



AORTA

ALPHA OMEGA REVIEW OF TORONTO ALUMNI CHAPTER, PI CHAPTER | NOVEMBER 2021 VOL. 63. NO.2
WEB SITE: WWW.AOTORONTO.ORG

VIRTUAL FALL SEMINAR

ALPHA OMEGA TORONTO CHAPTER PRESENT

VIRTUAL FALL SEMINAR

FRIDAY, DECEMBER. 3RD, 2021 - 8:30 A.M - 3:00 P.M

Presenters

PLP's Ms.Danielle Mac Mahon
& Dr. Peter Hong

3 CORE 1 POINTS

Dr.Alan Atlas

3 CORE 2 POINTS



ALPHA OMEGA VIRTUAL CHANUKAH PARTY 2021

Sunday, Nov. 21st, 2021 at 10:30 - 11:45am

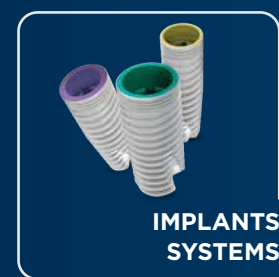


LETTERS TO THE EDITOR • 4 MYTHS OF HAPPINESS • TWO PROFESSIONS

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A LINE FROM LAUREL



Hello fellow fraters! I hope you are all enjoying a fabulous fall and have been able to participate in the plethora of programming that we have been working hard to bring to you these past few months. Our first program of the year was a virtual event entitled Confronting Anti-Semitism on Monday Sept 13th, 2021, with a panel of well-respected and highly acclaimed speakers that included Elan Carr, who was appointed by the President of the United States and the Secretary of State to the office of United States Special Envoy to Monitor and Combat Anti-Semitism. Prior to this role Mr.Carr worked for more than a decade as a Deputy District Attorney for Los Angeles County. He was joined by Frank Luntz, a communications expert and political pollster who provided us with the words that work when combatting anti-semitism. They were joined by Michael Levitt, the President and CEO of Friends of Simon Weisenthal Centre, Jay Solomon, the Chief Communications & Public Affairs Officer and Daniel Koren, the Executive Director for Hasbara Fellowships Canada who gave us an overview of the current situation in Ontario and throughout Canada. Together they all combined for a terrific panel to discuss the history of Israel and the current state of affairs today in North America with respect to the rising tide of anti-semitism that we are seeing on campuses across the country and in all other facets of life. I was fortunate to plan this event with 2 of our colleagues- Carole Gruson, who chairs our advocacy committee, and Max Silver, a current 4th year dental student at the University of Toronto. Max is also the

International Student Rep for Alpha Omega. This event was conceived of this summer in response to the worldwide meteoric rise of anti-semitism that we were confronted with during the recent Israel-Palestinian conflict. Max felt that his peers were ill equipped to handle the barrage of anti-semitic rhetoric and needed to learn the history and tools required to respond appropriately. Carole and I felt that we could all use a refresher so that is how this event ultimately came together. Max was a terrific moderator for our evening. Please read his article in this issue where he includes the link that will allow you to watch the event if you were unable to attend on Sept 13th.

Alpha Omega is the oldest International Dental Organization and was founded in Baltimore, Maryland in 1907 by a group of dental students to fight anti-semitism and discrimination. Today the AO international community is comprised of more than 100 alumni and student chapters in more than 10 countries. We are an inclusive organization that now welcomes people from all cultural backgrounds, but our mission, vision and values are guided by the three tenets of professionalism, fraternalism and Judaic values. AO started in order to combat anti-semitism and discrimination more than 100 years ago and unfortunately this is still a battle we are waging today. Thank you to all of you that watched our event and I hope that those of you that haven't seen it will take the time to watch it in the coming weeks.

By the time this article gets to all of you we will have had an in-person Frat night at Shaarei Shomayim Synagogue on Oct 25th, as well as a virtual component for those unable to make it in person. This was a tricky event to plan as we were unsure if government regulations would permit us to meet in-person, but we are thrilled that we could provide a hybrid event that could accommodate all members that wanted to attend. We are happy to welcome our International President Alan Moltz and his wife Linda, honor Steven Millman with the Alpha Omega Toronto Alumni Certificate of Merit, honour our 50 year members along with their spouses, welcome new members and hear from our guest speaker Dr.Gillian Mandich on finding happiness in the work place. I will have

Continue page 5

AORTA



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of Alpha Omega**

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Next Executive Meeting

Wednesday, December 8, 2021

Next AORTA Deadline (February)

Monday, January 3, 2022

Notable Achievements

Please inform the AORTA of fraters or members of their families who have achieved success, honours or milestones.

Benevolence

Please call Stan Markin regarding illnesses or deaths of fraters.
Office: (416) 497-2122
Home: (416) 789-2067

Associate Placement

Fraters who are interested in having an associate join their practice or who are interested in associating with another dentist (full or part-time) contact Philip Novack
Office: (416) 224-2114
Fax: (416) 224-1282

The opinions as expressed by the editors and columnists of the AORTA do not necessarily reflect the views of Toronto Alumni Chapter and/or its executive. All correspondence should be sent to the editor at barryreinblatt@sympatico.ca

DENTAL VOLUNTEERS FOR ISRAEL

Dentists needed... to treat disadvantaged children in Jerusalem who cannot help themselves.

For information, contact **Les Train** at drtrain@rogers.com, or check our website at canadianfriendsofdvi.org.

RCDSO PET EXAMS

Are you writing the RCDSO Pet exams? Do you want to join others who are writing for a study group?

Email Jackie at info@aotoronto.org and we will put you together.



You are invited to join the Toronto Alpha Omega Fraternity group on Facebook

Do you have a story to tell that other Fraters would love to hear?



Contact the AORTA editor Barry Reinblatt at barryreinblatt@sympatico.ca with your suggestions!

SPONSORSHIP PROGRAM

If any Alpha Omega member knows of individuals or corporations who may be interested in sponsoring our programs please let me know. This will ensure the quality of our programs and events.

Please email this information to drbgreenbaum@rogers.com. To all committee chairmen, please forward a list of your corporate sponsors. Also please list the contacts and email addresses.

