

# AORTA

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## AO REVIVAL TORONTO

### BOOK CLUB AUTHOR SERIES PRESENTS

*Ellen Schwartz*

**WEDNESDAY, MARCH 31<sup>ST</sup>, 2021**

Ellen Schwartz, co-founder of Jacob's Ladder and founder of Project Give Back, will be online to talk about her two books - *Lessons from Jacob: A Disabled Son Teaches His Mother About Courage, Hope and the Joy of Living Each Day to the Fullest* and *Without One Word Spoken*.

Ellen will discuss how to remain resilient and positive during tough times, and how to move forward after loss. Her candour about her son's passing is hugely inspirational, and her philanthropy is equally touching.



# IRIS' INSIGHTS



I put my “heart and toil” into writing these Aorta articles. Writing is an art that seems to have been genetically gifted to our favourite contributors; the likes of Steven Brown, David Burstein, Stan Kogon, Barry Reinblatt (our editor), and others who are constantly involved in one committee or another. Also noteworthy is Barry Korzen who contributes beautiful photographs of sites in Israel and other locales he has visited.

To join the ranks of those who make Barry Reinblatt's job easy, I would need to pump out my articles as soon as the deadline date is upon me. However, I get writer's block and often treat it as a soft deadline, akin to arriving at an event on “Jewish Time”. I will get to the concept of SOFT DEADLINE/SOFT START TIME later in this article.

For my ideas and personality to shine through, I want to circle back to any promises that I had made in my previous writings. In the last article, I pledged that I would construct a personalized mobile enclosure that would allow me to hug those who are not within my inner circle (sign of the times: “bubble” is not applicable any longer). Sadly, I did not get around to making this enclosure out of clear plastic, with arm holes and plastic sleeves that are sealed. The contraption was supposed to be easy to assemble and easy to don and doff without having to get a Public Health certificate. Instead of immersing myself into this make-work project during the Winter

Break, I was following social distancing rules, praying for a miracle, and dreading going back to work because I expected Covid positive cases to rise in numbers (that was not a supernatural premonition). Another excuse for not engineering the enclosure is that I was preoccupied with AO and social action ventures. First off, I prepared a letter to send to the MPs and MPPs in my area that was meant to pressure them into putting dentists higher on the Covid vaccine list. As of the time of writing this AORTA article, I will have already communicated with the ODA President so that the voice of AO Toronto Alumni Chapter members could lend a hand to our collective plight. Fortunately, and as expected, the ODA has been on top of this matter at the provincial government level. Turns out that the ODA has done an amazing job of advocating and championing for dentists in Ontario. Now that it is recognized by government that dentists and their staff need to be in Phase I of the vaccine rollout, it is a matter of supply and we need to wait patiently with the assurance that we are not forgotten by lawmakers.

Another project that came to fruition was in collaboration with Dr. Carole Gruson, Chair of the Advocacy Committee, and Noah Gasner, 4th Year U of T Dentistry student and President of Pi Chapter. A research fellow in the “Antisemitism and Antisemitic Hate Crimes in Ontario and Quebec research group” from Ontario Tech University (located in Oshawa), Irina Levit, is conducting a federally funded research project to evaluate antisemitic experiences of Jewish individuals in the 18-30 age bracket\*\*. AO's involvement was to get the survey into the hands of Jewish dental students. We are now recruiting the current students in the Faculties of Dentistry at U of T and UWO, as well as any recent dental school graduates in Ontario. AO stands tall in this fight. Battling racism and antisemitism is the basis of AO. (look for Irina Levit's message and a link to the study in an upcoming e-blast and please participate).

**\*\*NOTE:** the original study was limited to the demographic stated, 18–30-year-old Jewish adults, however, in my communication with Irina Levit I learned that due to difficulty in stirring up interest,

the study has been amended and now includes all adults who have experienced antisemitism overtly or covertly.

Further on the topic of antisemitism, Carole Gruson, Charles Weingarten, and Richard Marcus aim to have DARA (Doctors Against Racism and Antisemitism), an esteemed non-profit organization with its grassroots in Toronto, lead our efforts to combat the tentacles of hate and racism. The DARA Executive would welcome more dentists as members. Please do your own research about DARA and its recent efforts with the 2020 release of the documentary, “Medicine and the Holocaust-Time to Teach”, organized and produced by DARA in collaboration with the OMA (Ontario Medical Association). The link is on the DARA website, under the heading of Medicine and the Holocaust. [www.daradocs.org](http://www.daradocs.org)

Circling back to SOFT DEADLINE/SOFT START TIME. What is the meaning as it pertains to Alpha Omega TORONTO? My thoughts are that responding late, delivering a promise late, and arriving late is a matter of consideration, time management and following the rules. We might have each been remiss, either overtly or due to unforeseen circumstances, we are decent people who are doing their best in a frenzied world. Currently, we meet using virtual platforms, and I genuinely do not mind starting our Zoom events 5-10 minutes into the set time. For the most part, most participants saunter in respectfully on time. I have also noticed that many attending AO Zoom meetings have enjoyed the banter and camaraderie that occurs before we “officially start”. At this juncture, I am sorry that I need to change to a serious tone about Core 1 CE courses. The laidback attitude is not the status quo regarding Core 1 CE courses where we have a super strict timeline to follow and stringent rules of engagement. Engagement is the BIG operative word. In matters pertaining to the RCDSO, there is nothing casual. The RCDSO has given AO the right to manage and present Core 1 courses, but the requirements are rigorous and costly. We must have objective measurements of each attendee's engagement from start to finish and everything in between; arrive on time, stay the whole time, and prove to the College that you were present the whole





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**Next Executive Meeting**

Tuesday, April 6, 2021

**Next AORTA Deadline (April)**

Monday, March 1, 2021

**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

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*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](mailto:barryreinblatt@sympatico.ca)*

time. I speak for all the Line Officers and our whole organization when I say, "We cannot compromise". If I am vague or cryptic about this topic and if anyone needs more clarity, I welcome any inquiries on Core 1 RCDSO requirements. For more clarification, please send me an email to [iris.aotoronto@gmail.com](mailto:iris.aotoronto@gmail.com) and we will set up a time to speak about the topic.

**Happy AO matters:**

**What we accomplished in 2020:**

- Our first ever Core 1 Zoom
- Our first ever Channukah party on Zoom
- Many Category 2 meetings on Zoom (more on the way in 2021!)
- Everything that has to do with the Line, Executive, and governance on Zoom
- Cooking classes and Mixology on Zoom

**Here is what our Calendar looked like in January 2021:**

- Challah Baking (yes, on Zoom) on Thursday January 21, 2021 with the Yorkville Jewish Centre
- Our third Zoom Category 2 CE Evening was on Wednesday January 27, 2021 with DR. ANDREW MONCARZ on "Dental Management of the Immature Tooth, including apexogenesis, apexification, MTA and regenerative endodontics"

**Here is what is coming up in our calendars:**

- Friday February 19: Winter Seminar and Charitable Draw. We will have an AFTERNOON (1-4 PM) Core 1 Course for 3 Core 1 CE points with PLP presenting new material and more cases and some new cases with the title, "Changing Times, Changing Needs."
- Nitrous lecture with DR. ADAM CAPLAN in late February or April: TBD (will be on a Monday evening)
- Tuesday March 2: Category 2 Evening CE with DR. FARYN BERGER on Periodontics

**Lastly, some happy stuff to bring in 2021. Hoping for togetherness, health, and prosperity in this New Year!**

**Here are 10 things to consider as we closed the door on one of the most strenuous years of our lifetime:**

1. The dumbest thing I ever bought was a 2020 planner.
2. 2019: Stay away from negative people. 2020: Stay away from positive people.
3. The world has turned upside down. Old folks are sneaking out of the house and their kids are yelling at them to stay indoors!
4. This morning I saw a neighbor talking to her dog. It was obvious she thought her dog understood her. I came into my house and told my cat. We laughed a lot.
5. Every few days try your jeans on just to make sure they fit. Pyjamas will have you believe all is well in the kingdom.
6. Does anyone know if we can take showers yet or should we just keep washing our hands?
7. This virus has done what no woman has been able to do; cancel sports, shut down all bars and keep men at home!
8. I never thought the comment, "I wouldn't touch him/her with a 6-foot pole" would become a national policy, but here we are!
9. I need to practice social distancing from the refrigerator.
10. Never in a million years could I have imagined I would go up to a bank teller wearing a mask and ask for money.

