

## HIV in My Day – Interview 24

**February 13, 2018**

**Interviewee: Sandy (SX); Interviewer: Ben Klassen (BK)**

**Ben Klassen:** Just getting started talking to Sandy this morning. To get started, how did you get involved in the gay community, or start participating in gay life?

**Sandy:** Okay, let's do a little bit of history. I was born in Dawson Creek. Three weeks after I was born, my mother decided to hitchhike to Vancouver. I end up on the Downtown Eastside, she went to party with her sister, so I got apprehended into care. So, at three weeks old – so, from three weeks old to six years old, I was in six different foster care homes. My last one is where I basically stayed, which was a real rough time, going to see therapists and psychologists because I didn't trust people. My early childhood was not that great. As we move along, I was in school, I had a hard time with that being – I didn't know I was Indigenous until I got into my thirties because when you are part of the government, they basically take all that information and keep it to themselves. I knew I didn't look like everyone else growing up in Richmond. I could never figure out what I was. People thought I was Asian, I was Japanese. Of course, social workers didn't tell you what you were. As time goes on – I'm probably – I go through high school, I went to mostly schools in Richmond, so I did my elementary, I did my junior high I did my senior high.

So, I'm about fourteen and I knew, you know what? I like men, I don't like women that way – sexually. So, I came out when I was about fourteen years old. I played around with some men – I was only fourteen, fifteen years old. I started dating men, meanwhile I was still under my foster parents care, but I was so outgoing, I had a job, a part-time job at a grocery store, so I was making good coin. I started going to bars when I was fifteen – I never had a problem getting into the bars. I had men that would date me that were a little bit older than I was. They would take me to dinner, they sort of wine and dine me. I got to go to fabulous restaurants back in the day and eat great meals and also drink too. And the rest is – well, that part is history. When I was sixteen, I ventured even more into the gay lifestyle. So, I was going to high school, I had my friends at high school, I had a part time work in a grocery store making good coin. I was also wanted to be a pilot 'cause I grew up in Richmond, so I was going for my pilot's licence, and then also I had the downtown scene, the bar scene, which I would always find a way to get downtown. I would take the bus during the day, I wouldn't bother with my homework. I want to go downtown and see the gay men, the gay scene, and party. And you know, I would have school tomorrow. Oh, I will worry about that later, I'll get home somehow. I would always miss the last bus. That was usually about 12:30, 1:00am if I recall, so I always hitchhiked, always got a ride home back to Richmond.

As I grew up, that was my lifestyle. I knew what I wanted. I tried women, but not mostly – it's friends, it was nothing sexual. I knew what I wanted, sex with men. So, I graduate from high school, and I had a summer job as a counsellor. I had many jobs when I was younger. I was a counsellor at [a] camp... that should be edited. I had a counsellor, I had a friend that was a lifeguard, and we basically – it was really weird. We were supposed to go to Calgary. His family had a Volkswagen Van, so we were just going to go to Calgary and Party. He had just turned

eighteen, so legal there. I was nineteen. So, you know, we slept side by side but nothing ever happened, so we end up in – and we decided to go across Canada, so we ended up in Minnesota, Duluth. He phones his parents and says, “Uh we kind of went for a little drive. We are in Duluth, so we are going to come across the border.” I think it was five, right across the border, so we end up in Montana or Idaho – I think it was Montana – and we are in this bar.

And this guy comes up to us. It wasn't a gay bar. I guess it was a rough town and this guy comes up to me and he says, “Where are you from?” I say, “What do you mean where am I from?” And he says, “You look like from the people up north that come above, up in Canada – Northern people,” ‘cause our people used to always go back and forth across the border. And he says, “Really, you are some kind of Cree or something.” I said, “I don't know my history. I was brought up in foster care, so I don't know my history but thank you for acknowledging that.” He says, “You are in a really tough part...” I am with my friend. He says, “You are in a really tough part of the country. You should come to the reserve with your friend and I will give you a gun if you want a gun.” So, I said, “No, we are fine without the gun,” ‘cause none of us had used a gun before. Actually, I had when I was in Air Cadets and we had learned how to shoot rifles, but I was fine, I felt safe. So, we went and stayed there overnight and I say, “Thank you for the stay on the reserve. We will be on our way. Nice meeting you.” So, we are on our way.

So, as time goes on, eventually I move out of the house when I'm almost nineteen, I graduate from high school. And the guy that I am seeing, my first night alone, he stays over. Meanwhile, my foster parent moved up North, so I had the house to myself. They were going to tear down the house, so I was getting ready to move out. And we ended up having sex. We had travelled all across Canada in a van sleeping side by side, and you finally came onto me – well, actually I came onto him. And so, we had a relationship for probably about six months and then I moved out on my own. So, just after that, I moved to Marpole and kind of seeing this girl but it was – she was a good friend, I worked with her at a Chinese restaurant. I was a driver at a Chinese restaurant because I wanted to learn how to drive, to get those driving skills under my belt. Besides, I was flying planes so I need to know how to use the pedals and stuff like that. So, we're sort of seeing each other, and you know what, I need to tell her, “You know what, I am gay.” And her heart was broken, but you know what, we move on. I lived in Marpole, not that that's where I wanted to live. I wanted to live in the West End, I had been discovering the West End. It is a great area. There's lots of apartments and this is where the gay lifestyle is. Well, my foster parents unfortunately said, “No, you don't want to live in the West End. It isn't a very good neighbourhood.” I don't know what they were talking about. I moved to Marpole for six months and had a job in Richmond and a car, so I commuted back and forth.

Finally, I said, “This is not where I want to be. I want to be in the West End.” So, at nineteen or twenty years old I moved to the West End. I got my own place – it was party, party, party central. The good drugs were out, the booze you wanted – I was young, I was... And when I think back, there was nobody else that looked like me. There weren't a lot of Indigenous people, I wasn't seeing a lot of Indigenous people out in the community. I had boyfriends, we partied. I would get up – well, sometimes I never got any sleep. I would go to work, and good drugs back then, not like today unfortunately. So yeah, so a lot of partying, a lot of bathhouses. Of course, you know, I thought I was invincible. As I got older, back in the early '80s I guess, I started

hearing about the epidemic through San Francisco – the gay plague, gay cancer. I thought, no, it's not going to affect me. I'm still playing around.