Thank you.
Robert Greenbaum

FROM THE EDITOR



I have to admit, I don't love winter. My winter sport was hockey, which I played year round and indoors. Skiing, snowmobiling, etc. never held much interest for me, as I wanted to avoid the cold weather. Having said that, winter is inevitably on its way and I will have to deal with it, probably without a winter getaway to somewhere warm to look forward to. If you are anything like me, you are ready to hunker down to wait out the cold weather. While doing that, you can enjoy this issue of the AORTA.

There is a lot to read about in this edition. We start by revisiting the very important anti-semitism panel moderated by the talented Max Silver as well as the opening social for Pi Chapter. You can find information on upcoming events including the always popular Delicious Dish Event, the Virtual Fall Seminar, the Chanukah Party, as well as the beginning of the planning for Toronto's next International Convention in 2023.

We have very interesting articles from Joel Rosenbloom and David Clark on the link between Psychiatry and Dentistry, Gillian Mandich talks about the 4 Myths of Happiness, and our own Harvey Cooperberg brings us up to date on how the UJA is securing the Jewish community's future. As well, we have contributions from our regulars, Barry Korzen and Stan Kogon. I hope you all enjoy this issue of the AORTA.

Barry Reinblatt

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A LINE FROM LAUREL (Continued)

also been officially installed as your president! Thank you to Riley Lewis and his committee for helping to put this event together.

Another event that will have occurred during the time this Aorta was being put together is Shabbat Across AO which is an event that took a little hiatus the past few years and was brought back into circulation for 2021. This event included a virtual magic show and candle lighting ceremony with families gathered in person for a Shabbat dinner that was delivered from Menchens Kosher catering along with a challah from Grodzinski's Bakery. Shabbat Across AO was celebrated Internationally with all chapters simultaneously. I hope you were able to gather your family and enjoy a delicious meal while your children and/or grandchildren were being entertained. Thank you to Adam Kaplan for spearheading this event!

A few other upcoming November events include our in-person Fall Social Cocktail Class featuring bartender Doug Barker from Tulo's Taqueria in Muskoka, Ontario. Doug will be teaching us how to make a number of specialty margaritas. Come gather with your friends for what will be a fun filled evening graciously hosted in the home of frater Mark Librach. Thank you to Khash Gharavi and his committee for putting this event together.

Don't miss signing up for our annual Delicious Dish Cooking Classes taught by owner Carolyn Cohen in her home. The classes will be taking place on Wed Nov 17th and Thurs Nov 18th at 7 pm. The recipes and all food used will be kosher although Carolyn does not have a kosher kitchen. The Wed night class will be dairy and the Thurs night class meat. These classes always sell out so if you are interested in attending I suggest RSVPing right away so as not to be disappointed. This program is for AO members and their significant others only. All in-person events require members to provide a proof of double vaccination.

In Continuing Education news we heard from Dr. Joel Rosenbloom, staff dentist at the Centre for Addiction and Mental Health and Assistant Professor at the University of Toronto Dental School, who spoke about Noma, a rapidly progressive, often gangrenous, infection of the mouth and face also known as cancrum oris on Wed Oct 13th, 2021 on Zoom. Our next Continuing Education course will be on Tues Nov 23rd where we will have the privilege to learn from fellow frater and periodontist Dianna Malkin. Stay tuned for her topic which will be announced shortly.

Our annual Chanukah Party will be on Zoom this year on Sunday Nov 21st at 10:30 am.

Bring your children and grandchildren for loads of entertainment and Chanukah fun. Thank you to Cindy Greenspoon and her committee for putting this very popular event together.

Our Fall Seminar will be taking place virtually on Friday Dec 3rd where we will have 2 separate half day seminars presented. The morning session will be a 3 hour Core 1 seminar from 8:30-11:30 am entitled Communication Breakdown, It's Always the Same lead by PLP's Dr. Peter Hong and Ms. Danielle MacMahon. The afternoon session will be a 3 hour Core 2 course from 12:00 noon-3 pm and will feature Dr. Alan Atlas discussing restorative dentistry, specifically posterior restorations. You can choose to sign up for 1 or both sessions. Thank you to Jaclyn Glick for spearheading the evening continuing education seminars and the Fall Seminar.

Thank you to Jackie Levitan and Bronwyn Sheppard in the office for handling this very busy fall with grace and competence. Your hard work is very valued and appreciated! I look forward to seeing all of you at our exciting line up of upcoming events.

Fraternally,

Laurel Linetsky-Fleisher

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RALLY FOR RECOVERY: SECURING OUR COMMUNITY’S FUTURE ALONGSIDE UJA

When the COVID-19 crisis began in early 2020, all of us knew something unprecedented was happening. We knew an emergency had begun whose development was unclear to us. But I don’t think many of us imagined how long and how damaging the crisis would turn out to be. In times of crisis, we always unite as a Jewish community to take care of each other. One of the most powerful ways we can unite is through UJA, our tool for collectively tackling the greatest challenges we face. As we enter a new phase of the pandemic—the slow return to “normal”, and the emerging, long-term consequences of the crisis—I want to tell you about what UJA is doing right now to ensure our community’s recovery from COVID-19, and how we can help.

Since its beginning, Alpha Omega’s work has been deeply intertwined with philanthropy and uplifting the rights and prosperity of the Jewish people. Indeed, the first purpose of our fraternity was rallying together to fight antisemitism faced by Jews in dental schools and elsewhere in society. In this, the work of Alpha Omega and its members contributes to the great work of building a stronger Jewish community happening across the GTA. For this reason, I write to encourage all our members to join me in supporting UJA’s 2021 Annual Campaign, happening now until the end of the year.

The theme of this year’s Annual Campaign is *Rally for Recovery*. This is UJA’s top priority in 2021—securing the safety of our community and ensuring Jewish Toronto recovers from the pandemic. More than that, by uniting as one, we can together ensure the community emerges stronger than ever from this crisis. The unity in our community in 2020 demonstrates what is possible: our collective generosity last year through UJA was truly unprecedented and was a match for the horrifying situation we faced in the COVID-19 pandemic.

As we emerge from this crisis, there is still much work to be done to secure our community’s recovery. UJA has identified three core priorities for securing our community’s recovery.

5x the number of Kosher Meals on Wheels are needed today than pre-pandemic.

