Amyotrophic Lateral Sclerosis (ALS), Lou Gehrig’s Disease, Motor Neuron Disease (MND)

Amyotrophic Lateral Sclerosis (ALS), known also as Motor Neuron Disease (MND) took the name of Lou Gehrig disease in the USA, when a famous baseball player suffered from it. This disease causes the death of the neurons responsible for the control of the voluntary muscles, rendering them stiff with occasional twitching until worsening weakness and finally paralysis. The weakness may start in the legs or the arms with difficulty in ambulation and progressively difficulty in speaking and swallowing. The muscle will lose their size and progressively their functions. Half of the patients suffering from the disease will also present difficulties in thinking and will start experiencing pain until eventually, they lose the ability to walk, or use their hands, to speak, swallow or breathe.

The etiology of this disease is unknown in most of the cases but environmental and genetic factors have been blamed, based on damages to the upper and lower motor neurons relating to the clinical signs and symptoms. ALS is the most common motor neuron disease in adults and the third common neurodegenerative disease after Alzheimer and Parkinson diseases. It is estimated that 1.9% per 100,000 people will develop ALS in any given year while in Europe the incidence is 4.5% per 100,000. Men have a higher risk because of spinal onset ALS is more common in men than women. A 5.2 people per 100,000 with a high incidence in white males over 60 years old was found in the USA. Most of the epidemiology

In this number
- Words of the Editor, Maxime Coles, MD
- La chronique de Rony Jean-Mary, M.D.
- La chronique de Reynald Altema, M.D.
- AMHE Students Resident Corner
- President Message: Make the AMHE relevant
- Invitation à la célébration jubilaire de la promotion dr Dr. Coicou
- La Rubrique de Odler Jeanlouie MD
- Sickle cell Clinic in Leogane
- Un poème de Jean Serge Dorismond
- Upcoming Events
- Published on the AMHE Facebook page last two weeks
- And more…
studies have been performed in Europe and there is not enough information on the rates of the disease in Africa, Asia, Russia or South America. A high prevalence of the disease was reported in Guam, Japan, New Guinea but the incidence is unknown. A study in Cuba found that people of mixed race ancestry to be less likely to die from ALS than whites or blacks.

The medical literature mentions the name of Charles Bell as early as 1824, as the first to describe signs of the disease, but it is really Jean Martin Charcot, a French Neurologist who, first coined the term “Amyotrophic Lateral Sclerosis” in 1874 although other scientists may have previously found correlation between symptoms and neurological problems earlier. In the United States, when the famous baseball player Lou Gehrig was diagnosed with the disease in 1939, it became familiarly “Lou Gehrig disease”. Francois Amilcar Aran (1950) named the disease: “Progressive Muscular Dystrophy”, “Flail arm syndrome”, a regional variant of ALS, was described by Alfred Vulpian in 1886 and “Flail leg Syndrome”, a variant of ALS was described by Pierre Marie in 1918. Later, EMG and NCS began to be used in the process of evaluating cases of ALS in 1950 after this decision was taken at a meeting of the Federation of Neurology in El Escorial, Spain. Incidentally, the first ALS gene was discovered in 1993.

Many will remember the way the “ALS Ice Bucket Challenge” become popular in 2014 but, few will make the correlation with the disease itself. A person will challenge you to take a bucketful of iced water while you nominate three individuals of your choice to take part. They will need to dump the bucket of iced water on themselves and contribute to at least $10 for the cause of ALS.

There is no known cure for this disease. The treatment is supportive with mechanical ventilation, feeding tube while others have tried a medication “Riluzole” which may improve the survival rate and increase the life expectancy. Other antiviral drugs, anti-oxidants or growth factors have not shown to be effective in clinical trials. Repeated transcranial magnetic stimulations (2013) have been also used as well as stem cell therapy (2016) were found to be relatively safe and possibly effective. Nowadays, there are insufficient evidence to speculate about efficacy. Other drugs are being studied like Masitinib and Beta-adrenergic agonist are also proposed for their effects on muscle growth and neuroprotection but time will tell about their efficacy.

The disease can affect people at any age but usually starts around the age of 55-60. From the onset of the disease to death a 2 to 4-year survival rate is the norm. 10% may live longer than 10 years. The incidence in Europe 2-3 per 100,000 per year. In the USA, more whites than blacks are affected. A recent study performed in Italy, has demonstrated a higher incidence of ALS in soccer player. I was surprised to read it in the MEDPage today published in February 2019. I was intrigued and this push me to investigate further. We have already mentioned above the low incidence in developing such disease. In fact, in this recent article, it looks like Ettore Beghi MD of the Mario Negri Institute for Pharmacological Research in Milan, reported an incidence of 1.9 times higher for Italian soccer players than the general population. Professional players were found to develop the disease 20 years earlier. We encourage you to read the abstract in the American Academy of Neurology, annual meeting recently held in May 2018.

