

AMHE NEWSLETTER

HAITIAN MEDICAL ASSOCIATION ABROAD
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AMHE NEWSLETTER

Editor in Chief:

Maxime J-M Coles, MD

Editorial Board:

Rony Jean Mary, MD

Reynald Altéma, MD

Technical Adviser:

Jacques Arpin



Words of the Editor in Chief:

Considerations in the athlete with Sickle cell Trait.

Sickle cell anemia (SCD) is a hereditary disease of the red blood cells affecting in the USA, African-Americans, Hispanic of Caribbean ancestry. A normal red

blood cell is round but in people suffering from this disease the red blood cell becomes defective and change its shape. A faulty hemoglobin is responsible of the changes. This hemoglobin is called Hemoglobin "S", (HgbS) which replaces the normal Hemoglobin "A", (HgbA). During their short lifetime, the red blood cells become rigid and deformed like crescent moons or sickles.

Up to recently, this condition has shown no cure, but treatments have existed to help pain and avoid premature death and infections. Recently blood transfusion and bone marrow transplantation have already claimed victory in the treatment of this disease. More, Gene therapy to correct the genetic abnormalities is being studied. We will today discuss the athletes involved in competitive sports suffering of this disease while only caring the "sickle cell trait". I remember well during my residency training, discussions held by our teachers at Howard University Hospital, on a 32-year-old patient, asymptomatic who presented to the ER with a massive hematuria. It was a puzzle, because this was never described in any known textbook, on

a patient with the "Trait".

We have learned with time that a proper hydration is necessary to avoid any painful crisis when the sickle shaped red blood cells clog the blood vessels, cutting off the blood supply to vital tissues and organs. The spleen is known as the first organ of defense responsible for trapping the deformed cells but it finally auto-scleroses and become inefficient in performing its duty. Unfortunately, the body can't replace those trapped and deformed cells enough to allow an effective transport of the Oxygen. As a result, the body lack in red blood cells and develop an Anemia. In the United States 1/ every 400 African-American birth and 1/1300 Hispanic of Caribbean descent will carry the disease. Children and young adults can die from the disease. Sickle cell disease is found around the world as well alone or in association with Thalassemia and infectious disease like Malaria among people of African. Italian, Turkish, Arabian, Greek, Southern Asian ancestry. Often one will develop a mixture of normal and faulty hemoglobin in their red blood cells

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without the sickling phenomenon. This condition is called: The sickle cell Trait. It is estimated that 1/12 African-American carry the trait. They do not have sickle cell disease except in rare circumstances. The trait can be passed genetically from generation to generation. If two people have the trait, ¼ of the children (25%) may suffer from the disease (SCD). If only one parent carries the trait, 50% of the children will inherit the trait but if one parent has the trait and the other one has the disease, it may not be recommended to have kids because 50% of them will have the disease.

The disease is passed on as part of the genetic makeup and I will not extend much on the complications related to painful sickle cells crisis, hand and foot syndrome in the infants, life-threatening infections, anemia, joint destruction and chondrolysis.

We will expand on the athlete with sickle cell trait, meaning the athlete who has received in his heritage one gene of normal hemoglobin and one gene of abnormal hemoglobin. The sickle cell trait differs from the sickle cell disease in the fact that there is a much lower concentration of sickled hemoglobin and when the intensity of activities increases, the local pH decreases while body temperature increases.

These conditions are encountered at higher concentration of hemoglobin lacking in Oxygen. The sickle cell trait patient usually remains asymptomatic because of his high ratio of normal hemoglobin. In extreme physical exertion, multiple case report in highly trained athletes or military personnel brought to light disastrous complications. Rhabdomyolysis and sudden death caused by red blood cells sickling during athletic activities have been reported. There is a 10 to 30 times exercise-related death rate in the sickle cell trait athlete compared to non-carriers. A recent study on exertional sickling in NCAA Division I players has reported 16 deaths in which 10 of them were found related to exertional sickling. The other causes were due to cardiac (4), asthma (1) heat stroke (1). So, the majority (63%) of the athletes died from exertional sickling (10). Overall, the incidence remains underestimated because of lack of recognition of the sickle cell trait. Autopsies results have shown also patients with cardiomyopathy.

If we are living in a society where one African-American on 12 and one Caucasian on 2000, will have the sickle trait, you would believe that a more systematic search for this entity should be implemented by our healthcare specialists. More, this condition is prevalent in athletes whose ancestors come from Africa, the Caribbean regions as well as

central and south America, the Mediterranean.

Exertional sickling is dangerous for those athletes because of the potential progression to rhabdomyolysis. In the athlete with a sickle cell trait, the sickling phenomenon occurs at the level of the muscle itself within the lumen of the supplying vessels. It creates a muscle necrosis and subsequently the release of breakdown products in the systemic circulation. Then a fatal cascade of events will follow with myoglobinuria and electrolyte imbalance quickly without any warning signs. Occasionally, muscle pain and weakness in the thighs, buttocks and back will be present. If such diagnosis is suspected during a game, these athletes need to be given close medical attention with immediate removal from play and fluid resuscitation to expand the intravascular volume and to increase the renal flow.

The myoglobin is responsible for the kidney damages but the intratubular obstruction with the epithelium toxicity contribute to the acute renal failure and electrolytes imbalance (High K and low Ca). This may require renal dialysis. The mortality rate can reach (20 %). Serious cardiac arrhythmias and/or metabolic acidosis may complicate the picture.

Exertional sickling collapse is often confused with heat cramping and heat stroke, but we need to remember that exertional sickling is an ischemic process not solely a product of hyperthermia or/and lactic acidosis. These athlete core body temperatures are less than 105°F and often appear to be in less pain. Exertional sickling occurs quickly without any warning signs. Rhabdomyolysis will be responsible for most of the sudden-death fatalities among the sickle cell trait population. There is enough evidence to suggest that asymptomatic and repeated exertional sickling may have long term effect on the renal function. With time, chronic renal damage may explain the higher death rate.

