Words of the Editor in Chief:

The use of Telemedicine as an effective tool to deliver care in the 21st Century.

Consumers and employers are embracing Telemedicine because of its quick and easy access to doctors and better technology at a lower cost than the traditional healthcare system. Telemedicine is also referred to as Telehealth and define the remote delivery of healthcare via electronics and digital communications, making it easier to receive care, improve health outcomes with cost saving in using little resources.

Telemedicine has evolved into an attractive initiative and let us expose some facts:

1- Realtime Interactive Medicine used for Physical exams and Physiotherapy.
2- Remote monitoring with information uploaded and provided by the patient for the provider analysis.
3- Mobile Health with more options including cardiac monitoring, blood monitoring.
4- Telemedicine can increase team communication via video conference or teleconference.
5- Telemedicine help patient in monitoring themselves.
6- Telemedicine to teach medical students and healthcare provider in different country where the quality of care is inadequate.
7- Telemedicine has evolved to fight the shortage of Physicians and healthcare specialists and to extend care in remote area.
8- Telehealth includes a wide range of applications. Including virtual psychotherapy sessions, early stroke interventions, and remote cardiac surgery. It is satisfactory and cost effective in the treatment of non-displaced pediatric elbow fractures.
9- Telemedicine has quickly progressed as one of the fastest growing in the healthcare industry.

In 2015, the worldwide telemedicine market was estimated at 23.2 million
and is expected to grow to 66.6 million by the year 2021, with the potential in being able to instantly deliver healthcare anywhere.

Telemedicine is the use of telecommunication and information technology to provide clinical healthcare services from a distance. It is used to overcome distance-barriers and to improve access to medical services unavailable in faraway or rural communities. Nowadays, it is also used in critical care services and in emergent situations. Recently AMHE and Louis Auguste Jr have transmitted pathology slides via internet and received confirmation of diagnosis from far away pathologists to help expedite urgent treatments in the underprivileged population of the north of Haiti especially Cap Haiti. As well, a specific design using a phone, implemented a way to perform biopsies from breast and uterus and then relayed the specimen on slides, via telephone and internet to a remote pathologist / specialist who instantly diagnosed, creating a model of Telepathology. This system is being patented and prototyped in India. We thank Louis for choosing the AMHE to assure the feasibility of this interesting project.

The origins of Telemedicine go as far as the 1900’s when the people living in remote areas of Australia used two-way radios powered with dynamos to communicate with the Royal Flying Doctor Service. In the USA, the first Telemedicine clinic was founded by Kenneth Bird at Massachusetts General Hospital to deliver occupational and emergency care to employees and travelers at Boston International Airport. 1000 patients were found on records to have benefited from treatment at the facility. Later, the Bird Telemedicine clinic was created mainly by NASA for physiologic monitoring of the astronauts. Other programs soon followed but the first interactive telemedicine system operating over standard telephone lines was developed for cardiac resuscitation (defibrillation) by Mediphone Corporation until they were able to provide the first cell phones permitting communications between patients and medical staff in allowing the transmission of medical, imaging and health informatics material from one side to another. Healthcare forms produced by telephone and radio have already supplemented videophone and other telemedical devices produced for in-home care.

The World Health Organization definition of Telemedicine is a little controversial because it uses all aspects of healthcare including preventive care. The American Telemedicine Association uses it interchangeably with Telehealth.

eHealth is also a related term used in the United Kingdom and Europe relating to telehealth, electronic medical records and other components.

Telemedicine can be beneficial to patients in isolated communities and in remote areas allowing them to receive care without being obligated to travel to the facility. Recent developments with mobile collaboration technology have allowed healthcare professionals to share information and discuss cases between patients and medical staff.

Telemedicine will increase the cost of telecommunication and data management equipment as well as technical training for medical personnel. Virtual medical treatment decreases human interactions between medical professionals and patients but increases the risk of errors in absence of registered professionals. Protected health information may be compromised through electronic storage and transmission. There may be also concern that Telemedicine can decrease time efficiency especially with Tele dermatology consults requiring up to 30 minutes. Poor quality of transmitted medical records or images can compromise the quality of patient care.

A disadvantage of telemedicine is the inability to start treatment immediately, for example to treat an infection with an injection and observe any allergic reaction.

There is different type of Telemedicine: The store-and-forward, Remote patient monitoring and Real-time interactive services.

1- The store-and-forward telemedicine is responsible for accessing medical data like images and transmitting them to a physician or a medical specialist in Dermatology, Radiology. Pathology etc. It requires the clinician to rely on a history report and audio/video information in lieu of a physical examination.

2- The remote patient monitoring is the self-monitoring or testing using technological devices for Heart disease (blood pressure monitoring) or Diabetes...
Mellitus (Blood sugar), Asthma, Kidney failure (dialysis).

3- The Interactive services is based on telemedicine services between patient and provider via videoconference to diagnose, counsel or monitor patients. Since 2006, the US Navy Medical teams have handles telemedical devices as well as the Emergency Telemedicine in France, Spain, Chile and Brazil have also used SMAU Regulators.

We need to admit the existence of barriers with the adoption of Telemedicine in Emergency and Critical Care units:
- The cost in obtaining licensure in multiple states, malpractice and privileges
- The problem in Insurance reimbursement in the healthcare system
- A lack of desire of physicians to adapt to Telemedicine

Telenursing is helpful in reducing the shortage of Nurses and in keeping patients out of the hospitals. It also deals with telemonitoring and Information technology. In Melbourne, Australia in 2014 a Google first hands free breastfeeding class for new mothers was initiated allowing mothers to nurse their babies while viewing instructions or call a lactation consultant.

Tele-Pharmacy delivers pharmaceutical care via telecommunication to patients in remote locations where there is no contact with a pharmacist. This include drug therapy monitoring, patient counseling, video conferencing for education, training and management services with remote dispensing of medications. Medications can be delivered at hospital sites or other medical facilities.

Tele-Rehabilitation is the delivery of rehabilitation services in Neuropsychology, speech therapy, Audiology, Occupational therapy, Physical therapy using videocams, videoconferencing, phone lines. The use of wheelchairs, braces or artificial limbs. Medicaid and some insurers may re-reimburse you for such services.

Tele-Trauma can allow a physician to interact with the personnel on the scene, in a disaster situation or in a mass casualty using mobile devices to obtain clinical assessments. A remote trauma specialist can do the same. Telemedicine can be useful in intensive care units for rounds and in reducing the spread of infections. A Video conferencing system can entertain a two-way conversation. Many trauma centers may deliver educational lectures worldwide providing fundamental principles to the audience. Tele-Medicine can be used in the operating rooms as well allowing transmission to a remote location to assure better patient care.

Tele-Medicine can facilitate specialty care through PCP (primary Care Physicians) and even advise on Treatment of Hepatitis C.

Tele-Cardiology will allow EKG (Electrocardiographs) to be transmitted by phone or wireless but it is well known that in 1906, Einthoven, the inventor of the ECG was able to transmit the results through a phone allowing then ventricular Fibrillation to be treated remotely.