And in the '80s I was travelling BC because back then I was an exotic dancer for ladies' nights. Did that for almost two and a half, three years – good coin, cash under the table, two twenty-minute shows, and of course back then I had a good body. That was a good experience. You make money, fast money. You spent it as fast as you made it, eating in restaurants all the time 'cause who had time to cook? Well, you had time to cook but you had to go to work. You have breakfast out, you have dinner out, you come home and you have midnight snack. And I remember back then we had really good restaurants, like nothing compared to restaurants now. I'm not saying, I'm just saying. We had really good restaurants back then – we had Robson St. we had Davie St. we had mom and pop diners. One of them I remember was Aux Petite Boo [sp?]. We had home-made cabbage rolls, home-made meat loaf, everything was home-made, so that was where we would eat. Fresco's was great for breakfast – their omelette would feed three people, but being young I could eat the whole thing.

I had lots of friends back then, mostly Caucasian, not a lot of Indigenous. It wasn't really until I basically – someone found out I was an exotic dancer. I don't know how the name got out there, they knew I was Indigenous. One of the elders says, "I want you to come to one of our GVNCS..." I said, what was that? And he said, "Greater Vancouver Native Cultural Society, and we put on a breaking the bannock," in the summer, I think it was. I can't remember – they always put on two events. They said, "Just come to a meeting." So, all the elders are sitting there and they know I am an exotic dancer, and the gentleman that was stepping down offers me a costume, a full piece costume with the fancy dancer's outfit – so, bustles, leggings, bells, bustles on the back – I still have the outfit – a breastplate. And he says, "Now we are having breaking the bannock on a Saturday..." or was it a Sunday? "...at the century plaza and I want you to strip out of it." So yeah, the elders sort of look at me – really? This is a traditional... yeah, a traditional outfit that he is wearing that he is going to strip out of it. You know, I was only twenty years old, and so the night came and there was a lot of people, and made some good tips and people were happy. I entertained them, so that was the main thing. So yeah, that is when I really got to identify with the GVNCS, the native community again.

I still had my own friends that I would hang out with who were mostly non-Indigenous. I had boyfriends throughout the years, many boyfriends, some that would last. My first boyfriend would last three years, off and on, we did some travelling. We went to Hawaii when I was nineteen – sweet back then. In '86, I had another boyfriend. We got – he was a dance instructor, so he travelled the world, so I got to travel the world with him which was also sweet, and so we went out for about three years. Then I needed to work. I was getting that lifestyle of travelling and working in the dance ballroom wasn't really appetizing me. I wanted to spread out a little bit more, so I got a job on a cruise ship as a disc jockey through someone that we knew. They interviewed me for like half an hour on the phone. They asked if I had been a disc jockey. I said, of course. None of it was true, I just knew music. So, they interview me and they finally said, "We want you to be at the... for the Alaska run in two weeks at the Ballantyne Pier." So, off I go. The boyfriend drops me off. I said, "Okay, I'll see you in a week," 'cause it was a week run that you would go up and back. And I got to be the first one off the ship, because I lived there, right?

I met a few people on board – married men, fool around with them, not using condoms – come back on my last trip from... I had taken off to join the ship in November, so I flew to Jamaica to join the ship, did a couple runs with that as disc jockey and part of the cruise staff. I come back and I am not feeling very well. We are talking probably '87. I go to the doctor and he says, "You have VD – warts, anal warts." And I said, "Really? Oh shoot." They do surgery a couple times, they burn them off, and so life goes on. And I carry on, and you know, different jobs. I work for tourism book, so people that were coming to Canada, or people who were going to different parts of the world, it was a destination magazine, so I was their sales marketing person. I went back to college to do a year of, back in 92, to do a year of Native tourism. Just before that, I had basically sought out some of my family history, because I wanted to get my status. I went to the University of Alberta 'cause I couldn't understand how I was going to find out my family tree or my father's family tree, so I went to the University of Alberta and they did that all free for me. And so, I did that and I got my status card, which didn't make me feel any different, so I decided to go back to school, 'cause back then an Indigenous person was allowed to go the school for free, so the government would pay for it. I was on UI, so I would get a top-up.

I did a year of college, met this man of my life, my dream. We were together for twenty years after that and unfortunately he died of cancer. So, in '96, he was working out of town 'cause he worked in the film industry and as a transportation coordinator – logistics something. Anything that moves – people, paper, trucks, cars – he would look after it. So, we are in Regina and I get really sick and it is like I have diarrhea. I was partying a couple nights before, so it is kind of my own fault. Anyhow, so time goes on, so a year later... back in 1995 we – I end up on the couch for three days. I've got this really strong pain in my right hip and I am going to my Dr and getting blood work and I am doing physiotherapy and they are doing x-rays. Well, my thigh starts to shrink and my thigh's probably about that big around and the doctors don't know what is going on – they haven't done an HIV test yet, so I end up on the couch for three days. My husband, good friend come in and say, "We are taking you to emerge. You haven't moved off the couch for three days." And I am freaked out – I don't like hospitals, I just totally freaked. So, they put me – I remember this vaguely – well, really clearly. We had a van at the time, so they take my office chair, 'cause I can't move – doesn't matter which way I move my leg, it is really freaking sore. So, they put me in an office chair and get me into the van, and so I hop in the van, they pull up to emerge, and they put me in a room.

And this nurse and doctor comes in and they are pulling on my leg and I'm fucking screaming, and like it's – "Stop doing this! You're killing me!" She doesn't know what is going on, right? I says, "I have no idea. Look at the size of my leg. Just stop pulling it and twisting it!" I mean I was loud. I apologized for being loud, she said, "It's okay Mr. Lambert. You are in a city hospital, we are all taught." So, they admit me and I'm just freaked 'cause I just want to go home 'cause I don't like hospitals. So, they admit me and they admit me to the geriatric ward. I don't know why they put me in the geriatric ward, I am only in my early thirties. So, I go up there – so, I got admitted on a Friday. Sunday comes. The doctor on call was a sports medicine doctor and he says, "Mr. Lambert, you need to stop drinking, you need to stop eating. We are taking you into emergency surgery. You have a staphylococcus infection in your right hip." On the Saturday night prior, they had done a biopsy and that is what the biopsy showed. I said, "Okay, whatever." I am on morphine. They drag me down there, they do the surgery, but they didn't tell me a lot,

what they were going to do. I like having things explained – I don't mind me doing it, just tell me while you are doing it so I can learn and understand so I'm not a nervous wreck.

