Chers lecteurs et lectrices de l’infolettre de la AMHE,

Notre équipe a l’infolettre de la AMHE est heureuse de vous souhaiter une joyeuse saison de fêtes de fin d’année. Nous avons essayé, tout au long de l’année, de vous divertir en vous présentant les nouvelles de notre association. Nous vous souhaitons une nouvelle année pleine de promesses et de succès.

Nous vous invitons à prendre une part plus active à cette aventure que, représente ce bimensuel que nous avons essayé de mettre sur pied pour divulguer nos articles de substances. Nous vous exhortons à ne pas rester indifférents à notre effort et de participer avec nous, en soumettant des articles de qualité pour le bénéfice de nos lecteurs. Nous recherchons tout sur l’actualité médicale et scientifique, des poèmes, des proverbes, des publications intéressantes relatan sur la vie de nos membres, des histoires intéressantes relatan sur des tragédies de chez nous, des sujets de recherche etc. afin d’élargir nos connaissances.

Nous voici face à de dures années qui ont accablé notre pays natal de tant de catastrophes et qui a vu notre maigre participation a plusieurs fléaux qui l’ont ravagé. La misère qui y règne, le déclin des soins médicaux, l’ignorance, l’eau potable, les maladies, la faillite de nos institutions, le manque d’électricité sont la responsabilité de nous tous. Alors que sera la vision de cette association dont nous faisons partie en 2019 ? J’espère que nous saurons compiler nos efforts et trouver une solution a beaucoup de ces problèmes qui jalonnent notre chemin ici et ailleurs.

Que 2019 soit une année de réveil de conscience et que d’un sang neuf jaillisse la lumière. Puis-je encore souhaiter tous mes vœux de bonheur et de prospérité à ceux qui vous sont proches et puissent toutes les lectrices et tous les lecteurs se joindre à nous pour ouvrir de nouveaux horizons et célébrer a haut le cœur, ces fêtes de fin d’année.

Longue vie à notre Association. Souhaitons à tout un chacun les meilleurs vœux de Bonheur et de Prospérité pour les festivités de fin d’année. Je sais que transmettre des vœux de fêtes est sans doute une tradition qui perdure mais j’aimerais qu’il soit encore plus facile de souhaiter a chacun vivant sur cette terre qui nous a vu naître et partout dans ce monde ou la misère sévit, une bonne et heureuse année en lui présentant un repas chaud.

Longue vie à la AMHE.

Maxime Coles M D
Editor-en-chef
SAPHO Syndrome (Acquired Hyperostosis Syndrome, Pustulosis, Hyperostosis and Osteomyelitis, Synovitis acne pustulosis hyperostosis osteitis) is described as any combination of Synovitis (inflammation of the joints), with acne, Pustulosis (thick yellow blisters containing pus) often in the palms and soles, Hyperostosis (increase in bone substance) and Osteitis (inflammation of the bone). The cause of Sapho syndrome is unknown, but not fully understood and the treatment is focused on managing symptoms.

This is a variety of inflammatory bone disorder associated with skin changes coupled to various clinical, radiologic and pathologic conditions. In 1972, orthopedists considered this entity as a Chronic Recurrent Multifocal Osteomyelitis. Later in 1978 it was noted a closed association with blisters in the palms and soles named palmoplantar pustulosis, existed. Since, numerous skin conditions with osteoarticular disorders were reported bringing a variation in the name of the pathology as sternoclavicular Hyperostosis, pustulotic arthro-osteitis and acne associated spondyloarthropathy. The term SAPHO Syndrome (Synovitis, Acne, pustulosis, Hyperostosis osteitis) was coined in 1987 by Chamot to describe this spectrum of inflammatory bone disorder, often but not always associated with dermatologic lesions. Symptoms will vary from person to person. People diagnosed with the disease may have different symptoms based on the human phenotype ontology (HPO). The information collected is updated regularly with bone pain, arthralgia, chest pain, cranio-fascial osteosclerosis, Enthesitis (SC Joints).

