



**A newsletter for members of the York University Retirees' Association (YURA)**

**Spring 2022**

**No. 58**

**YURA is a member of CURAC/ARUCC, the federation of the College and University Retiree Associations of Canada/Associations de retraités dans les universités et collèges du Canada**

## Contents

Message From The YURA Co-Presidents.....	Page 2
In Memoriam .....	Page 3
Editor's Opinion: Poverty Among Our Members?.....	Page 3
Indigenous Issues Are Our Issues.....	Page 4
Advance Care Planning, Julie McIntyre, M.D. ....	Page 4
Life As It Was Back Then, Barbara Rowe .....	Page 7
Gender Ideology And Medical Practice .....	Page 8
Memories From Balliol College, Ian Macdonald.....	Page 9
Mexico Back Then, Anne-Marie Ambert.....	Page 10
Photos .....	Page 10
YURA Executive .....	Page 13
YURA Office Hours.....	Page 13

## Message from the YURA Co-Presidents

The sun is shining. It is 17 degrees today. The cardinals are staking out their territory and calling to each other. This could be our one spring day! What better time to sit and update all of you on what we have been up to?

While we have not been able to physically meet regularly with you, we have been providing regular activities via Zoom and continue a very active schedule to keep things running for you. We had a wonderful tour of the Osgoode Hall earlier this winter. Many of the members participated. Our thanks go out to Donna Smith and her team for setting this up.

With the help of a Research Assistant, Ian and a sub-committee of YURA executive committee members developed and have now distributed a **survey** to all YURA members. This is an important way for us to find out about our service delivery, gain new ideas for activities and generally keep in touch with our membership. In the first few hours, we had more than 80 responses! We hope that, by now, you have all had a chance to complete the survey and have thus given the executive committee lots of ideas to work with. In the coming weeks you will hear more about what we learned from you.

YURA has been approved as an official charity as part of the **Toronto Waterfront Charity Challenge for 2022**. You will soon be receiving information about how you can register for the 5 km walk to help raise funds for YURA graduate bursaries. In each of the last two years, we have raised more than \$25,000 through the Charity Challenge. Once again, this year, the walk can be virtual any time in October up to October 18, or in-person on October 18 at the waterfront. After signing up for the walk, you will be provided with your own fund-raising web page, and all you need to do is to send the link to your friends and relatives to ask them to sponsor you. Those of us doing the virtual walk can meet other YURA walkers either in High Park or at a

park in North Toronto so that we can do the 5 km walk together. We've had lots of fun doing this during the past two years, and we look forward to the gathering again this October.

This is also good time to thank the **YURA Web Site team** for all their work. Steve Dranitsaris, Alex Neumann, Steve Glassman, and Ian Greene have all been instrumental in moving this forward so that we can rely on the information and keep members informed on what is happening. If you have not already put a "bookmark" on this page for regular reference, we would encourage you to do so. The website is easy to follow and kept current with what is happening.

Given the back to university movement that we are now seeing, it will soon be time to reopen our office door. At the present time, we hope that **regular hours** will resume in early April. To do this we will need regular **volunteers** to help us. If you are so inclined please send a note to the YURA email address so that we can follow up with you (yura@yorku.ca). Our regular hours are Tuesday, Wednesday and Thursday from 11:00 am to 3:00 pm. It is a great way to meet current and prospective members. Office tasks are easy, including checking phone and messages, and forwarding information to appropriate executive members.

We have been looking at activities that we could schedule both on-line and in person over the next few months. Safety is always at the top of our mind so we will go back to in-person activities carefully.

We hope that you too are enjoying the signs of spring and the renewal that this brings, and we look forward to the blossoming of the spring bulbs! We look forward to continuing to serve you.