The first priority is supporting Jews still struggling, by strengthening our Jewish social safety net. Those hit hardest by the pandemic—our most vulnerable Jewish neighbours—are still feeling its worst effects. In two particular areas, we’ve seen an explosion of need: food insecurity and mental health. Need for Kosher Meals on Wheels delivered to isolating seniors and other economically fragile community members is growing, higher than its ever been before. At the same time, the pandemic has inflicted trauma that remains unaddressed for so many—as just one example, we’ve seen an exponential increase in attendance at group addiction counselling in just one UJA-funded agency.

For the first time in 17 years, day school enrollment went up.

The second priority is safeguarding access to Jewish life. One of the greatest concerns about the pandemic was that it might disconnect community members from Jewish life, most particularly our young people. Our youth would lose access to Jewish programming which in turn forms our identity and leads to a thriving, Jewish life. By losing participants, we might in turn lose some of the most important Jewish community institutions themselves—the very heart of Jewish life. As we emerge from the pandemic, UJA is working to ensure that as many people as possible can reconnect with Jewish programming without facing a financial barrier. What’s at stake is the growing Jewish identity of our young people and raising the leaders who will eventually carry on the work of securing the future of the Jewish community.

In May 2021 alone, more than 50 antisemitic incidents were reported to UJA Community Security—five times the previous monthly average.

The third priority is tackling antisemitism. Ever since Hamas’ attacks on Israeli civilians in May, we’ve seen an alarming increase in

antisemitism here in Toronto. People have been harassed on the streets. Online, Jewish youth are facing growing hate and lies—and these voices are growing louder. An expansion of our community-wide efforts to tackle antisemitism are clearly needed. When it comes to keeping our community safe, the single most important factor that we can control as a community is our level of preparedness. UJA is redoubling its multifaceted efforts to address this surging antisemitism, including through education, advocacy, community security, volunteer mobilization, and social media activism. Building a strong recovery from COVID-19 goes hand in hand with building a more secure community for our children and grandchildren.

Of course, these three priorities are being addressed alongside UJA’s ongoing work addressing poverty, strengthening Jewish identity and education, and building connections with Israel and the global Jewish community. We all know UJA’s work is wide-ranging, supporting virtually every facet of Jewish life in our city.

The recovery of our community is something that matters to all of us. It will only be possible when we all do our part. Will you join us in leading our community to a secure and thriving future? I encourage you to give generously to UJA this year. You can visit www.RallyForRecovery.ca to learn more and explore all the many ways you can give of yourself—your gift, your time, your voice—to help our Jewish community in this moment of need.

Thank you! The recovery of Jewish Toronto is an all-in effort. Every community member has something important to offer. I hope you too will offer what you can so every Jewish Torontonians can emerge from this crisis.

fraternally, Harvey Cooperberg

LETTERS TO THE EDITOR

Dear Barry,

I read with interest the story that Laura Hellen passed on. I thought I might be able to contribute a couple of other stories that you might find interesting enough to publish in the Aorta.

Now that the names have all passed on, I can relate this interesting story regarding anti-semitism and one of our boys. I don’t believe that Bernie was an Alpha Omegan, although he might have been one at the time.

It was time for Bernie Hemrend to graduate from grad school at U of T as an orthodontist. The year was about 1951 or 1952. He had applied to the American Association of Orthodontists for their ‘Milo Hellman’ award, which was awarded to the best research paper in the world for orthodontics of that year. Bernie won the award for his basic science research. As a result, he was asked by Egil Harvold, the head of orthodontics at Sick Children’s Hospital and future head of the orthodontic department at U of T, to take the reins as the under chief of orthodontics. He accepted this position. Egil, with as much embarrassment as a Norwegian can muster, had to tell him that he was not able to take this position. Bernie found out that Sandy McGregor, the head of pediatric dentistry, at the U of T, had blackballed him for being Jewish. Bernie went to see him to see if he could change his mind. After a bitter argument, Bernie cold-cocked Sandy McGregor and knocked him out.

Sandy decided to pursue expulsion for Bernie without the possibility of graduating. Robert Moyers, who was the head of orthodontics at the time faced a dilemma. Here was the ‘Milo Hellman’ award winner, the most prestigious award in orthodontic research, an honour for the university, being taken to the U of T’s board of governor’s for expulsion. Finally, a compromise was reached. Bernie Hemrend could not teach at the dental school until Sandy McGregor fully retired and Bernie could graduate. The moment that Sandy retired in 1968, frater Don Woodside appointed Bernie to the staff in the orthodontic department.

On another occasion, the undergraduate class of T72 had 31 or 32 Jewish members. It was the year 1971 and I was the Pi chapter president. The department chair for operative dentistry was Bruce Hord, whose father was an anti-Semite. Before the end of the year, he came to me with a list of about 8 names. He asked me if I could find extra help for these 8 students, who were Jewish and in jeopardy of failing their year unless they improved their mark in operative dentistry, a prerequisite for a passing grade. I found this quite humorous because I always thought the acorn didn’t fall far from the tree, but was I ever mistaken. Bruce was a real mentsch and gave us the opportunity to bring up a number of students who were near failing. The fraternity helped in this case and was strong enough that Bruce Hord came to me with this unusual request.

Fraternally,

Paul Levin
Past President 1983

Hi Barry:

Reading Leo Wolfson’s story on anti-Semitism in dental school, reminded me seeing the class list on the prosthetic lab desk when the prof went out with letters H,RC.P: Hebrew,,Roman, Catholic, and Protestant next to the names. They didn’t like RC’s either! Dean Mason apologized at an AO dinner meeting at Sharrei Shomayim.

Fraternally, Murray Buchman

UPCOMING EVENTS

FALL SOCIAL COCKTAIL CLASS

Wednesday, November 10, 2021
4 Gardiner Road

DELICIOUS DISH COOKING CLASS

Wednesday, November 17 &
Thursday, November 18, 2021
582 Woburn Avenue

EVENING CONTINUING EDUCATION SEMINAR

Tuesday, November 23, 2021
Dianna Malkin-Periodontist
Adath Israel Synagogue
37 Southbourne Avenue

VIRTUAL CHANUKAH PARTY

Sunday, November 21, 2021
Zoom Presentation

VIRTUAL FALL SEMINAR

Friday, December 3, 2021
8:30-11:30-Communication
Breakdown
3 Core 1 points
12:00 - 3:00 - Restorative Dentistry
Myth Buster
3 Core 2 points

AO TORONTO CONVENTION

Wednesday, June 21-
Monday, June 26, 2023
Westin Harbour Castle Hotel
Toronto, Ontario

Mazel Tov

To...