60-90% of patients suffering from this condition will present with anterior chest wall hyperostosis, sclerosis or bone hypertrophy involving especially the sternoclavicular joint. We all know well the predilection of the SC joint to tuberculosis and syphilis in our country of Haiti. The spine is commonly affected in 32-50% of cases in which most of the lesions are in the thoracic spine demonstrating spondylodiscitis, osteosclerosis, paravertebral ossifications and sacroiliac joint involvement. 30% of patients will have long bone involvement at the metaphyseal-diaphyseal junctions, around the knee joint: distal femur and proximal tibia.

These lesions tend to mimic osteomyelitis.
without the acute or chronic signs of abscess formation, involucrum and further sequestrum formation. 10% of the patients suffering of the condition will also have flat bone involvement like the ilium or the mandibula. If the disease is seen in children, the metaphysis of the long bone is generally involved in the process, followed by the spine and the clavicle. The aseptic skeletal inflammatory manifestation often mimic osteomyelitis, lymphomas, Ewing sarcoma and even can give the appearance of metastasis to bone. SAPHO Syndrome occurs also in other spondyloarthopathies like psoriatic arthritis, idiopathic ankylosing spondyloarthopathy, spondylopathy associated with inflammatory bowel syndrome. Psoriatic arthritis with axial skeletal involvement and pustular arthritis can be like SAPHO but radiologic signs of osteitis with hyperostosis are not seen in psoriatic arthritis. Generally psoriatic arthritis is asymmetric and remain associated with only sacroiliitis and sparing of the facet joints while in ankylosing spondylitis the sacroiliac joints are typically involved until ankylosis is fully established. Reactive spondyloarthritis is believed to be a component of a systemic autoimmune response following an infection of the conjunctivae, or the bowels or the urethral-genital system, two to four weeks prior but involving larger joints asymmetrically. Enteropathic spondyloarthritis is generally associated to two major chronic inflammatory diseases: Ulcerative Colitis and Crohn disease which also have radiologic spondylitis sacroiliac joint involvement like Ankylosing Arthritis. We have already discussed that the most common site of skeletal involvement in SAPHO Syndrome is the anterior chest followed by the spine with osteosclerosis and hyperostosis. It becomes logical to use imaging studies to differentiate them. Technetium 99m bone scanning demonstrates an increase tracer uptake for the active and chronic lesions. Pet scanning maybe used to differentiate acute from chronic healed inflammatory lesions mandating a biopsy to rule out any possible metastatic lesions. MRI imaging will demonstrate bone marrow edema in any active lesion. Recently a curvilinear or semicircular pattern was described in the vertebral body segments helping in differentiating SAPHO Syndrome from Metastatic disease of the spine. Another finding is an anterior vertebral corner erosion suggesting of enthesis. 30% of patients with the syndrome can rule out osteomyelitis or discitis. SAPHO Syndrome cannot be diagnosed histopathologically. Biopsy can only rule out the possibility of infection. As we have already stated, the pathogenesis is not completely understood but appears to have genetic, immunologic and infectious components. Some studies have demonstrated a relation to Ankylosing Spondylitis with the Human Lymphocyte Antigen (HLA-B27). Infectious origins have been postulated because of isolation of Propionibacterium acnes in some skin lesions. There is no specific treatment to this SAPHO syndrome. It can be chronic or heal suddenly. Joint pain may be managed with anti-inflammatory drugs (NSAIDS) and Bisphosphonates as a first line of treatment, but Vitamin A, Serotonin has been suggested for the treatment of acne as well as Corticosteroids (Psoralen) and Ultraviolet therapy with retinoids. Physical therapy has been used as an adjunct to musculoskeletal symptoms but there are questionable evidences that such treatment is beneficial. Surgical treatment of deformity to relieve pain and discomfort may have also a role in progressively destructive spondylitis requiring stabilization. We have seen patients undergoing serologic testing with subsequent antibiotic therapy. Many may have had prior biopsies before a diagnosis is made. The skin manifestations like Acne Fulminans, Pustular Psoriasis, Palmoplantar Pustulosis usually occur simultaneously with the bone lesions. Typically, a patient will have 2 or 3 months of progressive medi-thoracic pain exacerbated by exercises but no history of fever, no swollen joints, often no other signs of infection. Laboratories tests will reveal a normal white blood cell count as well as a normal C-reactive protein level. CT Scan or MRI of the thoracic spine may show sclerosis or edema. Lymphoma can be suspected but Bone biopsies of the thoracic spine remained in the normal limit ruling out that diagnosis. Core biopsy do show chronic inflammatory process at the thoracic vertebrae level. Bacterial cultures are often
inconclusive or negative for fungi or bacteriae. Serologic test are also generally negative for Human Leucocyte Antigen (HLA) B27. Neoplasm and Infection can be, at once eliminated. One may conclude that the SAPHO syndrome is a diagnosis of exclusion. Often when MRI studies are often repeated, demonstrating no changes to the previous lesions reported or no resolution to the inflammatory process year after. I tried to present the evidences that diagnosing the SAPHO Syndrome can be challenging and tricky when dealing with clinical, radiologic and serologic studies but at least one of the osteoarticular manifestations added to dermatologic lesions like Acne or Palmoplantar pustules with or without chronic recurrent osteomyelitis or any other dermatosis are enough to assure the diagnosis. In conclusion, SAPHO Syndrome is indeed, a diagnosis of exclusion even if cutaneous manifestations are not present. It is important to differentiate it from other conditions.