Yours cordially,

**Charmaine Courtis and Ian Greene**, Co-Presidents

## IN MEMORIAM

(from May 2021 to end of February 2022)

Robert Allan  
Wolfgang Ahrens  
Alain Baudot  
Ingrid Berto  
Peppina Brunato  
George Eaton  
Robert Everett  
David Ferguson  
Roma Fleming  
Elizabeth Good  
Rhea Holmes  
William Irvine  
John Johnston  
Alexander Keegan  
Jessie Leese  
Mary Lorimer  
Alexandrina Nicol  
Ralph Nicholls  
Stuart Robbins  
Alison Robinson  
Dianne Tromba  
Walter Tymoshenko  
Frederick Howard Vane  
Dale Watts  
Donald Willmott  
Carol Zernel



Our thoughts are with the people of Ukraine who are suffering as their country is being destroyed:

For those who are fighting, for the innocent civilians, and those who are becoming refugees.

Our thoughts are also with people all over the world who are caught in civil strife and are refugees. May they find a safe haven.

## EDITOR'S OPINION:

### POVERTY AMONG OUR MEMBERS?

In the fall of 2021, I volunteered to phone and/or email YURA members who had not yet been able to renew their membership. I was very happy to do this because I felt that it would give me a good opportunity to get to know some of our members. I was able to be in touch in person with a hundred of our members or about a fifth of our membership.

It is with absolute dismay that I encountered three women who, probably in their seventies or eighties, seemed to be living at the poverty level or even below. I was very scandalized by this because how can a university allow some of its retirees to have such a low retirement income that they will unavoidably become poor?

One woman told me that she lived in fear of a rental increase because she could not afford it. Another woman who had had repeated falls, which can have terrible consequences in terms of one's life span, told me that she could not afford the \$50 a month I was suggesting getting a "lifeline" which would alert medical authorities whenever she fell down. It was that or food. And a third woman said that she could not afford some medications that were not covered. It was that or food, not both at the same time.

These three women (who cannot be identified) were among the one fifth of the members I reached. This means that, had I reached the full membership, perhaps 15 would have qualified for living near or in poverty. Thinking about this, I am still upset.

**Isn't there something that we can do about this?**

---Anne-Marie Ambert

## INDIGENOUS ISSUES ARE OUR ISSUES

<https://www.firstpeopleslaw.com/public-education/blog/the-over-representation-of-indigenous-people-in-prison>

### ADVANCE CARE PLANNING

*The following article is written by Dr. Julie McIntyre, M.D, CCFP, FCFP, who is now retired from 30 years of family practice. Since she retired, she has turned her attention to helping, first some of her former patients and then others by word-of-mouth, by encouraging them to engage in Advance Care Planning and consider end-of-life issues.*

*IF YOU HAVE QUESTIONS AFTER READING THIS ARTICLE, PLEASE SEND THEM TO [yura@yorku.ca](mailto:yura@yorku.ca) AND RESPONSES WILL APPEAR IN AN APRIL PTP.*

In the midst of this global pandemic, do you find yourself thinking, “What if I, or my partner, get really sick with COVID? With the current pressure on the healthcare system, will I be able to get the care I need to manage my medical problems?”

For some, in our death-phobic culture, it’s customary to push those thoughts aside and lose ourselves in Netflix or other pursuits. But fortunately, death and dying are “coming out of the closet” as a taboo topic and more and more resources and forums for discussion and planning are becoming available. The pandemic and new legislation around Medical Assistance in Dying (MAiD) have pushed the conversation more into the open.

## Definitions and Related Legal Aspects in Ontario

What is Advance Care Planning or ACP? In Ontario, we need to give informed consent in order for medical treatment to be provided. Our law also states that consent for treatment can only come from a mentally capable person and not a document. If we are not mentally capable of giving consent, we need someone to make that decision for us. That person is the Substitute Decision Maker or SDM. Advance Care Planning is not just having a Do Not Resuscitate order or providing consent for specific medical interventions in the future. ACP boils down to the process of helping your SDM understand what you might want in the future with regard healthcare decisions

One might define ACP as “an organized process to help individuals understand, reflect upon and discuss their goals, wishes, values and beliefs as they might apply to future healthcare decisions.” My experience has shown that those who engage in ACP are more likely to die where and how they want and to leave the bereaved with a lower incidence of depression and anxiety because they know that things went, as closely as possible, according to the deceased individual’s wishes. As Dame Cicely Saunders, the founder of the first modern hospice said, “How we die remains in the memory of those who live on.”