Tammy Herzog and Brian Brown on recently celebrating their son Cooper’s Bar Mitzvah.

Just A Reminder...

The Roster is for the exclusive use of the membership of Alpha Omega Fraternity. Anyone found using this directory for solicitation purposes will be prohibited from advertising to Alpha Omega and may be the subject of legal action.

...1000 WORDS

WAITING FOR DAVID

Try to remember those days in the past when travel was easy and faces were unmasked. This is a street scene in Florence Italy in that bygone era of 2+ years ago with people jamming the street to get in line to see Michelangelo's famous statue of David. Those on the left are already in line and the others are heading to the back of the line. Without a doubt this statue is a masterpiece. However Michelangelo made one mistake - he forgot that David was Jewish. Check it out yourself.



4 MYTHS OF HAPPINESS (OR 4 MYTHS OF HAPPINESS BUSTED BY A HAPPINESS DOCTOR)

Although platitudes on bumper stickers or Instagram quote cards may sound nice, their ideas can become lodged in our minds without being substantiated in science. Research shows that there can be a gap between what truly makes you happy and what you think makes you happy. Understanding these common misconceptions - and learning from them - can help you cultivate more happiness in your life.

"I'll be happy when _____ (fill in the blank)."

Truth: The reality is that whether it be a dream home or something else, many of us are waiting for happiness. We fervently (and erroneously) believe that if we're not happy now, we will be happy when we find Mr. Right, strike it rich, or buy our dream car. The truth is, happiness isn't a destination, it's a practice. Much like fitness, becoming lastingly happier requires regular effort and commitment.

Try this: There are many things in your life you can't control, and there are some things you can, one of which is your mind and thoughts. Try to train your brain to focus on the present moment because looking to the past or the future can take you out of the present moment and out of happiness. When you notice your mind wander, try to bring it back to the now by looking around and noticing the things you appreciate, are grateful for, or that make you happy.

"Once you put a ring on it, you live happily ever after."

Truth: While it's true that there's often a boost in happiness when you get married, it doesn't last very long. Several studies have found that marriage has a surprisingly small impact on long-term happiness, and after the fun and excitement of a wedding wears off, most newlyweds revert to their pre-engagement happiness level.

It turns out that it's not simply marriage that makes people happy. If a couple isn't happy going into their marriage, chances are the union isn't going to be their golden

ticket. Also, staying in an unhappy marriage because you think it will make you happier is a myth. Research has shown that people who are in unhappy marriages experience a spike in their happiness once their marriage is dissolved.

Try this: Marriage or not, focus on your own happiness and the happiness of your partner. One way to do this is to celebrate the good. Research indicates that the most intimate and trusting relationships are distinguished by how partners respond to good news, not by how they react to disappointing or bad news. For example, if your partner shares that he got a big promotion, be sure to celebrate with enthusiastic joy; talk about the great things about the promotion and how it will benefit your relationship. And if your partner shares that he got a new job that requires him to work weekends, try to highlight the good things that will come from the new job as much as possible, and give less attention to the downsides.

"In life, the goal is to be happy and to not feel sad."

Truth: Happiness comes part and parcel with sadness. Happiness and sadness aren't opposites - they're simply different emotions. It's completely normal to be a happy person and to also feel sad sometimes. The goal is not to eliminate sadness or other challenging emotions. Research shows that, paradoxically, when you give yourself permission to feel anxiety, anger, or sadness (instead of bottling up or ignoring challenging emotions), you often end up experiencing more happiness.

Try this: You can't suppress the experience of painful emotions, so don't try to push them away or bottle them up. Give yourself permission to feel whatever you are feeling (no judgement). Whatever emotions come up for you, aim to feel them fully, then, let them go.

"Landing your dream job is your ticket to happiness."

Truth: There's absolutely nothing wrong with aspiring to do things that you love; after all,

who doesn't want a career that pays the bills and is fulfilling? The problem is that having an idealized view of what constitutes a perfect job can wind up leading you away from work you love, instead of toward it, when your expectations don't match your reality.

People adapt to all experiences, and so any happiness from a new work environment will likely fade over time. Also, we are all constantly growing and changing, and sometimes, so are our interests. A dream job isn't an exact destination, rather it's constantly evolving, just like you. Your ideal job when you were in your 20's may be very different than what it is in your 30's or 50's.

Try this: Remember that passion won't always pay the bills—and that's OK! The key to finding your dream job is being able to distinguish the achievable from the fairy tale and to recognize what it means to you to be fulfilled from a practical (and not just a passionate) standpoint. Be open to the possibilities of new things and embrace opportunities you encounter. This will help you to be sure that you don't pass up worthwhile work in a hopeless pursuit of an elusive ideal.



Gillian Mandich, PhD

AO TORONTO CONVENTION 2023

ALPHA
OMEGA
TORONTO
CHAPTER
PRESENTS

VIRTUAL FALL SEMINAR

PRESENTERS

MORNING
8:30 A.M.
11:30 A.M.

PLP'S
**MS. DANIELLE
MAC MAHON
& DR. PETER
HONG**

3 CORE 1 POINTS

AFTERNOON
12:00 P.M.
3:00 P.M.

**DR. ALAN
ATLAS**

3 CORE 2 POINTS

REGISTRATION

Registration details to follow in an e-blast
Sign up for the morning, afternoon, or both
sessions

FOR MORE INFORMATION
info@aotoronto.org

MORNING TOPIC:

**COMMUNICATION
BREAKDOWN,
IT'S ALWAYS THE SAME**

AFTERNOON TOPIC:

**RESTORATIVE DENTISTRY
MYTH BUSTER!**

THE EVIDENCE REVEALS WHAT'S
BEST FOR POSTERIOR COMPOSITES
& ALTERNATIVES FOR COMPROMISED
SITUATIONS

**FRIDAY
DECEMBER 3**
8:30 a.m. - 3:00 p.m.



We are thrilled to announce our Convention home for the 2023 International Convention will be the fabulous Westin Harbour Castle, situated in the heart of the Toronto waterfront with easy access to downtown Toronto's most iconic attractions. Waterfront parks and trails, plus galleries, theater and literary events at the Harbourfront Centre are steps away and the ferry to the Toronto Islands is parked at the front door. The hotel is nestled amongst surrounding sleek condo towers housing young professionals and offers hip street level restaurants, cafes and shops.

