

Canadian Aboriginal AIDS Network

5<sup>th</sup> Annual General Meeting

Resolutions 2003

1. AGM 2004

Whereas: The Annual General Meeting of CAAN has never been hosted in the East; and  
The Atlantic Aboriginal HIV/AIDS circle is in the position to support in terms of organization of CAAN's AGM; and  
CAAN is directly involved with AAHC;

Be it resolved that: The 2004 AGM be held in Halifax, Nova Scotia.

Motion Carried with one abstention

2. CAAN Self-Care

Whereas: CAAN has experienced significant losses in the past year; and  
These losses impact on the emotional, spiritual, physical & mental health of CAAN staff, Board & volunteers;

Be it resolved that: The CAAN Board insures the implementation of policies for self-care within the organization.

Motion Carried

3. CAAN Representation

Whereas: The Canadian Aboriginal AIDS Network is a pan-aboriginal organization; and  
The CAAN Board Structure do not insure all three populations are represented on the Board;

Be it resolved that: The CAAN by-laws be adjusted to ensure all three aboriginal populations are represented on the CAAN Board.

Motion Carried

#### 4. AGM Nunavut

Whereas: CAAN has never held any functions in the Nunavut territory;

Be it resolved that: CAAN hold its 2006 AGM in a Nunavut community.

Motion Carried

#### 5. Health Care Workers

Whereas: Many APHA's receive treatment and counseling from non-aboriginal health workers;

Be it resolved that: CAAN respect and support the traditional protocols and cultures fact sheets related to HIV/AIDS for health care workers.

Motion Carried

#### 6. Health Benefits Programs

Whereas: Health Canada's non-insured Health Benefits programs has launched informed consent policy; and

Aboriginal people living with HIV/AIDS (APHA) live on a fixed income and do not have financial resources to pay first and be reimbursed later; and

This impacts privacy/confidentiality issues;

Be it resolved that: CAAN oppose this initiative undertaken by Health Canada's non-insured Health Benefits Program.

Motion Carried

#### 7. Medical Marijuana

Whereas: Marijuana is legally recognized by the government of Canada as beneficial to long term survival of Aboriginal people living with HIV/AIDS (APHA); and

Some APHA's utilize buyer's club to purchase marijuana; and

Low income APHA's are often forced to decide between purchasing food or medical marijuana to stimulate appetite or ease pain;

Be it resolved that: CAAN lobby Métis / Inuit / First Nations political bodies to advocate for the Federal / Provincial / Territorial Government to pay for medical marijuana for Aboriginal people.

Motion Carried with 5 abstentions

#### 8. Formation of APHA Committees

Whereas: CAAN has an Aboriginal people living with HIV/AIDS (APHA) coordination program; and

There is a need for APHA committees to be established in other parts of Canada;

Be it resolved that: CAAN assists member organizations and individuals in working toward the formation of APHA committees.

Motion Carried

#### 9. ACAP Proposals

Whereas: Aboriginal AIDS service organizations have not received approval on Community Action Program (ACAP) proposal on both operational and project nature; and

Health Canada provides regional funding through ACAP to address HIV/AIDS; and

ACAP proposals are project focused and time limited;

Be it resolved that: CAAN request an immediate review of the process and procedures and within one month provide:

- I. A written summary of projects funded under the ACAP process;
- II. An explanation from Health Canada why Aboriginal organizations are not being funded;
- III. A response from Health Canada on a process to correct this situation.

Motion Carried

#### 10. Fund Sustainability

Whereas: Aboriginal AIDS service organizations have been provided Aboriginal specific funding from Health Canada; and

Project funding does not provide sustainability or continuity to Aboriginal AIDS service organizations; and

Aboriginal AIDS service organizations must apply in a patchwork fashion to various funding agencies for HIV/AIDS projects;

Be it resolved that: CAAN undertake a process with Health Canada to operationalize these and future funds and report back within one year.