ALS/Motor Neuron Disease is a group of neurological disorders that selectively affect the motor neuron (cells that control the voluntary Muscles of the body). There are many motor neuron diseases like ALS, notably Primary Lateral Sclerosis (PLS), Progressive Muscular Atrophy (PMA), Progressive Bulbar Palsy, Pseudo bulbar Palsy and Monomeric Amyotrophic (MMA).

ALS can be sub-classified by the way the disease progress, by its inheritance or by the way it starts. In 25% of cases, the muscles of the face and the throat are affected due to a bulbar onset. In 5% of cases, it involves the muscles of the trunk and a few may have symptoms localized on one side of the spinal cord region bringing to the picture a better prognosis.

So ALS can be classified in a classical form (70%), affecting the upper neurons in the brain or inna spinal-onset ALS involving the lower motor neuron in the spinal cord with weakness in the arms and
legs (2/3 cases). A bulbar ALS will affect the muscles for speech, chewing and swallowing (1/3 cases). PLS (Progressive Lateral Sclerosis) involves only the upper neurons and represent 5% of all cases while PMA (Progressive Muscular Atrophy) involves only the lower neurons and account for as well a 5% of all cases. PMA is associated to a longer survival rate, but still will progress to the spinal region over time, leading to respiratory failure and death. Many regional variants of ALS can be seen when one side of the spine is involved like a flail arm syndrome or a flail leg syndrome (Diaplegia) or with a gradual onset of difficulty in speech (dysarthria), swallowing and breathing. Studies have shown that people with isolated bulbar onset ALS may live longer.

These neurological variants of ALS, cause muscle weakness, atrophy and muscles spasms due to the degeneration of the upper motor and lower motor neurons and individuals affected by the disorder may ultimately lose the ability to control and initiate any voluntary movements although bladder and bowel movement and extraocular muscles may be usually spared until the final stages of the disease. 30-50% of patients with ALS, will present signs of behavior or cognitive dysfunction. Another 50% will only present with mild changes. In the worse cases, 10-15% will demonstrate signs of temporal and frontal dementia while patients will keep repeating gestures and phrases as well as exhibiting signs of apathy and loss of inhibition. They generally present with a dysfunctional language and difficulty in social cognition and verbal memory. They demonstrate a language dysfunction with inability to take decisions. There is apparently no relation between the level of dysfunction of language and the severity of the disease contrarily to the cognitive and behavior dysfunctions which were found to be directly related to a reduced survival rate with emotional lability rendering caregiving a little more challenging. Many may experience emotional lability, easily crying or laughing for no apparent reasons especially with the bulbar onset of ALS. Often, ALS presents with neuropathic pain due to nerve damage resulting in muscle cramps and spasticity to cause muscle weakness and contractures, joint pain and even pressure sores and ulcerations.

The autonomic system and the sensory nerves remained unaffected allowing patients to be able to touch, smell, taste, hear and keep their sight. One has to remember that the earlier symptoms of ALS are muscle weakness or muscle atrophy associated to problems in swallowing, breathing, cramping or stiffness involving an arm or a leg, a slurred or nasal speech depending on which motor neuron in the body is damaged. In limb-onset ALS, the legs and arms will be affected first forcing the patients to trip or stumble while walking or running. Soon they will present with a dropped-foot modifying the gait pattern or they will experience a lack of manual dexterity with difficulty in buttoning a shirt or turning a key in a lock. In bulbar-onset ALS, we will find difficulty in swallowing and in speaking. The speech will progress to slurring with a loss of tongue mobility. A respiratory-onset ALS will show intercostal muscles inability to support breathing. Finally, overtime, patient will demonstrate difficulty in swallowing (dysphagia), in moving and speaking or simply in forming words (Dysarthria). The upper neuron will translate in stiff muscles (spasticity), associated to hyperreflexia including the gag reflex. A Babinski’s reflex will be also present in face of muscle weakness, atrophy due to upper neuron damage while with a lower neuron involvement muscle weakness and cramps are more often associated to twitches of muscles (fasciculations).

