

partners. This is especially true when it comes to health and safety, and COVID-19 is a health and safety issue. I represent people who do the job. They know what they're talking about and they need to be consulted and listened to.



I continue to believe that the union needs to be more involved. There has to be communication that involves the unions on a daily basis. I know this is happening in some of our centres. There are lunch hour team meetings to review the situation, where nurses and attendants participate.

When you're part of the team that gets together to come up with a solution to a problem, you're going to implement it. When you had no say and it's imposed on you and it doesn't make sense, implementation is a problem. For things to work

well, workers have to be valued and recognized and their autonomy has to be respected. When that doesn't happen, what we hear in the field is "Of course, we're just attendants," so they are not included in the discussion. The devaluation of orderlies is a serious problem.

The government is trying to ensure that the situation remains the same. So are employers. They give us information, directives, and we are supposed to do what they tell us to do. But when we want to communicate things, make claims or proposals, we are not listened to.

We can't go back to what we call "business as usual." We have to understand that there is a major problem. There is a general overload of work. We don't have time to provide what I call psychosocial care. I understand that we are not psychosocial intervention professionals, but the support we give to people at the end of life is still psychosocial support. Who is closer to the residents, apart from the family, than the attendants? And many residents have no family. They have been left on their own. It is with the attendants that they communicate, express their distress, their needs. We don't have the time to give them that kind of care. We used to have it, but we don't anymore. We had it 30 years ago, when I started to work in the sector, and it was wonderful. We're almost racing now to do our job. Bringing in 10,000 new people isn't going to create a miracle. We have to be able to do the job worthy of the name, worthy of what an orderly is.

Some corrective measures have been applied. Now there are masks at the entrance to the CHSLDs. There is a guard at each entrance. People enter through only one door. The entrance is guarded 24 hours a day. You have to sign in when you enter. Workers who have symptoms have to report, and if they do have symptoms, they go home and are paid, so that's good. There are steps being taken to limit the spread of COVID-19.

The fact remains that there is a fundamental crisis in the CHSLDs. The COVID-19 pandemic has lifted the veil on the many aberrations in the health care system. No one wants to bring things back to the way they were. That is completely out of the question. We have to learn from the lessons that COVID-19 taught us.

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