I come out of emerge, I have both legs in a cast, I've got a bar – they call it boots and saddle. So, I have a bar across touching that way, so I can't move, right, cause once you have – what they did with my right socket, is pull everything out, cleaned it, and got out the infection as much as they can and put it back in and taped it up but they didn't want any movement for a week. So, more morphine, so I am okay. They move me up to a ward where they do hips and knee replacements. And I remember being in there in a four-bed room, and I look over in the corner and they are doing some emergency procedure on some guy and I am wide awake, and I think am I hallucinating, and the guy died. My husband comes in the next morning and I said, "You need to get me out of here." I had private insurance from the company I worked for and I knew it was covered, so I said, "You need to get me into a private room. I don't want to see anybody, I don't want to hear people being sick, I don't want to be in the ward." So, I go into this private – so, I've been fine, and I remember one time this nurse coming in there. I wasn't buzzing the buzzer lots. She came in and – I remember her being French Canadian – "Mr. Lambert, I have other patients and I can't attend to your needs." I said, "I don't push this button very often. My husband just came in here and said that I am seeping – my bandage needs to be changed, that's all I'm asking." She stared at me. I just laid into her. "I want you to fucking get out of my room and never come back!" She never came back. So, at that time they had head nurses. She said, sorry Mr. Lambert. We have had a few complaints about this woman." "Well, I just threw her out of my room, if you want to know the story behind that." She says, "That's okay."

So, I am in there three or four days and they want to know what is going on with my immune system. She says, "Have you ever had an HIV test?" I said, "No, my doctor said if you feel healthy, why worry about it?" So, they said, "Well, we would like to do an HIV test." So, I said, "Whatever, go ahead." So, they did three – the first one came back negative, the second came back positive, the third one came back positive. So, they told me this. We lived in the West End, my husband and I, and the BCCDC doctor comes in and says, "Do you know why I am here Mr. Lambert?" I said, "Yes I do, and I want you to go away. I want you to call my Husband and I want him to be here." I already knew. So, he shows up, she comes in and says, "Your test came back. You are positive." This is 1996, so we both have a meltdown and thank god the in-charge nurse kind of knew us – took him aside. That is when all the new combo cocktails came into play. She had a talk with him. "It's not like the old days where people had full blown AIDS and people are dying. We have medications on the horizon, so things are going to change rapidly." So, I said, "Okay." I wasn't worried. I was worried about him and how he was going to handle it. I remember him coming in and saying, "I don't care what you have, I will never leave you." Just a break there for a sec. He comes in and brings his friends, brings my friends.

And finally, I remember they say – the doctor came in to take the cast off and he said, "You have to do physiotherapy, need to start walking again, 'cause you haven't walked for almost two weeks. You have been vertical." And it's like, well, I need to have a bowel movement, so I had that. She calls me and says, "Mr. Lambert?" I said, "I'm having a dump, just give me a second." They must go, oh my god, thank god when this person leaves. So, they wheel me down to physio, and she says, "I want you to walk – hold onto the bars and start walking." Well, I remember doing about three or four steps and my head started swimming. I said, "Okay," I said

to her, “The room is spinning,” and I don’t know what is going on ‘cause I have never fainted before. I get in the wheel chair and I am out. I remember hearing out the side of my ear – I must have been a little in tune – “There’s an emergency in ortho.” Meanwhile my partner is down the hall and he knows where I am, so they come in. It’s like, they wake me up and they say, “Are you okay?” And I say, “What happened there?” And they say, “You fainted. You haven’t walked in two weeks.” And I said, “Well, you could have told me that that might have happened.” So, they wheel me back to my room. I’m okay, the casts are off.

They wanted to send me to rehab, and I said, “No, I’m going home. I’m sick of hospitals already. I’ve only been in here two weeks but I want to go home and be with my cat, my husband. I want to be in my own surroundings.” I go back home and the physio comes in and it isn’t going well. I am still in a lot of pain. We haven’t even gotten into the HIV portion... So, I don’t really like the physio therapist, she is kind of smothery and overbearing. So, “You know what, I don’t think this relationship is going to work out. So, you know what, you need to sort of go away.” I remember buzzing one day, and I didn’t answer the phone ‘cause I could see who it was so I didn’t answer the phone. She called later that day and said, “Mr. Lambert, I was there earlier today.” I said, “Oh, I must have been sleeping.” So, they brought in someone else. I get home care – back then you get home care. If you want a nurse would come in as well and make sure everything was okay. Eventually I start walking – it took a while. It took almost two weeks after the hospital. I remember sitting on the couch with my husband who had come back from work. He said, “You know what, you are never going to walk, if you don’t...” or whatever. I said, “Well, maybe I should have just died in that room,” and we both just lost it. He says, “I’m sorry I shouldn’t have said anything.” I said, “You know what, it is okay.” We needed that to release that energy or whatever it was.

So, I start walking, I have physiotherapists, a home care nurse, and I am walking with two canes down the street. I remember people were walking into me – I’ve got two canes. Thank god that she was my voice at the time. And that is when I talk about voice, that there is times when your voice cannot work that you need to use your voice as much as you can ‘cause there are days when your voice will not work, and I tell people that. So, talking on the street, people are walking into me, and she says, “Can’t you see he’s got two canes that he is walking with? You people are walking into us!” And she was my voice. And if I was in her situation – but I was just trying to walk down Davie St. I’m getting better better, better as days go by. That was January ’96.

April, I go see the doctor and he says, “It is time to put you on the cocktail,” and he is explaining all this stuff and it isn’t registering what the cocktail is, I just know that it is for HIV, right? Great young doctor, and he said, “You will have no problems, but we need to put you on dap[sone] and Septra so you don’t get PCP or pneumonia.” So, two weeks later goes... no, probably two weeks or less, and I’m puking and I have diarrhea and my skin is starting to peel like a snake. And I am like what the hell? I am dehydrated and back in emerge – or no, I go to the doctors’ office first with my husband. He says, “You need to take him to emerge. He needs to be admitted to the HIV ward.” And so, oh great, here we go again. This is only four months after I just spent time there, so now I am back in 10C. They didn’t have the old wing. Back in the day, they had the fourth floor. It was a big ward and people were in there just dying, and lawyers were

coming in. We had a friend that was in there and we had his lawyer come in so he could sign his last will. It wasn't a great place, I remember that.