Fraternally Yours,  
Iris

## 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](mailto:drtrain@rogers.com), or check our website at [canadianfriendsofdvi.org](http://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@atoronto.org](mailto:info@atoronto.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](mailto: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](mailto: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 sincerely hope all of you are doing well and getting through what is undoubtedly one of the most difficult periods we will face in our lifetimes. It truly is scary the toll that a pandemic and the associated lockdown can take on our mental health. I hope that all of you are taking care of yourselves and each other. We will get through this and hopefully be stronger on the other side!

Education program, as well as the virtual Challah Baking program. You will also find information on the upcoming Book Club program in March.

Our regular contributors are here as well; Stan Kogon presents the lighter side of aging, Kasra Mirhosseini gives us some exercises to use to prevent hand pain, Barry Korzen sends a beautiful picture from Iceland, Charles Weingarten gives us a synopsis of a very interesting recent DARA program, and Steven Brown shares some more of his unique thoughts. Please enjoy this issue of the AORTA.

Barry Reinblatt

Please use this issue of the AORTA as proof that there is still some normalcy in life and that some traditions do continue. In this issue we have reports from a few completed programs; the AO Revival Delicious Dish program, the most recent Evening Continuing

## EVENING CONTINUING EDUCATION REPORT

On Wednesday November 25th, Dr. Aviv Ouanounou gave our members a very informative presentation titled: "The 5 most prescribed drugs: What you need to know." This was delivered over Zoom and everyone enjoyed his lecture! We appreciate him taking the time to speak to us.

Jill Levine



# ...1000 Words

If you have been to Iceland you know how magnificent the scenery is. And if you haven't been, you have to put it on your "must see" list. Every turn on the highway takes you to something spectacular. If you travel there during the tourist season (remember when there was a tourist season?) every waterfall has crowds of people trying to photograph the scene in an unique way. This photo is of

the well known double rainbow waterfall in Skogafoss. There were literally busloads of tourists flooding the area making it difficult to set up for a good photo so I put on rubber boots and walked into the river with my camera and tripod and set up waiting for the right moment. People who had been milling around the base of the waterfall started to return to their buses just as a busload of

Japanese tourists arrived. One woman ran ahead to get to the waterfall first. She then raised her arms and shouted to the others to hurry. BAM – I got my picture. To see this and other photos of Iceland visit [www.1000words.me/iceland](http://www.1000words.me/iceland).

Barry Korzen



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# THOSE GOLDEN YEARS



A substantial number of Aorta readers are about my age or older, and for them parts of this essay might ring true or at least provoke a nod of agreement. Let me be clear: I am not that old. My chronological age lies somewhere between 78 and 80. Sheila and I live independently, I am ambulatory, have most of my teeth and can order a steak if I wish. I maintain a forensic consulting practice, teach part-time, and work-out at a gym twice a week. In truth, I am not as spry as I was. There are squeaks, clicks and snaps in a variety of joints and the lenses of my glasses are getting thicker. I have a lot less scalp hair but a great deal more sprouting from my ears and nose. I really do not feel any different than I did 30 years ago. The problem is, I get reminders of advancing age from a range of external sources, and there seems to be no escape.

A few weeks ago, we were Facetimeing with our grandkids (a rather poor substitute for a hug and a smooch) when during our chat, my grandson moved quite close to the camera and I noticed a dark shadow over his upper lip. Later, I remarked to Sheila, "I think that Rylee is growing a moustache." She looked at me and smiled, "Weren't you beginning to shave at 15?" He cannot be 15. We were pushing him in his stroller just a few years ago. It seems that we are living in an asynchronous space time continuum. Just as time moves slower when traveling at high speed in space, time seems to be moving faster (or slower) for some here on earth. How my grandkids got to be teen-agers, in what seems to me, just a handful of years, is remarkable. They appear to be aging at a faster rate than we

are. You must have noticed that you easily recognize your children and grandchildren in photographs taken of them from birth. However, grandkids have difficulty identifying their Bubbie and Zaide in pictures that are more than 10 years old. It is all a mystery.

In the radiology reading room, a third-year student asked me to review her work. I had just completed assessing a panoramic film, so I went to unplug the portable viewer. She asked me what the device was for? I said it was to illuminate radiographic films. She looked a bit quizzical and said, "Aren't they in the computer?" I replied that we still had films which were taken before digitalization and some dentists send films when they refer a patient. I showed her a mounted set of periapical and bitewing films. She said, "Thanks, I have never seen a dental radiographic film before." She said that her dentist only used digital radiography and all the radiographs she took for her patients were digital. She had read about film as part of a second-year assignment, but she thought it was just an historical ancient technique.

For fifty-eight years I exposed, developed, mounted, and read analog radiographic images. Digital radiography is new to me. The transition from film to digital was abrupt and lacked the gradual introduction which makes acceptance natural. When I read digital films on a monitor, they somehow seem remote from the patient. True, I can adjust greyscale and contrast, make measurements, and manipulate visual elements, all of which are great, but I miss touching film, changing the light intensity, and using a hand magnifier. Digital radiography makes me feel old.

Until Covid, I held a membership at the Western Recreation Centre where I played squash and worked out. Even before Covid, squash was diminishing in both frequency and skill as partners of my vintage were either broken or had left horizontally. I used to find a few student partners every year but the difference in speed and stamina had become overwhelming. I found myself too frequently saying "good shot" and using several stalling tactics to allay hypoxia. The gym at the university was always a bit strange. The entire facility seemed to be occupied by high school

children. I felt I was at a day camp. Students would hold doors open for me and call me sir. The Rec. Centre closed with Covid, so I joined a commercial gym. The facility is excellent but instead of teenagers the place is filled with people who would be the age of my children. When I was signing up, a pleasant young lady, who could have been my granddaughter, asked questions such as; what are my long-term health goals, did I wish to make lifestyle changes, was I concerned about my diet? (I wanted to ask her where I could get a decent pastrami sandwich). I could not help but suggest that I was almost 80 and whatever I was doing regarding lifestyle and diet was good enough to get me here. One day, I met a man of my age in the change room. We chatted a bit and he told me that after suffering a heart attack, his physician suggested that he should improve his fitness. He asked me if I was doing the same.

The next subject might touch a sensitive nerve with older men. Unfortunately, evolution left us with an organ that has limited value after the age of 60 but is responsible for a host of annoying symptoms and occasionally a deadly outcome. After surviving the anxiety associated with high PSA levels, enjoying three bouts of trans-rectal biopsies and numerous ultrasound explorations, I am left with an annoying plumbing issue. Many men of my age have organized their lives around a needy bladder and restricted piping, resulting in increased frequency and slow output. Medication eases some of the symptoms and drugs such as Flomax (tamsulosin) have become so widely prescribed that my nephew, the urologist, suggests it should be added to the water supply like fluoride for improved public health. We get particularly good at organizing our lives so that we are never too far from a bathroom and take preemptive action in planning daytime activities. Getting up only once per night becomes a goal which is celebrated when achieved. When associating with our male contemporaries, no explanations are needed; men disappear and return a few minutes later with a smile and carry on as normal. Excursions away from home begin with a trip to the washroom and end in the same locale. Fluid intake is inversely proportional to the distance or time to get to the next washroom. Highway travel requires

mapping out rest-stops. A closed washroom is a nightmare. Most often these washrooms are busy places and you may have to grit your teeth while waiting a minute or two for a spot to open. You take your place and wait for the flow to begin. Men on either side finish and are replaced by others, while you gaze at the ceiling waiting for inspiration. A silent trickle begins. A young man takes his place beside you and you hear the rush of Niagara Falls. He completes the chore and leaves: you keep trickling, feeling older by the minute.