Unfortunately, treatment remains ill-defined but Bisphosphonates and NSAIDs have been suggested as the first-choice drugs in the treatment of this condition, controlling symptoms. Other have tried Tumor Necrosis Factor alpha antagonist (TNF inhibitors), Topical Corticosteroids, Colchicine, Ciclosporin, Sulfonamide, Calcitonin, Methotrexate, Leflunomide, Infliximab, Etanercept and have shown some effects in reducing symptoms. Finally, Antibiotics to treat Propionibacterium infection have also been used in the treatment of the SAPHO syndrome, once biopsies or cultures have proven this pathogen to be responsible of the infection. Always keep in mind that a Differential diagnosis between Osteomyelitis or Arthritis, Langerhans cell histiocytosis and/or Bone Tumors such as Ewing sarcoma, Osteoblastoma and Osteoid Osteoma need always to alert the clinician.

Maxime Coles MD

References:

Fellow Members of the Medical Community, Health care providers, Business community, Distinguished officials and elected representatives, Executive members of the AMHE and Members Of The Local Chapter, Chairman of the Board
Dear Participants to the Annual Gala 12-15-2018,

As the association approaches the New Year, and completes another milestone in its Endeavour for a healthier society and a more humanistic concept of medical practice, It is rejoicing to pause for a short while and to reflect both on the miles just travelled and on the road yet ahead. Once again we are proud to welcome you to our 31st Annual Gala Fund Raising. Year after year, as in a "pilgrimage expedition "to some holy land, joined together, in a spirit of solidarity, and full of gratitude for the opportunity to serve, we come to you tonight, well aware of our mission which is to save life and to bring appeasement to the suffering of mankind.

We keep in mind, as we approach the altar of compassion and altruism that the greatest task ever entrusted to mankind resides in the solidarity that we express toward each other and in the difference we make in the lives of whom ever we come across. What a wonderful privilege it is to care, to heal and to treat, to save and to maintain life!! While we continue to enjoy the reward of such a great privilege, we keep in mind that to whom much is given, much is also expected.

We are humbled by the accomplishments of technology that has put so much at our disposal in order to improve life condition on earth ;but we remain convinced that all this science would be meaningless without the human touch, the respect for others , and the dignified treatment that no machine can bring to the ailing patient waiting for reassurance from his treating physician,…and to the parents waiting at the exit door, for the good news at the end of a surgical procedure.

We no longer worry if someday, a robot comes knock at your door, performs surgery on you and disappears in the middle of the night, to only leave you with medications by your bedside to take upon awakening. Blood work will become obsolete may be, and very soon perhaps, a simple machine will tell you what you have, will read your heart rhythm, your brain waves and will tell you exactly what your body chemistry is. … The doors of most hospitals will be closed or reduced to a bare minimum. But yet your heart would still remain cold, because no one would replace the compassion ,the caring and the empathy that a human presence can fill a room with, when approaching a patient, to listen to his concern and to help him go thru the turbulent waves his life may be facing.
Thanks to you all, we withstood the rising tides and navigated safely thru the turbulences of our existence. We thank you for making us the official voice of the Haitian community when it comes to health matters. **We ask you to continue to stand by us so we can remain the voice that conveys clear and loud, the needs of our brothers and sisters.**

You should feel proud to know that every Sunday, two other colleagues and myself, thanks to your generous contribution, we continue unabated, the task of educating our community in terms of health matters and other pertinent social issues.