Nowadays, many professional organizations have already elected to screen their athletes for the sickle cell trait while it is mandatory to check your sickle cell status if you wish to highly compete in NCAA Division I. Many have also questioned the validity of such test instilling more harm than benefits. The Sickle cell Advisory Committee of the National Heart, Lung and Blood has urged to halt routine test on military recruits because of potential discrimination against the carriers.

In conclusion, Sickle cell Trait has become a well-recognized cause of sudden death among athletes and we wanted to discuss the signs which can help you recognize exertional sickling during physical exertion to avoid rhabdomyolysis and its complications.

Maxime Coles MD

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Le Système de Sante Haïtien, un mal mis a nu !

La mort de la docteur Michaelle Amédée Gédéon, la semaine dernière ,au cours d'un accident de la circulation vient mettre a nu, une fois de plus, le système de sante Haïtien. Ironie du sort, cette sommité de la médecine haïtienne ,ancienne ministre de la sante, deux fois présidente de la croix rouge Haïtienne et Doyenne de la Faculté de médecine de l'Université de la fondation du Docteur Aristide, femme au rayonnement international, était en mission médicale dans le sud-ouest du pays ou elle cherchait ,dit -on , a établir un système d'Urgence médicale pour toute la région lorsqu'elle périt la semaine dernière dans un accident de la circulation. Le chauffeur du véhicule qui a heurté le sien de plein fouet, aurait lui aussi péri dans l'accident. On s'était d'abord rendu aux cayes avec la Docteur a Amédée Gédéon ou, faute de pouvoir la prendre en charge, on dut décider, en dernier moment, de reprendre la route jusqu'à Port au prince. C'est la qu'elle est morte quelques heures plus tard en rendant le dernier souffle, a l'hôpital Bernard Mews de Port au prince.

De plus en plus, les accidents de la circulation sont devenus des faits au quotidien dans notre Pays. On ne sait même plus s'il faut blâmer le laxisme des autorités qui ne font aucun contrôle sur les camions empruntant la voie publique ; ou s'il faut, tout au contraire, décrier un système de sante tout a fait désuet qui ne répond pas aux normes les plus élémentaires de la médecine moderne.. Cette perte tragique met le doigt dans un autre abcès national qui a longuement attendu, trop longtemps muri, avant de finir par crever.

Depuis quelques années, le paradigme sante semble subir une certaine évolution dans le pays. Les véhicules sont de plus en plus nombreux a rentrer dans le pays et a se trouver sur la voie publique sans

être inspectés ; Les motocyclettes pullulent les rues des villes de province comme des champignons en terre printanière. A cela s'ajoute l'imprudence des conducteurs de vehicules qui en font a leur guise sans qu'ils soient l'objet d'aucune sanction. Et si des sanctions sont jamais prises, c'est souvent de manière partielle et partiale qu'elles sont appliquées. Force est de mentionner que les survivants de ces accidents, avec ou sans des pertes ou dommages physiques importants, ne reçoivent aucune compensation du service d'assurance véhicule contre tiers(OAVCT) dans les rares cas ou ces vehicules étaient légalement assurés ou en bonne et due forme sur la voie publique au moment de l'accident..

En ce qui se rapporte au système de sante Haïtien, on sait tous que la part du budget allouée a la sante a subi des réductions de plus en plus importantes au fil des ans , au point que de 2004 a 2017,la portion du budget attribuée a la sante en Haïti est passée de 16 % a 4% .Le vrai coup de grâce fut assené a la sante en Automne dernier lorsque 146 parlementaires s'étaient attribué une somme de sept milliard de gourdes pour l'exercice fiscale 2017-2018, alors qu'aux onze millions d'Haïtiens restants ,ils ne leur consacèrent que six milliards de gourdes dans le budget, soit 62 gourdes par habitant..

Beaucoup d'hôpitaux ont été construits dans le pays, mais ce ne sont que des tombeaux blanchis qui peuvent parfois faire plus de mal que de bien. Les intrants de base tels les solutés, les seringues, les aiguilles et, les raccords sont manquants, autant dire de l'oxygène qui fait toujours défaut dans les bombonnes a gaz.

Un grand quotidien de la capitale signala récemment que le nombre de lits assignés aux soins intensifs ne dépasse pas une dizaine pour tout le pays. Les doigts d'une main sont plus que suffisants pour compter les

centres pourvoyeurs de soins d'urgence et capables d'assurer une couverture efficace en cas de traumatismes ou autres types d'accidents. Le long de nos routes nationales, à défaut d'hôpitaux, des secouristes et réanimateurs bien entraînés pourraient faire toute une différence.

Malheureusement on est souvent trop frappé par la myopie du pouvoir pour comprendre que lorsqu'on y est, ce n'est pas pour se servir avec des frais et des allocations de toutes sortes ou pour se servir des autres mais pour servir tout simplement. Certains de mes collègues m'ont dit péremptoirement qu'ils prennent toujours une assurance pour une évacuation en catastrophe chaque fois qu'ils rentrent au pays.. A cela je leur répondis que tout dépendra de la ou l'accident leur arrive.

D'autres pensent qu'ils pourront abandonner les autres dans la barque et détacher un air- ambulance depuis Miami ou Santo Domingo pour se faire chercher en urgence. Là encore, il y a le mauvais temps, la mer, les mauvaises voies de pénétration qui peuvent être au tant d'impedimenta à leur tentative d'évacuation rapide vers l'extérieur.

J'espère même qu'un jour il y'aura des lois pour empêcher aux dirigeants, aux élus, aux directeurs généraux d'aller se faire soigner ailleurs pour des cas qui pourraient être traités localement. Les intérêts nationaux devant toujours avoir priorité sur les intérêts mesquins et partisans.