Although I have no musical talent, I do enjoy listening to a wide range of music styles; Pop songs, Broadway musicals, most classical, Doo Wop, Elvis, and folk are all OK. I have excluded Rap after I took the time to listen to the words. I drive a small car for city use and have four preset stations; one CBC and the other three are local. CBC airs mostly classical but when it is not, the music is, what my wife calls 'just weird'. Frequently over the last few years, I have switched from the CBC only to find the local station has aired something that is intended to be music, but which my brain defines as noise. When I switch to the next station, there is more noise, and the result is repeated until I turn the radio off. There is no part of me that can accept the racket as having any musical value. You can call me an elitist or a musical snob- I don't care, the noise just hurts. Since most of the young folks around me seem to derive some degree of enjoyment from the stuff, the conclusion is simple- my response is a function of age.

We all have grown to accept a barrage of commercials as the price you pay for watching most television channels. Over the years, many advertisements have become embedded in our culture. The Jolly Green Giant, Oreo cookies and milk, Chicken of the Sea Tuna and the Energizer Bunny are good examples. You see the icon and you know what the product is. It is clear and friendly. Frequently over the last five years or so, I have watched commercials and when they are done, I simply do not know what the actors were doing, let alone what they were promoting. At first, I thought that I lacked insight, so I asked Sheila. "What is this commercial selling? I don't get it". She

said, "I am glad you asked. I thought it was me" We now take the time and try to guess the product. We are usually wrong. Why companies would spend huge amounts of money to present ads which are opaque as to the product is beyond me. So, instead of blaming my lack of imagination, I am left with the conclusion; it is a function of age.

Any discussion about ageing must include some remarks about erosion of memory. During my last few years of lecturing, I used to engage a student who sat in the front rows, to send me a whisper prompt when I forgot a word. It didn't happen often, but when I needed help it was usually with a common word which I might have used just a few minutes prior. It never made any sense that I could remember 'differential diagnosis' and blank out on 'prognosis'. I could remember details about the clinical presentation of a rare condition such as Ehlers-Danlos syndrome and forget the name of a common condition such as PCD. I don't have amnesia and I can find my way around town without a map or GPS. It is just the annoyance and randomness of 'drawing a blank'. I know the word is in my file cabinet, but I seem to have lost the index to find it. Fortunately, an hour or a day later the word appears, present and ready for use. Sheila and I are often engaged in the mutual act of delayed word recovery. Hours or sometimes days after a memory blank, one of us will say "I just remembered the-actor, play, song, book title, restaurant etc. . it was....." I could go on for some time about the annoyance of living with an ageing brain, but I have forgotten my train of thought.

To me, getting 'old' just means that there is less of a future and more of the past. It is a natural phenomenon. We use the term when referring to infants, teens, adults and the elderly. It should not presume infirmity or loss of mental acuity. Webster refers to the latter years of life as the 'Golden Years'. This period of life may not be perfect, but I am certainly glad to be in good enough health to enjoy them.

But, enough with the reminders!

Stan Kogon

## UPCOMING EVENTS

### WINTER SEMINAR AND CHARITABLE DRAW

Friday, February 19, 2021  
Changing Times, Changing Needs  
Presented by PLP  
Zoom Presentation

### EVENING CONTINUING EDUCATION SEMINAR

Tuesday, March 2, 2021  
Faryn Berger  
Periodontics  
Zoom Presentation

### AO REVIVAL BOOK CLUB AUTHOR SERIES

Wednesday, March 31, 2021  
Ellen Schwartz  
Zoom Presentation

## Mazel Tov

### To...

Ralph Dana and Zoey Friedman who were recently married.

### 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.

# AO DELICIOUS DISH VIRTUAL COOKING CLASS

With Carolyn Cohen

Wed Nov 18 th , 2020.

On Wed Nov 18th, 2020 from 7-8:30 pm AO Revival presented a virtual Zoom cooking class by Carolyn Cohen from Delicious Dish Cooking School. Carolyn taught us 3 recipes- Seared Fish Puttanesca, Pappardelle with a Wild Mushroom Ragu and an In-a-Hurry Apple Tart Tatin. She gave the shopping and prep list ahead of time so that we could all prepare our ingredients and have everything ready as she moves very fast! We had 47 members registered for this event. Friends and family of members were invited to attend. The price of admission was \$20.00 per computer and all profits were donated to the CAMH Dental Clinic. Carolyn has and shares a wealth of knowledge, is a tremendous teacher and exudes such terrific energy. It is always a pleasure to attend one of her classes. I always take home some tricks of the trade each time I listen to her. Her recipes are my favorites and I use them on a weekly basis.

She started the class teaching the dessert which I have to admit I didn't make that night as it was just Danny and I at home and we are trying to eat healthy. However I did hear

from others that it was delicious. The recipe for this is included with this article if you want to try it. The second recipe she taught was the Pappardelle with Wild Mushroom Ragu and again I didn't make this but have done so in the past. I would love to hear any feedback from those of you that made it. The third recipe and the one I actually made was the Seared Fish Puttanesca which was delicious!!! I used halibut but you can use any firm white fish or salmon. It was really easy and will become one of my staples. This recipe is also attached and I highly recommend trying it.

Carolyn's website is [deliciousdish.ca](http://deliciousdish.ca) and I recommend taking a look at it for more recipe ideas, her cooking class schedule and tips and tricks. You can also subscribe to Delicious Dish updates that she sends weekly. Once you are on her website there is a prompt to sign up. She also posts recipes there and I recommend trying her tahini granola cookies. They are my favorite healthy snacks and I make this recipe every week.

If you were unable to attend and are interested in trying a virtual cooking class I am thinking of running another one in the winter or spring so look out for more info.

These were dairy recipes and I will organize a meat class if there is enough interest. Thank you to those that attended. I hope it was an enjoyable evening and you are getting good use of the recipes.

Fraternally Submitted by  
Dr. Laurel Linetsky-Fleisher







# DELICIOUSDISH

## SEARED FISH PUTTANESCA

This recipe is perfect for the weeknight. It comes together in less than 30 minutes and has less than 10 ingredients. I like to serve this with brown rice, quinoa or a side of pasta.

### INGREDIENTS

- 4 6-ounce serving of firm white fish, cod, halibut, grouper or you can use salmon
- ½ tsp. sea salt or 1 tsp. kosher salt
- Freshly ground black pepper
- 4 tbsp. extra virgin olive oil, divided
- 2-3 baskets of cherry or grape tomatoes (2-3 pints or about 550-900 gram), cut in half\*
- 1/3 cup pitted kalamata olives
- 2 tbsp. capers, drained and rinsed
- 3 cloves garlic, smashed and roughly chopped
- ½ tsp. dried red pepper flakes or 1 fresh long red chili, minced

\*If you want more sauce, use a few more tomatoes. If you are serving this with pasta, g'nudi or gnocchi, make extra sauce, use 3 baskets of tomatoes

### DIRECTIONS

1. If you have the time, bring the fish to room temperature for 45 minutes before cooking it.
2. Preheat the oven to 300°F.
3. Season the fish fillets with salt and pepper.
4. Heat a large oven safe fry pan (I like cast iron) over medium high heat, 3 tbsp. of the oil (see note at the bottom if you do not have an oven safe pan).
5. Add the chopped garlic, cook for 10-15 seconds and add the tomatoes, cook for 1 minute.
6. Add the olives, capers and red pepper flakes or chili pepper. Cook for an additional 5 minutes. Remove this mixture from the pan to a heat proof bowl, set aside.
7. Return the pan to the stovetop over high heat, add the remainder of the oil. Add the fish to the pan, flesh side down if there is skin on the fish. Sear the fish on one side for 2-3 minutes. Flip the fish to the second side, cook for 1-2 minutes. Add the tomato mixture back to the pan and place the pan in the oven for 10-15 minutes or until the fish flakes.
8. Serve hot.