In 1975, Gwalior established the oldest known telecardiology systems for tele-transmissions of ECGs at GR Medical College and was able to transmit ECG from the ICU Moving van or patients home to the central station wireless and to the telephone lines. A demodulator reconverted the sound into ECG and sound waves with a frequency varying from 500Hz to 2500 Hz at baseline allowing to monitor patients with pacemakers in remote areas with arrythmia. Finally, electronic stethoscopes can be used to better the system.

Three projects initiated in Pakistan with Oratier and PakDataComm using 3 hub stations hooked to a satellite allowing other hubs stations like The Mayo Hospital to join, in Asia, have allowed them to treat 1500 patients per hub. The project is still running smoothly after 2 years.

Tele-Psychiatry also uses videoconferences to reach patients residing in underserved areas for consultations and assessment, diagnosis and medication therapy management or simply routine follow-up. Hilty in 2013 and Yellowlees in 2015 confirmed that Tele-Psychiatry is useful in providing consultations and in treating disorders such as Depression, Post Traumatic Stress Disorder. Since 2011, the USA has implemented some model programs in the rural areas:

1- University of Colorado Health Sciences Center (UCHSC) for American Native and Alaskan Native populations
Tele-Radiology is the ability to send images like X-Rays, CT’s, MRI, PET-CT, SPECT/CT, MG, US mostly via 2 computers connected via internet. An image reviewer will allow the visualization. This is the most popular use for Telemedicine and account in more than 50% of usage in Tele Radiology.

Tele-Pathology is the practice of Pathology at distance using telecommunication technology to facilitate transfer of pathology data to help confirming or assess a diagnosis, educate or perform research. The pathologist will select video images for analysis and uses television microscopy not requiring physical or virtual “hands on” involvement. In 1986, a pathologist Ronald Weinstein coined the term “Telepathology” and published the first scientific paper on Robotic Pathology. In Norway, Eide and Nordrum implemented the first clinical telepathology service in 1989. The same was repeated in North America, Europe and Asia. Digital pathology imaging including virtual pathology is the mode of choice for Telepathology.

Tele-Dermatology uses remote consultations or visual and data communication. The dermatologists Perednia and Brown was the first to coin the name in 1995.

Tele-Dentistry uses telecommunications with informative technology for dental care and public awareness in the same manner as Telemedicine and Telehealth for the underserved population.

Tele-Audiology will provide audiological services. Gregg Givens MD was the first to use the term in 1999 to a system developed in North Carolina USA.

Tele-Ophthalmology delivers eye care through digital equipment and telecommunications technology. It will provide access to eye specialists for patients in remote areas, helping in diagnosing opthalmic diseases with screaming and monitoring. Between 2011 and 2015, 10000 patients benefited from examination, but surgery were done on appointment.

In United States, a full and unrestricted licensure is required to practice where you are providing care although there are also restrictive laws with numerous exceptions. Many states will impose written and oral examination with travelling interviews to obtain such license. In 2008, the Ryan Haight Act required face to face or a valid telemedicine consultation to receive prescriptions.

State medical Licensing boards have often opposed telemedicine like it happened in Idaho where electronic consultations were illegal in 2012. In 2015, the state legislature legalized electronic consultations. Teladoc filed suit against Texas Medical board over in-person consultations.

In the USA the major Companies offering Primary care for non-acute Illness include Teladoc, American Well, and PushCare. Grand Rounds offer remote access to specialty care. In 2015, United healthcare announced that they will cover a range of video visits from Doctors on Demand. In 2017 PushCare launched the pre-exposure prophylaxis therapy for the prevention of HIV, in providing consistent online doctor’s visits, regular laboratory texting and prescriptions.

Tele-Surgery is the ability for a physician to perform surgery on a patient not present in the same location. This require Robotics, cutting edges communication, high speed technology, haptics and management information systems. Most of the robots are controlled by local surgeons benefiting of the expertise of remote specialized surgeons available to patients worldwide. Remote surgery or Tele-Surgery is performed in areas where the surgeon is not physically available in the operating room but using a robotic teleoperator providing tactile feedback.

Videotelephony is useful for the deaf and speech-impaired patient who can use sign language and video relay service and tele-educational services at a remote location.

Telemedicine and eHealth is the mean of delivering Healthcare in remote areas of many African countries where the lack in healthcare professionals is well known. The Satellite African eHealth demonstration project in remote area with low population density is hampered by the lack of communications infrastructure with no landline phone or internet connection and often no reliable electricity supply. The
A satellite African eHealth project started in 2010 providing solar-powered internet terminal to rural villages to facilitate Telenursing at distance, encouraging training to personnel and helping in diagnosing. In 2014, Luxembourg with German Doctors and Medecins-sans-Frontieres, established SATMED, an eHealth platform to improve public health in remote areas of Sierra Leone helping the fight against Ebola.

Tele-Medicine maybe the way to offer Medical care in Haiti. If AMHE has collaborated in the Telepathology project presently implemented in Cap Haiti and Justinien Hospital, we would have like more governmental cooperation to see such project extended to the entire country. The government is placing a lot of efforts in proper teaching among our healthcare professionals. Many University Hospitals have implemented programs allowing students to acquire better knowledge.

Tele-Medicine is certainly the way to deliver care in underdeveloped countries. Statistics have shown that patients in the telehealth group have a higher satisfaction rate and spent only one third of the time for their clinical encounter and passed far less time travelling.

References:

22. SES SATMED eHealth platform deployed in hospital in Benin: Reuters 6-4-2015.
Alix Haspil, MD  
and Serge Bontemps, MD, living the meaning of our flag.

When we created a nation and tore the white from the French flag, we meant to form a union between the two groups that joined for the fight and then to move forward as a new entity, for the common good. Except we kept finding differences instead of commonality and the old tribalism that allowed a thriving slave trade in the first place in the mother continent roared its ugly head again and to this day, we are busy quarreling among ourselves, giving short shrift to the notion of meritocracy, the concept of consensus, the wisdom of tolerance, the value of integrity and the shared rewards of nation building. Nepotism trumped common sense and created cliques with the mind-set of us versus them, in perpetual competition over limited resources instead of creating a symbiotic nexus to increase the resources. This creates a cruel system that made innumerable victims and on a personal level felt like the searing pain of a viper’s fang if not the paralyzing effect of its venom. A paradigm of only victims because the vicious cycle usurps talented and honest citizens of the chance to help society.

The choice of such colleagues is a refreshing reminder that some of us do embody the aforementioned principles, but also it opens a window to peer into our modern history, spanning the period from the late fifties to the present. Both have intertwined lives from medical school yore and it makes sense to study them together as they have had a long collaboration.

They were part of the students who went on strike during Duvalier’s early years as a protest against wanton incarceration and political persecution taking shape. One cunning state’s riposte was the use of strike breakers: students that didn’t pass the entrance exams were allowed in as political patronage. Some in the student population at large were cads; they and the strike breakers caused a chasm that lasted a lifetime.