In the Ontario Health Care Act, we have a hierarchy of individuals (such as parents and adult children) who would automatically become the Substitute Decision Maker, but sometimes that doesn’t result in the best person making decisions about the individual’s care or could cause upsetting differences of opinion and rifts in the family. In order to avoid this, appointing a Power of Attorney for Personal Care or POAPC is an alternative step to make. This is a legally appointed SDM and his

or her rights would supersede anyone else on the hierarchy. The POAPC is often drawn up with a lawyer in a package with a Will and Power of Attorney for Finances. You can also download the POAPC form from the Attorney General's website and, with two witnesses, you can appoint your POAPC. You might prefer a friend over a family member to take on this role if you feel they are the one best able to represent your wishes.

Having the abilities to advocate actively with the medical team on the patient's behalf and make difficult decisions under stressful conditions (such as during a surgical procedure) are valuable assets for a SDM. One thing I often say to clarify the SDM's role is that their job is not to say what they would want for themselves in a certain medical scenario, nor what they would want for the patient, but to say what the patient would say, if we could wake him or her up and explain the situation.

**The four basic steps to ACP** have been described as:

**Think**— What should your SDM or Power of Attorney for Care know about you to ensure that you have the medical care that's right for you? What gives meaning to your life? What are your fears around severe illness, death, and dying? What abilities can you not imagine living without? What does a "good enough" life look like to you?

**Learn**—about what is involved with medical interventions at the end of life. This might require discussion with the family doctor to understand what the usual course of an individual's disease or condition looks like. With COVID in the picture, it may mean learning about what being in ICU or on a ventilator entails vs medical care on a ward vs comfort care only.

This also seems like an appropriate place to clarify the term '**palliative care**' which many people understand as the part of medicine to which people are shunted when all hope is gone and there's nothing left to be done for them. This is far from the case. The term was coined by Montreal cancer specialist, Balfour Mount. To him the term palliative meant "to improve the quality of life." Its aim is for maximum symptom control, quality of life and to provide physical, emotional and spiritual support for the patient and family. Active treatment of disease can continue, and the palliative care team can often help patients decide whether available treatment fits with their goals care. And it's not just for the end of life. It should be sought at the time of diagnosis of any life-limiting disease, even one that is not imminently terminal, like MS or ALS, also known as Lou Gehrig's Disease.

Unfortunately, in Canada, we don't have nearly enough physicians, nurses and beds devoted to palliative care, although there is a move towards increasing the supply. In the meantime, it is essential for people to know that they can advocate for themselves and their family members to bring a palliative approach to their care early on in its course. I believe that the demand for MAiD (or Medical Assistance in Dying) would be greatly lessened if good palliative care was accessible to everyone. The right to palliative care should be as essential as the right for MAiD.

**Talk**—To me, this is the key component to Advance Care Planning. I can't stress enough the importance of the conversation between the patient and their SDM. It's best done in person, but FaceTime or Zoom is better than by phone. Both are far better than trying to read an advance directive in the middle of a medical crisis. The worst-case scenario is being in a position to have to make an

urgent decision on behalf of a loved one with absolutely no idea of what he or she would want.

**Write**--An Advance Directive is the documentation of the individual's ACP. In Ontario, it is not legally binding, but it does provide guidance for the SDM.

What IS legally binding is what the SDM says on the patient's behalf when he or she is unable to do so.

What you will produce will be unique to you and can be as concise or elaborate as you wish it to be. Initially, it's just a framework, but it can and should be adjusted over time. Above and beyond guidance for medical decision making, wishes regarding preferred caregivers, place of death (e.g. at home, in a hospice or hospital) and end-of-life scenario can be included. (E.g. flowers? music? outdoors? scents? vigiling? who should, ideally, be present? and, maybe, who should not?)

Dying and death used to be a normal part of life. Like pregnancy and birth, the stages were familiar, and we knew what to expect. Grandpa would be laid out in the front parlour and family and friends could come and go to pay their respects. Now that death is outsourced to funeral parlours, it is shrouded in secrecy. Ignorance leads to fear and as a discussion topic death becomes taboo. It is time to reclaim death as a normal process that we will all face. It would be helpful if we could all become a bit more comfortable thinking and talking about and planning for the end of our life. With a little preparation, we might be able to avoid over-medicalizing our final journey and make it a very meaningful time for us and our loved ones.