Manifestation of ALS and progression of the symptoms vary from person to person. As we already discussed, most people will eventually become unable to walk or use their hands or to talk, swallow, or breath/cough on their own. The younger the patient (less than 40), the slower the progression of the disease as demonstrated in a survey based-study among clinicians, using the ALS Functional Rating Scale Revised (ALSFRS-R). Patient obese have been found to have the disease restricted to one limb or to the upper neurons exhibiting a slower progression while others with the bulbar onset ALS, Respiratory-onset ALS, Frontotemporal onset ALS, progressed faster with a poorer prognosis.
In late stages, eating will become more difficult with poorer chewing and swallowing, increasing the risks for aspiration pneumonia. Often a feeding tube becomes mandatory. Later once the diaphragm and the intercostal muscles show signs of paralysis most of the patients will present with a reduced lung capacity and a diminished inspiratory pressure and although respiratory support can ease the problems and prolong survival, it does not affect in any way the progression of the disease. Most of ALS patients will die at home, during sleep, in 2-4 years, from the onset of the symptoms, almost always in respiratory failure due to pneumonia. Less than 20% of patient suffering from ALS will survive between 5 and 10 years after the onset of the symptoms. The exact cause of ALS remains a puzzle for scientists which have shown that genetic factors, although better understood than environmental factors, carry the same importance. The recent study in Italy showing a better prognosis in younger patient and a relation to head injury and soccer activities may bring light to such fascinated disease which challenge us all. First degree and second degree relatives have been studied to in ALS for possible clues to resolve the mystery but there is no consensus among neurologist on what really how to define familial ALS. More than 20 genes have been isolated especially C9orf72(40%), SOD1(20%)etc. Even an “oligogenic” mode of inheritance has been suggested with possible mutations possibly causing the disease. 90% of ALS cases have no familial history. Some have mentioned military services and smoking with no positive correlation. Other factors like tobacco and alcohol. More exposure to heavy metal like lead, beta-carotene intake or even a head injury (TBI) have also shown weak evidences linking to the disease. A study at the Centers for Disease Control and Prevention in 2017 analyzed death from 1985-2011 in white collar employees. Other factors unconfirmed the possible risks for being exposed to chemical, magnetic fields or pesticides like DDT and toxaphene and even to serum uric acid. Many reviews found no relation between physical activity and ALS other were of inconclusive evidences. Soccer and Football players have been identified at risk for ALS in numerous studies. A 2012 study found that a professional American football player to be at risk of dying from neurodegenerative causes three times higher than the general US population but this study was based on 2 cases. Those NFL players may have died from chronic traumatic encephalopathy more than from ALS. Soccer players from this recent study from Milan, Italy represented a cohort of 240000 people studied between 1960 and 1996 and in 375 deaths, eight were diagnosed with ALS. So the study proved that soccer players were 11 times more prone to die from ALS than the general Italian population. Finally, smoking may be associated to ALS. This 2009 study concluded that it was a risk factor and the younger they started smoking, the more they may have ALS. Nerveless, neither the numbers of cigarettes smoked per day, neither the number of the years passed smoking affected the risks to suffer from ALS. The diagnosis may be made with a MRI study demonstrating a T signal within the posterior part of the internal capsule, consistent with ALS. We will have to supplement the signs already described in the medical records with muscle weakness and atrophy, hyper-reflexia and spasticity and the biomarkers already discussed earlier. One can base the diagnosis on findings in the EMG in the early stages based on the Awaji criteria and be sure to differentiate ALS to ALS like syndrome like in HIV, Syringomyelia, Lyme disease or Syphilis etc. There is no cure as we already reported but Riluzole may prolong the survival. Other medication like Gabapentin, Tricyclic antidepressants, Opioids etc. may be helpful. others like Baclofen, Atropine, Scopolamine. Feeding tube, gastrostomy added to a Non-invasive ventilation (NIV) or invasive ventilation bring additional support. Physical therapy, Occupational Therapy as well as Speech therapy play an important role in the life of an individual suffering from ALS limiting pain, delaying loss of strength, improving speech and swallowing and overall providing functional independence. Nutrition preserve weight loss. Difficulty in swallowing may require a feeding tube or any kind of gastrostomy until end of life care is necessary.
with palliative to relieve symptoms and improve quality of life without treating the underlying condition. 90% of ALS patients die peacefully and about 3% of cases may die suffocating. Opioids can be used to treat pain and benzo diazepam to treat anxiety.

Many animal models have been used in researches about Amyotrophic lateral sclerosis (ALS) research like yeast, roundworm, fruit fly, zebrafish, house mouse and common rat in search of mutant genes. New methods to develop animal models including “viral transgenesis” in which viruses are used to deliver mutant genes to an animal model etc. are also implemented.

In conclusion, any physician should learn about Motor neuron disease and remember that can be always a diagnosis of exclusion at time. Remember the symptoms and the clinical findings to avoid confusion. I tried to elaborate on a difficult topic and maybe neurologists of our AMHE association can as well bring their experience and a final touch for the one who read regularly our newsletter and share with us the pearls in they may use in their practice to treat and support patient suffering from this disease which certainly bring death in 2 to 4 years of the diagnosis. Although finally the discovery of other markers like TDP43, FUS, C9orf72 can cause an ALS form of Fronto-Temporal Dementia, scientists are trying to understand how these mutations can explain the disease and even whether or not other protein dysfunction may play a role, like within the methylation of the arginine.