Roger Lafontant, who before that was a popular student, known to be very smart, played a dishonorable role in that episode.

The medical school then was a far cry from its present form. It was a universe into itself. It had a football team in each class and there were interscholastic tournaments. The arts were well represented as there was a choir. Students who were music lovers created small combos (guitar, accordion, trumpet, trombone, drum) and performed during special occasions such as Christmas, Carnival or the famous Jour des Bleus for the fun of bringing a joyous atmosphere. Most of those activities have disappeared under Duvalier, especially after the strike; he harbored an intellectuals’ phobia or hatred.

Both Alix and Serge graduated from medical school in 1965 and both met their future wives during the following months of Residency. The former – a native of Port-au-Prince - went to Les Cayes for two years to man the Immaculate Conception Hospital in both Internal Medicine and Surgery divisions, while also teaching at the next-door Nursing School. Alix refers to that era as probably some of the best in his life. He was the personal physician of the bishop, the nuns, and the pauper. He was welcomed as a celebrity as he used to vacation there as a youth when his
father was the military chief of the region. Serge on the other hand, a native of Jérémie, went to Cap-Haïtien and lasted there for 1 and ½ year at L'Hôpital Justinien doing residency in OB-Gyn. The next 5 months were spent in Gonaïves as director of OB-Gyn.

They both relocated to the US in 1967, 6 months apart, Alix in July and Serge in December and followed same pattern of one year in rotating Internship and eventually 3 years of specialization in Radiology, Serge at Brooklyn Jewish Hospital and Alix at Roosevelt Hospital in Manhattan. Their professional careers mirrored each other, holding positions as attending physician at major teaching metropolitan hospitals in succession, Jersey City Medical Center (72-76), Bayonne Hospital (76-03) for Serge and Roosevelt Hospital (71-81), Metropolitan Hospital (81-92), Lincoln Hospital (92-05) for Alix.

Each excelled in a particular niche, GI for Alix and Angiography for Serge, becoming experts and chiefs of such divisions and recipients of widespread accolade and or numerous awards. A medical conversation with either is akin to a trip down memory lane about tests that have become part of medical lore, namely pneumoencephalogram, lymphangiogram, and pelvic pneumogram. They have been supplanted by CT (first 2) and ultrasound, a boon to patients as they were very uncomfortable. Serge in fact can regale one with stories about the large caseload he had accumulated over the years.

Having both attended medical school for free back home was always considered a debt to the motherland and each tried to fulfill a wish to give back. Coming of age during a pivotal epoch in third-world history when lots of countries were gaining independence and social progress was the buzzword among the enlightened, they sought to accomplish such noble goal by becoming involved in forward-thinking-and-looking organizations. This explains their unbidden involvement in AMHE from its onset. They were both members of the first CEC, holding post of Secretary and Assistant-Secretary respectively for at least a decade. Serge also held the posts of First Vice-President and then President of CEC. The initial mission statement of AMHE to help their alma matter was always weighing in the balance. Their genuine concern for the lot of their fellow citizens was influenced by partaking in activities of several grassroot formations such as l’Heure Haïtienne, Solèy Leve, Haitian Fathers/Sél and various other movements with a progressist bent for the furtherance of our citizens’ lives both here and back home. This genuine sympathy translated into financial support whenever possible.

In the case of Alix who often went back home, he was always taken aback by the number of young men begging and or ready to follow any
path to feed an empty belly. At that time, in the late seventies, Haiti had the infamous reputation as haven for vacationing promiscuous gay men as the inordinate number of poor young men offered a large pool of male prostitutes. Alarmed by this observation and more than willing to give a helping hand, he volunteered to help in fund raising for *La fami se la vi* that set out to help the poor by offering vocational training, medical care, for the wretched. Both joined in that commitment as they very often influenced each other and almost invariably gravitated together toward worthy cause. The goal always remained the same: help the less fortunate to attempt to narrow the gap between the haves and have-not, pure and simple, free of puffery and false pretense. Both Alix and Serge helped wholeheartedly for this noble endeavor.

The spirit of commitment to the motherland would result in the creation of HOHS, Haitian Organization for Health Services, NGO created as a benevolent gesture of health professionals from the diaspora to give a boost to the broken health care system back home. This was a spontaneous response at the request of the then country’s first magistrate who sent an SOS for help to the diaspora. HOHS was created in 1994 and it is still in operation. Far from the initial lofty aim of a systematic intervention for systemic improvement, faced with the ever-present infighting among our brethren, it has devolved into helping a medical clinic in *Les Cayes* run by the Sisters of Assisi. Annual fund-raising helps pay the employees’ salaries.

Both almost octogenarians, their enthusiasm for helping the motherland is unabashed. Serge has created an Inn in Jérémie, *Le Bon Temps*, and was very involved in fund raising to help disaster-stricken countrymen after the recent hurricane that destroyed that region wholesale. Alix on the other hand has relocated in Florida where he has been busy and helped forge a coalition of like-minded philanthropic efforts. Correct Health that underwrites cost of a clinic in *Château*, near *Les Cayes* and HOHS jointly raise funds for their respective projects. In addition, scholarships are offered to students at a religious school near *Les Cayes* and in *Château*.

Serge and Alix are true kindred spirits. They both have a passion for music. Serge, who strums the guitar occasionally, once supported a musical band. Alix on the other hand is a musician at heart. He studied music under tutelage of an excellent pianist, *Mrs. Élie*, the wife of the famous Haitian composer, *Justin Élie* who is better known in the US. In fact, he is another pearl in our culture that deserves a future paean. The piano lessons spanned from age 5 till 19. However, he is more commonly known as a self-taught trumpet player, having honed his skills first as a member of the *St Louis de Gonzague* school band. His foray in playing the trumpet is a story worth recounting. His cousin, a fellow jazz musician, *Gérald Merceron*, introduced him to Herbie Widmaier who was jamming with *Nono Lamy*, Michel Desgrottes, Dormélas Philippe, Ferdinand Dor and Charles Dessalines at the studio of his radio station. He took part in the jam session and impressed them. Alix joined *Dessalines* and *Widmaier* in a jazz competition held by Voice of America Radio. They received kudos from no less than the famous pianist and big band leader Stan Kenton. To us music lovers, this is a list of stellar musicians. He and Herbie became lifelong friends since.

Serge came from a family where scholastic excellence is considered a birth right. No fewer than 8 physicians, half a dozen nurses, exist in his extended family. His cousin was the first dean of *La Faculté de Médecine Notre Dame*. His own son is an MIT graduate as engineer and a nephew, also an engineer, is the proud holder of many patents. A cousin is the Chief of Public Health in Cambridge, Massachusetts.

