



## Winnipeg Audio Transcript May 3-11

Peta-Doris Kosmin: I think during the height of the pandemic, it was just go, go, go. Pivot, pivot, like, doing things I'd never imagined that I would do in any kind of healthcare setting. Like that's not really my field is not really healthcare. But there I was, like, you know, training volunteers on like, proper hand washing and PPE.

I'm Peta-Doris Kosmin. My title that I use is rabbanit and my husband is a rabbi. So, the work that I do here in long-term care, is I'm a spiritual health practitioner, otherwise known as a chaplain. So, it's... I view spiritual health very similarly to mental health.

I think now there is an opportunity for people to really reflect... those who didn't have a chance to grieve. All of these different avenues to processing trauma. Yeah, I got to, I really felt like it was a privilege to be doing that work. During, like, what's really a historic period of time, right?

Also, one of the things that I see is that there should be cultural sensitivity in long-term care. It's not really person centered. At this point it's just trying to make pieces all kind of fit together. So, there aren't any, like, radical missteps. And yet it shouldn't be that, especially for people who are aging. It should be really holistic, natural, it should be meeting the needs of individuals.

There's not enough Indigenous long-term beds. Yeah. And that's like really concerning. So, I would often see people brought from the north, in these fly in fly out communities, who only speak Ojibwe or only speak Oji Cree or... And they're sent to places where I don't think the staff speak those languages. And there's no community speaking those languages. So that kind of linguistic isolation and cultural isolation is huge. But I just want them to feel like they're not, they didn't have to say goodbye to anything that is important to them. But I know that a lot of places are not like that. And I think especially for the Indigenous Canadians.