Maxime Coles MD

References:
3- Miller JD, Mitchell JD, Moore DH (March 20120 “Riluzole for amyotrophic lateral sclerosis (ALS) Motor Neuron Disease (MND)”. The Cochrane Database of Systematic Reviews. 3 (3) CD0014
6- “FDA approves drugs to treat ALS” US Food and Drug Administration. 5 May 2017
11- Song P (August 2014). “the Ice Bucket Challenge: The public sector should get ready to promptly promote the sustained development of a system of medical care for and research into rare diseases”. Intractable & Rare diseases Research 3(3):94-96.
12- Jawdat O, Statland JM, Barohn RJ, Katz JS, Dimachkie MM (November 2015). Amyotrophic Lateral Sclerosis Regional Variants (Brachial Amyotrophic Diplegia, Leg Amyotrophic Neurologic Clinics. 33 (4): 775-
Un député de la présente législature, représentant d’une commune du Nord-est d’Haïti, est porté absent de son poste depuis plus d’un mois. Les premiers bruits qui couraient avaient fait de lui un décédé. Le président de la chambre basse, à la tête d’une délégation de parlementaires, était déjà en route vers sa circonscription pour présenter les condoléances du parlement à la famille éprouvée lorsque, en cours de route, on leur enjoignit de rebrousser chemin, leur faisant comprendre que le député n’était pas mort. Quelques jours plus tard, les préparatifs allèrent déjà bon train à la chambre basse pour organiser les funérailles officielles du parlementaire quand, tout à coup, l’on sursit à toutes les démarches ou activités, arguant que le député était encore vivant. A la plus récente session de la chambre des députés, soit le lundi 18 Mars dernier, son nom ne fut pas mentionné dans l’appel nominal annexé à l’ordre du jour. On a peut-être fini par accepter que le député n’est plus à même d’assumer physiquement sa fonction de parlementaire a la chambre des députés ou qu’il serait finalement mort….

La grande question est de savoir si le député est mort, vivant ou absent ?

Mais derrière cette question plutôt insolite se cache tout un tandem de faits contradictoires, de raisonnements anodins engloutis dans une certaine culture ou mieux une certaine mentalité qui chez nous, fait souvent passer le faux pour le vrai, et ou l’esprit de discernement et la capacité de juger en toute objectivité, sont souvent teintés d’absurdité et dénués de toute analyse cartésienne.

Les premières rumeurs de mort apparente semblent être aussi vieilles que la nation. Dans les années quatre-vingt, l’hebdomadaire le Petit Samedi soir” mentionna en grande machette, cette terrible et célèbre histoire d’un revenant qui avait été relâché à la suite de la mort du hougan dans la cour duquel il servait. Reconnu par un proche, il fut amené chez lui ou il vécut des temps après jusqu’au jour de sa seconde mort ou vraie mort.

Dépendant du milieu ou l’on vit, Les histoires sont de plus en plus persistantes au tour de revenants qui n’auraient pas été vraiment morts. A chaque décès d’un fameux hougan, il y avait toujours cette rumeur de zombis qui se seraient évadés de la cour de leur ancien maître et qui chercheraient à regagner leur endroit de vie antérieure. Dans une veillée funèbre à laquelle j’assistais récemment, quelqu’un me parla d’un ancien chanteur mort depuis bête lurette et qui en fait, vivait encore jusqu’à trois récemment. Cette histoire faisait hésiter tous les cheveux de ma tête, tellement j’avais du mal à y croire. Je me demandais alors à moi-même, médecin de mon état, si ma profession tel que je la pratique et tel qu’elle m’a été enseignée, ici et ailleurs, et à tous mes confrères et consoeurs, avait encore dans ses entrailles quelques secrets qu’elle nous cachait… Ou mieux si notre connaissance sur la vie en général et sur la fonction des organes en particulier, était une science bien limitée ou incomplète dans son enseignement ? C’est toute notre formation de médecin qui est remise en question, tout un dilemme pour nous autres, de ne pas pouvoir détecter ou savoir si quelqu’un est vraiment mort ou non. Cela n’est pas sans conséquence sur notre statut d’autorité médicale ou sanitaire à qui devrait toujours revenir le dernier mot en matière de vie ou de décès. Nous autres médecins, nous semblons être de plus en plus détachés et peu concernés par cette réalité comme s’il suffirait de l’ignorier ou prétendre qu’elle n’existe pas pour qu’elle disparaisse… Dans nos facultés de médecine ou sont formées, année après année, des dizaines voire des centaines de médecins, y a-t-il dans le cursus une section qui est réservée à l’étude du folklore et de la médecine traditionnelle ? Il faut bien reconnaître que vivre dans une telle indifférence par rapport au milieu amiant n’est pas sans conséquence sur la profession. D’ailleurs, c’est toujours très difficile de faire admettre que certaines
maladies peuvent se déclencher subitement sous des formes brutales ou subtiles sans qu’il y ait besoin de symptômes annonciateurs ou de signes prémonitoires. Aussi, on a souvent recours à toutes sortes de services parallèles, lorsque quelqu’un est malade dans la culture populaire, avant de venir frapper à la porte du médecin. Le patient et sa famille y arrivent souvent les mains vides ayant tout dépensé ailleurs, ce qui résulte en un véritable manque à gagner pour le médecin traitant. En indexe à tout cela, il y a aussi une croyance superstitieuse très forte qui veut qu’une main méchante soit cachée derrière tout ce qui est mal qui arrive à quelqu’un, même lorsque ce sont des conséquences prévisibles nées d’une absence ou d’une carence totale de soins préventifs. 