All who know Serge will describe him as low-key, debonair, a scribe who always takes notes at any meeting he participates in and is always willing to help. He can always be relied upon to carry a set of *bé suitcase* at any AMHE congress. He is one of a handful of physicians attending every annual congress.
Herpes Zoster affects nearly 1 million patients a year in the USA with a preference for the septuagenarians and up. Herpes Zoster Infection (Acute posterior Ganglionitis or Shingles) is the result of a re-activation of the Varicella Virus from a latent phase, in a posterior dorsal root ganglion. Primary Varicella infection presents with a viral prodrome followed by a characteristic maculopapular rash in a dermatomal pattern, 48 hours after. The rash often progresses into painful vesicles and bullae during the following two weeks. Other symptoms like fatigue, malaise, and fever may be encountered. The virus lies dormant in the dorsal root ganglion and may reactivate years later generally between the 5th and seventh decade of life. Re-activation may increase in the elderly especially because of age related decline in immunity or immunosuppression. Chickenpox and Herpes Zoster are both caused by the Varicella-Zoster virus (Human Herpesvirus type 3). Chickenpox may represent the acute and invasive phase while the Herpes Zoster (Shingles) represent a re-activation to the latent phase. Herpes zoster inflames the sensory root ganglia, the skin of the associated dermatome, and sometimes the posterior and anterior horns of the gray matter, meninges, and dorsal or ventral roots. Herpes zoster frequently occurs in elderly and HIV-infected patients, but it is more severe in immunocompromised patients because their cell-mediated immunity is decreased. Unfortunately, there are no clear-cut precipitants.

Lancinating pain following the apparition of crops of vesicles with an erythematous base is significant, 48 hours after the eruption. The site is generally unilateral, hyper esthetic in the thoracic or lumbar area where a few satellite lesions can be found. These lesions usually continue to form for about 3 to 5 days. Herpes Zoster may disseminate to other areas of the body and visceral organs especially in Immuno-compromised patients. Geniculate Zoster (Ramsay syndrome, Herpes Zoster Oticus) involve the Geniculate ganglion. Ear pain, facial paralysis or vertigo can occur. Vesicle can erupt in the external auditory canal disturbing the taste buds of the anterior two thirds of the tongue.

Ophthalmic herpetic zoster will involve the Gasserian ganglion and generate pain with vesicular eruption around the eye and the forehead, in the distribution of the ophthalmic division of the 5th cranial nerve. Vesicles noted on the tip of the nose (Hutchinson sign) indicate the involvement of the nasociliary branch. Herpes Zoster in the distribution of the Trigeminal Nerve is uncommon like in the intraoral zoster with a unilateral distribution.

Post herpetic neuralgia is seen in less than 5% of patients with Herpes zoster but elderly may present with persisting and recurrent pain in a determined area (postherpetic neuralgia) lasting months, years or even lasting permanently creating a disability. Finally, Herpes Zoster may be associated to motor neuropathy (ZAM) with paresis, a rare complication that can be found in only 3% of the cases. Generally, paresis may follow the eruption 2-3 weeks after. In a study, weakness was prolonged to almost a year. The mechanism is unknown, but many believe that it is a distant mediated neuropathic process. Nerve conduction studies have demonstrated a conduction block with fibrillation potentials in affected muscles, resolving eventually, suggesting a certain degree of demyelination. Many researchers have reported a higher risk in developing motor neuropathy among patients suffering of Diabetes Mellitus from 5.8% to 12.9% in the general population. It becomes imperative this need for physicians in general, to be aware of the clinical aspect of Herpes Zoster Motor Neuropathy. The diagnosis of Herpes Zoster can be suspected in presence of the typical and pathognomonic rash involving a well determined dermatome. The
“Tzanck” test became popular in confirming the infection and in detecting multinucleate giant cells, found in Herpes Simplex or Herpes Zoster. Herpes Simplex has the tendency to recur. The Viruses can be differentiated by culture or PCR but the detection of Antigen from a biopsy sample can be useful.

Many believe that antiviral medication should then be started during the time of the prodrome or at least in the 72 hours after the apparition of the maculopapular rash or vesicles, for better results. Treatment may be only symptomatic or antiviral like Acyclovir, Famciclovir, Valacyclovir can be used with wet compresses. The addition of systemic analgesic is often suggested but it is recommended to refer a patient suffering from an Ophthalmic Herpes Zoster to an ophthalmologist and one with an Optic Herpes Zoster to an otolaryngologist.

Antiviral Therapy with oral medications decreases the severity and the duration of an acute eruption. It may also decrease the rate of serious complications especially for the immunocompromised patient. The incidence of postherpetic neuralgia will be reduced by this way. Famciclovir 500 mg three times a day for 7 days, and Valacyclovir 1 g three times a day for 7 days are preferred to acyclovir 800 mg 5 times a day for 7 to 10 days. The use of Corticosteroids will not decrease the postherpetic neuralgia. In severely immunocompromised patients, Acyclovir is recommended in the dose of 10-15 mg/kg IV each 8h for at least 2 weeks for adults but only 7 days for children below 12 years.

The safety of the antiviral therapy during pregnancy is not well established. Congenital Varicella can result from Maternal Varicella and the need to treat a mother outweigh any risk to the Fetus. Acyclovir and Valacyclovir should be used in pregnant women during the late stages.

Postherpetic neuralgia can be difficult to treat because the pain can radiate along a single spinal nerve causing radiculopathies, cranial neuropathies, myelitis, aseptic meningitis. Gabapentin, cyclic antidepressants and topical capsaicin or lidocaine ointment can improve the condition. Opioid analgesics and intrathecal Methylprednisolone has been used to control intractable pain. Researchers have demonstrated Botulinum toxin to be beneficial in reducing pain. In cases of Motor Neuropathy, the prognosis is generally good with a full recovery and re-gain of muscle functioning in the next 6 months to a year is expected in more than half of the patient who suffer from the disease. A period of rehabilitation may facilitate the recovery.

There is slightly an increase risk in developing Cancer after Shingles infection. The mechanism is unclear and mortality from this complication does not appear to increase as a direct result of the presence of the virus.

A new Herpes Zoster vaccine, live-attenuated, is now recommended for immunocompetent adults older than 50 years old in 2 doses apart during a 2-6 months period. This protocol was recommended by the advisory Committee on Immunization Practices. A newer vaccine, live-attenuated, with long lasting protection is recommended for adults immunocompetent but contraindicated in immunocompromised patients.

References:
1. Merck and Merck Manuals
2. Shingles (Herpes Zoster) Signs and Symptoms
5. Li, Q; Yang, J, Zhou, M : He. L (6 Feb 2014). “Antiviral treatment for preventing postherpetic neuralgia” Cochrane Database of Systematic Reviews. 2 (2).
6. Han, Y; Zhang, J; Chen, N ; He, L; Zhou, M; Zhu, C (28 March 2013). “Corticosteroids for preventing postherpetic neuralgia”. Cochrane Database of Systemic Reviews 3 (3);
Supporting the Health system in Haiti
Louis Joseph Auguste, MD, MPH

Among the highest rates of cervical cancer and deaths from cervical cancer. Among the highest rates of materno-infantile mortalities! A low rate of vaccination against the most common infectious diseases! There is no doubt that the Health system in Haiti is and has been in a most dire situation.

