities.
- Mark: What is the MAC AIDS fund? Heather: funding through MAC cosmetics that we received last year.
- Mike B: Why are the revenues subject of the HST. Mark: it is an accounts receivable, at year end, the amount that is owed to the agency. The HST is the amount the agency pays on expenses that they can recover from Revenue Canada and they can recover about 70 percent of that.
- Brad: Page 9: What was the money in the living room spent on 384K. Mark: go to page 10, salaries, rent, and operating cost. Brad: who buys the washer and dryer and things like that? Mark: It is funded, the Ministry gives the money through grants and contributions.
- Chris: How do we get 229K in salary for the Living Room, with only 2 staff. Khaled, it is the living room and the support staff, which is 6 when the positions are full. Chris: Can you explain what is Operating expenses? Mark: This was accounting fees from our firm, we were asked by the board to do a special investigation and there were legal fees. Chris: 70K in

salary and benefits...that's crazy. Khaled: It looks like a lot in salary and benefits, but cross province all our positions are actually underpaid. If you break it down, your response would be different. Chris: What are we getting from all this? David: I know you have a lot of questions but we are dealing right now with the auditors report

7. Motion to Approve Auditor's Report

- Motion: Pierre, Seconded: Gerry
- Questions: Pierre: Last yr when you did your audit you said we were in a good financial rate. We had 3 months in advance in the back to cover the cost of the living and ACO at the time. My question to is that do you think we are in the same position as last year, or do you think that we are getting moved to a better position as an asset? Mark : You are in very good position. What I said last yr is that it is important for an agency, if the founders allow it, to accumulate a certain amount of funds, in case something happens the board is able to accumulate more funds. Pierre: Are we in a good position for next year or the next couple of years? Mark: You are in the same position you were in last yr. If the funding was to stop, the 400K would help.
- Norm: I would like to have in the future of all AGMs the copy of the finance report be given out to members at least one week before. Gord: This was only given to us last night.
- Chris: Capital assets, are these all the things we spent this year, page 10? Mark: No, what was spent over the years.
- Motion, Those in favour: 8, Opposed, 1, Abstentions: 0
- The Auditor's report is accepted.
- Motion to appoint the auditor. Motion: Robert, S: Pierre, In favour: 10, Opposed: 0 abstentions: 0

8. Executive Director's Report – Khaled presented his ED Report

- Since our last AGM there has been several challenges, thank you for your understanding.
- Staff changes, we have lost some staff but have gained new staff as well.
- We received renewed funding from MAC AIDS and we were able to bring Caleb back to ACO as Harm Reduction Coordinator.
- Last 3 months have been a time of funding renewal and applications of funding requirements.
- Khaled highlighted some of the highlights that staff and volunteers have accomplished over the last 7 months. Over 140 volunteers with over 6300 hours.
- Some great events, activities and workshops have been done in the Living Room.
- Women's Community Developer Program has worked with several local organizations and initiatives on women's health and HIV/AIDS.
- Women's Community Outreach Program has worked with PHAs in and after incarceration.

- ACO campaign has been launched in February and it was well received and the ACO has received requests from various other ASOs for more information on the campaign.
- David: Here is my request to you: Ask questions that are clear and short.
- Pierre: We have a new employee in the room that I have not seen before today, I would like to be informed when there is a new member of the team at ACO. She introduced herself to me and I did not know who she was. I would like to request that is there is a new member of the team we be told. Secondly, I appreciate and love what you did so far for the ACO. I did not hear anything for French people in your speech and about protection for drug users. I am a francophone, I wish we had more than movies for francophones every Wednesday. I don't know if ACO has a place for the French people in the future, that could be shown at the living room. Khaled: I appreciate what you said Andre, I did speak briefly in my report of about some of the francophone programs, and I did mention about harm reduction but maybe I rushed it too much.
- Joel: in relation to your staffing, I would like you to consider that due to the nature of the living room you should try and make the living room staff a man. Now there are women, and I feel very strongly, as a safety issue, that the person be HIV, if not at least it should be a male. I am not alone in saying that. Many of us feel that there should be more of a male presence to support us from a safety issue. There is only 3 staff that we know that are HIV, that is important to us, and it should be addressed. Khaled, in terms of the living room support drop in centre ,you would like us to hire someone with HIV and a man, correct. Joel: I feel that an HIV staff would better understand what I am going through. P.O.C. How many staff do we have, Khaled (12) Joel: 3 are HIV, Khaled, 3 are identified as HIV. Joel: if you have a vacancy can you strongly consider that the position go to someone with HIV. For all of our positions, all of our job postings ask for PHAs to apply, but we can not just hire someone because they are a PHA, otherwise it would be a form of tokenism. As for a male staff, I see that as a sexist comment, safety has nothing to do with gender. Joel: Made reference to a situation that took place a while back where 2 female living room staff were not able to contain a member that was out of order.
- David: What I am hearing is that you want the security improved.
- Khaled: I agree with that, to me safety is important but it is not based on gender.
- Pierre: I want the AIDS Community to recognize that tomorrow is National Aboriginal day. Corey it is on the calendar, and someone is coming in the living room tomorrow.
- Chris: Joel it did not matter if it was a female or male, no one could have held that person down. Are we allowed to get in the middle of that?
- David: I want to say that the concern about security has been heard by Khaled. Joel you brought up a valid point, in terms of staff being skilled