So, I am up at 10C, they admit me to a ward again, and oh great, I just love hospitals. But good caring nurses – I got whatever I wanted. I was in a four-bed room and I remember a guy saying, “God, you are being treated so well. Who are you?” I said, “I’m sick,” you know. There are people constantly in there and they are running in and out of the room ‘cause they are stealing from this and it’s like, oh... ‘cause I could hear them. I wasn’t – it wasn’t until a few days later that they started feeding me the T3 every three or four hours, so it would bowel me up, but I didn’t know the effect of that – I will get to that in a sec. And so, they come into the room and say, “Oh yeah, the security guard, he almost caught us in emergency cause we were ripping this off.” I am hearing all these things and I am sick – I mean, I am really sick. I have full blown AIDS, my CD4 was 30 – that is full blown AIDS. So, I am sick, they say... they must have told me they were going to give me T3 every four hours, two of them. I remember lying in the bed, and I’m looking out the window into the West End and the buildings start to melt, and I go, oh wow, this is trippy. What is this? I remember one night I see a circus, a play in my room, and outside the room is the ice machine, and I see a clown on top of it. Oh, isn’t that cool? This goes on for about three days, a few days – I don’t think my husband was in ‘cause he had to work. I said, “You need to work, bills must be paid, the show must go on. I’ll be okay in here.” He comes in a few days, maybe a Saturday, and I tell him, “Look, the building is melting.” And he looks at me funny and he says, “What?” “Well yeah, they are melting.” He goes up to the nurse’s station, and says, “What do you have Mr. Lambert on? He’s hallucinating.” “We only have him on T3 every four hours.” He says, “Get him off of them, he is hallucinating.” I remember it just like it was yesterday.

A week and a half goes by and I’m still in there and I am tired of these people and their stories and the rants and raves, and I said, “Richard, you need to get me to a private room.” And he says, “We can’t get you into the private room, because the private rooms on 10C are the most secure. I guess they are people with PCP and need isolation. We can get you to a two-bedroom room.” I said, “No, just leave me here.” I remember having – back in the day, they used to have these shelves, and I remember having root beer up there and my juices, ‘cause I was craving it. Every night I would crave root beer and the nurses would bring me my root beer with ice. They treated me well, they were good back there. I always got treated back there in the hospital very well. Time goes on, and it’s like I get out of the hospital and my husband comes in and I say, “They said they were going to let me out like – I was only supposed to be in a few days, and it’s a week and a half. I want out of here. I don’t like it in here.” Course they start bringing me down for x-rays and tests and body scans and all sorts of different x-rays to see if – I don’t know what... Anyhow, I just made sure that they were all done and I said, “I’m going home, I want out of here. I want out of this institution. It isn’t a fun place.” You are dealing with criminals and people who were doing drugs, and I wasn’t used to that back then. I mean yeah, but IDU and just all that, I wasn’t used to.

So, I go home and finally they get me on the cocktail. Oh, no, then I have – I couldn’t do the dapsone and Septra. The doctor said, “You are allergic to dapsone and Septra,” and I said, “Is that an Indigenous thing or what?” He said, “Well, we don’t know yet. We are still doing research on that. Now you have to go back to the old wing and go up to IDC and do pentamidine,

which is an inhaler.” Great, I get to spend more time at the hospital in the old wing which was freaky as it was. I remember seeing doctor – the first doctor was there – it was up a ramp, it was in a small wing – and I just didn’t like his bedside manner, not knowing who he was, one of the biggest research doctors, Julio Montaner. You know what? I don’t like him, I don’t like his bedside manner, and I don’t like this ward where I have to see HIV doctors, so I get into see my husband’s doctor who is doing HIV. Time goes on, they get me on a cocktail, never to go back to work, end up on long-term disability.

2000 comes along and standing in the bathroom – my husband is behind me, I don’t know what he was doing behind me. He says, “You have a hump starting to form on the back of your neck,” and I said, “What?” ‘Cause I could never see back there. Then I start to freak out – now I’m starting to grow things? So, I go to the doctor and he says, “There is a lipodystrophy. Men get lipoatrophy which is shrinking stomach, shrinking arms, but what you have is lipodystrophy, which is fat distribution in different place where it shouldn’t be. We call it the buffalo hump.” I said, “Oh, that is a nice name.” I did some research on the laptop. There is lipodystrophy, or liposuction, and I do my own research and I go to the doctor, and I say, “How do I get this paid for, ‘cause it is really expensive and I don’t have that kind of money?” He says, “See a doctor or a specialist, but good luck with that. It will never happen for you, Mr. Lambert.” I forget what kind of specialist he is. That is how I started connecting with the organizations. I connected with CAAN [Canadian Aboriginal AIDS Network], Healing Our Spirits, with Red Road, with Positive Living BC – or actually it was BCPWA back then. I am in Healing Our Spirit, and like, “You want liposuction for your lipodystrophy, and it hasn’t been paid for anywhere in Canada or BC.” So, I said, “Okay, guess I will go back to the drawing board.” Finally, I see a surgeon and he is taking pictures and sending them to BC medical and they deny me once. Oh okay, now what? Maybe I should get some support letters from all these doctors and my chiropractor, so I grabbed about seven letters of support that I needed the surgery done. So, they come back I take them to my doctor, he sends them to BC medical and those doctors who are there that sit in a group and decide what surgeries are going to be paid for, and I got denied a second time. So, now what? I forget what I did next.

I was going to do a protest. I had it all planned out ‘cause I was driving an SUV van. I was going to – I was in a wheelchair at the time, I had lost full mobility in my right hip, so I was seeing my specialist for the lipodystrophy, I was seeing my surgeon. I was now in a wheelchair – this was in 2004, time has gone on – I end up in a wheel chair, so I have to change my whole lifestyle. I had to get rid of my Jag I had, an SJS, ‘77, black tan interior, which was nice. So, may as well do an SUV – it is higher up, so I do that. My husband comes home one day – this is all in one year – he says, “I got a growth on my butt on the inside.” I say, “Really?” So, they think it was – what did men get when they sit too long? What do they call...? Oh, hemorrhoid, they think it is a hemorrhoid, but he sees a doctor and sees a specialist and finally they do a colonoscopy on him. And I’m in a wheelchair so I am taking him to these appointments. I am not worried about my health, I am worried about his. I remember him being wheeled back. A doctor comes in and says Mr. so-and-so, you have cancer. And I go, oh great. So, we are dealing with that now as well – boom, boom, boom, boom.

So, now I go back to see the surgeon for my hip, and he says, “What do you want done first, the lipodystrophy dealt with or do you want to be able to walk?” “Oh, that’s a good question. I think



I want to walk first.” “Okay, we will book you into surgery and we will look after that.” I went in, they did the surgery, back to four-bed ward and back then the surgical ward, still now, are all mixed – the males and females are there. I am going, what am I doing in this kind of ward? I said I don’t like this either. I knew I had private insurance and my friend from work was in there and a couple other friends are in there and we are all squished around the small room and the four beds and said – the nurse came in and I said, “I would like a private room.” And she says, “Mr. Lambert, we don’t have any private rooms. Those are for the patients that need isolation, that are real serious patients.” I said, “You didn’t hear me. I said I need a private room.” And my friend who was next to me said, “If you know what is good for you, you will switch him into a private room.”