Au tout début de la maladie du Sida, dans les années 80, des hougans furent accusés à tort d’être responsables des cas de maladie suivis de mortalité que l’on observa dans la grande Anse... ils reçurent, nombreux d’entre eux, le supplice du collier. Nous vivons dans un système de santé où la prévention est de la pure fantaisie. Des cas qui auraient pu être détectés et traités aisément ailleurs sont souvent vus comme étant une condamnation presque sans appel sauf une intervention de la providence. Dans cet univers de chaos ou la pagaille est la règle et l’ordre l’exception, chacun cherche à se dédouaner et à se déresponsabiliser. Ce n’est jamais la faute du médecin quand quelqu’un est décédé par suite de négligence médicale, ni du personnel traitant qui peut avoir commis, de bonne foi, une grave erreur médicale. D’un autre coté, C’est comme si personne n’a jamais été malade pour les gens vivant en marge des soins de santé dans certaines communautés déchues. Rien n’est pris au sérieux. La mort elle-même est banalisée. Jusqu’où cette insouciance peut elle aller sans que la nation un jour ne s’effondre ?. Faut-il éduquer nos futurs médecins dans l’art de dissocier ce qui est une vraie pathologie de ce qui ne l’est pas ? Comment joindre le scientifique à l’empirique et les faire marcher côte à côte ? Comment éduquer les citoyens à faire de meilleurs choix ? Ce, pour le bénéfice du plus grand nombre.

Rony Jean-Mary, M.D,
Coral springs, Florida.
le 25 Mars, 2019

INVITATION.
A LA CELEBRATION JUBILAIRE DE LA PROMOTION DU DR. COICOU


POUR LE COMITE, VEUILLEZ CONTACTER LES PERSONNES SUIVANTES :

DR. GLADYS DUCHATELIER.
DR. JACQUES SAJOUS.
DR JEAN-MARIE EUSTACHE.
ET LE DOCTEUR KYSS JEAN-MARY.
EMAIL NICOLEETYSS@YAHOO.COM.      TELEPHONE :(509)36028263

7
The Blues Redefined

I.
From now on you won’t be able to create a paean,
An elegy, an acrostic to a beloved queen.
With palsy hindering writing simplest thought.
Thinking of a text, in prose or in verse, will be for naught.
II.
Heart frozen and dispirited by this situation,
Akin the dregs of a syrupy potion,
Doomed to oblivion,
My fertile mind sent to a retirement pavilion,
No crueler punishment against creativity
Yet no better impetus for artistic endeavor or activity.
III.
My friend, how sad is our lot!
A boon to our virility this is not.
So long penultimate flower, dewy,
Our partner’s sublime monument,
Feted when we were sinewy.
IV.
A handshake or a signature,
Belongs to the past and not the future.
Life for us will never be the same,
Having gone from spry to lame.
V.
Our life, from fun has morphed into gloom,
Our plans from upbeat to doom.
Rightly or wrongly, this new paradigm will define us.
No need to keep whining and feel sorry. Let us
Pick up the pieces and move on
To some strong living waiting and a bright past to stand on.