Health care is supposed to be free in Haiti, but in fact, the patients in the government hospitals are only entitled to a bed within the hospital. They have to bring their own beddings and their own food. They have to pay for the intravenous fluids, the tubing and even the needle for the intravenous administration of the fluids. When more than half of the population earns less than one dollar a day, one can easily understand that the least illness can easily lead to a premature death.

Almost daily, groups of physicians and nurses travel to Haiti on “Medical Mission” and bring down outdated medications, used equipment that breaks down within the first few weeks and they come back to tell stories, one more horrific than others.

Meanwhile, the Haitian who could afford to pay, fly to Miami or New York or cross the border to the neighboring Dominican Republic. The same goes for our politicians who received funds from the government to go to these foreign destinations for their health needs, funds that could be used to support the local institutions for the benefit of the population at large.

In the United States, most hospitals receive grants and donations from wealthy individuals or families, from successful businesses or philanthropic organizations, without which they probably would not exist. In Haiti, I have yet to see a suite, a pavilion or any structure in a Hospital or clinic donated by local enterprises. The local leaders fail to understand that in some instances, they may not have the luxury to fly out of the country and a functioning hospital may one day save their lives.

As part of the activities of the AMHE Foundation, a group of physicians, nurses and other health professionals who have volunteered repeatedly in Haiti have joined forces to invest in the infrastructure of the Hospitals, starting with Justinien Hospital, home to so many young physicians in training, the future of health care in Haiti and a referral center for the entire North, North East and North West of Haiti as well as the Haitian migrants who have no access to medical care in the Northern part of the Dominican republic and the closest islands of the Bahamas.

This group of health care professionals would like to invite you to join them in a fund raiser that will be held on Sunday October 28, 2018. The funds will be used to upgrade the operating rooms at Justinien, improve the conditions in the Maternity ward, and continue our various programs of screening for breast and cervical cancer, as well as other women and children’s health initiatives.
A LA RECHERCHE DE PANEGYRIQUES POUR NOS COMPATRIOTES :
« UN PROJET DE KONBIT POUR RANJE NODWES ET HAITI »

Le mouvement prend de l’ampleur avec la multiplication des « Rôle Modèles ». Pour soutenir et continuer le travail ardu de notre Champion Fanatique de la Mère Patrie, notre distingué Collègue et Ami, le Dr Laurent Pierre-Philippe, qui se veut de camper des Modèles pour la Jeunesse Haïtienne de la Diaspora en accentuant le « Meilleur d’Haïti », il nous a été très facile de découvrir en la personne du Dr Douge Barthelemy, Pédiatre de l’Indiana, une autre Image Imposante pour la Diaspora à suivre.

DOUGE , aujourd’hui nous sommes encore cinqu amis qui se connaissent depuis l’Age de cinq ans. Gosses , nous nous sommes rencontres chez les Frères de l’Instruction Chrétienne de Port-au-Prince , à l’Ecole Primaire de Mgr Alexis Jean-Marie Guillon (Promotion 1940-1947) non la Direction du Frère Lucidas ,d’abord, puis du Frère Victorien ensuite (TI -PIGEON), après la bénédiction du cher Frère Aloiste ( classe de 7ème Préparatoire). Deux d’entre nous sont devenus MEDECINS , Douge Barthelemy et Andre Muzac ; Un est Professeur à l’Université de Montréal , Canada, l’Ecrivain Pierre Claude ; Un est a la retraite en Haïti, comme Agent de Produits Pharmaceutiques et Avocat Comptable , le Professeur Andre Nicolas ; le Dernier, Camille Stines, s’est évanouï dans l’ombre quelque part en Floride ,USA.

Douge et moi , nous avons parcouru les étapes de l’école primaire , secondaire et universitaire pendant 20 ans , et avons maintenu contact pendant 75 ans. Une expérience plus que « unique ». Le petit Douge de l’école primaire a toujours été parmi les premiers de la classe. Très discipline , il suivait une bonne trajectoire apparente tracée par un Papa Rigide, qui se voulait des Professionnels dans une Descendance de 4 fils et une fille. Chaque Dimanche, pour la Grande Messe de 11 HEURES a la Cathédrale , Douge portait avec fierté les Médailles de SELECTION hebdomadaire , se réservant de partager ses bénédictions avec les copains de la Promotion (le gâteau complémentaire). Pendant les 7 années de l’ expérience primaire, Douge est reste un élément pacifique , joyeux et taquin (sans méchanceté) , un amant des sucreries et des cookies , un « petit religieux -croisé « de l’Eglise Catholique de l’Archevêché de Port-au-Prince . On n’était pas riche , on se divisait les ressources chaque matin , clients réguliers de Madame Anna , vendeuse de tablettes et de Tito.

Une époque de Naïveté pleine d’efforts personnels et de souvenirs bien mérites. On était heureux d’être « des enfants du peuple » : on ignorait les menaces de la compétition , c’était la franche camaraderie et l’époque de la SIMPLICITÉ.

LE DOUGE DE L’ECOLE SECONDAIRE ( Lycée Alexandre Pétion, 1947-1954) n’avait pas change ; il est reste le même camarade désireux d’apprendre. Dans un milieu réputé de « Refuge des Vagabonds » par les Ténors des Ecoles Privées , face a des turbulences et aux « bullings du physiquement plus fort » ( il y avait des disparéquences en Age), Douge a vite compris que pour survivre il fallait allier les grandes forces : les aider dans les devoirs de maison et se tenir a l’écart des confrontations physiques. Beaucoup moins timide que moi et beaucoup plus curieux, Douge, depuis le début des années 1950 , s’ouvre à la politique et écoute les « haranguements » du Professeur Daniel Fignole au Bel-Air de Port-au-Prince : son discours favori « Un serpent si hideux , qu’en passant la main sur sa figure , il sentit sa laideur ». Le Professeur parlait d’un autre Politicien que lui-même avait protégé contre des difficultés menaçantes et qui l’avait trahi.

Le petit Douge aimait répéter les phrases grandiloquentes des Dinosaurs Politiques .Plus tard , a la Faculté de Médecine , il continuera a paraphraser certains Professeurs , Rappelez-vous le Dr Compe Chien, un Instructeur en Petite Chirurgie. Déjà, Douge devenu grand saisissait les racines grecques des mots « Démagogie : amener le peuple sur la place publique pour le haranguer » et « DÉMOCRATIE : un gouvernement par le peuple et pour le peuple ». Pourtant, alors, Douge faisait la Section C, division éducationnelle ou les mathématiques et l’espagnol remplaçaient au Lycée le Latin et le Grecque de la Section A. Douge continuait de briller au Secondaire et était parmi les premiers aux Examens du Baccalauréat , Rhétorique et Philosophie.