We have secured a wonderful room rate of \$209.00 Cdn extending 3 days before to 3 days after Convention. The International Board will arrive and hold a Board Meeting just prior to Convention.

Save the date. WELCOME DINNER WEDNESDAY JUNE 21, FAREWELL BREAKFAST MONDAY JUNE 26, 2023 and a dazzling number of events in between including Shabbat for the whole family, CE, and much more. Further details as they unfold.

Thanks to Crest Oral B for sponsorship allowing us to provide promotional face masks at Frat Night.

If you would like to be part of the planning committee please give us a call or drop us an email. We need lots of help and would like to know what you think be included to make your participation meaningful.

Brian Chapnick

SLICE OF PI

The year has gotten off to a great start at the AO Pi Chapter!

Students enjoyed our recruitment event in early September at the Grange Park. First-year students had the opportunity to learn more about AO and meet the chapter's executive team. The students also enjoyed ice cream and other desserts as we had an ice cream truck at the event! The recruits also went home with an AO goodie bag. One of the highlights of the event was most definitely the Rubber Dam Ring Toss!

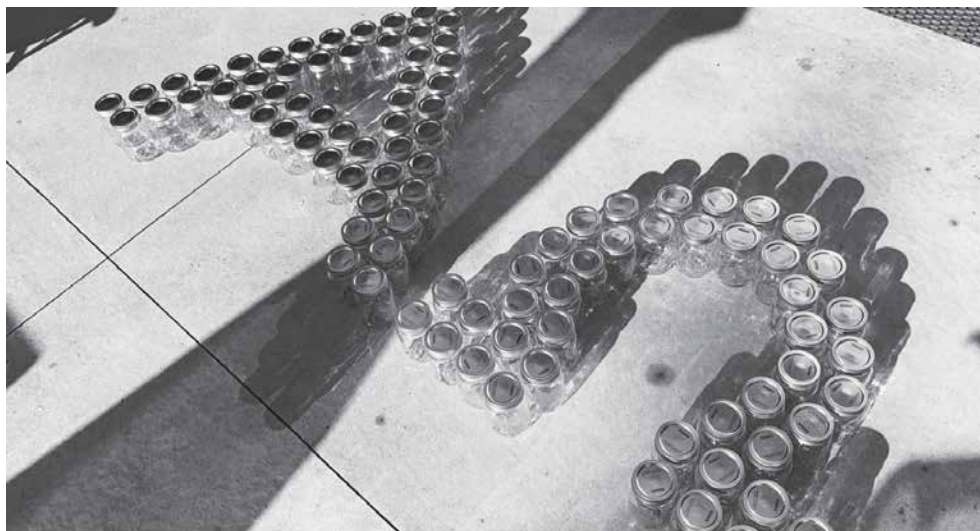
The senior Pi chapter members hosted a couple events to help their first-year counterparts. The DDS1 Survival Guide Presentation and Gross Anatomy Bellringer were well received and helped our freshman members navigate the beginning of dental school. Fourth year members paid it forward during a DDS3 Clinical Q&A, where third years had the chance to set their mind at ease and get some answers to their burning questions about clinic.

We have lots of fun events to look forward to including cocktail night, challah bake, suturing seminar, yoga in the park, mock exams, and specialty talks. It is shaping up to be an amazing year for AO at UofT and we are excited for all the fun events to come!

Fraternally yours,
Max Silver



Recruitment Event, Grange Park. Centre: Linnaea Halpert, Pi Chapter President



Recruitment Event Goodie Bags



ALPHA OMEGA TORONTO ALUMNI CHAPTER PRESENTS *CONFRONTING* ANTISEMITISM

THE STORY BEHIND THE AO CONFRONTING ANTISEMITISM PANEL

By: Max Silver, AO International Student Rep



On September 13th, AO Toronto hosted a virtual panel on Confronting Antisemitism. Panelists were experts on antisemitism, Israel, and communication. They included Frank Luntz – Communications Analyst, Elan Carr – U.S. Special Envoy to Combat Antisemitism, Michael Levitt – CEO of Friends of Simon Wiesenthal Center for Holocaust Studies, Daniel Koren – CEO of Hasbara Fellowships Canada, and Jay Solomon – Hillel Ontario. The feedback was overwhelmingly positive, and attendees came away with more knowledge and words to use when facing antisemitism. If you could not attend, you can watch the recording here: https://youtu.be/R615_e3jZgg

The story behind this event started in the spring. It was during the Israel-Hamas war when, for the first time in my life, I felt scared to be Jewish. My social media feed was filled with anti-Israel and antisemitic posts, even from friends. I felt betrayed and shocked that they would spread such hate.

After my emotional reaction passed, logic kicked in and I realized the deeper issue at

hand. Many of these individuals may not have been filled with hatred, but merely misinformed. If all you heard about Israel was negative, then wouldn't you dislike the country? Another realization was that I too lacked the knowledge to know what was true or the words with which to respond to lies. After I spoke to my Jewish peers, it became apparent that I was not alone in my lack of education. I knew I had to do something.

About a month later my friend and AO Toronto Treasurer, Ilana Kraus, messaged me. "There is an AO Advocacy Committee meeting right now and as the International Student Representative, I think you should join!" It was during this meeting that I had the idea for an event – a panel of experts to educate the audience on antisemitism, antizionism, and how to combat them. I was lucky to meet Dr. Carole Gruson - Chair of the AO Advocacy Committee, and Dr. Laurel Linetsky-Fleisher - Toronto AO President. Over the next two months, the three of us worked closely to plan what would become a monumental night.

The need for this education reached far beyond AO Pi Chapter students and AO Toronto Alumni members. This was an event all Jews and non-Jews alike could benefit from. The demand became especially clear when we received strong support from other Jewish organizations and partnered with UJA and Alpha Epsilon Pi. We also knew we had to make it accessible for all and with the help of our sponsors, Friends of Simon Wiesenthal Center for Holocaust Studies and Danielle Martin from The Martin Group at Scotia Wealth Management, registration was free of charge.