So, the next day they get me up and take me down to physiotherapy and she says “Do you know how to walk?” I said, “I don’t know. I have spent a year in a wheelchair. They just did surgery. What kind of a question is that?” “Okay, here are some crutches for you to walk.” I take about six steps. “Okay, now you can go back to your room.” I went, “Really, that’s it?” So, I go back – and that is a Wednesday, Thursday. The Friday comes along, I am able to get up and walk with crutches and go to the bathroom and everything. And I remember one night, I am in there for two nights, and this nurse comes in and she is giving me – so I don’t get blood clots, giving me the reinjection and she leaves the door open. And I say, “Could you close the door? The PA system is right about my bedroom door.” She says, “No, Mr. Lambert, we have to keep the door open to make sure you are alive.” I say, “Well, open the door and check.” So, I am able to walk so I get up and slam the door behind her – she got the hint. Friday comes along. I am packing but I didn’t know what the situation is. My doctor came along and says, “You did really well at physio yesterday, but take the weekend – stay.” Meanwhile, I have my bag behind me packing and I says, “You know what, I am just going to go home. It isn’t comfortable in here, it isn’t a place I am going to heal.” I leave there and I am able to walk, and now I need to deal with this – this hump on my back which is getting bigger and it is forming in two places, the back of my neck and back of my head. Just before Christmas 2005 I got a call saying... this is after three years of advocating to get it paid for. I get a call – “Guess what, Mr. Lambert? You are getting a Christmas present. You are getting your liposuction done.” And I said, Yay!” that is my claim to fame – I set precedent for people to have liposuction done to deal with their lipodystrophy. Five surgeries later... I am waiting for my last one to get done. I am kind of lost now.

**BK:** That’s okay.

**SX:** Our healthcare system, it is good, but I hear from my brothers and sisters that there is still a lot of stigma and discrimination of them going into emergency and labelled as a drunken Indian, which I thought we had taken care of under the cultural competency courses that are out there. I have never had to witness – I have never been treated that, I am fortunate, I don’t know why. I guess it is because I don’t mention that I am Indigenous, although it must be all over my chart. Doctors, the doctors are the best that we could have in Canada. So, I guess I started working. I was getting bored, so after ten years of being in the house and going to bingo and going shopping and spending money, I had to start doing something. I knew I was never going back to work, so I got involved with – maybe I will join board. I didn’t want to join a board because I knew it was very political ‘cause it was mostly gay men who sat on boards.

Well, people knew about my story of advocacy to have limpidity, so I joined Red Road, I joined CTAC [Canadian Treatment Action Council], joined their board, I joined CATIE [Canadian AIDS Treatment Information Exchange], and BCPWA, all in one year. I did a check, check, check, check – I got on all the boards. Finally, I left one of them ‘cause I didn’t feel like I was being treated very well, my voice wasn’t being heard. I won’t mention any names. I became a poster boy – you were in this magazine and then APTN did a big story on you, which I need to show you sometime. I always forget to bring it. I started to do some writing which is not my greatest forte – wasn’t until – and then I started getting into research. I remember seeing this lady, who is a big researcher in this community and I kind of looked at her on the train home from one of my projects – it wasn’t research. And I see her and I say, “I know you.” “Yeah, you look familiar too.” And she said, my name is so-and-so, and I said, my name is so-and-so, and she says, “What are you doing these days?” And she says, “I am in research,” and I say, “Oh my god, research.” You – Indigenous people, we have been researched to death. Well, a little bit later and now I work on four different projects, CBR, I stepped to the black side. What else do you want to ask me?

**BK:** I have questions. It’s an amazing story told in a linear fashion – puts things in perspective. Let’s jump back a little bit now, maybe. What did the West End – you were exploring the West End in the late-’70s and early-’80s.

**SX:** It would be ’75. They had the Gandy Dancer and all the bars. I was only fifteen – I was young, but I was mature. I was very tall, no one ever questioned my age or anything, you know? I remember going to the States one time and I was only nineteen. I went with a friend and I got ID’d. And I am not twenty-one, right? “You aren’t twenty-one.” So yeah, I started exploring the West End, the bar scene, but I didn’t see a lot of Indigenous people back then. As time went on, once I moved to the West End in 198- - it wasn’t until ’87, ’88 – I saw an influx of Indigenous people, and I couldn’t understand why. Why are all these people coming from... why? And then I realized later on it was because probably they were HIV positive and this was where the best healthcare was. There wasn’t a lot of Indigenous people in the West End.

**BK:** Was race or ethnicity an issue in those early years in the community?

**SX:** I saw it as an issue. So, I was walking down the street with my boyfriend at the time and he said, “Look at that,” I was really naïve, “There is a black woman and a white guy holding hands.” I mean how prejudiced was that? Here you are Indigenous and going out with an English man. Because I wasn’t brought up with that culture aspect. I didn’t start identifying with my culture till I was thirty-three, which was looking for advice from elders and seeing elders and learning the ways and a lot of it is very western. But when I do smudges, I incorporate nine different medicines ‘cause we come from different provinces. I don’t just use sage or sweetgrass, I mix them all – tobacco, you name it.

**BK:** It must have been a very interesting journey in that you weren’t just discovering yourself as a queer person or a Two-Spirit person but also as an Indigenous person.

**SX:** That was more difficult, ‘cause I knew I was gay. I had never heard the Two-Spirit terminology – people weren’t using the terminology Two-Spirited until 1990. Being gay was fine

– it was who I was, my genetic makeup. It was basically till I went back to college for the native tourism program that I really got culturally entwined and right into it because I had my class ask me to be chief of student council. I said, “I have no culture, I lost my identity, I have no idea what I am doing.” “We will support you.” I went, “Really? Okay.” So, I remember student council, and when I became chief of student council, that year was a big learning curve for me, culturally and also the native tourism program as well – it was wow, very quick learning. But I learnt. I am still learning to this day. A lot of projects, they call me an elder and in our culture it isn’t your age. There is some places where they think you’re sixty-five, you are now an elder, but in our HIV world and the other world that we live in, work in, it’s knowledge. I guess it is maybe six years ago they started calling me an elder. It isn’t by age, it is by knowledge, how you share and how you treat other people.

**BK:** Where were you getting information about HIV in the early-‘80s or the mid-‘80s? Were there sources of information?