Your money helps attend several health fair programs in the community, gives people from all walks of life, a chance for screening and for diseases better detection and prevention outcomes.

Your money facilitates medical missions and travels far places to various projects that otherwise could have been neglected. Our commitment to the cause is unwavering.

We’re asking you …*“Please stand by the association! Stand by us! We count on your support!”*

Special thanks to our Keynote Speaker, **Dr. Henri Ford** and to his family who accepted to be with us to night. We appreciate your time here.

As it is so well said in the scriptures, **for us to reap with songs of joy and happiness today, you had to sow with pain and suffering.**

May this moment of recognition and celebration be seen as the fruit of your labor, may these few words serve as an inspiration to all of you, and may you ask yourselves again : *what will become of medicine in the years ahead?*

**God Bless America the land that has showered us with all sorts of blessings and has allowed us to enjoy peacefully the fruit of our labor.**

**May Haiti our motherland, the land of our forefathers, cradle of human rights in the new Continent become someday the oasis of peace where all its children can work together toward a more dignified and a brighter future…**

**Happy Holiday Season to All of You!!!**

Long life to AMHE!!!!

Rony Jean-Mary, M.D.
AMHE- Florida Chapter-President.

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**Henry R Ford MD, MHA recently became Dean and Chief Academic Officer at the University of Miami, Miller School of Medicine.**

At age 13, he flew Haiti to escape the political turmoil under which he grew up with the dictatorship of Francois Duvalier. He settled with his family in Brooklyn NY. He earned his Medical Degree at Harvard University and dreamed of returning to the country he left at a teenager. He wanted so much to help his compatriots.

He became Chief of Surgery at Children Hospital in Los Angeles, CA and Vice Dean of Medical Education, Vice-Chair for Clinical Affairs in the Department of Surgery at the University of Southern California, Keck School of Medicine.
Dr Henry R Ford found the opportunity to return to his native land when a 7.0 earthquake brought devastation, in January 2010. He was motivated to make an impact. He and two of his brothers met in "Ground Zero" to make a difference after knowing that almost 300,000 of Haitians lost their life.

The love for his country naturally sensitized him and force him to participate in more medical missions with different organizations.

In 2015, he was called to perform a delicate operation never performed in Haiti, to separate two Siamese sisters. He did not hesitate to accept the challenge but went back with a team of specialists to win another battle... To date the separated Siamese kids, enjoy a healthy life in all impunity because of his care.

We, at the AMHE, were lucky enough to have known him years ago, as a member in our association. He participated in many of our Annual conventions and Gala although he was also invited twice as a Keynote speaker reporting to the assistance on what represented for him, the successful operation to separate the twins.

Thank you, Dr Henry R Ford. It is always a pleasure to chat with you.

Maxime Coles MD
Orphan’s Christmas

Dreaded, gray day
Not enticing to joyful play.
No toys to be had,
Forlorn mien, all sad,
Shunned once more by Santa,
Who always stops at other boys who have a Pa,
Making for a sorry but not merry occasion.
Gifted with wounded soul as his sole possession,
Having lost even his tears, choked off
Like a dry riverbed. A heart nary any huff,
But swollen, with pent-up dreams,
Wishes, questioning his lot and bad luck’s reams.
Dad’s hug, mom’s embrace,
Can bring so much needed solace.
Their absence leaves a hollow emptiness.
Day of celebration among the thankful
Who ought to be mindful
Of the doleful status of the thankless.

La Noël de l’orphelin.