On avait atteint très tôt l’âge de la Maturité dans un Pays où la Dictature faisait rage, pendant que les restrictions budgétaires frappaient durement les familles haïtiennes. Une autre phrase revenait sur les lèvres de Douge « Manger la Vache Enragée » s’il le faut, mais garder notre rectitude et honnêteté face aux ambitions délirantes des Politiciens qui ne se foutent pas mal de la stabilité du Pays. On connut des périodes de grève, des périodes de « couvre-feu » (curfew) pendant qu’on préparait des examens dans le black out. On connut des sanctions gouvernementales, des exils dans les recoins de la vie rurale après la graduation médicale. On eut à vivre des périodes de déception amère. Douge disait toujours non aux impasses, pendant qu’il gardait un amour viscéral pour Haiti. Douge n’a pas aimé la conduite douteuse de certains « Bergers-Conducteurs » de la Jeunesse Estudiantine.

En 1963, il fallait quitter le climat tropical d’Haïti pour affronter les rigueurs des Hivers du Canada et des États-Unis, Montréal d’abord, Chicago ensuite. Après la séparation des années d’entrainement, Douge a Chicago et moi à Brooklyn, NY, nous nous retrouvons dans la vie professionnelle, un peu endurcis par l’expérience des déboires inattendus. Cependant, Douge n’a pas perdu son côté jovial : les mauvais traitements se convertissaient en blagues malignes, sans entrainer aucune perte de discipline et de rigidité administrative. Au travers des montées et descentes de l’AMHE, l’Association des Médecins Haïtiens à l’Étranger, Douge fut le 4ème Président de cette Association. Président ou membre du Comité Exécutif Central, au sein des Conseils de Direction, Douge servit pendant 15 ans avec la même honnêteté et inflexibilité. Il continua de s’affirmer comme modèle du Médecin Haïtien en Diaspora. Altruiste exemplaire, il se laissa abuser par des confrères de la Diaspora. One cannot forget the meetings of the AMHE at the Marriott Hotel, La Guardia Airport, Queens, NY. Douge, as President, received consummation bills from La Détente Restaurant. Without any hesitation, he continued to pay bills after bills out of his own pockets. In one of those meetings, a Colleague arriving from Europe does not agree with a voted resolution and chooses to slam his hand on the table, with glasses and plates flying in the room. Peacefully, Douge reminded the Confrère that no French Professional would behave like that ; this attitude just reflects a lack of control from an Interlocutor short of argument in the discussion. That day, I call Douge “ the rigid with velvet gloves”. Another time, at Grossinger, in the Catskill Mountains of Upstate New-York, Douge took an open position against an Official of the AMHE Executive Committee, who, during a recent trip to Haiti, engaged himself/herself as a “Representative of the AMHE” after having received a personal invitation from Baby-Docto to a reception to the White House. Of course, that Member never had any authorization from the AMHE. Nevertheless, years after years, Douge continued to support the Association by his regular attendance to all Clinical Conventions, and purchasing book written by different Authors. All his life, Dr Douge Barthelemy remains a Model of Honesty, Rectitude, Inflexibility in Administration. I recognize him as an Honoree of the Heroes in the Shadow (les Heros dans l’Ombre). Surprise, he remains a Modest Man full of Simplicity. At home, he is the every day Dad, just interested in the Education of his children and good house keeping. “ Only empty barrels make noise when rolling on the pavement”

Among friends, Douge is capable of risky jokes. He can spend hours talking about Jacko. On of these parrots used to be in a store. It keeps calling disgusting and nasty an ugly woman. Finally, the abused woman threatens to cut its neck if it continues. From there on the smart bird kept silent. At the next visit, the woman questioned “How come you do not talk today?” Jacko said : You know !

A good sense of humor; a willingness to share, to support; one rare Haitian to have the benefit that NOBODY among his Colleagues could find something bad to say about HIM. DOUGE REMAINS AN IMAGE TO FOLLOW.

MAY I REMIND that during his retirement age, Douge is helping the Wounded and Disabled American Veterans in Illinois. Two months ago, he found time to write an open letter to the President of United States. A reply to the degrading words used by M. Trump vis-à-vis Haïti and other African Countries. Douge was not afraid to ask if the President ever read the recent publications sur l’Egalité des Races Humaines ; s’il est informé du rôle joué par un Haïtien dans la fondation des premiers logements construits dans Chicago ; s’il est informe du rôle de l’Égypte et de ses Pharaons Noirs, du rôle de l’Afrique comme berceau de la CIVILISATION, siècles avant la naissance du Christ et l’arrivée des Gaulois en France.

ANDRE J MUZAC, MD, FACS
Among the many fault lines in our culture, a conversation about Kreyol ranks at the top of the heap. As is customary, not a conversation but a shouting match ensues between impassioned people who use the very vernacular to express their positions. That in 2018 we are still debating the status of Kreyol, spoken universally in Haiti, is a testimony of the inherent split personality we are exhibiting as a group. Invariably we proudly claim we were the first to break slavery’s fetters, and at the same time, we suffer from the insecurity of adopting a lingua franca different from French, a language renowned as the medium used by illustrious writers. How can we turn our back on it and instead wallow in the muck of a vile patois, spoken by ruffians, slaves?

This type of insecurity could be found in Pétion’s egregious-make that treasonous-offer and Boyer’s signing-on to pay an indemnity to the same settlers who treated us as beast of sums for centuries. What about the damage done to millions of humans whose sole fault was to be members of a dark complexion? At the time when France was busy creating colonies to generate wealth, French had evolved over centuries from the vernacular initially spoken by ruffians, Ostrogoths and Visigoths, the original settlers of then Gaul, and it had borrowed heavily from Latin, Greek. It continues to evolve nowadays and is borrowing substantially from English. That the Kreyol-speaking slaves were uneducated were not of their own doing but the result of a systematic decision by settlers to forbid them access to reading and writing, sous peine de mort! Because slaves were not considered as full-fledged humans, anything associated with them was considered inferior and toxic.

Compounding the problem, classism replaced racism. Neither Pétion nor Boyer (especially) espoused methodical creation of schools, ergo underclass population increased, a perpetual powder keg. No serious policy existed to extend diffusion of French, leaving Kreyol as de facto populace’s idiom, i.e. orphan treatment.

However, this notion of a bastard vernacular is upended when the group is different. In present-day South Africa, Afrikaans with similar dynamics as Kreyol, is recognized as the official language of descendants of Boers. No one is disputing its pedigree. Different players, different rules.

Clearly, calculus of a vernacular as language relies purely on political will. Same goes for a flag. No one asks for permission for such a choice; one imposes one’s decision and the world will acquiesce.