**SX:** Not really. My husband was ten years older than me, so he comes from the gay community, the Monarch Society – he was an emperor back then, before... back in 1975, ‘74, he was an emperor. He knew a lot of people in the community. We saw a lot of people die. There wasn’t a lot of education – we would get from the news... There was very nothing back then, I had no knowledge how to access anything. I think nothing was really developed back then. It wasn’t until the ‘90s – I’m not even aware... So basically, I didn’t start learning and understanding until I got into the environment and joining these different boards, HIV boards, awareness boards. That is how I started learning.

**BK:** There wasn’t a ton of information out there early on that you can recall.

**SX:** No, there was very little, and anything that was out there was pretty basic. Trying to think... the very first board I joined, it was for an organization here in Vancouver, and we were peer. People that would come in, that were newly diagnosed, we would educate them and give them the resources. I don’t want to say the name of the organization either. That is how I sort of got involved – I can’t remember what title that was. I think trying to understand lipodystrophy helped as well because I need to get really in depth. Then I started getting different transcripts, 100-page documents I would have to read and half the information is like, what? What is that word, even? Learning acronyms in the HIV world is big. People come in and we are using these acronyms, and we forget that these are newly diagnosed people who never heard this even in research is acronyms, which I am still learning about. And as I say, every time you have some kind of transcript, you need to attach those acronyms so people can learn, ‘cause I don’t know them all. Everybody talks in acronyms.

**BK:** There are a lot of them.

**SX:** There’s a lot of them and I don’t even know where to find them.

**BK:** I have had that experience too, trying to find out what some of these older HIV meds were, having to figure out what they were based on an acronym.

**SX:** You always heard about AZT, which basically came from – it was used for cancer, and that didn't work so they gave it as a first line to people living with HIV. I remember the ones – some of the drugs you had to put in the fridge? Ritonavir, I think it was. Yuck. I do remember the D drugs – they were the harmful ones that caused – D4T. And that is when I had to start education myself and learning and being able to talk to doctors, scientists, pharmacists. You need to have some skills, you can't just walk in and say you want to understand this, you need to know how to say the word. A little bit of credibility, even though I don't have an academia background, so a lot of this is self-taught. Sometimes I catch myself – wait, I think I have heard that word before. What does it mean? I remember going into a research meeting, 90% were all researchers with academia people with PhDs. There was maybe five of us Indigenous people. They spent the whole day talking these terms – the whole day was a loss. You forgot about the five people who were in the room that don't have no idea. We all left the room at the same time. “Did you understand that?” We got lost a bit. Me, I'm still learning I don't have the six years it takes to get a PhD, I don't have a masters or a bachelors, I have grade twelve and a year of community college.

**BK:** Did you adapt any aspect of your behaviour, based on knowing HIV was out there in the '80s and '90s?

**SX:** You know, no, I thought I was invisible [sic], right? You know, do drugs, go to the bathhouse, play around.

**BK:** It was probably a very exciting time coming out into the community at the time.

**SX:** I was already out but coming out even more. I was experimenting with hallucinogenics and being wild. We heard about this disease, but I'm young. How is it going to affect me? That didn't cross our heads, our minds, to a lot of us. It is sad. I mean we are not – most of us are educated in some form or way, but so what were the barriers that said, you are not going to get it, or it isn't going to touch you? I don't – I remember doctors saying, “Well, how did you get it?” How? I mean I've heard doctors say that lately too, and we are in 2018. How did you get it? Well, how relevant is that question to what they have now? Who knows how I got it? It's – I think a lot of us felt invisible [sic] – we were having a good time back then, there were good drugs back then.

**BK:** I think you still see that mentality with younger gay guys today. That invincibility is part of being young.

**SX:** Not to – I have had – people have tried to include me in this conversation on PrEP. Yes, it will protect you against HIV but our STI rates are high, for what reason? You need that and a condom in order to protect yourself. Yeah, that is another topic.

**BK:** It is related but different.

**SX:** But different, exactly. Some people try to drag me into that. You know, I have enough work to do. One of my Indigenous sister's colleagues said, “You have to pick your battles. There is so much work out there.” And unfortunately there are only so many people doing the work and

people know who those people are and so they get grabbed. You know what, plates overflowing. My one wish is that we all have a secretary, or we can divide a secretary between three of us to answer phones, and send us reminders when there are deadlines for committees. Like, I just missed the big CAHR conference because I missed the deadline – something I want to go to, you know. We have mobile phones but do we really pay attention to them as much. We have all the technology, but sometimes we need that human person saying, “Sandy, you have a deadline on a conference. You need to fill out your abstract or you need to do this and that and that.” If I made 100 or 120 thousand I could have that assistant to make sure I got all these things done. So that is my one wish. It is fine to get us Indigenous people involved but to help us when we need help.

**BK:** It can get overwhelming.

It’s like, oh my god. People say, “How do you do it?” You know what? Sometimes it gets done, sometimes it doesn’t get done. Today I got a reminder that you need to check in with the communities that you talk to, and I said, “I am guilty. I didn’t do it ‘cause I got busy or I got lazy or I didn’t want to do it.” I think some of our community – when I use that word “community” I am using it broadly – that we have to remember that we are HIV, people living with HIV, we do have a chronic disease, we do get so that we just want to lay in front of a TV that we can’t be at that meeting. I have stepped away from meetings for that reason. I don’t want to sit in a two-hour meeting to listen to stuff that isn’t important to me or important to our community. Maybe it is good or maybe – no, it’s good. It’s just when you are the only Indigenous person sitting in the room.

**BK:** Which happens a lot.

**SX:** I have gotten used to it, but I have gotten to the point to say time for me to step away. You find – and look for other Indigenous people to sit in that seat, ‘cause I have done it for two or three years and there are projects like that. Until we start really getting people involved in helping with organizations and basically in research, we are going to be using the same people till we are dead, which is...

**BK:** Getting younger generations involved in some of this work, too maybe, right?

**SX:** Definitely but there seems to be a little bit of a wall trying to get the older generation and the younger generation – I have been trying to do that for years. For some reason they don’t want to collaborate with us. They understand that there is a need but they – maybe there is a fear that we are going to be dictating to them that we are going to be telling them this is how it is going to be done but no, we can learn from each other. I can learn technology from the younger people. I would love to have a younger person help me with my cell service, laptop, digitize my CDs onto some iPad, record all my music, my albums. I have a machine at home that will record into a CD, I have all these tools, but how do you use them properly? So, there is lots we can learn from each other, right? I think there is a fear that they feel they are going to be overwhelmed, and we are kind of role models I guess, we are elders, but we need to share that information, knowledge transfer, right? That is why I am involved in this project. How are we going to educate and tell the history ‘cause you can’t go up to every youth and say here is the history, here is what it was

like, back in the day, so you need to digitize and audio it so you can say, “You want to learn about this history? It is available at so-and-so.”