Dépité en ce jour sombre,
Suivi par la mélancolie, comme une ombre,
Pas de jouets, pas de joie,
La mine triste, pris aux abois,
Ignoré une fois de plus par père Noël,
Visiteur des gosses-à-papa, ô quel sort cruel !
Tournant l’allégresse en chagrin, pour
l’occasion,
L’âme meurtrie comme legs, sans cadeaux, sans illusion.
Ayant perdu les larmes, taries
Comme une rivière sèche. Le cœur point marri,
Mais gros, avec des rêves refoulés,
Des désirs, des questions sur son sort chamboulé.
Les câlins de papa et maman soulagent
Leur absence laisse un malsain sillage.
Ce jour de célébration parmi les heureux
Demande une réflexion sur le cas des malheureux.

Nowèl pou san paran.

Kagou, jou somb sa,
Tristès a p suiv li kou marasa,
San kado, san kè kontan
Figi fennen, kò dekrenmen kou batanklan,
Ak gwo kout ba de Tonton Nwèl
Ki toujou pase kay ti moun ki gen papa, pouki o letènèl!
Sa chanje banbile an mare vant,
Nanm blese kòm kwaf, youn odè ak move sant.
Dlo nan je vinn koupe
Kou rivyè sèch ki pa ka koule.
Kè pa move men li a p soufri,
L a p reve, mande pouki lavi pa janm souri?
Papa ak manman ki anbrase w, jan sa bèl!
Lè w pa jwen sa, ou anvi fè rèl.
Jou sa a ki selebre pa sa k gen chans
Mande pou n reflechi sou ka sa k gen malchans.
New Orléans, LA  
December 21, 2018  
Dear Members, Volunteers,  

And Friends of AHDH and Haiti:

As you gather with family and friends to celebrate the holidays and enjoy the season, we take great pleasure to share with you AHDH’s successes during the blessed year 2018, successes in large part due to your generous, unwavering support to our mission in Haiti.

Before getting to the headlines promised above, please, allow us thought to share with you a major preoccupation in AHDH’s family this Holidays Season: The constructions of the Outpatient Clinics of Hopital St. Joseph, in La Vallée, are rapidly progressing. That is good news! Yes, but…

Three months ago, on September 28, we made a scheduled $20K transfer for the constructions. By the end of October, we were requested to provide the next transfer, as the constructions were going really fast. But our reserves were not up to par. Again, a good thing! We took a deep breath, scrapped our pockets, and realized it would take some additional help to meet that deadline.

That’s when we sent an urgent appeal for help, on October 25, as we were organizing a fundraiser along AHDH’s 32nd Anniversary Celebration, on December 1:

Your response was just overwhelming! You are just extraordinary souls. I wish I could mention the names of those awesome angels who share AHDH’s dreams without offending their humility, but you know who you are… from CA to Switzerland, with Ohio, NY, LA, FL, Canada etc…. in between.

You who so promptly responded, with your $25, $50, $100, $1,000, $3,000, either by transferring donations thru Paypal, sending checks... or sent a note with the promise to send a donation. Thanks to all of you, on 12/12/2018, we were able to transfer another $20K, and here is the impact on site, for your review:

To see the full document
Outcomes of minority patients with very severe hypertension (>220/>120 mmHg)

Richard A. Preston, Rafael Arciniegas, Stephane DeGraff, Barry J. Materson, Jeffrey Bernstein, and David Afshartous

Objectives: Acute severe hypertension is a common problem among inner-city ethnic minority populations. Nevertheless, the effects of currently employed treatment regimens on blood pressure have not been determined in a clinical practice setting. We determined the SBP responses to acute antihypertensive drug protocols and the 2-year natural history of patients presenting with severe hypertension.

Methods: Retrospective cohort investigation in consecutive patients with SBP at least 220 mmHg and/or DBP at least 120 mmHg during 3-month enrollment in 2014 with 2-year follow-up. Primary outcomes were SBP versus time for the first 5 h of emergency treatment and 2-year follow-up including repeat visits, target organ events, and hospitalizations.