Without exception, everyone I know who has gone through this process of making an advance care plan and discussing it with their SDM has raved about what a positive and meaningful, although at times difficult, experience it was. It certainly focuses

attention on the finite nature of our life as we know it, makes us think of what gives it meaning and, hopefully, encourages us to appreciate and make the most of it while we can.

## References

[www.advancereplanning.ca](http://www.advancereplanning.ca). This includes the "Speak Up Workbook" for Ontario (print and online).

To get organized: *Modern Deathcare: End-of-Life Planning Guide*, revised edition, 2020, by Karry Sawatsky, Death Doula, Death Educator and Thanologist. This is an excellent, comprehensive workbook to keep track of most of the information a SDM or executor could ever want. It includes the Ontario Hierarchy of SDMs and a cut-out SDM wallet card as well as places to list your medical, legal, business, banking and insurance info as well as who to call in the event of your death, how to register a death and claim death benefits. There's even a place for passwords, funeral and legacy plans and more. Available for \$32.00 + tax at her website: [www.moderndeathcare.ca](http://www.moderndeathcare.ca)

*Talking About Death Won't Kill You*, 2018, by Dr. Kathy Kortes-Miller, PhD in Social Work at Lakehead University. This has very relevant resources and suggestions and is Ontario-based.

*With the End in Mind*, 2018 by Dr. Kathryn Mannix, consultant and former palliative care physician in the UK. This is a beautifully written book that uses stories to expose the reader to many of the difficult issues we run into at the end of life, and often, how they can be better understood and dealt with.

--**Julie McIntyre**, MD, CCFP, FCFP

## LIFE AS IT WAS BACK THEN

*Our 37th Reminiscence is written by Barbara Rowe. When Barbara retired in 1999, she had worked at York as Manager of Business Operations & Commercial Facilities for 25 years. She has entitled her Reminiscence, "Scouser." Barbara notes that "Scouse" is slang for a person from Liverpool, U.K., aka a "Liverpudlian." It is also the traditional dish from Liverpool - a type of stew that comes in various forms, i.e. "Workhouse Scouse" with meat and potatoes, "Luxury Scouse" with black pudding added, and "Blind Scouse" as above but leave out the meat. Note the recipe calls for serving "2lbs to men and 1/12 lbs. to women"*

It was 1945 and the War was over. The street parties across Britain had wound down and the children had stopped strutting around chanting "We Won The War...We Won the War," their cheeks full of jello and blancmange.

No more sirens going off and creepy gas masks. No more retreating to street bomb shelters while trying to get my mother to leave cooking the Sunday roast. A child, I had no real idea what was going on except it had something to do with the Germans trying to kill us. For years after, I slept with a knife in my bed in case "they" broke into our house! (I always had a vivid imagination!)

Liverpool was an important seaport and it sustained a lot of bombing, leaving huge, and now barren sites everywhere. I used to take my bucket and spade and dig up a lot of soil and dirt from these dismal bombed areas and even managed to get some flowers to bloom in my backyard.

Liverpool, of course, subsequently landed on the map when the Beatles became famous. I had a lot of fun then, dancing in the famous Cavern Club, singing along to their music. If I'd played my cards

right I might have been Mrs. Paul McCartney" LOL). While I enjoyed my job in Liverpool in Public Relations for British Railways, I felt the urge to travel. So, on April 30, 1961, two friends and I boarded the SS "Empress of Canada" while listening to the mournful sound of the ship's music playing "Will ye no come back again." My parents stood on the dockside, crying and waving as we pulled away and began our journey across the Atlantic - the second voyage for this ship.

I remember it was a very rough crossing and we couldn't help but think that we might end up like the Titanic! Many passengers needed the service of the ship's doctor for severe sea sickness, including me! (Note: this ship did eventually come to a bad end when it burned down years later!)