Nefertiti

I.
Giddy, my heart bursting with pent-up admiration,
So elated to take on a new notion.
Gleeful and smitten, ready to sound the clarion call
Loudly for the damsel for whom I am enthralled,
All prepared to establish a new nexus.
Instead of the oft used Parnassus,
Veering south, to heights of Kilimanjaro
Music-hat clad, with vocal cords like a sparrow
Whistling and singing the praises of this stunning beauty.
To my eyes, she reminds me of none other than Nefertiti.
II.
Nubian queen, resplendent with or without the tiara,
Beneficiary of a natural glow that needs no mascara.
Fascinating enchantress transcending time and space,
Known to have impressed with her mind and grace.
Fellow kings and paupers at her sight would be smitten,
A preternatural gift over which a lot has been written.
Poetic name, stroking one’s curiosity,
Cheerful musings over none other than Nefertiti.
III.
Conflation of character, intelligence, personality,
Sum up integrity.
Balance between body and soul, pure symmetry,
This description by another name is called beauty.
Spice of a dish called felicity.
Who exemplifies this? None other than Nefertiti.
IV.
Singing the gamut from a long ballad to an eclectic ditty.
Merrily, thoughts flowing out of my mind with fluidity.
Amorous lyrics gushing with exquisite clarity.
Sylph, coquette, sophisticate and yet a model of simplicity.
Who else warrants or merits such a praise with such deep intensity?
Hiding in plain sight, none other than my queen Nefertiti.

Excerpted from The Voice, published in August 2018
The AMHE post graduate program for residents coming from HUEH (Hôpital Universitaire d’état d’Haiti) and HUJ (Hôpital Universitaire Justinien) started in 2005 at Coffeyville regional Medical center, Kansas. It was exclusively in orthopedics and under the enthusiastic and devoted direction of Dr Maxime Coles. Many residents have graduated and continue to teach at many hospitals in Haiti. Later, in September 2007, this program extended to New York as a joint commitment by SIMACT (Société immobilière Agriculture, commerce ET tourisme) and AMHE (Association Médicale Haitienne à l’étranger). The program is also supported actively by the Brooklyn Hospital Center. By groups of 2’s the residents come for 2 or 3 months of observational rotation in different services as anesthesiology, internal medicine, family medicine, obstetricsgynecology, Pediatrics, General surgery at the Brooklyn Hospital Center, interfaith Medical center or radiology at Colombia Presbyterian Medical Center. The Brooklyn Hospital Center (TBHC) founded in 1845, is a 464 licensed bed full service community teaching hospital located at 121 Dekalb Ave in downtown Brooklyn, that offers several medical services such as surgical care, emergency medicine, Pediatrics, psychiatry, radiology, OB/GYN, Cancer care, Dentistry, oral surgery, internal medicine (nephrology, cardiology, hematology, rheumatology, gastroenterology, pulmonary medicine, infectious disease)
President Message: Make the AMHE relevant

It will be soon 47 year since AMHE has been in existence. We, Haitian healthcare professionals, should be proud to have such an organization with so much potential. We should all use the venue of AMHE to make an impact in the healthcare system in Haiti, the main vision of the founding members. Individually, we make a difference in people’s life every day. Some of us go on medical missions, support different projects in Haiti. Those great initiatives are commendable and should be encouraged. However, focusing on projects that can have a long term effect in the healthcare system in Haiti will give us a greater return on our investment. That is why I asking you to support the Family Medicine training program at Hôpital Justinien, Cap-Haitien, Haiti.

Two active and dedicated AMHE members, Dr. Michel Dodard and André Vulcain from the University of Miami have used their position in the US to help improve the healthcare system in Haiti by supporting a residency training program in Family Practice in Haiti. So far, they have trained 60 family physicians who have been practicing in different provinces of Haiti. Unfortunately, the program has been losing the support of its main donors and is at risk of closure unless there is some infusion of new funds. This is one thing that AMHE as an organization cannot allow to happen.

This crisis in the Family Residency program in Haiti gives us members of the AMHE the opportunity to show how powerful we can be when we pull our resources together for a noble cause. To that end, I urge you (who is reading this page) to donate immediately the value of one day income to the AMHE Foundation. If every reader were to participate in this fund drive, we will have enough fund to support several healthcare projects in Haiti and make AMHE more powerful and relevant.

J. Roosevelt Clerisme, M.D.
President
AMHE contribution to Family practice program

Dear Dr Solages and estimated AMHE members,

I would like to wholeheartedly thank the AMHE for their generous contribution to the support of the Haiti Project at Justinien Hospital.

The survival and eventual expansion of this training in Family Medicine is vital to the Haitian Health system as it aims to respond to our most urgent sanitary needs.

Once again AMHE proved itself an invaluable partner in developing a modern health work force for our beloved Haiti.

Sincerely,
Michel Dodard M.D

AIA Photo Contest 2019 - Monuments

Cliquez sur ce lien pour voter pour le Palais Sans-Souci Envoyez à vos amis, Rita Bellevue

https://www.archaeological.org/outreach/photocontest/monuments

Published on the AMHE Facebook page last two weeks

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


And more…
Corner of Traveller: 
La Rubrique de Odler Jeanlouie MD

BACK FROM BRAZIL

“Brazil’s most famous celebration, Carnaval, storms through the country’s cities and towns with hi-o-shaking samba and frevo, dazzlina costumes and parties that last until sun up...” Lonely Planet.