La mort de Michaele Amédée Gédéon est une grande perte pour le pays. Mais en plus d'être une perte, sa mort est aussi un gaspillage humain dans un pays qui a déjà expatrié bon nombre de ses fils et filles compétents dont il a tant besoin pour se relever. Tout comme l'hémorragie qui a emporté la Docteur Michaele dans sa tombe l'hémorragie du pays est interne .Elle finira par avoir gain de nous si nous ne l'arrêtons pas. On doit cesser d'être comme des vers qui rongent le fruit de l'intérieur ou des serpents mangeant leur queue. Nous devons être plus respectueux de nos lois et meilleurs protecteurs de nos fils et filles en créant à tous des soins égaux des opportunités égales..

Rony Jean-Mary, M.D.
Coral Springs, FL.
le 2 Septembre 2018

November 14, 2017

Dear AMHE members, family, and friends;

The AMHE has been working on an important project in Haiti to build a health clinic that will provide screening and care for people affected with sickle cell anemia. You may already know that sickle cell anemia is a health disorder that affects people's quality of life and which can result in death when left untreated.

According to a World Bank group data published in 2011, life expectancy at birth in Haiti is 62.06 years. However, studies found that life expectancy for people with sickle cell anemia is considerably lower: Between 40 to 50 years. Awareness and treatment of the condition can improve health so that sickle cell patients will experience better quality of life and live well into their eighties. Awareness and treatment of the disease can make a difference between life and death for a great many people.

We believe this project to be important - rather crucial - because two separate studies show that sickle cell anemia is a prevalent condition in both the north and the south of Haiti. In 2014, the President of the CEC, Dr. Maxime Coles, and the CEC Executive Director launched the first crowdfunding project for construction of the health care clinic to be located in Léogane: The southern part of Haiti.

We have made great strides since the inception of the project by:

- 1) Raising awareness of the need for this project.
- 2) Putting in place a working committee of physicians with expertise diagnosis and treatment of sickle cell anemia.
- 3) Receiving a patch of land as a donation from a family in Léogane to build the facility.
- 4) Ordering and approving a design proposal for the facility
- 5) Raising approximately \$19,000.00 to date.
- 6) Expecting a pledge of \$5000.00 towards the cost of the project.

However, much more money is needed. We would like to start Construction of the clinic in 2018. Wouldn't it be great to have the first clinic in Haiti with the name of AMHE on it?

Please help the AMHE leadership move this project from dream to reality by donating generously, and - dare we suggest - often. Your participation will greatly help AMHE change the lives of the underserved people of Haiti in many ways.

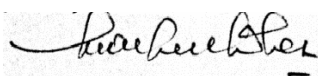
A few suggestions:

- 1) You can donate online at: <http://aohpa.wildapricot.org/page-1805851>; your generous tax-deductible donations, earmarked for the clinic, will be sent to the AMHE Foundation and a receipt mailed to you.
- 2) You can also send your contribution by check made payable to the AMHE Foundation and mailed to:
 AMHE, Incorporated
 1166 Eastern Parkway, 2nd Floor
 Brooklyn, NY 11213
- 3) Ask friends and family to donate by sending them the link above
- 4) Add a link to this project on your Facebook page
- 5) Send a twitter message to your contacts

For additional information, please contact:

Marie Michaël Débrosse-Bruno, BS, MBA-ISMA
 Doctor of Management
 Executive Director, AMHE
mdbruno@amhecec.org - (202)681-3506
www.amhe.org

Sincerely,



Maxime Coles M.D., F.I.C.S., F.R.C.S., F.A.A.N.O.S.
 Orthopedic Surgeon and Traumatologist
 AMHE Central Executive Committee Past President
 AMHE Board Of Trustees



Reynald Altéma, MD

Soif sentimentale

Gamin, je passais des semaines en été
Avec ma mère adoptive. Gâté,
Mais ennuyé, sans autres garçons
Pour jouer au foot, rigoler et autres façons
De détente. Avoir le cafard,
Un sort similaire au nocturne cauchemar.
Des activités corporelles dans le quotidien
Suivent un mode circadien,
Mais la soif affective du cœur et de l'esprit,
A fleur de peau ne tolère pas le mépris.
Comme une sève saturant nos pores goutte par
goutte,
Aigre-douce, tenace, étanche à aucune dérouté.

Parfois elle me demandait si je voyais le
facteur,
Une question dont je ne comprenais pas
l'ampleur.
Sa fille ainée vivait aux USA depuis des
années.
Sans ses nouvelles, prête à chicaner.
Plus tard j'ai savouré la valeur d'une missive
Qui épiça ma vie comme par une cive,
D'un parent en outre-mer, loin des yeux,
proche du cœur.
Une écriture vivifiant et réchauffant le cœur.
Un amour griffonné par une absence
Est repu par une passionnée correspondance.

Une vraie amitié en dépit d'une séparation de
longue date
Survit, s'abreuvant de messages, même
rédigés à la hâte.

La missive de nos jours est supplantée,
Mais la soif d'un « Je t'aime, » ou « En toute
amitié »
Demeure insatiable. Les moyens de
communication
Ont rapidement augmenté
Et nos vies sont agrémentées
Par le texto, mël, la vidéo,
De l'Alaska au Bornéo,
Cette soif humaine en pleine amplification,
Sempiternelle, universelle, qui ensorcelle.

Swaf santimantal

Ti moun, an ete kay manman adoptif
Mwen. Gate, men anuiye, paske wazif
San lòt ti gason pou jwe boul, badnen
Ou byen fè lago. Raz lajounen
Se tankou kochma nan nwit. Kò nou gen
Bezwen ki mache kou revèy. Men
Kè e lespri w anvayi de swaf pou afeksyon
Ki nan venn nou e ki pa sipòte desepsyon.
Youn sèw brak, tilandeng, kap soti gout pa
gout
Sou po n. Nou pa ka detounen l nan wout.

Pafwa li te mande m si m te wè faktè
Youn kesyon ke m pat ka wè klè.
Premye pitit fi l t ap viv Nou Yòk depi dat
San nouvèl li, li te akaryat.
M vin savoure valè yon lèt tou
Tankou piman ki bay manje fad gou
Lè yon paran lòt bò, lwen zye w, pre kè w
Ekri w. Sa kòdase e chofe kè w.
Penitans yon remen kap soufri de distans
Pran kalmi pa pasyon nan korespondans.
Amitye sensè, resiste separasyon
Si l nourri pa kominikasyon,
Ke l brid sou kou,
Kin alaganach, men veridik tou.
Ekri lèt pa fèt souvan ankò

THE 40TH ANNIVERSARY OF THE PARISH TWINNING ASSOCIATION OF AMERICA.