The event drew a large audience, with over 90% of viewers staying tuned for the entirety of the broadcast. The content was engaging and informative. Each panelist brought invaluable expertise and a unique perspective.

This was planned as a single event, but what I realized afterwards was that it was not the most effective way to enact broad, long lasting change. As a community, I believe we need to educate ourselves and others in a more organized way. I hate to say it, but the Boycott, Divestment and Sanctions (BDS) movement is brilliantly executed. It uses words that work and a corporate-like strategy. We need this kind of organization when spreading awareness of antisemitism and truths about Israel. We need to be proactive instead of reactive. As opposed to responding emotionally when antisemitism rears its ugly head, let's think ahead and build something with strategy and vision.

Fraternally,

Max Silver
DDS Candidate, Class of 2022, University of Toronto
International Student Representative, Alpha Omega

Psychiatry and Dentistry: Linking Two Disciplines to Broaden the Scope of Dental Education

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Mental illness is a major health issue that unfortunately is still often misunderstood, unrecognized and often undertreated. Traversing the history of medicine there are few other conditions, except perhaps leprosy, tuberculosis and HIV/AIDS, that have served to foster as much moral judgment, fear and stigma as mental illness has. Stigmatizing mental illness has, in turn, allowed it to languish and remain disenfranchised from conventional medicine, resulting in a perpetuation of social inequity that impacts one’s overall health, including oral health (1). The results often lead to low self-esteem, non-compliance to therapeutic medications, an escalation of substance abuse, progressive isolation and a sense of hopelessness. At the extreme, a tragic and yet needless outcome of this downward spiral is suicide (2).

An anecdote involving one of the co-author’s patients, whom we will call “X,” illustrates the power of stigma. X has a history of schizophrenia and drug-resistant depression; his treatment includes electroconvulsive therapy, known as ECT. Although introduced into psychiatry over 80 years ago, ECT remains a highly effective treatment for severe depression and for treatment-resistant schizophrenia. One day en route to the Centre for Addiction and Mental Health (CAMH), in Toronto, Dr. Rosenbloom noticed X standing on the street corner with his head cast downwards, looking confused. He also noticed other people staring at him with a variety of expressions, but easily interpreted as stigmatizing. Dr. Rosenbloom approached him to see if he was alright and had a short conversation with him. It turns out he just had a session of ECT and was in a state of confusion, a common consequence of this treatment. If only those passing by knew that X was once a thriving university student with

aspirations to become a doctor — his sister is a doctor — and was diagnosed with schizophrenia in his early 20s.

Approximately one in five individuals in North America will suffer from some form of mental health disorder at some point during their lifetime, and its medical management alone can carry significant risks for oral disease. Individuals suffering from various mental health diagnoses have not shared in the improvements to the oral health care of the general population over the years. Understanding the type and severity of mental illness along with a patient’s individual mood, motivation and personal perception of oral disease and lifestyle can enhance the knowledge of dental professionals, who need to be aware that factors such as reduced rates of compliance and barriers to access, including financial and dental phobias, will affect dental care. They also should reflect on any apprehensions and anxieties they may have relating to this population. As well, it is important to understand the affects of various psychotropic medications on oral health, including xerostomia, caries, periodontal disease and the potential interactions with drugs used in dental practice (3).

To address the impact of psychiatric illness on oral health, the Faculty of Dentistry at the University of Toronto and CAMH entered into a formal partnership approximately eight years ago. The arrangement was for senior dental students to participate in clinical rotations at CAMH in order to better appreciate the journey of clients experiencing mental illness, and learn how to establish and build trusting relationships with these patients while providing dental treatment. The placement also focused on the stigma associated with mental illness.

As staff dentist at CAMH, Dr. Rosenbloom is one of the three supervising dentists to work with students during

their rotations. This has been an important experience for dental students, building on their motivation to learn and grow as future dentists and, in turn, better preparing them to provide dental services to this vulnerable population.

As the initial years went by and the rotations became more popular amongst the students, it became apparent to Dr. Rosenbloom that students wanted to learn more about mental illness and about CAMH. Students talked to CAMH staff dentists about the impact of these rotations, both personally and professionally. One student talked about his brother who has bipolar disorder and how spending time at CAMH and providing dental treatment to patients with bipolar disorder was meaningful to him. Another student talked about how the rotation changed her career path. It inspired her to enter the specialty of dental anesthesia so she could provide dental treatment to patients with mental illness who required sedation. Yet another talked about her grandmother who lived with schizophrenia, and how it was never openly discussed.

These stories led to the creation of a Mental Health Talk series at the dental school. A partnership was formed between dental students and one of the CAMH dentists to organize two lunch talks annually, one of which would provide an opportunity for fourth-year students to talk about their CAMH rotation (Figure 1). This would

serve several purposes: to enable students to reflect on their experiences using a narrative medicine approach; to present their stories to other dental students, faculty and staff; and to provide a forum to discuss mental illness.

The second talk provides a forum for a variety of speakers who have experience in mental health; for example writers, community activists, psychiatrists and musicians. On one occasion, Toronto author Martha Baillie discussed writing novels about individuals experiencing mental illness (Figure 2).

As a natural extension of the popular Mental Health Talk series, the University of Toronto dental faculty supported a proposal to launch a mandatory new course for third-year students called Psychiatry and Dentistry. Some of the areas that will be covered in this course include:

- Common mental health problems;
- Dental issues for clients with mental health conditions;
- The history of psychiatric services;
- Anti-stigma training;
- Trauma informed care; and
- Case presentations.

This third-year course will prepare students for the CAMH hospital rotations in the spring/summer of their third year and the fall/winter of their fourth year. Potentially the first course of its kind at a Canadian



Figure 1. Mental Health Talk poster #1.