**BK:** Absolutely, that is something we are trying to think through.

**SX:** There is a need for it. Like you say, some of these youngsters have no idea. I mean, I guess I was at the beginning. But I have seen people that were at the forefront of the epidemic and went through hell and I did too, but I’m still here to talk about it.

**BK:** Any advice for younger generations that are newly diagnosed or just folks that are younger?

**SX:** When I was younger, I used to say, “Oh, that old queen...” stuff like that where they think they know it all. I think I like to talk to younger people ‘cause I learn from them and they can learn from us too. I think we change our generations – have changed a bit. Some people think I am the age I am, ‘cause I don’t act it sometimes, but it’s a way of exchanging information and knowledge. Come join us, we aren’t going to hurt you. I would love to be in a room one day, the youth and the elders, and just share information. Conferences, it doesn’t happen, meetings it doesn’t happen. Maybe you will see one or two. I don’t know what the solution to that is. I know one organization, they put a deadline – you are twenty-nine, you have aged out. So, how do you bridge into the aging out process, that is what I would like to know. How do these youngsters doing it – or are they doing it, or do they just get lost for a certain number of years? There are enough organizations and there are enough people out there that will welcome – you are welcome.

**BK:** Did you see the epidemic a lot in the ‘80s? Was it visible as it was occurring?

**SX:** They weren’t really – they were more the friends of friends, the older generation. Oh no, yeah, I saw that ward on the fourth floor and it was horrifying. It was like, oh my god. And I saw people die by themselves which was horrific. Back then it wasn’t abnormal. We used to call them funerals and then we called them celebrations of life and they were doing them two or three times a week. You would look in the papers and go holy cow. My generation, it’s still happening. I hear a lot of people just dying and I don’t know what, why that is – I don’t know. Maybe I should ask someone, find out that question but yeah, no, you see people with what was it called scarposi? A lot of people wasting away, a lot of people in wheelchairs – yeah, it was everywhere. Where is that person? “Oh, they are in the hospital.” And where is that person? “Oh, they are in the hospital, too.” It was so rapid and rampant. I can see why they called it the gay plague, but now the numbers are really high in the Indigenous communities – our women, different provinces like northern Saskatchewan, it is epidemic there. I don’t really understand what we didn’t learn from the first era from the AIDS movement. How did we get there in our own Indigenous communities where it is rampant up in the north. Something got lost in transit there, which is really sad.

**BK:** And even among younger gay men, the rates are very high again.

**SX:** And again, it – well, I don’t know what that answer is either. Why – is it education, are we still needing to do education around this? Well obviously, we do, right? We need to get into

schools, start education, you know, forget about Christianity and all that – we need to save our youth. Everybody experiments when they are young – it's when you come of age. You are experimenting so let's – we need – something needs to change. We don't live in the ancient times where you can't talk about that anymore, so why are the youth becoming – the numbers are growing. I don't know. Hope I'm wrong.

**BK:** Again, thinking of the '80s and into the early '90s, were you aware of some of the community responses that were going on then?

**SX:** I heard about ACT UP and, you know – and some of the demonstrations that were being done – the body bags, the drawings of bodies. I know that they did this in Vancouver when the last big AIDS IAS was here. I know people drew the outline of the bodies. So, I wasn't involved in that because again, I didn't feel that was – I understood it was my community but it wasn't where I was at, where my head was at. It's – I was young. I didn't understand about activism, what our community needed. I do now. It is really hard to organize something like that. Like if we wanted to do a big protest, I know the women are very focused on that, but as Two-Spirited men, no.

**BK:** So, there wasn't any engagement with AIDS Vancouver on the level of information, back then.

**SX:** I wasn't involved in any of it, so I think it was – I don't know what it was. Was it that people that – it wasn't everybody that was HIV positive. It was people that was just advocating for people that were living with HIV, because my husband knew people that were big activists back then. Again, back in the day we had a stronger community, people came together. Somebody went into the hospital, you made sure people got fed, or if they needed help getting to the doctor, people would be there. I don't find that as much. Maybe if you belong to an organization, then you have that sort of ability to be connected. Like, myself, I don't feel connected. I mean I do all this work but where is the need, when I need to – I rely on my friends, right, and hopefully they are available that day. But to have assistance for a doctor or a nurse outreach worker to come and help me? I don't have that connection, maybe I need that connection. What is going to happen when I become really sick? I educate these things – make sure your fridge is full, make sure your bills are paid, make sure you got your mobile – I can teach all that stuff, but when it comes to me am I really prepared? Well, it's scary.

Our community is changed that way. We are a little bit – I guess we have come through the war as you call it. It is less of a war, less of an impact than it was back then. You don't see it as much, you hear about it, but I got a call from an organization the other day that told me so-and-so is going to the spirit world. I said you talk to this person, this person. Even connecting with another organization, non-Indigenous organization, that's not even really happening anymore either. Whereas, back then you could pick up the phone, and say so and so is sick, get them to the hospital. We don't even know what to do with our own people. That is a little bit scary. What we really need to do – we have been trying but – is to do the buddy system, right? "I need to go the hospital. Can you come with me? I am scared." You only hear 20% of what the doctor is telling you when you are seeing the doctor whereas the other person can hear everything. Or, it is a little bit worrisome, because my family all lives far away – they are way up in – they are far

away, they are [place], way up north. So again, you rely on your family that you adopt into your own life.

**BK:** Like a chosen family.

**SX:** Yeah, a chosen family. There is a word for it and I can't – lost the word. So, you rely and you pick and choose your family. Right.

**BK:** How has the epidemic changed the community as a whole?

**SX:** I know in the bar scene, people talk about it. It is a little bit easier to talk about it. As a community as a whole, I think we are a bit fragmented there. We have become, I guess, in our own little silos. We live in silos because of – now we worry about funding: who is going to get that pot of money, who is going to get that pot of money. So, everyone is very protective and has basically taken the community and they have gone you are here, you are here, and you are here. So, it has changed the way community works now whereas back then we didn't have to worry about – we just basically say “we want to do this project” or “we need this,” and the provincial or federal government would say, “Yes, sure.” But now it is so streamlined that the different organizations out there they have sort of siloed us. So, you walk into an organization and they go oh, Indigenous – tick; Asian – tick; a woman – tick. And it has always been like that but it has become a little bit worse now. I see it as – and I know people have moved out of the West End and into the suburbs, so again, cost of living to live in the city is very expensive, right? When you are paying high rates of \$1800, \$1900 for one-bedroom, that is crazy. Who can afford that, especially if you are living on disability?