By Jean Andre Talleyrand MD



Last week, I attended a sensational weekend session sponsored by a group called "Parish twinning of America." That group was celebrating its 40th anniversary. A lady by the name of Theresa Patterson of Nashville TN founded this group for the purpose of helping the poor catholic Churches of the Caribbean and South America. Some pictures of the event can be seen. I was one of the key-note speakers and the celebrant at the closing mass

Would you believe it? There are now 250 US Parishes that have adopted 250 Parishes in Haiti and fifty others who have adopted Parishes in South America.

Through this program that have poured millions of dollars to Haiti, schools have been built, daily meals have been served to the children, programs have been developed to provide sanitized water to hundreds of villages and top-mountain habitations inaccessible by car. Electricity has frequently been brought to these deprived areas. Fairly well equipped Hospitals and clinics have been built. Help is provided for cattle-raising, cultivation of coffee, honey, corn and other local produce.

These people do not simply send money to Haiti but they go in person to visit their twinned parishes and fall in love with the Haitian people. Some manage to speak Creole and know by heart some Creole Church hymns. The Catholic faith of these people is refreshing. The last Saturday of the session, a simple call was made for a spontaneous collection. In fifteen minutes, \$20 000.00 were raised!

May God bless them! May we be uplifted by their example and follow in their footsteps!

J'ai été invité le weekend dernier à être l'un des principaux conférenciers et le célébrant à la messe de cloture d'une association appelée "The Twinning Parish of America" c'est à dire "Le jumelage de Paroisses des Etats-Unis." De quoi s'agit-il? C'est que 250 Paroisses Carholiques des Etats-Unis sont jumelées à 250 Paroisses d'Haiti. En raison de ce jumelage, des délégations de ces paroisses Américaines se rendent en Haiti pour évaluer les besoins de leurs jumeaux Haitiens.

Des relations s'établissent entre les membres de ces paroisses. C'est ainsi que des centaines d'écoles ont été construites dans des régions les plus reculées d'Haiti. Les salaires des professeurs sont assurés, un repas chaud est servi aux écoliers, des cliniques et des hopitaux relativement bien équipés ont été construits. Des canalisations d'eau ont été faites et l'eau est purifiée systématiquement

Des écoles pour adultes ont été constituées pour l'avancement des methods d'élevage des animaux, l'amélioration des récoltes de café et d'autres produits locaux. D'autres institutions catholiques américaines comme le "Food for the Poor" travaillent à leur coté pour construire entre autres choses des demeures plus décentes aux paysans.

Ce qu'il y a de plus frappant c'est le veritable amour de ces gens pour les pauvres d'Haiti. Il faudrait être la pour toucher du doigt l'authenticité de la foi catholique de ces gens qui manifestent un esprit chrétien malheureusement trop rare. Voyez les images attachées à ce rapport.

A la fin du grand repas du Samedi soir rassemblant 280 convives, une quête fut annoncée, Dans 15 minutes \$20 000.00 furent recueillis. L'exemple de cette association est absolument édifiant. L'on pouvait comme voir à l'oeil nu la foi profondément catholique de cette assemblée.



Great harm has been done by omitting and sweeping under the rug a dark and significant portion of our history. The massacre of haitians perpetrated by then president of dominican republic rafael leonidas trujillo in 1937 is and has remained an embarrassment for both nations. The dominicans for the immoral and shameful act of genocide and the haitians for rattling around while their citizens were being slaughtered, mutilated, burned and buried in mass graves next door.

As concerned citizens, we are obligated to pay respect to our compatriots who perished as a result of ethnic cleansing.

October 3,1937- october 3,2018, eighty-one years have elapsed, no monuments, no museum, till present not even a date of remembrance. As a result, sporadic cases of humiliation and aggression have been instigated by right wing dominican extremists.

While we are unable to physically separate the island in two or rearrange the past. We can learn from it by acknowledging the damage done without the ill emotion of anger or rancor, then take the necessary steps to prevent another catastrophe from occurring.

In any part of the world where mass murder has taken place, the affected nation always recognizes a date associated with the event out of respect.

The time has come to let the world know that haitian lives matter. The time has come to say never again.

October 3rd should forever remain in our calendar as a national memorial day on behalf of the victims and be commemorated with religious service on a yearly basis. We owe this not only to those families who are still mourning but also to this generation and those of the future.

Not knowing history may place us in the worst place we have never been.

Mario Saint-Laurent MD. Faap.





Reflections on the Class of 68 Jubilee Anniversary

Submitted by Yves J. Manigat MD

Fifty years of medical practice, by all norms, deserves a proper acknowledgement, a celebration or an analytic review of the trajectory of this special group of achievers; referring in this case to these colleagues all MDs of Haitian descent, who have sorted themselves out thru their outstanding professional performance during this last half of a century: a milestone to glorify, for the accumulated good that it has generated in the practice of Medicine, throughout our constituency, our communities and our nation.

Tonight, they are triumphant, full of joy and pride, animated with this special spirit of appurtenance emanating from all they share together.

We started out together in the early 60s as a contingent of 150 plus students, dabbling enthusiastically in the initiating sciences courses, within the premises of the State University of Haiti, where inevitably the politics of the time were as much a challenge as our academic curriculum.

We ended up in 1968 with a count of 51, having completed the required academic and practical agenda, and therefore to receive our Degree of Doctors in Medicine, which we are celebrating today again, some fifty years later.

After two years of additional training in Haiti, the majority of these new graduates had spread out over the North American Continent, all convinced that our mission was to reach the epitome of the Science of Medicine in our respective fields and to return home and serve our compatriots.