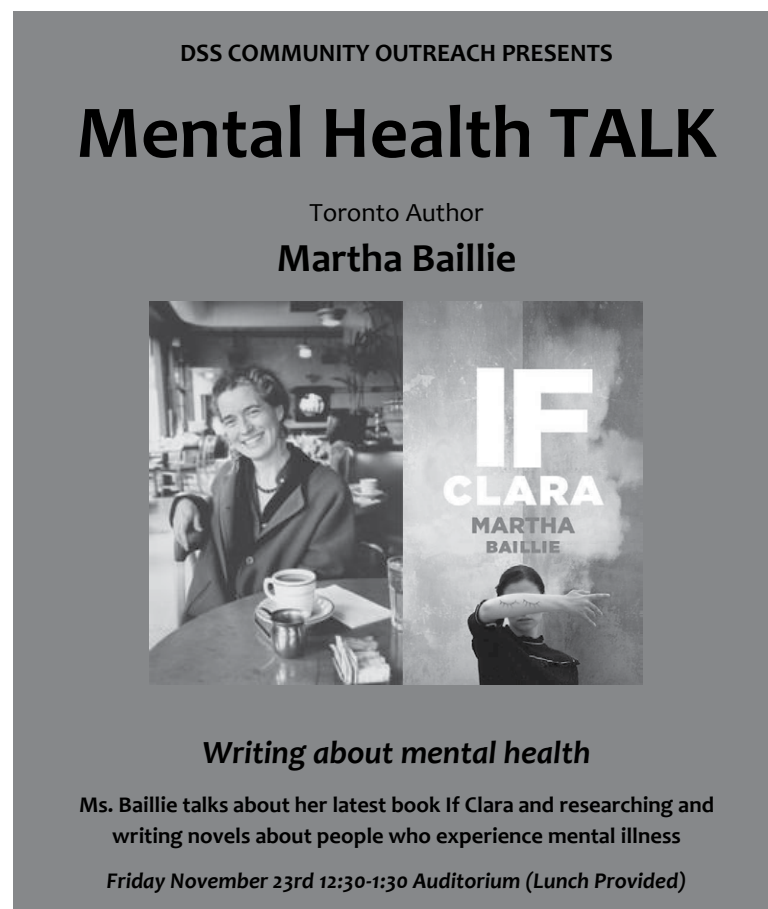



Figure 2. Mental Health Talk poster #2.

dental school, this course offers students didactic material to complement their existing patient skills, and broadens their comfort zone in providing dental services to this population.

The fundamental tenets of any dentist-patient relationship are trust, respect and education, which are no less important in treating patients dealing with mental health issues. Dental professionals must strive to maintain a positive, empathetic and caring attitude, which is highly correlated with success in an individual's overall rehabilitation and recovery. Supporting patients to enhance their self-esteem and feelings of self-worth can be a very fulfilling experience for a dental student. It is our hope that this course will enable them to do just that. 

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Dr. Joel Rosenbloom is a staff dentist at the Centre for Addiction and Mental Health (CAMH), assistant professor teaching stream at the Faculty of Dentistry, University of Toronto, and adjunct assistant professor at Addis Ababa University, Ethiopia. Dr. Rosenbloom is also the Co-Founder of NAG/Noma Action Group. He may be contacted at Joel.rosenbloom@utoronto.ca.



Dr. David Clark is the former staff dentist at Ontario Shores Centre for Mental Health Sciences, Whitby. His hospital-based practice was devoted to the general dental care of individuals undergoing primary care for various forms of psychiatric illness, often coexisting with other medically compromising conditions. He is currently an instructor in dentistry at the Faculty of Dentistry, University of Toronto, participating in teaching oral medicine and oral diagnosis. He is also a part-time clinical instructor at Durham College, in Oshawa, and George Brown College, in Toronto. Dr. Clark may be contacted at davidclark1461@gmail.com.



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TWO PROFESSIONS



I asked the class; “How would you deal with the visit of this family?”

A lively discussion followed and then I was asked how I would manage this situation. I suggested that I would do a recall examination for Mom, and while the hygienist was completing her prophylaxis, I would have each of the kids pop in another chair for a clinical exam and perhaps take BWs, if indicated. If there was no evidence of caries or abnormal development, I would give them each a toothbrush and a tube of toothpaste and tell them to keep on brushing. I would assess a fee which was fair for Mom and a few dollars for the BWs and each child’s exam. I explained that this was not a donation or gift but was based on three factors. 1) the visual dental exam is usually adequate for healthy asymptomatic young children. 2) full new patient fees would be a hardship and 3) this is how practices are built. Mom appreciates the consideration, likely sends Dad, and children grow up.

A hand shot up- “Dr. Kogon, I have been discussing job opportunities with a recent graduate who explained how his office operates. Can I ask a few questions?”

What if your office manager will not allow fee reductions?

What if you may never see the family again?

What if you are having difficulty in meeting your monthly goals?

What if the office’s new patient regiment requires that you do a complete examination, take impressions for models, and make BW and a panoramic radiograph for each of the children?

It is difficult to describe my immediate reaction. Was I disappointed that this student apparently failed to understand the core values I was attempting to demonstrate or perhaps the student was sending me a subtle message that my patient management suggestions were out-of-step with reality? After gaining my composure, I punted, and said that I would take time during the next lecture to discuss each of the questions. As I left the lecture room, I considered that there might be two

professions. For this essay; Profession A and Profession B. The dentistry that I was taught in the early 1960’s (Prof A), practiced by my colleagues for more than fifty years and was the basis of undergraduate instruction for four or five decades was becoming extinct, supplanted by another profession (Prof B), which to me was foreign.

Has Prof B appeared out of nowhere? No, it has evolved over time and can be partially explained. Before the 70’s, almost all graduates established a solo practice. The combination of a large reservoir of unmet need, limited competition, general prosperity, accommodating banks and self-interested dental supply companies made this a natural event. Without question, we have seen the virtual disappearance of new graduates establishing solo practices. An unpublished survey of most of the Western senior students, which I conducted in 2017, queried each student as to where and how they intended to practice. Apart from a few who had accepted residency programs, none were interested in establishing a solo practice. To be sure, there were a few joining a family member or entering an associate arrangement, but even here, not many. The greatest number were joining a corporation of some type.

The business environment has changed significantly over a relatively short period of time. Increased cost of overhead, complexities of auxiliary management, new imposed regulations, increased competition, and even mundane issues such as access to parking and public transportation, have negatively affected the solo practice model and as a result made it less attractive to new graduates.