The disdain toward Kreyol among us is indeed deep rooted. We have been brainwashed into believing that it is an inferior means of communication, not capable of expressing abstract concepts and ideas. This reminds me of a French teacher I had in the late sixties at St Martial. He later became one of Baby Doc’s speech writers. One day in class, boasting, “Parmi les quelques Haïtiens qui parlent le français, je ne parle pas trop mal.” This type of rubbish has been passed on from generations, leaving us with the indelible belief that to be fluent in French is a distinction worthy of an award because only a superior intellect can accomplish such a feat. The reality is totally different. Children of poor Haitian immigrants growing up in Québec speak it with a local accent with no difficulty.

We need to be reminded that language formation is random and not a fiat construct. For that matter, when was the last time we met someone speaking Esperanto or Laadan? Ever heard of Lingua Ignota?

There is a misguided mindset that it is binary choice, French or Kreyol. As a practical solution, realpolitik needs to come into play. It is a pragmatic policy to offer language parity. Fluency then becomes a nonevent in all services and educational opportunities. It is also a pragmatic approach to consider mastery of foreign languages as an asset. Hence French can be taught in school from a Kreyolophone point of view. As an added benefit, students will learn to build proper vocabulary and syntax in each versus a mishmash of both languages. Nothing is more embarrassing than to witness people who insist on being fluent in French but don’t understand instructions in French. They are ashamed of admitting that Kreyol is the language they are familiar with. Haiti is not the only country where more than one language is spoken. It has the dubious idiosyncrasy of having had for the longest time chosen a national language spoken by the tiniest minority.
Fortunately, public places with sizeable Haitian population have signs and instructions in Kreyol, thanks to America’s pragmatism and democratic approach to languages. There has been quite a bit of literature in all genres, published in Kreyol over past decade. A prominent math teacher at University of Massachusetts at Boston, professor Alfred Noël, is writing a math textbook in Kreyol. What is unsaid often is that those of the generations that never learned Kreyol in school are intimidated in trying to read it. I should know, I was once among them. Learning to read and write Kreyol is not a difficult proposition. There are any number of resources available. Educavision.com, Amazon.com, have large offerings. Fequière Vilsaint, the publisher of Educavision offers this selection:

1. Pou moun ki metrize yon lang deja, mwen sijere : Pawòl lakay.
   Men liyen pou ou ka li deskripsyon liv la:

2. Dis Pa nan lang Ayisyen an (se plis gramè)

3. Diksyonè monoleng

Si yon moun vle li woman an Kreyòl, mwen sijere:
4. Lafami Bonplezi
   [http://educavision.com/lafami-bonplezi8](http://educavision.com/lafami-bonplezi8)

5. Fòs Lawouze.
   [http://educavision.com/fs-lawouze](http://educavision.com/fs-lawouze)

6. Konpè Jeneral Solèy

Les petites annonces du Newsletter

Pour toute information concernant le service de petites annonces du Newsletter, veuillez contacter Myriame Delva à cette adresse : mdelva@amhecec.org

Abonnez-vous à l'infolettre

Subscribe to the newsletter
Carla JEAN JACQUES, MD, Chief Resident of Pediatrics, 3rd year at Hospital Universitaire JUSTINIE, Cap Haitien, Haiti

Report of Rotation at the Brooklyn Hospital Center
From April 1st to June 28 2018

To see the full document
“Life within the Kremlin was shrouded in impenetrable secrecy.”

Harrison Salisbury

Once upon a time, if there is one word that would have your hair raised on your back, that would be the world Kremlin. Indeed from 1922 to 1991, the world waved and moved on the whim of the Kremlin. Most of us say “the Kremlin” the same way we say, “the White House” or “l’Elysee”. It is the power behind the walls.

But the physical Kremlin is a 68-acre fortress (i.e. kremlin in Russian) located in the center of Moscow. Unlike the White House in Washington, it is not simply one house. It is a small city in the city, surrounded by impressive fortified red walls. It encompasses five citadels, four cathedrals, the Armoury museum, the Arsenal, and many other architectural delicacies such as the new helipad installed by Vladimir Putin in 2013.

Add to the fact that the Kremlin is located on Red Square (open to the public) and next door to Saint Basil, you will quickly understand that you have to wake up early if you want to actually visit the Kremlin, since traffic around the landmark is horrendous. Of course, security is quite tight.

Our group paid a visit to the Kremlin, on Saturday, June 23rd. Lines were long, but pre-visit planning allowed us to avoid them. Red Square was overfilled with red jerseys, capes and flags, pertaining to yelling, screaming partisan crowds of Belgium and Tunisia who were disputing the first game of the day.
We left before lunch to head toward the sporting joust that we could not miss.

_____________________

It was a joyful pain to walk from the bus drop-off site to the FIFA VIP Lounge C1 located at Gate 7. It took me an hour. The walk was repeatedly slowed by a crowd of funny amusers, overjoyed fans, loud musicians, volunteer-high-flyers, and stilt walkers… We were also stopped a couple of times by onlookers who wanted to have a picture with me and my children. Great to be exotic, nao e?

FIFA VIP Lounge C1 was a large decorated bar room, offering a white variety of sandwiches, burgers, and finger foods, along with beers and all non-alcohol drinks. It exits directly onto the stadium seating area, on Category One. My seat was the 13th, on row 23, in a sea of yelling jumping Belgian well-wishers. Some did not speak French, I became their translator…

The game was a one-way affair (5-2). There was no way Tunisia was going to resist long to a group of seasoned stars counting on the likes of Eden Hazard, Romely Lukaku, Marouane Fellani, Moussa Dembele, and Thibault Courtois. Lukaku score two goals, Hazard was Man of the Match.

We were supposed to board the bus in front of the McDonald in the street next to the stadium, but the police had the vehicle moved one kilometer away. Security was tight. The streets were replete with police officers and army soldiers in fatigue. Not a good set-up for any terrorist to stick their nose out.

At the hotel, we watched Mexico qualify to the knockout phase by defeating South Korea (2-1). Later in another World Cup thriller, Germany narrowly escaped a humiliating first-round elimination by scoring a last minute free-kick to beat Sweden by 2-1. Lots of adrenaline and sweat were spilled in the course of these historical battles, wholly comparable to the Battle of Moscow and the Siege of Stalingrad…. More of these are to come.

From the Palmira Business Club, this is the Traveller reporting from Moscow, capital of the former Soviet Union…

(Odler Robert Jeanlouie, Sunday June 24, 2018)
HI FROM SAINT PETERSBURG, CAPITAL OF IMPERIAL RUSSIA.

“St. Petersburg is a gem of world culture and Russia's most European city.”

Valentina Matvienko

After spending a day in Saint Petersburg, you will very likely wonder “Why do I have to spend so much time in London or Paris?”. The City of Peter the Great is wholly magnificent and broadly reflects the petulant soul of its dwellers.

This afternoon we landed at Pulkovo Airport, at 1:20 PM. Having taken off from Moscow after 12:00 noon, that makes it the shortest flight I have been on, at least for the last decade. The departure from Moscow was uneventful, if we set aside the facts one of the buses came late and that we got stuck in traffic by the Kremlin, for a solid half-an-hour.