Our destinies, however, were written differently. With Haiti being in constant turmoil, the working conditions deteriorating more and more, the absence of a clear vision or political orientation preventing any consistent development, our initial goal was tempered, progressively transformed by a process of integration and Americanization. Our lives in this new world had taken a new turn. Our successes have engendered these new specialists, most of them Certified by their respective Boards

- 5 in Family Medicine- 4 in Internal Medicine - 1 in Pulmonology- 2 in General Surgery, with subspecialty interests - 1 in Anesthesiology- 7 in Pediatrics- 2 in Physical Therapy- 6 in Obstetrics and Gynecology, and others.

Many of them have elected to be recertified in order to keep up their standings among their peers. Several were recognized within their institutions among the Chiefs or Associate Chiefs of their speciality units.

Just as intriguing, the remainder of the class of 68 practising in Haiti, has as well dominated the scene, by maintaining strong leadership positions in our medical organizations and our teaching institutions. Some have left distinguishing marks, by following their philanthropic instincts.

Their basic mission has been fulfilled by artfully using their scientific knowledge for the benefit of their countrymen. Functioning always with dedication in a System too often deficient is inarguably commendable.

Thank you to the AMHE, the Association uniting the physicians of Haitian origin living aboard.

Thank you for endorsing always the right ethics to protect us against any deviation.

Thank you for stimulating excellence and for providing the cohesiveness to this special group for a dignified

representation in the wilderness of a competitive field.

We owe a special homage to our classmate, Dr Guy Deve Theodore who succeeded where so many have failed. He left an indelible imprint on his birthplace, by affecting so profoundly the lives of the people in that region of the country. Dr Guy Deve Theodore created a legacy in building and nurturing up to maturity, this Center of excellence for the practice of Medicine, bearing University Standards: L'hôpital de Bienfaisance de Pignon.

Our families were growing in the meantime while the years were passing by. The children started to display their own accomplishments. The grandchildren have gotten in the picture, one more promising than the next. Before we realized it, we were due to celebrate the 50th anniversary of our graduation.

What an achievement! And the honorees rightfully deserve this tribute. But the credit goes also to a long list of contributors, particularly our talented professors at the time at the State University of Haiti, represented today among us by Dr Emmanuel Francois and to whom we would like to express again our sincere gratitude.

We owe so much also to the people surrounding us, fulfilling their role at times silently and with no fanfare, as spouses, parents, siblings, friends, supporters, stimulators, counsellors, guides, believers. We thank you to-night for getting us there, for being behind this picture perfect of success. We love you all.

After 50 years of performance in this noble Profession, it is natural to acknowledge the great intellectual capacity of everyone in the group. One also has to recognize that these professionals are special for dedicating their lives to do good, for having the heart and the fortitude to address day after day the calamities of the human body and for reaching out for excellence every day.

It is only with this kind of Mindset that one can persist and last for so long. They are viewed mostly as successful for having done so well in a system which is so demanding and yet completely foreign to them at the onset.

We are indeed proud of ourselves and of each other.

Have we reached Excellence? Certainly not, but we must have come close to it, in our aspirations.

Our impact in our various communities has been amply reported thru the acknowledgement of our patients or the adulations of those who are observing our tracks. What can we wish to the Honorees of such a jubilee, other than to stay healthy and enjoy the accolades for your exemplary work, which makes your children and grandchildren so proud? Relish your retirement, but remember, as an ultimate reward, more may be requested of you.

You remain most importantly the ultimate aspiration, a compass for our younger generations, a lighting pole for your profession, an example of discipline and endurance and more importantly a symbol of love in your family. Thank you for listening and Let me invite you now to raise your glasses of Champagne to confirm the celebration.

Class of 68 FMH

- | | |
|---------------------------|-------------------------------|
| 1. Boitard Antoine MD | 13. Joel Henriquez-Poliard MD |
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Réflexions sur le Jubile anniversaire de la Classe de 68

Soumis par Yves J. Manigat MD

50 ans de pratique médicale mérite d'être reconnue selon toutes les normes, pour une célébration ou une revue analytique du trajectoire de ce groupe spécial d'individus ; se référant en cette occasion à ces collègues, tous des MDS d'origine haïtienne, qui se sont signalés grâce à leur performance exceptionnelle dans leur profession au cours de la moitié de ce dernier siècle: un jalon digne de glorification, pour le bien qu'il a généré à tous les niveaux dans le domaine de la Médecine, nos communautés et notre nation.

Ce soir, ils sont triomphants, plein de joie et de fierté, armés de cet esprit spécial d'appartenance émanant de tout ce qu'ils ont partagé ensemble au cours des années.

Nous avons commencé ensemble, au début des années 60 avec un contingent de plus de 150 étudiants, enthousiastes au cours de notre initiation aux Sciences de base, dans les locaux de l'Université d'État Haïti, où inévitablement la politique de l'époque s'était affirmée comme un défi au même titre que notre programme académique.

En 1968 nous n'étions que 51, à compléter les études académiques et pratiques requises, et à recevoir notre diplôme de Docteurs en Médecine, que nous célébrons, aujourd'hui encore 50 ans plus tard.

Après deux ans de formation supplémentaire en Haïti, la majorité de ces nouveaux diplômés se sont retrouvés sur le continent nord-américain, tous convaincus que notre mission était d'arriver au sommet de la Science Médicale dans nos champs respectifs et ensuite de retourner à notre terre natale pour servir nos compatriotes.

Nos destins cependant ont été formulés différemment. Le monde autour de nous changeait : Haïti est devenue instable, les conditions de travail se détérioraient davantage, et l'absence d'une vision définie ou d'une orientation politique déterminée, empêchaient tout développement substantiel du pays. Notre objectif initial devait être remanié et il s'est progressivement transformé par un processus d'intégration et d'américanisation. Nos plans de vie ont été remués. Notre succès a engendré ces nouveaux spécialistes, la plupart d'entre eux Certifiés.