Just prior to our leaving Liverpool, an article appeared in the *Liverpool Echo* - "Three Smart Girls Seek Adventure in the New World!" And I definitely believe that I did just that! My "Adventures in the 'New World' after coming to Canada included: working for a well-known advertising company on Bloor Street and then working in Public Relations for General Foods (which meant food tasting in their kitchens). Then my husband got transferred to Ottawa and I managed to get a great job at the House of Commons, working for an M.P., whose riding was Skeena, BC., an Indigenous Community. The mail we received from them was always a surprise, such as boxes of smoked herring!

I loved my work in Ottawa but, alas, my husband again got transferred – to Calgary. (In those days the wife always went with the husband regardless of her own aspirations!) My son, Duncan was born in Calgary, which I grew to like, but I still missed Toronto. Finally, we moved back to Ontario and I was fortunate enough to be hired at York University in the Dept. of Business & Commercial Operations.



Barbara is at the right of the photo.

So, I guess I can say I did find that “Adventure in the ‘New World’”! Just maybe there’ll be a few more yet to come!

--Barbara Rowe

## GENDER IDEOLOGY AND MEDICAL PRACTICE

An article appeared in *The Economist* of January 8th discussing the fact that, in the United States, ideology may be distorting the training of doctors. The article presents several examples of what takes place in medical school training regarding the treatment of children and adolescents who feel that they have been born and raised in the wrong sex. It is interesting that the students and professors who volunteered to speak to the journalist preferred to

remain anonymous because they were afraid of repercussions in their careers.

This article suggests that “gender-identity ideology” --which holds that transgender women are women and transgender men are men-- has influenced some of those" who are training future doctors. "An endocrinologist told a class that females on testosterone had a similar risk of heart attack to males" while this is actually false because such women have a higher risk. "Professional bodies, including the American Academy of Pediatrics, have endorsed gender-affirmative care, which accepts patients' self-diagnosis that they are trans. This can mean the prescription of puberty blockers for children as young as nine."

Among many potential problems, puberty blockers prevent bones from developing properly: when combined with cross-sex hormones, they can even lead to infertility and inability to have an orgasm. A student at a medical school in Florida was shocked by the fact that she had not been taught the side effects of these drugs as is generally the case for other medications. The attitude in this medical school was to accept uncritically.

Ignoring the difference between biological sex and gender in medical school carries other risks. For instance, several diseases present differently in men and women (such as heart attack) or are more common in one sex than the other. "A doctor who treats a transman, say, as a man might miss something important" such as breast, ovarian, or uterine cancer.

There are many studies that have been carried out in the UK and other parts of Europe about children and adolescents who are given puberty blockers and even surgery and they have compared these children with others who also identified with a gender other than their assigned birth sex but were asked to delay treatment. In a surprising proportion of the cases, the latter had changed their mind by adulthood and

were happy in their birth sex and related gender identity.

It is suggested in this research that treatment which includes puberty blockers and related procedures be delayed into at least late adolescence or early adulthood while recognizing, accepting, and morally supporting these young people's desire to become transgendered. "Last year Marci Bowers, a surgeon and transgender woman who performs vaginoplasties and phalloplasties, said she no longer approved of the use of puberty blockers because they left surgeons with too little genital material to work with and led to a loss of sexual function."

Obviously, what this article and others indicate is that we have to combine respect and support for children who desire to become transgendered while keeping in mind basic biological factors and dangers. At the same time, advances in medical treatment of the situation should be sought, while keeping in mind long-term consequences.

— **Anne-Marie Ambert**

## **MEMORIES FROM BALLIOL COLLEGE**

Ian MacDonald writes: *"I was asked by my Oxford College, Balliol, for this submission. However, it occurred to me that it might be of interest to some of our YURA members, via the Newsletter, in view of the reference to the Cheddi Jagan Lecture in York University."*

I find it difficult to imagine that it was 70 years ago that I came to Balliol in Michaelmas term 1952 to begin a wonderful three years in Oxford. I chose Balliol because of its international reputation and was delighted to find it located in the geographical centre of the University (I had been a commuter student during my undergraduate years in the U. of Toronto and wanted to be in the very midst of things). To be accepted by Balliol was one of the greatest joys of my life.