**Serves 4** - If you do not have an oven safe pan, you can use a fry pan until the end of Step 7 and instead of transferring the pan to the oven, you will transfer the tomato mixture and the seared fish to an oven safe dish and place that in the oven.

## IN-A-HURRY TART TATIN

This is a perfect fast and easy dessert when you want something delicious and to impress. Normally I like to make my own Pâte Brisée dough but lets face it, sometimes we need to cheat a little and still come through!

### INGREDIENTS

- 8 large apples, I like to mix granny smith and honey crisp
- 6 tbsp./85grams/3oz unsalted butter
- 2/3 cup/135grams sugar
- 1 pound of puff pastry, I like the PC Loblaw's kind because it made with butter, DEFROSTED (let thaw in the fridge)

### DIRECTIONS

1. Peel, core and cut the apples into quarters, transfer to a bowl (place in the refrigerator covered if you are doing this ahead of time). You can do this immediately before or you can do this up to 1 day ahead. If you do the apples ahead the tart will actually be less watery in the end. Don't worry if the apples brown a little, they will be cooked and caramelized, you won't be able to tell.
2. When ready to cook, heat the oven to 375°F. Place a 10-12-inch skillet (I like cast-iron) over med heat, add the butter to the pan, when the butter melts brush it up the sides and then sprinkle the sugar all over the butter. Remove from the heat.
3. Arrange the apples starting from the outside, each one on one flat side in concentric circles, like petals on a flower. Keep the pieces close to one another so that they support one another.
4. On a floured work surface roll out your pastry so that it is a little larger than the pan. I don't trim the dough to be a circle, it will sort itself out in the oven. Lift the dough and drape it over the apples, tuck it in and around the apples.
5. Place the skillet back over med heat and let simmer for 3 minutes or until golden juices bubble up. Raise the heat a little and cook for another 7 minutes.
6. Place in the oven for 45-50 minutes. Remove from the oven, let rest for 5 minutes.
7. Place a large cutting board or heat proof platter on top of the pan, using gloves and holding the two handles of the pan and the cutting board together, in one flip, flip the pan and cutting board over and carefully lift the pan up. If any pieces of apple got left behind, scoop them up and place them in the appropriate place on the tart. Let cool a little and then you can slide the pie onto a platter if it is not already on one.

**Serves 8-10**

# MUSKULO-SKELETAL PAINS IN DENTISTS

## Part 3 of a series

### Is the numbness and pain in your hand caused by Carpal Tunnel Syndrome?

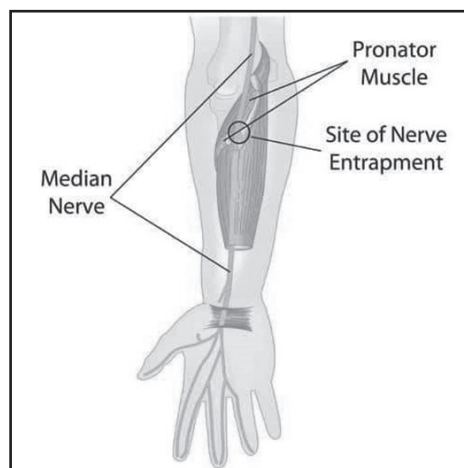
When you consider how much dentists use their hands throughout the day, it makes sense to see a high number of hand disorders amongst these professionals. Dental professionals are about 4 times more likely to develop hand conditions compared to the general public.

During my daily practice I see many dentists who experience numbness and tingling in their hand or a radiating pain to their forearm. As health care professionals, you are all probably familiar with Carpal Tunnel Syndrome (CTS). It is the most common cause of hand discomfort for individuals who work with their hands. CTS is a neuropathy of the median nerve which creates pain, numbness and weakness in the thumb, index, middle finger, and half of the ring finger. However, this is not the only or the most common source of tingling in the hand for dental professionals. In this article I'm going to discuss other nerve related conditions and show you some self-management strategies for these conditions.

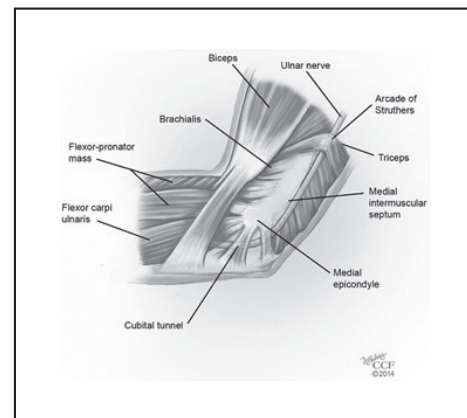
### First, we need to discuss the anatomy of the upper limb nerve:

There are three main nerves which travel from our brachial plexus to our hands. The median nerve travel from the arm to the forearm at the front of the elbow. It passes under the forearm muscles and travels through the carpal tunnel to the hand. Historically, the carpal tunnel has been the focus of interventions for tingling in the hand as it was thought to be the main source of pressure on the nerve. What has been overlooked is the role of the forearm muscles. Tightness and myofascial or neuro-fascial adhesions in the forearm produce similar symptoms as CTS does. This may be why many CTS surgeries are not successful. They don't address the main source of the problem, which is compression of the median nerve by the forearm muscles. This condition is known as Pronator Teres syndrome. During dental practice you have to have a good grip on instruments and constantly perform wrist pronation and

supination to get the job done. Because of this you are keeping your pronator and wrist flexor muscles in constant contraction. The sustained contractions create hyperirritable spots within the skeletal muscle; known as trigger points. Trigger points are tender to touch and can sometimes radiate the pain to other remote areas of the body. They also increase the tension of the muscle and can compress the nerve passing through. In this case the pronator muscle contracts around the median nerve creating radiating pain and tingling in the hand. This is depicted in the image below.



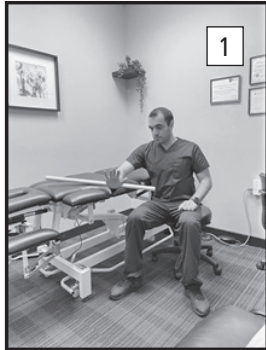
Another common neuropathy among dental professionals is a tingling and pain of the pinky and ring finger which sometimes radiates to the medial side of the forearm. This is a sign of the ulnar nerve entrapment. The ulnar nerve descends down the arm and pierces the triceps muscle through the intramuscular septum (Arcade of Struthers). It then traverses along the medial aspect of triceps and enters the Cubital Tunnel. From the medial side of the elbow, it travels to the hand under the Flexor Carpi Ulnaris muscle. Therefore, it can get entrapped not only in the Cubital Tunnel but also at the Arcade of Struthers or by the aponeurotic head of the Flexor Carpi Ulnaris muscle. The image below shows the path of the ulnar nerve.



I have seen many patients who were diagnosed by CTS or Cubital Tunnel syndrome but after the clinical assessment I find that their pain has a muscular origin. And by releasing the tight structures their numbness, pain and tingling goes away. This highlights the importance of the differential diagnosis in the upper limb neuropathies and closely inspecting all the structures around the nerves affected.