- 5 en Médecine familiale- 4 en Médecine interne- 1 en Médecine Pulmonaire- 2 en chirurgie générale, avec des intérêts de sous-spécialité - 1 en anesthésiologie- 1 en ORL -7 en Pédiatrie- 2 en physiothérapie- 6 en Obstétrique et gynécologie, 4 en Psychiatrie, et d'autres.

Nombreux d'entre eux ont choisi de renouveler leurs certifications afin de maintenir leur classement parmi leurs paires. Plusieurs ont été reconnues dans leur institutions parmi les chefs ou chefs associés de leur sections spécialisées.

Ce qui était tout aussi intrigant, le reste de la Classe de 68 pratiquants en Haïti, a aussi bien dominé la scène, en maintenant des positions de leadership solides dans nos organisations médicales et nos institutions. Certains ont laissé des marques de distinction, en suivant leur instinct philanthropique.

Leur mission de base a été remplie en utilisant astucieusement leur connaissance scientifique pour le bénéfice de leurs compatriotes. Fonctionner toujours avec dévouement dans un système trop souvent déficient est indubitablement louable.

Merci à The AMHE, l'Association unissant les médecins d'origine Haïtienne, vivant à l'étranger.

Merci d'avoir endossée toujours la bonne éthique pour nous protéger contre toute déviation.

Merci pour avoir toujours exhorté vos membres à l'excellence et pour avoir fourni une cohésion à ce groupe spécial pour une représentation digne dans le désert d'un champ compétitif.

Nous devons un hommage spécial à notre collègue le docteur Guy Deve Theodore qui a réussi là où tant d'autres ont échoué. Il a créé un héritage par la construction de ce Centre d'Excellence pour la pratique de la Médecine, portant les normes universitaires : l'hôpital de Bienfaisance de Pignon

Nos familles grandissaient pendant ce temps tandis les années s'accumulaient. Nos enfants se sont déjà affirmés en étalant leurs propres accomplissements. Les grands enfants ont aussi commencé dans la même voie, les uns plus prometteurs que les autres.

Avant même que nous l'ayons réalisé, la date du 50^e Anniversaire de notre diplôme s'imposait à nous pour une célébration.

Quelle Réalisation ! et les Lauréats méritent à juste titre cet Hommage. Mais le crédit va aussi à une longue liste de contributeurs, et particulièrement nos professeurs à l'Université d'état d'Haïti, représentés aujourd'hui parmi nous par le Dr Emmanuel François et à qui nous voulons à nouveau exprimer notre sincère gratitude.

Nous devons autant à ceux qui nous entourent, remplissant leur rôle parfois silencieusement et sans fanfare, comme conjoints, parents, frères et sœurs, amis, stimulateurs, conseillers, guides, et croyants. Nous vous remercions ce soir pour nous avoir aidé à créer cette image parfaite de succès. Nous vous aimons tous.

Après 50 ans de performance dans cette noble profession, il est tout naturel de reconnaître la grande capacité intellectuelle de tout un chacun dans le groupe. On doit reconnaître aussi que ces professionnels sont **remarquables** pour avoir dédié leur vie à faire du bien, pour avoir le cœur et le courage de confronter jour après jour les calamités du corps humain et pour viser toujours vers l'excellence.

C'est seulement avec ce genre de mentalité que l'on peut persister et durer si longtemps. Ils sont considérés principalement comme **réussis** pour avoir exceller dans un système qui est si exigeant et pourtant complètement étranger à eux au tout début.

Nous sommes en effet fiers de nous-mêmes et l'un de l'autre.

Avons-nous atteint l'Excellence ? Certainement pas, mais si c'est le cas, on doit être assez proche.

Notre impact dans nos communautés a été reconnu à travers les manifestations variées de nos patients, ou à travers les adulations de ceux qui nous observent. Que pouvons-nous souhaiter aux Lauréats d'un tel Jubilé, autre que de rester en sante et d'apprécier les accolades pour votre vie exemplaire, ce qui fait la fierté de vos enfants et grands enfants.

Savourez votre retraite, mais rappelez-vous, comme une récompense ultime, on peut encore demander plus de Vous.

Vous demeurez surtout l'aspiration ultime, une boussole pour nos jeunes générations, un pôle d'éclairage pour votre profession, un exemple de discipline et d'endurance et, plus important encore, un symbole d'amour dans votre famille.

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Corner of Traveller: La Rubrique de Odler Jeanlouie MD

“Russia is a riddle wrapped in a mystery inside an enigma; but perhaps there is a key.”

Winston Churchill.

Russia is not a snowy warping backward Antarctic Viking or Ottoman landscape. It is a huge subcontinent occupying 1/8 of all the land on the planet, inhabited by many ethnic groups. It spans two different continents. It offers a diversity of cultures on a scale unmatched anywhere else in Europe...

Aeroflot, Flight # SU7Q, left Saint Petersburg LED at 09:20 AM. It landed in Moscow SVO at 10:35 AM. Four hours later Aeroflot, flight # SU102Q, took off from Moscow SVO, it landed at NYC JFK at 05:20 PM local time. I arrived home three hours later 08:30 PM (03:30 AM, Moscow time). Door to door, from the Marriott in Saint Petersburg, to my home in Warrenville, the return trip lasted 18 hours and 10 minutes.

But it takes more than a day to psychologically return from the double whammy of a FIFA World Cup, at the edge of the Universe, in the Legendary Russian Federation, a nation of many nations. It lasts an eternity to wake up from the dream, from the incubus. That was one of the most glorious trips anyone could enjoy, a most exhilarating adventure any traveler could live.

Russia is absolutely fascinating. It is nothing of what you think it is. Driving in the streets of Moscow is akin to reading several volumes of historical encyclopedia spanning 1,100 years. Old and new buildings, parks and monuments parade in a kaleidoscope of tones and colors, tern or lively. It is the Northernmost and the coldest capital on the world map.

Saint Petersburg, 700 miles away, is a few years older than 300, thereby relatively young. It has the attitude to match. The people act friendlier; they are more cosmopolitan. They dress with more vibrant colors. And they do smile. In and by itself, the city on the Baltic, the European jewel of Peter the Great, is a museum and a marvel of urban planning.