This milestone year, combined with time for recollection during COVID lockdowns, has led me to reflect on so many novel experiences during my Balliol years such as being chosen by the members of the Junior Common Room to represent them at the World Congress of the International Union of Students, in Moscow, August 1954. That event, during cold war days, reminded me of the linkage of two situations, separated by a span of over 40 years.

During the first of my three years as a Rhodes Scholar in Balliol College, I went to a public meeting in an old church hall to hear Dr. Cheddi Jagan, the young firebrand Marxist leader of the independence movement in Guyana. He was on a mission to the U.K. to seek constitutional change for his country. Part way through the meeting, someone threw a smoke bomb into the hall which was promptly evacuated.

When the meeting resumed, a question period followed and I asked: "Dr. Jagan, what is it that you are seeking for Guyana?" He promptly replied: "I want to deliver my people from colonial rule and provide them with a free society." Remember that this was in the midst of the cold war and the McCarthy era in the United States.

Fast forward 40 years and I was attending the Commonwealth Heads of Government Meeting in Auckland, October 1995, in my capacity as Chair of the Commonwealth of Learning (1994-2003). When I met the Head of Guyana, Dr. Cheddi Jagan, I asked if he remembered the Oxford meeting and the brash young Canadian who asked him a question. His eyes widened as he exclaimed: "It was you!" and gave me a big hug. How pleased I was to remind him that we had established the Cheddi Jagan Lecture in York University.

-- **Ian Macdonald**, Balliol College 1952

## MEXICO BACK THEN

When I was in my mid-twenties, my then father-in-law would take his son and stepson and their wives to Mexico for the Christmases of 1967-1970.

On one of these trips, we went to see the pyramids in Teotihuacán. Being then a relatively inexperienced traveler, I too spontaneously decided to climb the Pyramid of the Sun, which is the highest of them. In those days, there were not very many tourists, and I asked my husband if he would come up with me but being the world traveler that he already was, he smiled and said he would look at me from where he was. Despite the narrow steps (people had smaller feet several centuries ago), I easily climbed the pyramid without looking down. Once at the top and having nowhere else to go, I sat on a step and looked around and my fear of heights got hold of me. The view was spectacular, but I was dizzy. How was I going to get back down?

I think that I asked that question out loud in French, because the man next to me responded in French and explained that there were three ways to get back down. One was by coming down sitting on my bum step by step—as I have seen people do on television since. The second way was to go backwards on all four, which I considered until he said that the easiest way was to simply slalom down. And indeed, he proceeded by zig zagging down and I followed him and to my great surprise soon found myself in the village. But I never climbed any pyramid after--I had learned my lesson. I have, however, climbed several low mountains and, even here, the return down is more difficult than the climbing.

Another trip was taken in the Yucatan Peninsula. At the time, the capital Merida was this sleepy but pleasant small town. Nevertheless, we were wonderfully received and given comfortable rooms in the only existing real hotel, a low-rise. Again, there were extremely few tourists and my father-in-

law and his friend, who was the son of the then former president of Mexico, took us to visit the now famed Uxmal and Chechen Itza “ruins” which were not yet open to the public. On the one hand, it was wonderful to be among the first tourists in the modern world to enjoy these wonderful ancient sites and surprisingly well-preserved buildings.

On the negative side, we were told to be careful where we stepped because they were many bad snakes in the grass which was not cut. You can imagine how gingerly I walked in the boots they had given us for this purpose because, on the way to Merida, we had seen Mayan women hack an enormous boa constrictor (or some other huge snake) in the middle of the road.

The next day, the same important man took us for a ride to the seaside of the Yucatan peninsula and we arrived at an enormous and totally empty beach. There was one building, perhaps a hotel, if I remember well. (Generally, I rely on photos to remember my trips but, in those days, I had yet to own a camera, my husband travelled without one, and my in-laws didn't have one either. So, I took all of these and other wonderful trips for many years without any souvenir until I finally bought a camera in 1974 before my first trip to Colombia.) Let's return to that beach. The son of the former president of Mexico made a wide gesture with his hands and announced that this was going to be the biggest resort in Mexico, which was hard to believe because there was nothing but an enormous beach, and it was called Cancun....