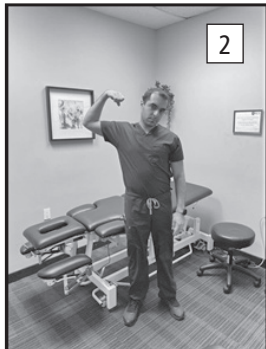
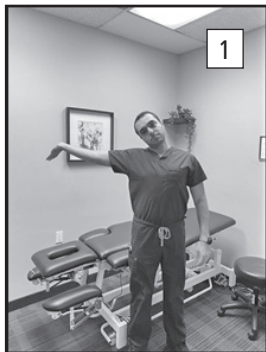
Look at the position of your wrist when you are holding your dental equipment and pay attention to your hand movements for several seconds. You will interestingly find that most of your movements involve wrist ulnar deviation, flexion and supination/pronation and that your elbow stays flexed for most of the day. This position, over many hours during the workday plays a part in creating tension and trigger points along the forearm. Below I'm going to teach you how to stretch and release your wrist flexors, supinator and pronators. I'm also going to show you some nerve flossing exercises which help to glide your nerves through their path and remove the adhesions between the nerve and the surrounding fascia.

## The Exercises:



### 1. Forearm self-myofascial release:

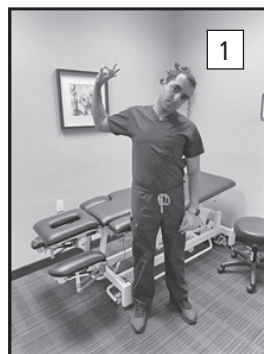
You can use a rolling pin, a foam roller or a tennis ball for this exercise. Place the roller under your forearm muscles and roll and twist your forearm until you find a tight spot. Once you find a tight or tender spot, hold the roller on that spot and stretch your wrist up and down 10 times. Continue to roll your forearm repeating the exercise each time you find a tight point. You can do this exercise once a day.



### 2. Median Nerve Flossing:

Stand up straight with your affected arm held out to the side at shoulder level. With your inner forearm facing the ceiling, extend

your wrist backwards so that your palm faces away from you. Keeping your gaze directly ahead, tilt your head towards this arm [image 1]. Bend your elbow and straighten your wrist so your fingers are pointed toward your head, while simultaneously tilting your head away from this arm in the opposite direction [image 2]. Continue this sequence in one fluid movement 15 to 20 times a day or until you feel a significant increase in your symptoms.



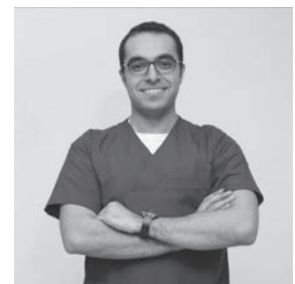
### 3. Ulnar Nerve Flossing:

Stand up straight with your affected arm out to the side and your elbow bent. Make a circle between your thumb and index finger (OK sign), and then bend your elbow so your fingers are pointed to the ceiling. Move the back of your hand toward the top of your shoulder. At the same time, keep your gaze directly ahead and tilt your head away from this arm [image 1]. Relax your wrist and bring your head back to the neutral position [image 2], and then repeat. Ensure the movement flows continuously. Continue this sequence in one fluid movement 15 to 20 times a day or until you feel a significant increase in your symptoms.

As always, the information in this article is not meant to replace the advice or treatments

from any health care professionals. If you are having significant sensory changes or pain please contact your physician or local physical therapist. If you have any pre-existing MSK conditions consult with your physical therapist before performing these exercises.

- Kasra Mirhosseini (PT, MScSEM, MCPA)  
- Marija Radenovic (MScPT, HBSc)



Kasra is a musculoskeletal physiotherapist at One Step Ahead Mobility physiotherapy clinic and a clinical instructor and adjunct lecturer at the University of Toronto. He has developed a manual therapy based treatment method that is fast and effective on clients with various jobs and routines, and has helped many people with different conditions such as headaches, neck and back pain and temporo-mandibular joint disorders."

For more information please visit  
[www.onestepaheadmobility.com](http://www.onestepaheadmobility.com)



Marija is a recent graduate from the Masters in Physiotherapy program at the University of Toronto. She received her undergraduate degree in psychology, neuroscience, and behaviour from McMaster University. She works both in the private and public sector as a physiotherapy resident to promote preventative strategies and use a holistic approach to help people overcome different conditions.



# FEELING CHAI ON CHALLAH

Is there any food that reflects the spirit of a Jewish household more than a freshly baked challah? With its delicious, slightly sweet flavour, shiny golden crust, and pillowy interior, challah is the Jewish bread of celebration. Making challah is much more than the mere act of combining ingredients and following a recipe. Out of 613 mitzvot in the Torah, the making of challah is one of the three mitzvot designated specifically for women, the others being lighting the Shabbat candles and the observance of "Taharat Hamishpacha" (family sanctity) which introduces times of intimate separation and reunion as part of a cycle in married life.

On Thursday, January 21st at 7:30 PM, over 40 members of Alpha Omega and friends of the Yorkville Jewish Centre (YJC) came together over Zoom to participate in a virtual challah making class. Rebettzin Nechama Dubrawsky of the YJC enthusiastically explained the mitzvah of challah making and how it represents the elevation of our physical actions to a spiritual level. Through the act of making challah bread, we are not only providing physical nourishment to those who eat our challah on Shabbat but also enriching them spiritually with the thoughts and blessings that we conjure up while mixing, punching and kneading, folding and braiding our challah dough.

There are seven basic ingredients in a challah recipe; water, yeast, sugar, eggs, oil, flour, and salt. Each ingredient has a symbolic blessing associated with it and all seven ingredients combine to create a unified, single dough. Thus, the making of challah symbolizes the oneness of the Jewish people. While waiting for our yeast mixture to rise, Nechama eloquently explained the significance of each of the ingredients in the challah recipe.

1. Water: Water symbolizes life and Torah. Just as we cannot live without water, the Jewish people cannot thrive without Torah. Water brings life and nourishment to all things. Therefore, as we add this ingredient to our challah recipe, we should think of something we wish to flow into our lives in abundance like water.
2. Yeast: Yeast is what enables our dough to rise, symbolizing growth and expansion.

As we add the yeast to the recipe, we pray that the people in our lives will grow spiritually and reach their full potential. Nechama explained to us the meaning of the Hebrew word for yeast, "shmarim," which stems from the root "shomer," meaning protection. As we add the yeast to the recipe, we pray for the protection of ourselves, our families, and all the Jewish people.

3. Eggs: Eggs symbolize the renewal of the lifecycle and the potential of what is about to "hatch." When adding eggs to the recipe, we pray for life and children. We hope to bring fruitfulness and positivity into the world through prayer.
4. Oil: Oil symbolizes anointment as it was used to anoint the Jewish kings during ancient times. When adding the oil to the recipe, it is customary to pour little at a time, thereby "anointing" each of our loved ones by name and praying for their specific needs. We pray that our words and actions should be softened by the oil, rendering us more flexible and less stubborn in our ways.
5. Sugar: Sugar symbolizes anything sweet in our lives as well as "emunah" (faith). We pray to have the proper faith to be able to view every challenge we are faced with as a blessing.
6. Salt: Salt symbolizes discipline or criticism. There is very little salt in the challah recipe to remind us that it is important to discipline in small measures and to use criticism cautiously. Salt also represents purification. As we add salt to the recipe, we pray that any toxicities in our lives be removed. The Hebrew letters in the salt "melach," can also represent, "mechilah," which means forgiveness. We pray that all our transgressions should be forgiven.
7. Flour: Flour symbolizes sustenance, not only for our physical well-being but also for our relationships with others. We express gratitude for the physical, spiritual and emotional relationships that sustain our lives. The act of sifting the flour into the recipe represents sorting our thoughts, speech and actions to remove any negativity and leave behind only positive influences and blessings.