As early as the mid 1970’s graduates were growing reluctant to directly enter solo practice and sought associateship with an experienced practitioner. These arrangements had benefits to both parties. It offered a means for the senior to increase gross income, retain new patients, utilize staff more efficiently, allow freedom to be away from the office and time to prepare for a gradual transition to retirement. For the associate the benefits were clear. Learn practical dentistry, observe practice building techniques, broaden scope of knowledge, and most importantly delay having to deal with

the uncertainties of building a solo practice. In the mid 1980’s almost all graduates, except for a few going to grad school or undertaking internships, became associates.

Also, in the 1990’s just when owner/associate practices were becoming the norm, many solo practicing senior dentists were retiring leaving fewer successful private practices to offer quality associateship opportunities. Practitioners who were mid-career or nearing retirement persisted since they were not dependent on a steady influx of new patients and were not as severely affected by day-to-day economic pressures. However, they were a dwindling cohort and as each year passed, they were faced with more pressure not less. This was not a receptive environment for the faint-of-heart young graduate.

During this period, other types of practice arrangements were gaining favor. Dentists entered partnerships or overhead sharing arrangements. Specialists grouped together and established companies. Oral surgery, orthodontics and endodontics were popular services delivered by a group of practitioners operating from a single or in some cases multiple sites. The value of these arrangements soon became apparent to dentists with entrepreneurial talents. It could be financially beneficial to offer dentists a practice environment where all managerial and administrative activities were provided. The idea of the dentist as an employee of a corporation began to take hold.

I remember an event in the early 1990’s which was a prelude to the explosion of the ‘corporate’ dental practice. A company came to Western’s Faculty of Dentistry wishing to establish a relationship with the school. They wanted preferred acceptance to in-house continuing education, professional consultation, and unimpeded access to the in-course students. In exchange, they would provide bursaries and awards. At first glance, this seemed like a worthwhile relationship. As we broadened our enquiry it became apparent that the alliance of a publicly funded academic faculty with a for-profit corporation which hired dentists, was quite different from the typical arms-length donor/recipient relationship. It also became apparent

that members of the faculty who sat on the exploratory committee could not comprehend the ‘corporate’ ideology with its apparent loss of professional autonomy. We seemed to be in negotiation with a professional entity which bore little resemblance to the traditional concept of oral health care delivery. We were Prof A, and they were Prof B. The Faculty declined the offer.

I want to be clear: I make no claim that dentists working in a corporate setting provide anything less than the highest quality service to their patients. Although there have been significant advances in technology and materials over the last 50 years, I don’t believe that these advances are the elements which have driven the transition from Prof A to Prof B.

Returning to the questions posed by the second-year student; I prefaced my response to the class by saying that I was not knowledgeable, nor did I do any research on the economics of various ‘corporate’ dental delivery systems, so my answers may be tainted with personal bias.

Question 1

What if the office manager will not allow a fee reduction?

I admitted that I never worked in an office which had either an office manager, case manager or a treatment coordinator and I didn’t know a colleague who did.

However, I do have some understanding of the role they play. During my years in practice, I would have taken it as an affront to my professional integrity if anyone, albeit a non-dentist employee, would instruct me as to what services I should provide and what fees I should charge a patient.

Question 2

What if you may never see the family again?

I presume that the question is implying- why would you reduce your fee if the family may never return? If your goal is to build a practice, (the theme of the lecture), it seems to be counter-productive to treat potential patients as if they would not return. Showing a kindness may have some degree of self-interest but I

see very little short-term downside and a great potential for long term value.

Question 3

What if you are having difficulty meeting your monthly goals?

This question strikes me as bizarre. When I think of production goals my brain conjures the activity of some salesmen or telephone stockbrokers. To treat dental patients, with their diverse needs, levels of compliance and range of health status, as elements with intrinsic monetary value seems a perversion of a caring practitioner. How a third party can set goals given the ever-changing rate of skill attainment, unexpected intra-treatment events, and changes in patient’s needs and desires seems to me alien in every way. As a past Clinic Director, I can attest that the fair application of goal setting is impossible.

Question 4

What if the office’s new patient regimen requires you to do a complete examination, take impressions for models and make BW and a panoramic radiograph for each of the children?

I felt most comfortable answering this question. In prior classes in Oral Medicine and Radiology we discussed widely accepted guidelines which were developed to assist dentists in choosing the most efficacious diagnostic aids. The cost effectiveness of the aids was based in part on the validity of the diagnostic information and the significance of the disease or condition being investigated. We discussed the difference between diagnostic aids used to elucidate disease and tests which were really screening, where there was neither a sign of a clinical abnormality nor patient symptoms. We should not accept the meager value of screening radiography or making models for all, simply because a third-party provider will pay for the service. Charging patients for unneeded treatment or tests is unprofessional, in my opinion.

The class was over, and the students left. I thought I detected a subtle grumble. As I was returning to my office, I tried to put these two professions in focus. Prof A’s delivery system was essentially a network of solo practitioners.

Each dentist had a personal relationship with a set of specialists, a dental supply salesperson, perhaps an equipment repair technician and usually one or more dental lab technicians. They found voice in regional and local voluntary organizations such as the ODA, specialty societies and study clubs. Not only did Prof A have personal and long-term relationships with their patients but also to all the components of the dental care delivery network. Prof B delivers care in a more defined self-contained corporate structure. The corporation takes care of inventory, repairs, contracts with labs, referral guidelines and often may underwrite a range of in-house or externally sourced continuing education

opportunities. It is inappropriate to generalize about an entire delivery system as there is a considerable range of managerial oversight. Some only assist with marketing and business administration while others tightly control all aspects of dental care delivery. However, it is clear there is a significant schism between the current delivery systems and the solo or even associate/owner practice models of the past. I entered my office, closed the door, gazed at my bookshelf, which was liberally sprinkled with well-worn texts of the 1960's, 70's and 80's. I peered at my yellowing 1965 RCDSO Certificate and realized that I had to begin the formal process of retirement.

Addendum
A few months before I submitted this essay for publication I read a volume of the Journal of the American College of Dentists (JACD, Vol 87, no 4, Winter 2020). The theme of the issue was the future of dentistry as perceived by young practitioners. Although the subject could easily be described as speculative, it is apparent that if even some of the predictions come to pass in the next decade, dentistry will morph into what could be described as Profession C. Profession A will be long forgotten and most graduates of the forthcoming decades will hardly recognize Profession B.

Stan Kogon

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