Incidentally, I returned to the entire area once with my teenage daughter in 1994 while we stayed at a new resort at the then only Playa del Carmen hotel. We could walk the beautiful and soft-sand beaches for miles on end with very few tourists present. From there, we took an organized tour to Cancun which had indeed become a huge resort, but the

sand was much less soft than at Playa del Carmen. We also went back to Chechen Itza and Uxmal which by then were already overrun by tourists! My daughter climbed the Castillo pyramid and suddenly found herself quite nauseous when she turned around; she sheepishly opted to descend backwards on all fours, of which I have pictures but will not attach them here!

-- **Anne-Marie Ambert**

### **GOOD READS**

*The Volunteer: The True Story of the Resistance Hero who Infiltrated Auschwitz*, by Jack Fairweather, 2019, Custom House.

This is the story of Witold Pilecki, a member of the Polish Resistance when Germany invaded Poland, who puts himself in a position to be arrested and deported to Auschwitz after hearing rumours of Jews being killed in the camp.

It is an amazing story of survival and heroism, which describes in great detail what we now know to have happened in that horrible place. What we don't know so well is that there were escapes from that camp as well as communication with the Resistance that eventually made its way to the Allies who, unfortunately, did not grasp the full historic reality of the Holocaust that was happening nor its historical nature.

Witold spent 1940-1943 in the camp (including its extension into Birkenau) before escaping and making it all the way to Warsaw. However horrific the contents of this book are, the activities of the Resistance and of Witold's many groups make this compelling even though the true merit of this book resides in its historical contents in terms of World War II, the history of Poland at that time, and the history of Jews and of the Holocaust.

\*\*\*

*The Paris Apartment* by Kelly Bowen. 2021. Forever.

This is a book about the intersecting lives of three adults (two women and a man) and, to some extent, one child, although the focus is on one woman. The story begins in 2017 when Aurelie, a young French woman, unexpectedly inherits an apartment in Paris from her grandmother. Aurelie's grandmother had "always" lived in the south of France. In fact, Aurelie had visited her there throughout her own life and did not even know of this Paris apartment.

The luxurious apartments and its contents lead Aurelia to believe that her grandmother, at some point during the second World War, had been a Nazi collaborator. What follow are chapters that tell the life of the grandmother during the war as well as the current life of other women, including Aurelie's, whose lives intersect unexpectedly and randomly.

This novel is truly a page-turner as the reader wants to know the conclusion of the various intersecting dramas with their unexpected endings.

--**Anne-Marie Ambert**



Contributed by Vivienne Monty



## **YURA Executive**

### **Officers**

Charmaine Courtis, Co-President  
Ian Greene, Co-President  
David Smith, Treasurer  
Diane Beelen Woody, Secretary

### **Members at Large**

Angus Anderson  
Sheelagh Atkinson  
Bruno Bellissimo  
Marla Chodak  
Agnes Fraser  
Jane Grant  
David Leyton-Brown  
Savitsa Sévigny  
Donna Smith  
Peter Victor

### **Ex-Officio members:**

Anne-Marie Ambert, Editor  
Steve Dranitsaris, Administrative Support  
Fred Fletcher, ARFL  
John Lennox, Past Co-President

## **York University Retirees' Association**

101 Central Square, York University  
4700 Keele St., Toronto, ON Canada  
M3J 1P3

Telephone: (416) 736-2100, ext. 70664

E-mail: [yura@yorku.ca](mailto:yura@yorku.ca)

Website: <http://www.yorku.ca/yura>

---

### **YURA Office Hours (in non-Covid times)**

Tuesday 11:00 a.m. to 3:00 p.m.  
Wednesday 11:00 a.m. to 3:00 p.m.  
Thursday 11:00 a.m. to 3:00 p.m.

---

The *YURA Newsletter* is published by the  
York University Retirees' Association.  
YURA is a member of **CURAC/ARUCC**.  
**Anne-Marie Ambert, Editor**

[yura@yorku.ca](mailto:yura@yorku.ca)