we will make sure that staff hired have the skills and abilities to deal with crisis situations.

- Joel: I get that, I am not trying to be sexist, I love these women, but as a male member it would be nice to go into the living room and talk to a male staff.
- Brigitte: What about the safety of the children? Kahled: At our organization children can only access services as long as they are accompanied by the parent, and they are responsible for the safety of the children.
- Norm: I was there that night, that person had met with staff first and they knew he was under the influence and the influence.
- Brigitte: I agreed with Norm, after someone pulled the security camera down I have not felt safe. I am fearful that someone will barge in.
- Kevin Hall: I have been on the side of hiring people from ngos, in order for Khaled to fill your requirement Joel, a HIV positive males has to apply.
- Robert: Why are there not enough programs to build the self esteem of the children and help them deal with the HIV/AIDS epidemic. Children living and affected by HIV. Education and fundraising for the little guys. Khaled: your point is extremely valuable, we do have some children's program like the Saturday children's social. Funders give us money to prioritise programs based on epidata. Robert: lets do our own funding. Khaled, yes great idea, but we have to prioritize our funding based on epidata, children are not considered a priority group but we can do fundraising efforts.
- Lynne: Response to Robert, David denied.
- David: Motion for ACO to do more fundraising for children program. Seconded: Gerry. In favour : 10, Opposed: 0, Abstentions: 1

9. Nomination Committee Report and introduction of slate of candidates – Kevin Hatt

- Since last November we received over 20 applications, the most we have ever received. Out of the 20, 6 have joined the Board, and two are on the waiting list, which will decrease the waiting time to fill positions in the future.
- Your request two yrs ago to diversify the membership, has been well received. We have a full complement of the board which we have not had in several years. I believe we have one of the most diversified and well experienced Boards.
- The GIPA principles and diversification of the board do not operate in isolation. It is an ongoing process, same as maintaining a diverse representation of the board as well as installing the GIPA principles, not just today, but continuing throughout the history.
- We have more than four HIV individuals on the Board, and some of them are not disclosed due to one reason or another. But together we have more than 70 years of experience of lived HIV experiences.

- According to our bylaws we are able to appoint board members throughout the year as positions come up and we have done that a few times this year. We have our secretary Soyini Co who has not been ratified buy out member
- Moved: Pierre Seconded Nick. In favour: 11, Opposed: 0 Abstentions: 0
- Every year we have six board members who are up for re-elections and I am one of them. So I am passing it over to Anu. We are asking the board members on the slate to stand up and briefly speak to the members. Gord went first, and would like to continue to sit on the board, followed by Kevin Hatt, Joseph Jacques spoke next. Two other board members, Melissa Nesrallah and Charles Anyali are also on the slate but are not here today. Ashley spoke next.
- David: Bylaw #g when the nominees are equal to the number of directorship, the chair person can declare all the nominees as elected. By the bylaw you are all automatically elected. Lynne: my suggestion is that a statement of support by the community or an affirmation from the community present would show that it is a great idea. Joe: I think that is a great idea and we should have a vote. David: The bylaws goes against that. Lynne: make a motion that although the bylaws says that the members don't have to vote the membership would like to make a vote of confidence of the board. In favour: 9, Opposed: 0, Abstentions : 0