I am fortunate because I am paying good rent and I am close to a hospital. What would a hospital say in the Fraser Valley or further out - Mission or Abbotsford. What would they know about HIV? How would they deal with it? Because I know when you go north they got doctors there but very few. Within that community where we have got all the discoveries and research and it's all here, so yeah, I am very fortunate to be able to live in the city, to have a connection with... We still have communities when it comes to pharmacists. They come in, they know my name, I go pick up a prescription, they know my name. I go as an outpatient to pharmacy and they know who I am usually. Maybe that's a good thing, maybe it's not a good thing – I don't know, but I feel very connected to community out there. It is probably because I work in community or they know what a big mouth I can be. I said, yes, it's a good thing, and that is how I look at community too. And when you look at the Indigenous community, I have people call me and say, “What do we do with this person?” I don't know what to do and they are an organization. Well, what makes you think I know that information? I guess they know that I am so in-tune with, connected to the community.

**BK:** I imagine that even just the West End must look so different than it did in the late-'70s or early-'80s.

**SX:** Oh gosh, when I first started coming to the West End, I remember the boys that used to work the streets and the trans that used to work the streets – it was a hay day back then. And Shame the Johns, the cops or the community doing that. You know how you have in the West



End, you have the roundabouts? Those roundabouts were put in to discourage the Johns from coming into the West End and having to slow down, that's how those got put in. Yeah, remember – and again, that was a different kind of community too. I lived across from where the boys worked, from the church on Broughton street, and you made friends with them 'cause they were cool people – I didn't care what they did for a living. They hang out with you, they accept you as you are, I liked partying with them, they were great. I still see some of them out and about. I say hi to them and we talk about the old days – “Remember...?” Some of them don't remember though. I know some of my generation have got I guess – are getting dementia or whatever it is. Their brain has stopped developing or remembering but I remember a lot of that stuff back then. And I talk to people and they say, “I don't remember that, I don't remember that.” So, it's different. It's – our city has grown up. And I remember even some of the houses that – you weren't even born then. I remember down by Mac's, where Jim Deva plaza is, I remember there were three houses there – I remember a lot of the old houses and now there's nothing but high rises.

I felt safe back in the early days, and when I talk about safety, I mean I could walk down the street. I knew there were cops everywhere and undercover cops and they would always be protected by the hustlers or the drag queens, 'cause you would always say hi to them and they would recognize them, and if you were in trouble, they would be the first ones there to help you. Now, I don't feel that safety still is there. I am always looking – I walk around with my headset on sometimes, and that isn't a good thing. I always have some kind of eyes in the back there. I don't feel as safe in the West End as I used to. It is hard to say why. I did say why, because we had street people – what we called street people that worked the street, done the street, played the street, worked out of hotels. The hotel down here that they used to use, they could crash there four or five of them. “Okay, I am done for the night. I need to crash.” Yeah, or I let them crash at my place, come over and sleep – and no, no, I didn't mean to fool around but if you want to really... But you know, that was part of community as well. I think some people forget about that.

**BK:** It is interesting to think that it seems like there would be less overt homophobia nowadays compared to the early-'80s but at the same time there is less of a community so there is a relationship there.

**SX:** Yeah, there is. I mean, I remember I would hold people's hands, and they would scream faggot – it's a name. You know what, the old saying sticks and stones will break my bones but names will never hurt me. I think there's more beatings as time went on, like fag beatings and stuff like that as time went on. Back in that day, there wasn't. I think people are more liberal cause we were just coming out of the '60s into the early-'70s and so there were people a little bit more liberal-minded. As to this day, I get people – I have guys that say – you are in the West End, right? Yeah, keep looking. So, what's your point? You mean you're that homophobic? You are walking through Jim Deva plaza; do you not understand anything about the West End? I don't get into it – okay, that's your own problem, but...

**BK:** I think we have covered a lot. Is there anything we haven't touched on that you wanted to speak to?

**SX:** No, I could but I'm not – that is a whole other subject.

**BK:** Well, you can, as long as it is relevant.

**SX:** I remember sitting in a meeting and I guess the provincial and federal health wanted the HIV people to have the Hep C and other blood-borne pathogens join together in a room, which kind of really – you know what, it's never going to happen. In the Indigenous world, you can never have that happen because our communities are way too small. So, you could have someone say – take a family, maybe a couple of them are HIV positive, maybe one is Hep C, maybe one has cancer, and it isn't talked about within the family. So, to do that, it was just talked about and basically people were basically directing their funding to do that but it never came of that. I guess our government thought that our HIV world had more experience in dealing with different issues and we have been along for so long, so they thought, oh yeah, we can have all these other groups come join us. It doesn't work that way. It was a good thought, but it didn't last. I see, again, back to our Indigenous community, I see it dwindling. People are aging and people are getting sick. And have you heard of the sacred healing centre that is in St. Paul's? It is on the fourth floor – no, it's either on the fourth or fifth on the old wing, so not Providence but Comox building and it is a sacred space where you can do smudging. And you can have an elder come in but it is only open 9:00 to 5:00, which doesn't make any sense to me. If you are in a hospital, you want a sacred space to smudge or whatever, that room should be open all the time. That is just my two cents worth. It was the first one ever to happen in BC and now they are trying to do it in New Westminster as well. I just think that that room should be open all the time, right?

**BK:** The fact that that room exists at all hopefully says that we have come a little way in terms of Indigenous health and how Indigenous people are treated.

**SX:** Yeah, but health – if you are sick you are sick, okay, I'm only going to be sick from 9:00 to 5:00. I mean that's just – there's really nothing there that can be destroyed, it's a healing place. What are they thinking? Well, I know what they are thinking. They are thinking people are going to go in there and start using in there. I mean there are tons of places you can go to do that in the hospital, why would you do that in a healing centre, in a sacred place. It doesn't make any sense to me. I don't run that program. Yeah, no, I am just so glad to be able to work on this. I was kind of taken back a bit – what do I have to contribute? And I understand why we have to document this because no one else has documented this.

**BK:** Well, we are so happy to have you and I am so thrilled to be working on this too.

**SX:** There are a lot of projects, but one day at a time.

**BK:** Gotta find a way to get that secretary one day.

**SX:** That is my wish, that is my wish. “Sandy you have another appointment...” I think we are good.

**BK:** Alright.