The first Russian World Cup was a miracle of meticulous organization and friendly reception. The football level was quite high in quality. The competition was spellbinding. Even the grand final was inedite, it opposed a favorite to a Cinderella. Until the last minute of the last match, no one could have had a secure prediction of who will win it

One of the tournament highlights has been the deep run of the Russian national team, into the quarter finals. Rated 78th by FIFA, it was the lowest classified team, except for Saudi Arabia. They demonstrated an admirable and inspiring alloy of courage, abnegation and steely will. They were outed by Croatia, a side with similar qualities, but with several tested stars to match.

Travel-O-Ganza's Russia 2018 World Cup Adventure was a true winner, on all facets. More than usual, the plateau of Education and Culture, Entertainment and Fun, graciously served, did not leave room for much of an alternative. The children, who accompanied their parents, will have acquired a taste for travel and exploration. The program was fast-paced, exhilarating, and masochistically insomniac. The staffers brought back 8,000+ pictures and video clips for the museum of posterity.

The most gratifying feature of being in Russia for the World Cup is the fact that none of the catastrophic scenarios materialized. We were not kidnapped by the FSB (formerly the KGB). We did not get frozen to death by a -42°F temperature. We were not caught in a skirmish war with Ukraine. We were not victim of a Syrian terrorist attack. We were not arrested for spying for the CIA. The US embassy did not close while we were there. The British did not win the World Cup... It is such a pity that too many wasted this unique lifetime opportunity over these concerns.

Instead, we all felt at home. Our stay was too short. We should have been able to spend a few more weeks or months, and party with the new friends we made along the way. We could have fallen in love all over again. Or we could have decided to settle down on the Baltic banks, learn Russian, have free health insurance and free education... But the reverie was short-lived and would not survive the challenge of reality.

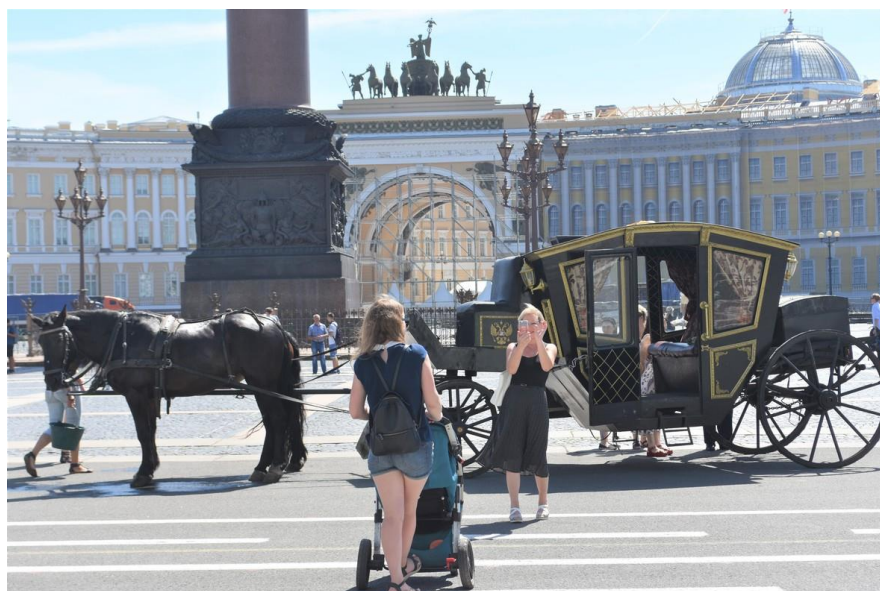
.....

I am back from one more trip abroad. My conviction was reinforced that there is only one human race, with one single set of dramas and dreams. In the novel post-Soviet Russia, the dream of every citizen remains similar and generic: a safer world and a better tomorrow for their progeny. In their heart, the people of Russia are not any different from the people of America.

I am a citizen of the world. If a blue-watered Caribbean island is my homeland, the world is my patria, and Warrenville is my home... Yes, I have returned home to the rat race. It is so good to be back home.

Until the next adventure, that was The Traveller

Odler Robert Jeanlouie
(The Traveller, Tuesday, July 17, 2018)



The artist curse

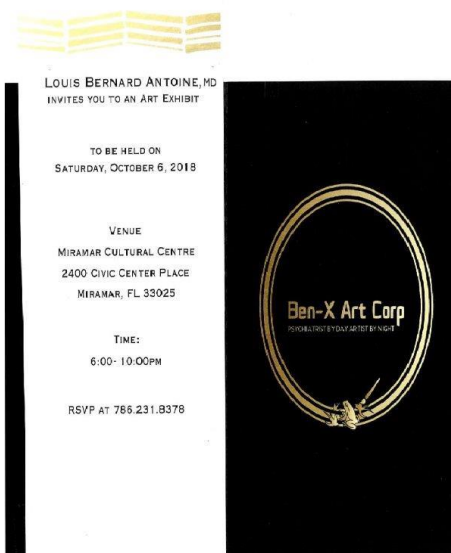
By Louis B Antoine, MD (Ben-X)



The complexity of human nature is not a concept that is easy to describe. No matter the path that one chooses in life, it is a challenge to peel away the layers of the wonderful world that surrounds us.

Looking back at my own personal history it is quite a toil to identify every thread, every shade or nuance that goes into the multicolored cloak that makes me who I am.

My quest for answer seems stuck on me from my very first breath. So many times, I have heard from my late mother the story about my complicated childbirth. I could hear her voice filled with love repeating in amazement “Ben! Ou pat supoze la” (Ben, you were not supposed to be here”). And the story about the long trek of the midwife coming down the country roads of my small town Roche-a-Bateau to my rescue would be repeated over and over. But here I am!



For all of those who do not have the words to describe what they see, I wish to use the coded language of the poet to speak

For all of those who take pleasure in basking in the colors and shades that surround them, I will use the strokes of my brush to recreate the beauty of the world.