10. Election of Slate

- Yes

11. Other Business

- Motion by Joel McKnight, Seconded by Kalifa Goita at April 18, 2012 Quarterly Meeting
- David: There was a promise that at the Quarterly: Insert Motion
- Gord: This Board supports the Toolshed and the harm reduction work at ACO. We did discuss this with the funders, the MOH, which stated that if we consider closing down the harm reduction, the funding for that would be gone. Gord read the email from Joanne Lush to those members.
- Gord: Any idea of closing down the Toolshed or any aspect is suicidal.
- Chris: I don't know what the problem is with the HRP or the Toolshed, I would like someone to tell me what the issue is and why they decided to bring it up. This program saves thousands of lives.
- Mark: Is there a way for the people come in a pick up their equipment and leave, so that we don't have a safety issue.
- David: Let's deal with this bit by bit. Some people feel insecure about the HRP, but ACO has a mandate.
- Brad: They are people using and the living room has no structure, we need a foundation between the living room and the HRP. The living room is a safe place, not for users to come and be there. People are afraid to put people on that use on the streets but the living room is not for that
- Lynne: I don't think the issue for a lot of people is having the Toolshed removed, I think most people agrees with the need for the Toolshed. The stats show that HRP is needed. Someone had asked why we don't have

children there. One night I brought my daughter here and she used the bathroom after someone had used crack and fell ill. I brought this to staff and I was told that children are not a priority. Right now, it is okay for people to wave drugs and pass money with staff there and they do nothing. I am not saying that one population is more important than another but my safety and services are not as important as the clients that access the Toolshed. I think that is what we want to see addressed.

- Robert: I have witnessed people using, harm reduction works, keep the pamphlets. Take the pipes away. It's the safety that I have an issue with. I am a user so I understand but it is a safety issue.
- Kevin Hall: If we close the Toolshed, what would stop people from walking across the street to get supplies and coming back and using at ACO. The Toolshed is not the issue, it's the policies at ACO that is the issue.
- David: Does anybody want to respond?
- Khaled: I do appreciate everyone's concerns that have been brought forward but I have not heard anything new. I want to reiterate what Gord said and why it is crucial that we maintain the harm reduction services. We have been trying to be proactive and Caleb organized a harm reduction workshop, but very few turned out. Lynne and Gord was there. Caleb also did a HRP presentation to the board with Fred and Chris and put together a draft policy for the board to adopt. The board is currently reviewing that policy. I do understand the concerns among the living room, it is not meant to be a free for all, we do have certain guidelines in place, such as the Rights and Responsibilities document. It is a myth that people are allowed to use in the living room, have people used, yes, as there are too many things to keep track of.
- Pierre: had an issue, with Chris and Khaled, and is calling 911.
- Chris: Kathleen told me not to use in the washroom because we can lose our funding, and I have stopped. We have stopped, people are not using in the bathroom.
- Gerry V: I have been a member at the ACO for 10 yrs now but I stopped coming when the codes of conduct and rules were removed from the living room.
- Khaled: I hear what people are saying, there are some things that I can own and some things I can not own. We are going through a cultural shift in the living room. Jerry I do remember talking to you and what the ACO was doing at the time was to remove the codes of conduct and replace with the rights and responsibilities. Maybe now the pendulum has swung too much in one direction so we are trying to find a balance.
- Jerry V: Why has it taken almost a decade to get a new code of conduct?
- Khaled: For the last ten yrs it has been a certain leadership at the organization.
- Michael: I was involved when the code of conduct was taken down. To reiterate what Khaled said, it was at one extreme to the other.

- Norm: I don't understand why staff at the ACO do not take safety as an as an important issue at ACO, you have received several complaints and you have done nothing.
- Joel: we all need to go away tonight listening to Lynne's story. I only go to the living room one day a week, one person dropped two needles in front of me, another weighs his marijuana and then sells it. We tell the staff and they do nothing. There is a need for those that access the toolshed but here needs to be a common balance.
- Chris: You are 100 percent correct, I believe that the living room should be safe. There are some people in my community that are idiots. I found the heroin, I am always there banging on the door not letting people use.
- Brad: Who do we see when we have issues? Is there a way that volunteers can be trained to work alongside staff.
- Nick: In regards to the safety in the bathroom, I don't understand why there isn't black lights like other agencies so that people can't see their veins.
- Mark: When is the structure and guidelines for safety be done so we can all see?
- David recap: (1) need for increase safety and security for all people (2) something for respect and accountability for all people (3) board to look at this as a policy issue (4) ED to work on guidelines in the short term to address theses concerns
- Can we close this discussion? Yes
- Gord: mentioned AIDS walk

12. Adjournment