Results: One hundred and fifty-six unique patients met criteria with 69% Black; 34% Hispanic; 56% had previous visits for severe hypertension; 31% had preexisting target injury. Acute management: Acute antihypertensive regimens resulted in grossly unpredictable and often exaggerated effects on SBP. Treatment acutely reduced SBP to less than 140 mmHg in 30 of 159 patients. Clonidine reduced SBP to less than 140 mmHg in 1961. Two-year follow-up: We observed 389 repeat visits for severe hypertension, 99 new target events, and 76 hospitalizations accounting for 620 hospital days.

Conclusion: Acute treatment of severe hypertension produced unpredictable and potentially dangerous responses in SBP. Two-year follow-up demonstrated extraordinary rates of recurrent visits, target organ events, and hospitalizations. Our findings indicate a need to develop effective management strategies to lower blood pressure safely and to prevent long-term consequences. Our findings may apply to other hospitals caring for ethnic minority populations.

Keywords: antihypertensive drugs, clonidine, hypertensive crisis, hypertensive target organ injury, hypertensive urgency, severe hypertension

Abbreviations: BP, blood pressure; ED, emergency department

INTRODUCTION

Emergency care of patients with acute severe hypertension without acute target organ injury, commonly referred to as hypertensive urgency, presents two major challenges of providing: first, the best immediate care for the blood pressure (BP) elevation; and second, appropriate long-term management to prevent target organ events.

The best immediate treatment of severe hypertension without acute target organ injury remains unknown. Recent consensus guidelines [1–3] and expert reviews [4–8] advise against immediate lowering of BP, but rather advocate cautious reinstitution or intensification of existing antihypertensive treatment and prompt referral [1–8]. In contrast, other experts recommend a wide array of treatment protocols to lower BP acutely [9–17]. Although a benefit of acutely lowering BP in patients without target organ injury has yet to be demonstrated [18], many physicians may be reluctant to allow severely hypertensive patients to remain for even brief intervals without some form of treatment. Accordingly, the practice in many hospitals is frequently acute drug treatment, often with short-acting oral or intravenous (IV) bolus drugs. Nevertheless, there are few data on the BP responses that result from the application of these protocols in clinical practice [17,19–22].

The second major challenge is to provide appropriate long-term management to prevent target organ injury. Although there are excellent outcome data for malignant hypertension [23], the long-term natural history of patients with severe hypertension but without target injury is unknown. A 6-month follow-up of patients from a large private hospital system with BP at least 180/110 mmHg suggested that with appropriate referral and management the rate of major cardiovascular events may be low [24,25]. On the other hand, there may be important disparities among ethnic minority patients with more severe
Avis de deces:

C’est avec beaucoup de peine que nous avons appris la nouvelle du deces de Jean Marie Fritz Henry MD, un jeune orthopediste qui pratiquait en Haiti et qui EST tombe victime d'un malheureux accident. Il nous a quitte pour rejoindre son createur. SA mission sur Terre EST ainsi terminee. A SA famille et a ses amis proches, la AMHE convie ses condoleances enuies. Bon voyage cher confrere et que la Terre te soit legere.

Maxime Coles MD

Congratulations to Jean Claude Fanfan MD. MC

Dr. Brown Rony Theodore, resident chief in orthopedics service in justinian is honored
Enfance

Je les revois
Tous ces petits corps nus
Assis dans la poussière
Aux portes du cimetière

Je revois leurs visages
Où maintes larmes ont séché

Je les revois
Grattant un fond de kwi
Où quelques grains de riz
Se trouvent éparpillés