While some of us are just content to look around and contemplate, the artist has an irresistible itch. He feels that he has to make a valiant attempt to recreate what the Maker has so perfectly created. Is it that every artist has a God's complex?

Is it a sequela of the original sin when Man stood in defiance of the edict of an all-powerful God?

Michael Angelo, Vermeer, Leonardo Da Vinci, or Salvador Dali could never be contained. Who does not marvel at the splendor of the sun descending on the cobalt Caribbean seas? Who has not jumped in excitement at the sight of flocks of Egyptian geese flying in perfect formation? Yes! It is a challenge for every artist to catch and recreate scenes where sounds and colors seem to merge in an orgiastic kaleidoscope that never seems to end.

With each stroke, the artist realigns, resets, and creates windows of the nature in all its splendor and magnificence, catching every twist and gyration. With each stroke, the artist hopes to move an inch closer to his true aspiration and his ultimate goal that is to re-create the world at his own image.

That is indeed the artist's curse!

Dear Henriot,

It is with great sadness that we learned of the passing of your dear brother. It is at times like these that we understand the value of true family and friends. We wish to remind you that your AMHE family is standing by and is grieving with you.

We are hopeful that time will work to ease the pain that this loss will have caused and that you will soon regain your strength and serenity.

On behalf of the AMHE family, accept our most sincere condolences.

Sincerely,

Roosevelt Clérismé, MD
CEC President

To Fritz Allen MD

Dear Fito

It was nice seeing you at the resort in Baru, Columbia during the annual Convention and although we discussed briefly your brother Dolphi's health with his fight for survival, we were not sure that he would leave us so soon. Today, I heard the sad news from our Executive Director at the AMHE. My first reflex was to try to reach you by phone, but I knew that would have been difficult. I chose to write some words to tell you about our feelings.

Your brother was a fighter and he has lost his last battle because simply his mission on earth was over. His Creator called him to be by his side. I know the closed relationship you shared with him and Georges. You lost more than a brother and there are no words of compassion to ease your sorrow. His loss affects us all at the AMHE.

Marc Chegall wrote in a poem: " Si toute vie va inévitablement vers sa fin, nous devons durant la notre, la colorier avec les couleurs d'amour et d'espoir ». I know well you follow these principles. We want to offer our friendship and our affection. Time will ease your pain.

May we take the moment to express not only in the name of the AMHE but also personally, my sincere condolences to the Allen and Michel families and to the friends affected by this loss. May Dolphi rest in peace. God will receive him with open arms.

Sincerely,

Maxime Coles MD
AMHE

Mort de Michaele Amedee Gedeon MD

Notre consœur bien-aimée, Dr. Michaele Amedee Gedeon, a péri dans un accident tragique de la circulation alors qu'elle revenait d'une visite a Pastelle, Grande Anse dans le Sud du pays. Nous l'avons bien connu a la Faculté de Médecine et de Pharmacie, nous nous sommes souvent côtoyés à cause de ses fonctions de Ministre de la Sante et plus tard de Directeur a la Croix Rouge Haïtienne. Elle s'est dévouée pour un pays qui lui a donné une formation médicale et elle a œuvré à améliorer nos soins médicaux.

Ce système n'a pas su la supporter dans les besoins et elle a perdu la vie dans des circonstances que nous ne pouvons pas être fiers d'exposer. Des centaines, comme elle, perdent la vie chaque semaine dans pareils accidents de la circulation soit en voitures soit en motocyclettes. Les hôpitaux ne sont pas préparés à prendre soin de 12 millions d'Haïtiens et les centres hospitaliers utilisent encore les moyens précaires du bord pour subvenir aux ressuscitations quotidiennes.

Dr Michaele Amedee Gedeon, n'aurait pas dû perdre la vie dans un système pour lequel elle a dédié son existence dans le but de l'améliorer.

Puisse sa mort, susciter un regain d'intérêt public dans la situation précaire de nos hôpitaux. Nous avons prôné pendant si longtemps pour la formation de centres de Trauma équipes adéquatement, pour être capable de prendre soins de nos accidentés, victimes riches ou pauvres.

Que la perte de notre chère Michaele Amedee Gedeon soit un tremplin pour stimuler plus d'intérêts dans les soins d'une population qui souffre à tous les niveaux.

La AMHE tient à présenter ses condoléances à son mari, notre confrère Eddy et a ses deux enfants surtout Leon qui sert de Trésorier au Chapitre de la AMHE en Floride, aux familles Amedee et Gedeon et a tous parents et amis affectés par cette perte.

Elle nous a laissé, mais elle vivra dans le cœur de tous ceux qui l'ont connu. Elle a donné sa vie pour un pays qu'elle a bien servi. Elle a pioché pour mettre sur pied un système qui ne lui a pas rendu justice. Que la terre te soit légère Michaele Amedee Gedeon MD. Ce n'est qu'un Aurovoir.

Maxime Coles MD
AMHE



Published on the AMHE Facebook page last week

Articles parus sur la page Facebook de l'AMHE durant la dernière semaine

Things You Should (and Shouldn't) Do After Sex - Dr Lamarre nommé directeur du département de santé mentale, Haïti - FL Chapter General Assembly - Multiple sclerosis is a chronic and potentially debilitating condition that impacts the central nervous system. - Why are physicians leaving practices
And more...

45e convention annuelle de l'AMHE

**AMHE 2018 Convention
 at Baru Columbia**

**Fotos Courtoisie de Marc Gaston and
 Lesly Acasia from the NJ Chapter**

**Baru AMHE Convention 2018
 (Courtoisie de Maxime Coles)**

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

Upcoming Events



**Let's Improve
 Healthcare in Haiti**



**By Supporting
 Justinien Hospital
 Sunday October 28, 2018
 From 5:00 to 11:00 PM
 Congregation B'nai Israel**

91 N. Bayview Avenue
 Freeport, NY 11520
 Attire: Business Casual
Minimum Donation

\$100 per person

For Information

848-459-8389

347-523-0105

Visit: www.amhe.org