Once our challah dough was prepared, Nechama explained the mitzvah of separating challah, "hafrashat challah." According to the Torah, when a woman makes a dough from 5 lbs of flour or more, she has a biblical obligation to tear off a piece of dough and burn it as an offering to G-d. The separating of challah occurs while the dough is still whole, before it has been divided and shaped into braided loaves. Since Nechama had spent the afternoon preparing challah for her loved ones, she dutifully performed this mitzvah on behalf of all of the Zoom participants. We watched in wonder as she tore off a piece of her dough, wrapped it in silver foil and set it aflame. As the challah offering burned, I felt overwhelmed by a strong sense of spirituality and Jewish identity, experiencing the true holiness of making challah.

The virtual class continued with Nechama teaching us the most technical and challenging part of making challah, shaping the dough into its distinctive braid of 3, 4 or 6 strands. In its most common shape, the braided strands form 12 "humps," which are said to represent the 12 ceremonial loaves (shewbread) kept in the Temple for the 12 tribes of Israel. However many strands are braided and twisted into the challah, the aroma of freshly baked challah ushers in our weekly Shabbat celebration. It symbolizes the joining together of friends and family and the transition from our weekday mentality into a more sublime, Shabbat state of mind.

Es gezunterheyt!

Written by: Lani Kraus



Iris and Mark 2 challahs complemented by salad (first timers)

# RECIPE

## INGREDIENTS

- 1 Tbsp quick rising yeast- Fleischmann's
- 1 tsp regular table salt
- 1/2 cup sugar + 1 tsp sugar
- 1 1/2 cups warm water
- 2 eggs @ room temp (1 for the recipe, 1 for the egg wash)
- 1/4 cup oil (not olive oil- Canola oil is good)
- 4.5 cups bread flour



Sheryl and Wayne Wolfstadt's professional production complete with flowers and a white tablecloth



## DIRECTIONS

1. Combine the water, tsp of sugar, and yeast into a mixing bowl. Let it sit for 5-10 minutes until it starts to bubble and foam.
2. Add the egg, sugar, oil and salt to the same bowl. Mix together with a wooden spoon.
3. Slowly add the flour to the recipe, 1/2 cup at a time, while mixing the dough. Once the dough becomes too tough to mix with the wooden spoon, use your hands.
4. Knead the dough until it is smooth and forms a large, round ball. If the dough feels sticky, feel free to slowly add more flour until the consistency feels right. You may use some oil on your hands to smooth the dough. Paint all sides of the dough with the oil.
5. Cover the bowl with the oiled dough with saran wrap and drape a dish towel over top. Leave this bowl in a warm area of your kitchen- under the heat lamps on your stove or near a boiling kettle and allow it to rise for 1-1 1/2 hours for the first rise. The dough should double in size.
6. Place the dough onto a clean work surface. Separate the dough with a smooth bladed knife into two large balls, one for each challah. Separate each large ball of dough into 3 or 4 even sections and roll each section into long strands for braiding. If making two challahs, you should have 6 or 8 strands/pieces of dough.
7. Once the strands have been braided, leave the braided challah out to rise on parchment paper /silpat sheets for 30 minutes. Cover with saran wrap.
8. Mix the egg in a bowl and use a brush or paper towel to "wash" the braided challah with egg.
9. Cover the egg washed challah with the desired toppings (eg. savoury seeds, streusel crumbs)
10. Bake your challah in the oven at 350 degrees for 35-40 minutes.





# ARE WE THERE YET?

## DAAAAD, ARE WE THERE YET?

By Steven Brown



If you've never experienced that; let me ask you something. Whose going to take care of you when you're old? I always had an answer for my three kids in the back seat. I used to wave my hands over my head, (while driving), and drop them slowly to my side while saying - "I'll be in the cone of indifference for the next two hours." After two hours when they started again, I'd yell back - "If we were there, would I still be going 70 miles an hour? Now sit back and shut \*\*\* \*\*\*\*\*! You said it. I didn't. When I yelled at them I actually said the stars. Shame on you. You're disgusting. I'm calling Barry.

So let's get this Covid garbage over first. I think if over 4,000 convenience stores in Toronto were open, with 2 or 3 people shopping at once, then Costco and Walmart wouldn't need to be open with a winding Disney line out front, one hour before opening. Which gets me to my point. When governments say they are just trying to keep us safe, I reply - "I like mirrors. I just don't like 'smoke and mirrors'". And In retrospect. 2020 has proven a saying of mine to be correct. "You better learn to be able to laugh at life, 'Cuz it ain't always funny."

Now that I got that off my chest, lets ramble on. 23 thoughts in random order. Plus or minus ten. - Did you ever wonder why half

way around the world is used the way it is. Because any further and you'd be closer. And the saying 'Comfort food'. All food is comfort food, if you're hungry! And my wife said this one was stupid, and she's usually right, and this will prove it. I wanted to name our third child Histamine. That way when her older sister and brother had kids, if they developed allergies, they'd always have an Auntie Histamine to call on. (Dangling participle I think.) So sue me. I'm an amateur. And by the way. Not many of you know that I'm definitely a man of conviction. - Petty theft, speeding, and fraud under \$5,000. I guess that makes me a man of convictions. Sorry. I misinterpreted.

I don't know how old you are, but I'm at the stage of my life where, when I forget something, like my glasses, or my keys, etc.; I never forget my cellphone. I don't have one! But when I do forget them, I'm still at the point where I remember that I forgot them. And how come you're not supposed to wear white after labour day? Who made that one up? Is that so when I fall on the sidewalk on Yonge Street in the middle of December, in a snow storm, the emergency helicopter won't be able to find me? Lastly.....for this paragraph. When I get that damned message 'Please listen carefully, as our menu items have changed. I'm always waiting for, 'Please press 1 for fish. 2 for meat. 3 for vegetarian. Or 4 for vegan.' Not yet.

Walking to work the other day, I saw a sign on a post that said 'Lost Cat'. As a person who hates cats, whenever I see a lost cat sign on a telephone pole, I always figure they're just celebrating. And the best newish excuse for not returning my message is - "Oh, it must have gone to junk. Sorry." Right, and I'm sure your car broke down, and the dog ate your homework. But I make mistakes too. Last night I found out what you get when you play a country western song backwards. You get your truck back. You get your house back. You get your girlfriend back. O.K. that's an old one.

But I don't think I ever told you this one. My wife and I have been married so long, we complete each others sentences. Actually, she completes mine. She did the last three

months, after I escaped the last time, and they couldn't find me. (Please see previous convictions). And another thing. When you go to a palm reader, do they have to put on their reading glasses? If I used that in the last one I wrote, I'm sorry and please don't read it. Also, in the last US election, why did they only blame Male ballots. We always get the short end of the stick. How about all the Female ballots. HUH?!? Oooooohh. Mail. Sorry again. Speaking of females. I have treated a certain female patient for many years, and she has been married a number of times. Her first name is YEE. And I keep telling her to be on the lookout the next time. It may be the last time she gets married, and I'm waiting for her to marry someone with the last name HAW.

O.K. Almost done. Still on the election. Whenever someone asks if he conceded yet, I politely retort - 'How can he concede, when he's already conceded?' And my wonderful friend who's pretty much fluent in English by now, still has some funny 'isms' from her mother tongue. In response to someone repeating the same stuff over and over again, instead of saying 'they're just going around in circles'; in her language it comes out as 'they're just turning around themselves.' And you thought English was a funny language. And earlier I mentioned I don't have a cell phone. I'm reading a book called "Hardwired: How Our Instincts To Be Healthy Are Making Us Sick". Just saying, when you start to get sucked down that 'rabbit hole', there ain't no ladder out. I always save the philosophical parts for the end.

So I leave you with the most important of all my personal thoughts, based in a very deep philosophical background of only-child-syndrome. ———"Never jump to conclusions! Unless you're sure!"

Unpolitically Yours, as always,  
SHB, DDS.