Je revois leurs regards
Que maints chagrins ont éteints

Je les revois
Tels qu’il y a de cela vingt années
Je les avais quittés
Et que dix ans plus tard
Je les ai retrouvés
Assis dans la poussière
Aux portes du cimetière
Mêmes petits corps nus
Mêmes visages salis
Mêmes doigts affamés
Et même regard mort
J'étais maître de mon destin et de mes choix ;
Libre de m'orienter et de choisir ma voie.
Du moins je le croyais, jusqu'au jour où ta main
Décida de mon présent, de mon lendemain.
Je fus heureux de voir le monde dans tes yeux ;
D'entendre, par ta voix, des chants mélodieux ;
De respirer par ton souffle et par ton haleine ;
De manger de tes mains et de ta bouche de reine.
T'effleurer, te toucher, dans mes bras te tenir
Me transportait aux cieux, titubant de désirs.
Je fus ton esclave volontaire et soumis,
Couvé par tes seins, contre ton ventre blotti,
Ne désirant connaître aucun autre univers,
Simon celui de tes baisers doux et pervers.
Je t'ai aimée d'amour ma fidèle Laura.
Toi, ma vraie couronne de diamants, mon aura
Pourquoi ton corps si généreux est-il parti,
Trahi par le sort, détruit par la maladie ?
Pourquoi ton âme si noble a-t-elle transité
Vers le grand univers d'étoiles constellé ?
Je suis complètement vidé, anéanti
Par ton départ si inattendu, si injuste.
Toi qui étais mon seul rêve et toute ma vie ;
L'exemple parfait d'un cœur pur, sincère et juste.
Peut-être, aurais-je dû y penser bien avant,
Au lieu de me laisser emporter par le vent ?
Aurais-je pu réfléchir mieux et plus longtemps ?
L'amour aveugle ne m'a pas laissé le temps.
Je me disais que le Dieu de l'éternité
N'aurait pas voulu que tu me sois enlevée.
J'avais oublié que la vie a une fin
Apparente et devra poursuivre son chemin.

Dr Jean Serge Dorismond
17 novembre 2007
The FMH Class of 68
Salutes
Their distinguished classmate, colleague and friend:
Dr. Brutus Maurice Dieudonne
at the sunset of his exemplary life.

Let’s dedicate our thoughts and prayers to his wife Juline, his children, grandchildren, and his entire family.

Dondon’n will always be remembered for his joyful approach, his enthusiastic demeanor, his contribution to his profession as a radiologist, his services in the Military and for his strength and endurance throughout his protracted illness.

May His Soul Rest in Peace!

YJM
Dear AMHE members, family, and friends;

Contribute to the AMHE Sickle cell Clinic in Leogane NOW at Gofundme.

AMHE is seeking to raise $200,000.00 to Build the Clinic. We are waiting for your contribution.

1) We have created a Gofundme; your generous tax-deductible donations, earmarked for the clinic, will be sent to the AMHE Foundation and a receipt mailed to you.
2) Forward this message to your friends and family, promote it on your Facebook, Twitter, Instagram and any social media you use.
3) 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

4) Ask friends and family to donate by sending them the link above
5) Add a link to this project on your Facebook page

Sincerely,

Maxime Coles
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

More informations
Published on the AMHE Facebook page last two weeks

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

- Annual Gala AMHE Chapter of Florida - Dr. Brown Rony Theodore, resident chief in orthopedics service in justinian is honored - Henry R Ford MD Dean and Chief Academic Officer at the University of Miami. - Thanks to Roger Arthur for this unusual presentation of Dellman sybdrome: - MRSA is around you. Learn about the superbug. MC - Slideshow: A Visual Guide to Cataracts - Born different with your own style and skills.

*And more…*

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**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

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**Abonnez-vous à l'infolettre**

Subscribe to the newsletter

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*It’s Christmas again!*

*It is the time to reach into our hearts and souls to embrace the spirit of the season, to remember the less fortunate amongst us and to pray that every being on the planet will be graced with peace, love, and respect.*

*We are hoping these sentiments will spread from near and far to all populations of the planet for a joyful and memorable holiday season.*

*These wishes come to you from The MHE Leadership team.*
Upcoming Events

Save The Date
AMHE Heads to Cuba

The 2019 AMHE Medical Convention will be in Cuba. Start planning your trip NOW!

July 20 – 28, 2019
Discover Cuba and Explore its sandy beaches!

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Merry Christmas &
Happy New Year 2019

Come and join us to celebrate the New Year at the General Assembly on Saturday, January 12, 2019 at Mirelle’s Restaurant 170 Post ave, Westbury, NY 11590

Program:
7:00 PM - 8:00 PM........Medical Presentation
8:00 PM - 9:00 PM........Schedule of activities in 2019
9:00 PM-12:00 AM........ DANCING WITH DJ NYCE

Please feel free to bring family and friends.
HEROLD DUROSEAU, MD
PRESIDENT AMHE-NY