I have been to Brazil for at least two dozen times. In the wake of this week’s stay, I feel as enthusiastic as if it were my first. Anew, with 57 friends and colleagues. I visited Rio de Janeiro and Salvador da Bahia, the culture and entertainment capitals of the largest country in South America. We were at the Parade of the Champions, Maracanã, the Christ Redeemer, Sugar Loaf, Maracana Stadium, the Olympic Park, San Sebastian Cathedral, Scenarium Samba School, Ipanema, Copacabana, Flamengo Beach, Pelourinho, Mokambo Candomble Temple (dedicated to Dandaulada), Mercado Modelo, Coliseu, etc. It sounds too much for a week, which explains why we hardly ever slept; we only cattapped.

At every step, the emotions were genuine, the pleasure was intense. Upon departure, checking out at Salvador’s Magalhães International Airport (SAS), the entire group erupted into a stormy round of applause when Franco Anselmo, our tour director in the Black Rome, waved goodbye after “fixing everything at the ticket counter”. It was a testimony of appreciation and thankfulness for a job well done, a loud commitment that meant “We will be back”.

You cannot leave Brazil, and Brazil will never leave your heart. It is a land of honey, at least for the visitor. The leading economic power of the Southern Hemisphere offers everything that a traveler wishes, and more, at a much lower fare than Western Europe, Japan, or Australia.

Brazil is still reeling from a shameful 350-year past of the most brutal slavery regimen, but it is emerging from it, with pain and determination. It is addressing its social inequalities and its maladministration. Its culture, population, and attractions are unique: It is populated by the most attractive women in the world, one of them is one of the three females who became president in the Americas. By mid-century, Brazil is likely to emerge as an inescapable power, an obligate pole of progressive magnetism.

Yes, we will go back!

At JFK Airport, the Group hugged goodbye and already showed impatience in continuing the fiesta, the quest for culture and education, in Thailand, in October, and in Hungary-Romania next year, in June. We will not miss these rendez-vous. These are special moments in life, that bring their inestimable share of entertainment, education, culture and networking.
Les foudres de l’amour

L’amour muet est l’eau qui gèle dans le rocher
Qui enflle, gonfle jusqu’à le faire exploser
N’essayez pas de contenter ni de freiner :
D’un cœur, le cri trop longtemps comprimé ;
D’une âme assoufflie de tendresse partagée,
Les plaintes presque inaudibles, désespérées ;
D’un corps, les désirs trop longuement refoulés
Qui bouillonnent plus fort qu’un fleuve démonté.
Cette vague qui gronde comme une marée
Déferlante, de folle passion surchargée,
Brira tout ce qui la maintient enchaîné
Pour assouvir ses appétits démesurés,
Égoïstes, possessifs, illimités.
L’aveugle amour n’accepte pas de reddition ;
Il a déjà souffert de trop de restrictions.
Son crâne, dans les imprécations de Camille,
Renie tout ; sang, hérédité, patrie, famille.
Sa loi prédatrice, exclusive et sans partage
Rompt les digues, renverse les plus lourds barrages ;
Bouscule tous les interdits sur son passage ;
Méprise : rang, origine, fortune au dîge ;
Démystifie tous les tabous, crée ses propres lieux,
Canons Aphrodite, Vénus dans les cieux.

La violence de l’amour est un cataclysme
Beaucoup plus désastreux que l’effet d’un séisme.
Elle impose d’autres règles de société,
Révolutionne les modèles de pensée,
Libéralise les mœurs jusqu’au dépravé.
Le corps libéré suit la boussole des sens ;
La pensée basculée dans la concupiscence.
Les tempêtes hormonales changent la face
Et l’ordre ancien du monde, de force ou de grâce.

Un roi choisit une femme et renonce au trône,
Une guerre se fait par amour d’une icône.
Angleterre divorce avec le Vatican
Pour le choix d’une reine au visage charmant,
Dont le roi est le seul et passionné amant.
Ne se souciant guère de l’enfer ni du ciel,
Ardemment assailli soit de lait, soit de miel,
Pour des faveurs aux goûts à nul autre pareil.
Pour des fantasmes aux couleurs de mille merveilles,
L’homme devient une marionnette d’enfant.
Les passions débridées, en laves de volcan,
Imposent leurs dictats en tout lieu, en tout temps.
Les folles joies du lit bercent toujours le monde.
Ivre de jouissances, l’homme vogue sur l’onde
De la volupté, inconscient du lendemain.
Une fois, les feux de testostérone étincés,
Épuisées les surrénales coiffent les reins,
Rassasies, se lassera-t-il des plaisirs vains ?
Pour être le responsable de son destin,
Saurait-il que son futur est entre ses mains ?
Qu’il aura à définir son propre chemin ?
Qui dominerà le grand monde de demain ?
Les fresques lubriqueuses d’un souverain ?