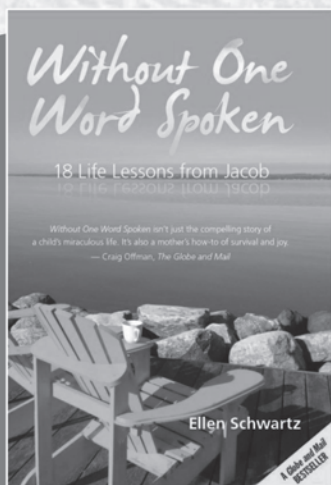
# AO REVIVAL TORONTO BOOK CLUB AUTHOR SERIES PRESENTS



## Ellen Schwartz

Ellen Schwartz, co-founder of Jacob's Ladder and founder of Project Give Back, will be online to talk about her two books - *Lessons from Jacob: A Disabled Son Teaches His Mother About Courage, Hope and the Joy of Living Each Day to the Fullest* and *Without One Word Spoken*.

Ellen will discuss how to remain resilient and positive during tough times, and how to move forward after loss. Her candour about her son's passing is hugely inspirational, and her philanthropy is equally touching.



**Wednesday, March 31<sup>st</sup>, 2021**

**Time:** 7:30 p.m. on ZOOM

**Cost:** \$20.00 per computer for  
AO Member and their family

\$25.00 per computer for guests

**RSVP by Friday March 26, 2021**

**ALL PROCEEDS WILL BE DONATED  
TO PROJECT GIVE BACK**

To register for the event please contact Jackie at the office at: 416.250.7417 or email: [info@aotoronto.org](mailto:info@aotoronto.org).  
You will need to provide her with: your email address, phone number and credit card number.

Once you have registered you will receive a link to register on Zoom

### SPECIAL!

When you buy Ellen's second book '*Without One Word Spoken*' for \$20.00 per copy + shipping, Ellen is giving all AO Members her first book free (*both books shipped together*).

To purchase, go to: <http://projectgiveback.com/kindness-store/> Add Coupon Code "AO" to get Ellen's first book free.

# MEDICINE AND THE HOLOCAUST -IT'S TIME TO TEACH

On November 10th an amazing webinar, "Medicine and the Holocaust-Time to Teach" was organized and produced through a collaboration between the organizations, Doctors Against Racism and Anti-Semitism (DARA), and, the Ontario Medical Association (OMA).

Immediately, my attention was grabbed by Frank Sommers, an eminent psychiatrist and Nobel Peace Prize laureate who opened the webinar asking, "Why would German doctors kill innocent men, women and children?" Then, as a Holocaust survivor and Board of Directors Member of DARA, he again asked the same question but added, "What can we learn from this shocking event, where well respected physicians knowingly broke the Hippocratic Oath-"Do No Harm". This question set the focus for the entire presentation.

As you read through the article, please consider the following:

What reactions do you experience when you hear and read of these atrocities? Is it disbelief? Is it fear of this being repeated? Is it who will the next perpetrators and who will be the victims? Is it all of these and more?

Each of the three presenters shared ideas and facts that effectively drove home the importance to all of humankind in addressing what happened when medicine became an organ of the state losing its focus on what is of most importance, healing the individual patient.

Sheena M. Eagen PhD, a professor of Bioethics at the School of Medicine at East Carolina University, provided the facts that became the base for the other presenters to draw from. These facts were shocking. Medical doctors were the largest professional group to join the Nazis. Fifty percent of the doctors in Germany were either members in the S.S., Nazi Party members or sympathizers. At Auschwitz, Dachau and other death camps, the lines of people coming off the trains were chosen for work or death by doctors who had set the criteria. The extermination process was supervised by the doctors as some were directed from the trains to the gas chambers

and furnaces. The healthier ones were selected for lethally hard physical labour under the sign, "Arbeit Macht Frei" (work will set you free). It was the doctors role to oversee who dies and who lives to work - a horrible fate either way. She provided an excellent overview of the facts and figures of the roles of the Nazi doctors.

At the heart of their beliefs about the function of medicine was Eugenics. From the beginning of the 20th century on, belief in the theory of eugenics had taken root in many countries of the world.

Eugenics claimed to be scientific and based itself on the concept of, "natural selection", as found in Darwin's Theory of Evolution.

Its base was the study of controlling and manipulating reproduction within the human population to increase the occurrence of desirable inheritable characteristics and eliminate negative inheritable traits. The Nazis adopted the idea of Eugenics as a scientific base to justify their treatment of the Jews, physically and mentally disabled people and other minority groups. They set up self fulfilling situations such as the formation of ghettos to create the proof that Jews were prone to disease and hence a source of it in society. The placement of the Jews in cramped communities (Ghettos) with minimal access to proper hygiene and nutrition resulted in the spread of disease among the Jews. Hence, the German physicians had proof that the Jews were a disease ridden race that by isolation and eventually extermination would protect the Aryan race. Eugenics gave justification for involuntary sterilization and horrific treatment of the mentally ill, leading to genocide of targeted groups by those in the majority.

The next speaker was Richard Horton, MD, Editor-in-Chief and Publisher of the Lancet a world renowned British medical journal. His topic was, "Medicine and the Holocaust-it's time to teach." Those words summarized the main message of this webinar.

He addressed the question of what actions would lead to making a difference in halting Racism and Anti-Semitism.

His conclusion was a formal Holocaust educational curriculum introduced into the medical curriculum for the following reasons:

1. It was medicine that had facilitated euthanasia and sterilization and ultimately the Nazi, "Final Solution", genocide, as part of the Eugenics movement.
2. The Concentration camps in which German medical doctors were important participants.
3. The Nuremberg Tribunal found 15 out of 23 doctors on trial guilty of torture and perpetuating efficient means of death. From the trials came a code for medical research in the 21st century.
4. It is estimated that there are greater than 1 Billion people today who are harbouring Anti-Semitic beliefs.
5. Holocaust education in medical schools is an opportunity to further our faith in humanity.
6. Teaching of the Holocaust in the medical curriculum will illustrate the value of every human life.

He stressed that through the ethics of memory, we are obligated to counter indifference and to prevent future world atrocities. He proposed a number of actions to be taken now to further this. There will be a special edition in the Lancet on the topic of why we need Holocaust education in the medical schools. He also spoke of undertaking joint projects with the different universities to offer hope to humanity in overcoming racism and antisemitism. He also recommended the project of a Holocaust museum in London.

Dr. Horton has grown significantly in his understanding of Anti-Semitic, Anti-Zionist beliefs. After an invitation from the Rambam hospital in Israel, he was able to see more clearly both sides of the Israeli-Palestinian conflict. Through his own path, he better sees today that through education, there is hope for humanity.

The third and final speaker was Sheldon Rubefeld, MD, Founder of the Centre for Medicine after the Holocaust at the Bayler



College of Medicine. The centre is dedicated to challenging doctors, nurses and bioscientists to personally confront the medical ethics of the Holocaust and to apply that knowledge to contemporary practice and research.

The medical students at the center examine in depth scientism, secularism and bioethics.

1. **Scientism:** Is the philosophical belief that reliable knowledge is obtained solely through the scientific method and it leads scientists telling us what is right and wrong. This implies that the only things that exist are those that science can prove. But what about accepting things that cannot always be explained by science?
2. **Secularism:** This is the idea of something being not religious or not connected to a church or other religious organization. But this can lead to a narrow-minded reflection on morality and ethics.
3. **Strangers at the Bedside:** This refers to the teaching of bioethics by a team of PhD's, MA's and JD's, no RN's and perhaps by the token MD. There should be a larger presence of medical personnel teaching bioethics to the doctors. Only 22 /140 schools surveyed provide Holocaust education of any sort.

He makes a solid case explaining why, in the teaching of Medicine in the post Holocaust era, there is a need for change. If the discipline of medicine does not encourage the study of history with a focus on medicine in respect to history, our bioethics will continue to be outstripped by technology and become a servant to political movements and society's fads.