Motion Carried with 1 abstention

#### 11. Increase HIV/AIDS Funding

Whereas: There has been tentative discussions of an increase to the Canadian Strategy on HIV/AIDS funding pot; and

There has been a recognition by Health Canada of the high rates on HIV infections among Aboriginal peoples; and

Funding has not kept pace with the needs of Aboriginal Communities;

Be it resolved that: CAAN take a lead role in advocacy to Health Canada the need to increase HIV/AIDS funding to Aboriginal people in Canada.

Motion Carried with 2 abstentions

#### 12. CAAN Connections

Whereas: CAAN is recognized as the National Aboriginal voice on HIV/AIDS issues in Canada;

Be it resolved that: CAAN take immediate action to ensure that Aboriginal AIDS service organizations in Canada are informed and connected on a regular basis.

Motion Carried

#### 13. FNIHB

Whereas: FNIHB Pacific Region has provided creative approaches to project funding in British Columbia; and

FNIHB recognizes that HIV/AIDS does not respect cultural, jurisdictional, social or economic boundaries;

Be it resolved that: CAAN review and report back to the 2004 AGM all provincial, federal and territorial governments that fund HIV/AIDS programs and services that will advocate for the implementation of effective funding allocations.

Motion Carried

#### 14. APHA Workforce

Whereas: Aboriginal persons living with HIV/AIDS (APHAs) have, through improved HIV/AIDS medications and treatments, the need and potential to return to the workforce; and

There exists no training to facilitate their return to the workforce;

Be it resolved that: CAAN apply for funding to all relevant Federal / Provincial / Territorial sources and the Canadian Working Group on HIV/AIDS rehabilitation to develop a resource that assists APHAs to return to the workforce.

Motion Carried

#### 15. CAAN APHA

Whereas: CAAN is the National Coalition of Aboriginal People and organizations that provide leadership, support and advocacy for Aboriginal people living with and effected by HIV/AIDS regardless of where they reside; and

Be it resolved that: CAAN immediately issue a challenge to AFN, MNC and ITK to implement a collaborative plan of action to demonstrate to APHA's their commitment through CAAN to these issues; and

This be done in a one year time frame.

Motion Withdrawn

#### 16. Social Marketing Campaign

Whereas: The national seroconversion rate is conservatively estimated a 1 new Aboriginal HIV infection per day; and

Aboriginal attitudes of denial, the use of vague terminology (ie. The definition of Harm Reduction) and the continued subscription to myths, stereotypes and stigma toward Aboriginal HIV and AIDS by our leadership, mainstream service provider (including doctors and other health care professionals) and the Aboriginal population at large;

Be it resolved that: CAAN undertake a social marketing campaign that transcends the barriers of terminology, language, geography and culture by developing an Aboriginal HIV/AIDS prevention and education video series and supplementary literature that utilizes no audio.

Motion Carried with 1 abstention

#### 17. CAAN APHA Communication

Whereas: The communication between self-disclosed APHAs has unanimously been described as inadequate by the APHA Caucus 2003; and

Representation and participation by all population groups of APHAs (noticeably women and youth) has been unanimously described as lacking by the APHA Caucus 2003;

Be it resolved that: CAAN facilitate inter-communication between will APHA's by providing a downloadable patch on the Linkup Connexion web page for those APHA's who have access to internet; and

CAAN and the APHA Caucus 2003 delegates maintain communication and collaborate to increase access to inter-communication by APHAs on an ongoing basis; and

CAAN coordinate communications for the purpose of information sharing, access to information and APHA participation and contribution to policies, directives and initiatives that directly impact APHAs.

Motion Carried with 1 abstention

#### 18. CAAN Themes and Campaigns

Whereas: CAAN chooses an annual theme for the National Aboriginal HIV/AIDS campaign; and

The HIV/AIDS messages of the campaigns are viewed largely by Aboriginal people living with HIV/AIDS (APHAs) as:

- Too soft
- Being wrongly suggested that there is a cure
- Representation of people living with HIV/AIDS not reflecting the true nature of the illness

Be it resolved that: Annually CAAN develops themes and campaigns that reflect the real face of Aboriginal people living with HIV/AIDS and utilize models from our own APHA population in Canada.

Motion Carried

End