Ou le contrôle actif d’une raison d’airain ?
La volonté devra dompter la chair enfi
La pensée, maîtriser les penchant incertains
Et le règne de l’esprit conduire au divin.

Lightning Strike of Love

Love, restrained, is like water caught deep within rock,
That, frozen, swells until that rock explodes.
Never try to contain the passion of a heart
Whose voice has been too long compressed,
Nor of a soul, starved for tenderness.
The barely heard cries of the desperate body
Whose desires have been too long denied,
And barely bubble, like a river in a drought.
All too soon this lap, muttering deep within,
Will become a breaking wave of passion
Bursting through the chains that bind her,
Demanding now to satisfy her boundless,
Possessive, and selfish appetites.
Blind love accepts no surrender,
Having suffered too many restrictions.
His Creed, like the curses of Camille,
Denies everything; blood, heredity, homeland, family.
His predatory law of possession, excludes nothing in his
Drive to destroy all barriers before him.
He denies all prohibitions:
Neither rank nor origin, fortune nor age,
But demystifies all taboos, creating his own gods,
Canonizing Aphrodite and Venus in the Heavens.

The violence of love is far more cataclysmic,
More disastrous than the effects of an earthquake.
She makes her own rules for society:
Revolutionary, new models of thinking,
And liberates inhibitions to the level of depravity.
The body, freed, swoons to the senses,
All thought succumbs to desire.
Hormonal storms transform the face,
The natural order of the world, its strength and grace.

A king takes a woman and renounces his throne,
A war is begun over love of an icon.
England divorces the Vatican
Over the choice of a more charming queen,
While her king is obsessed by passion.
Concerned neither with war nor Hell,
Quenching his thirst first with honey, then milk,
Tasting flavors beyond par,
In fantasies of a thousand marvels,
He, the man, becomes her puppet in love.
Such unbridled passions, like volcanic lava,
Impose their demands in all places, at all times.
The crazy joys of the bedroom always rock the world.
Drowned by pleasure, the man surfs his wave
In sensual disregard of the next day.
Once the fires of wanton testosterone wane
And his mind once again finds his body’s reins,
Satisfied, will he think all his passions vain?
To take charge as the master of his fate,
Will he know that the future is in his own hands?
That he must choose the proper route
To dominate the world of tomorrow?
Take a chancellor of unbridled passion that emotes

Or rule wisely, controlling with a brain of steel;
Eventually the mind reigns in the libido,
The mind masters the temerities of youth,
And the reign of the spirit propels us toward the Divine.
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](#)
MEMBERS who have paid their 2019 dues have until May 1, 2019, to save 10% on their hotel booking.

Dear AMHE Members, Family, and Friends,

Thank you to all of our current convention registrants. We can’t wait to show you a fabulous time in Cuba. We still have room left for those who have not yet signed up. MEMBERS who have paid their 2019 dues have until May 1, 2019, to save 10% on their hotel booking. Do not miss this last chance to save and see a much-coveted destination. The Hotel rates are expected to go up significantly after May 1, 2019. This is a once in a lifetime opportunity to visit and discover the beautiful people of Cuba.

The 46th AMHE Annual Medical Convention, which will take place in Havana and Varadero, Cuba from July 20 – 28, 2019.

The rates below are for a 9 Days/8 Nights package (3-night stay in Havana, a 5-night stay in Varadero). Rates are based on Double, Single, or Triple occupancy. Occupancy rates are for 2 Adults and one or two children (3-11 years old). Children 12 and older pay adult prices. This package is all-inclusive and available only for 9 Days/8 Nights. This discount applies until May 1, 2019.

- $1799 per person double occupancy (2 adults per room). MEMBERS who register and pay before May 1, 2019, will save 10%. You pay $1620.00
- $2199 per person single occupancy (1 adult per room). MEMBERS who register and pay before May 1, 2019, will save 10%. You pay $1980.00
- $899 per child (ages 3 to 11) sharing a room with an adult.

Please access additional information regarding this trip at the following links.

- All 2019 Convention Information
- Hotel Rates
- Book Hotel online
- Download Hotel Form
- Facts and FAQs

For information about hotel accommodations, please call our Administrative Assistant, Ms. Myriame Delva at (718) 245-1015. For the best prices, book your hotel room and register NOW. Hotels rates will increase significantly after May 1, 2019.

For additional information, contact: AMHE – Attention: Myriame Delva

1166 Eastern Parkway
2nd Floor
Brooklyn, New York 11213
Phone: 718-245-1015
FAX: 888-685-2415

Sincerely,

AMHE Central Executive Committee