On November 10th at 12:30 PM EST, doctors, dentists and PhD's from 15 different countries listened to this amazing webinar. Amazing, because this is a topic that is so germane to the teaching of medicine, yet only 22/140 schools include the Holocaust in their curriculum. What type of professionals are being produced today? How will we deal appropriately with euthanasia and other sensitive topics without educating students, doctors and other health professionals

It is important to apply the lessons learned

from the past using the Holocaust and the Nuremberg Tribunals as a beacon of the atrocities committed by humans on fellow humans throughout all of history. The moral compass should be that the Holocaust never happens again. Since then, there has been the Bosnian genocide of 1992-95 and the Rwandan genocide of 1994, Have we not learned the lessons from the Holocaust? With Anti-Semitism on the rise, 75 years after the end of the Holocaust and the Second World War, what did we learn?

It is hoped that you will be enthused after reading this article to view the webinar Medicine and the Holocaust-It's Time to Teach for yourself by going to the DARA website [www.daradocs.org](http://www.daradocs.org).

After viewing the webinar may I ask you consider the following:

1. What reactions do you the viewer experience?
2. What might I do to help diminish Racism and Anti-Semitism?
3. Why are the medical and health professions so important to halting these two threats?

You can be part of that moral compass so that we can mean, "Never Again".

Respectfully submitted by,

Charles Weingarten, BSc, DDS, Past AO Toronto Alumni President, DARA Board of Directors Member.

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# TRIBUTE

## General Tribute Fund

### PLATINUM CARDS

Dr. Marcy Schwartzman & Larry Vinegar on the loss of their son

Dr. Larry & Tina Stanleigh and family

### GOLD CARDS

Dr. Marcy Schwartzman & Larry Vinegar on the loss of their son

Dr. Stanley & Ellen Markin

Drs. Avi Wurman & Sharon Sussman

Dr. Ron & Bev Corber

Dr. David Burstein on the loss of his mother

Dr. Andrew & Wendy Kay

Dr. Barry & Jane Chapnick

### TRIBUTE CARDS

Dr. David Burstein on the loss of his mother

Dr. Miriam Rosenberg & Craig Streisfield

Dr. Bonnie Chandler & Oded Hubert

Janie Venis & Dr. Danny Fedder and family on the loss of her father/grandfather

Dr. Philip & Lori Barer

Dr. Joel Kachuk on the loss of his mother

Dr. Miriam Rosenberg & Craig Streisfield

Dr. Marcy Schwartzman & Larry Vinegar on the loss of their son

Rhea (Tregobov) & Gary Lazar

Dr. Amnon Klinghoffer on the loss of his father

Dr. Merrick & Cheryl Jackson

Rob Appel on the loss of his father

Dr. Murray & Marilyn Wagman

Annalee Wagman & family on the loss of her mother

Dr. Murray & Marilyn Wagman

## Terry Shapero Fund (Yad L'kashish)

### TRIBUTE CARDS

Teddy Enchin on the loss of her husband

Dr. Aubey & Marilyn Banack

Hyla & Dr. Paul Okorofsky on the loss of her brother

Dr. Stanley & Ellen Markin

Dr. Ray Starr on the loss of his sister

Dr. Aubey & Marilyn Banack

Pat Jacobson on the loss of her husband

Dr. Aubey & Marilyn Banack

Mel Eisen on the loss of his mother

Dr. Aubey & Marilyn Banack

## Alpha Omega/ Henry Schein Holocaust Survivors Oral Health Program

### GOLD CARDS

Dr. Stephen & Rosette Abrams on the loss of her father

Dr. Adam & Ariella Kaplan

Dr. Joey Friedlich on the loss of his sister

Dr. Adam Kaplan

### SILVER CARDS

Dr. Joey Friedlich on the loss of his sister

Drs. Sharon Sussman & Avi Wurman

## JF&CS Dental Fund

### PLATINUM CARDS

Dr. Joey Friedlich & Family on the loss of his sister

Dr. Laurel Linetsky-Fleisher & Danny Fleisher and family

### GOLD CARDS

Dr. David Burstein on the loss of his mother

Drs. Allan Katchky & Cindy Greenspoon

### TRIBUTE CARDS

Robert Garmaise on the loss of his father

Drs. Stephen & Erica Zamon

## Camh Dental Clinic

### PLATINUM CARDS

The Horwood Family on the loss of their father/father-in-law and grandfather

Dr. Laurel Linetsky-Fleisher & Danny Fleisher and family

The Auciello Family on the loss of their father/father-in-law and grandfather

Dr. Laurel Linetsky-Fleisher and Danny Fleisher and family

### TRIBUTE CARDS

The Flatt Family on the loss of their father/father-in-law and grandfather

Dr. Laurel Linetsky-Fleisher and Danny Fleisher

## Dental Volunteers For Israel (DVI)

### TRIBUTE CARDS

Rene Amiel on the loss of his mother

Dr. Stephen & Carole Zamon

Mrs. Karin Kushner on the loss of her father

Dr. Stephen & Carole Zamon

Lynne, Marla & Adam Warner on the loss of their uncle

Dr. Stephen & Carole Zamon and family

### CONDOLENCES TO:

Dr. Marcy Schwartzman (Past International President Alpha Omega) and Larry Vinegar on the loss of their son

Dr. David Burstein on the loss of his mother

Janie Venis and Dr. Danny Fedder on the loss of her father

Dr. Joel Kachuk on the loss of his mother

Tammy Reiter on the loss of her husband  
Frater Dr. Edward Reiter

Dr. Aaron Lampert on the loss of his brother

Hyla and Dr. Paul Okorofsky on the loss of her brother

Dr. Asia Kreichman on the loss of her father

Dr. Amnon Klinghoffer on the loss of his father

Dr. Joey Friedlich on the loss of his sister

Rosette and Dr. Stephen Abrams on the loss of her father

Dr. Ray Starr on the loss of his sister

Pat Jacobson on the loss of her husband

Dr. Phil Jacobson

# TRIBUTE

## TRIBUTE FUND PRICES

1. Tribute Cards \$18.00 each
2. Silver Cards \$25.00 each
3. Gold Cards \$36.00 each
4. Platinum Cards \$50.00+ each
5. Bulk Tribute Cards (10 cards) \$150.00 each

### FOR TRIBUTE CARDS:

Donate **online** at [aofoundation.ca](http://aofoundation.ca)

For assistance, contact Harvey Cooperberg at (416) 223-4616, or by email at [tribute@aofoundation.ca](mailto:tribute@aofoundation.ca)

### 5. Toronto Alpha Omega Forest \$18.00 per tree.

A donation of Trees in the Toronto Alpha Omega Forest in Canada Park, Israel, may be ordered directly from J.N.F. When ordering please indicate the purchase through Alpha Omega Fraternity.

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## Honour a loved one and perform a mitzvah with Alpha Omega Tribute Cards

### WHERE DO THE TRIBUTE CARD FUNDS GO?

The Alpha Omega Foundation of Canada distributes funds from the sale of tribute cards to Dentally related agencies such as:

- Dental Volunteers for Israel
- Yad LaKashish (*Services to the Elderly*)
- Beit Issie Shapiro (*Services to Disabled Children*)
- CAMH Dental Clinic
- Dentistry for All (*Clinic in Guatemala*)
- ALEH C.A.R.E.S. Dental Clinic
- Princess Margaret Hospital Dental Clinic

**Support Dental Research in Israel and Canada**

### Anyone needing help or information with tribute cards, please contact:

Harvey Cooperberg at [tribute@aofoundation.ca](mailto:tribute@aofoundation.ca), or call Harvey at (416) 223-4616. As well, anyone who wishes to volunteer some time assisting with this very worthwhile cause, please contact Harvey as above.

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