At the airport, we met Kate and Diane, two nice-looking young ladies in their 20s. The two, Saint Petersburg natives, fluent in English, will be our guides. They soon displayed their deep knowledge of Russian history, their familiarity with the city landmarks, and their alacrity to educate and entertain their clients.

From the airport, we headed to Katyusha Restaurant, for lunch. The venue is in the historical part of downtown. We had to fend off vendors and football fans to get to the entrance. The food was good and inexpensive; this is the kind of place you adore to eat at lunchtime on workdays.

We had a warm welcome at the Saint Petersburg Marriott Courtyard…

At the bar next to the check in counter, we watched Uruguay defeating Russia (3-0), enough for both squads to advance to the knockout phase. Simultaneously, Saudi Arabia obtained some redemption by beating Egypt (2-1). Mo Salah’s teammates were super-confident that they would move to the phase of 16. Instead they crashed out in group play, by losing all their three games! Bye Egypt!

Later, Spain narrowly escaped disaster by tying twice during their matchup with an indomitable Morocco (2-2). The last two goals were scored during the last ten minutes! Simultaneously, Portugal also qualified, by a hair’s breadth, after Ronaldo missed a penalty. Most of us watched the double header at the FIFA Fan Zone (Fan Fest), strategically situated in Konyushennaya Square.

Our rooms at the Marriott, though comfortable, are smaller than the double deluxe accommodation that most of the group had at Palmira Business Club in Moscow. We are nevertheless happy to have thick double curtains at the windows. They are indispensable at night for restful sleep, since the sun never sets during the summer (white nights).

From the Courtyard Marriott, this is the Traveller reporting from Saint Petersburg, capital of former Imperial Russia…

(Odler Robert Jeanlouie, Monday June 25, 2018)
Soumission

Plus prétentieux que le Titanic chargé d’or,
Parti dompter les vagues, mille fois encore,
Se moquant des récifs et même de la mort,
Chantre du mythe du sexe viril et fort,
Je me vantais d’être logique, rationnel;
Des dogmes, disciple respectueux et fidèle,
Concentrant toutes mes énergies dans l’action,
Déterminé sur mes choix et mes émotions,
Fermement guidé, conduit par mes convictions.

Lorsque soudain, l’ange jaillit de l’horizon.

En un instant, je crus voir toutes les saisons.
Une femme, venant du ciel ou du néant,
Apparut dans sa robe d’éclairs et de vent,
Effaça, dans un tourbillon hallucinant,
Mes pensées, ma mémoire et la notion du temps,
Dans ma tête et dans mon cœur souffla l’ouragan.

Je prétendais argumenter mes réflexions ;
La tempête ignora boussole et direction,
Balayant tout raisonnement sur son passage,
Ne se souciant point d’être jugée folle ou sage.

Je connus l’ivresse d’humides profondeurs,
De la volupté, la vivifiante chaleur,
Ma conscience emportée comme un fêtard de paille,
Je ne sus si je fus marionnette ou cobaye.

Aujourd’hui, suis-je sous l’empire de ses charmes ?
Etre assujetti avec mon cœur pour seule arme,
Jouir d’un grand bonheur et d’une paisible vie ;
L’amour n’est-il pas la plus douce des folies ?

Dr. Jean Serge Dorismond
3 décembre 2007
In Memoriam

Obituary for Stephen T. Hricko

Stephen T. Hricko, of Hillside, passed away on Thursday, June 14, 2018 at his home. Born in Newark, he was a lifelong resident of Hillside. He was the owner/operator of the Kumon Learning Center of Montclair.

Stephen is survived by his parents, Dorothy (Surman) Protzmann and Stephen J, Hricko; his wife, Elizabeth (Leconte) Hricko; 2 children, Lauranne & Stephen T. Hricko, Jr.; 2 sisters, Karen Eagle and Donna Hricko and 2 brothers, Christopher and Kevin Hricko.

The funeral service will be held on Thursday at 11 a.m. at the S.W. Brown & Son Funeral Home 267 Centre St., Nutley.

Visitors will be received at the funeral home on Wednesday from 4-8 p.m. and Thursday from 10 a.m. until service time.

The interment at Glendale Cemetery in Bloomfield will be held privately.

Les petites annonces du Newsletter

Pour toute information concernant le service de petites annonces du Newsletter, veuillez contacter Myriame Delva à cette adresse : mdelva@amhecec.org

Abonnez-vous à l'infolettre

Subscribe to the newsletter
Upcoming Events

SAVE THE DATE

Coalition for the Improvement of Justiniyen Hospital

This event is organized by the AMHE Foundation, to collect funds that will be used to improve the physical structure and appearance of Justiniyen Hospital in Cap-Haitien, Haiti, and to provide special services for Women’s Health in that city.

DATE: SUNDAY, OCTOBER 28, 2018
TIME: 6 P.M. TO 11 P.M.
Congregation B’nai Israel
91 North Bayview Avenue
Freeport, NY 11520
Dr. Marie-France Conde. Phone (848) 459-8389
PLEASE RSVP BY: SEPTEMBER 15, 2018

HAITIAN AMERICAN NURSES ASSOCIATION (HANA)

Presents

7th Annual Leadership Convention 2018

“Theme: Promoting a collaborative approach among multidisciplinary professionals by optimizing education, leadership, research, and technology.”

LATE REGISTRATION UNTIL MAY 29
HANA MEMBER $400
NURSING STUDENT $150*
RETIRED NURSE $200
LOCAL LICENSED NURSE $375
NON-HANA MEMBER $500
HANA CLOSING GALA TICKET $65

*All student registrants will need to provide their student ID# and upload a scanned copy for verification.

Register today online at WWW.HANACONVENTION2018.COM
For more information please contact us at Info@hanaconvention2018.com

ROYAL DECAMERON INDIGO BEACH RESORT & SPA,
an all-inclusive resort
CÔTE D’ES-ARCADINS, HAITI
JULY 14TH - 18TH 2018

Up to 14 Nursing CEUs Will be Provided
TIME TO NETWORK, LEARN
AND TO HAVE A DEEPER UNDERSTANDING OF HAITIAN CULTURE
The 45th AMHE Annual Convention

There is still time to join the 2018 AMHE Convention...

Dear AMHE members, family, and friends;

This email is to remind you that while many of you have booked your hotel and reserved your seat for 2018 AMHE Convention there still is time for those of you who have not yet made the final decision to still join us.

We are delighted that many of you will be joining us at the convention this year. We know you have many other choices and that your decision to join us at the convention is a way of telling us that AMHE matters to you. Hence, we are putting our best foot forward to make sure you will have a great time in Baru, Columbia so can you enjoy a great time networking among your peers.

If you are still thinking about joining us, pick up the phone and call us at once so we may accommodate you with the last few rooms remaining.

We are looking forward to hearing from you soon!

Sincerely,

Karl Latortue
Karl Latortue, MD
Vice President, AMHE
Chair 2018 Convention Committee