The other sides of Dementia, away from Alzheimer’s disease.

Maxime Coles MD

Diagnosing Dementia and its type can be challenging. If we believe that people have Dementia when they start having cognitive impairment, lose their ability to perform their daily living abilities like paying their bills, driving safely or take their medication, we will have to recognize a pattern of loss of skills and functions to determine what the individual is still able to perform. Recently we have presented the way biomarkers have been used in the diagnosis of Alzheimer’s disease. I will refer you to the published AMHE Newsletter # 262 to review entirely the article on Alzheimer disease.

Dementia is a brain disease that causes a gradual decrease in the ability to think and remember, but in a long term, it impinges on the ability to function daily. Common symptoms can be emotional with difficulties in language and loss of motivation. Mainly, there is a change in the mental status.

In 2010, it was estimated that 35.6 million cases of dementia around the world. In 2015, 46.8 million. The number of people living with dementia is estimated to double every twenty years. 2/3 of individuals with the disease live in low or middle income countries. Almost half of the new case of dementia occur in Asia followed by Europe (25%), Americas (18%) and Africa (8%). The older you become, the more you are prone to dementia.

Until the end of the 19th century, the term dementia carried a broader clinical concept including mental illness and psychosocial conditions, referring to anyone who has lost the ability to reason. Some has...
compared it to Psychosis or to any organic diseases like syphilis that destroyed the brain or to the changes of dementia seen with the old age with vascular problems. The Greek philosopher Pythagoras was the first we believe, to have used the term Dementia in the 7th century BC describing people of the old and advanced ages in their “Senium”, a period of mental and physical decay in the 70’s and 80’s where the “mind is reduced to the imbecility of the first epoch of infancy.” In 550 BC, the Athenian Poet Solon argued that man’s will might be invalidated if it exhibits loss of judgement due to advanced age. The Chinese also made allusion to that period in describing the senile as a “foolish old person”. Aristotle and Plato spoke about the mental decay of the advanced age, viewing it as an inevitable transition in the human being.

Byzantine physicians wrote of dementia and reported at least seven emperors whose lifespan may have exceeded 70 years displaying signs of cognitive decline. In Constantinople, special hospitals housed patients diagnosed with dementia or insanity but this rule did not apply to emperors. Little is recorded about dementia in the western world for nearly 1700 years. William Shakespeare made allusion to the loss of mental function in old age in plays like Hamlet or King Lear. During the 19th century, the teaching in the medical world was that brain changes were due to cerebral arteriosclerosis but when in 1907, Alzheimer’s disease was described in a 50-year-old woman, this conception started to change. I will again refer you to the AMHE Newsletter #262 dealing with the Alzheimer’s disease.

This point of view remains traditional until it was challenged in the 1960’s by the establishment of a link between neurodegenerative disease and the age-related cognitive decline. It was then admitted that vascular dementia was rarer than Alzheimer’s disease. The neurologist Robert Kaltman in 1976, has discussed the possibility that dementia may be often a mixture of both conditions. Dementia may have been rare then because few people at that time were living past 85, although more common in women. In the 21st century, other types of dementia were differentiated from Alzheimer’s disease and vascular dementias. Let us try to bring to our audience the different types of Dementia.

The most common is the Alzheimer disease which represent almost 70% of the dementia, but we have already covered it deeply. The next type is the Vascular type of Dementia (25%). In third, you will find the Dementia with the Lewy bodies (15%) and in fourth, it exists a Fronto-Temporal Dementia. Finally, Dementia can be encountered in a less common form, associated with diseases like Syphilis, HIV, Hydrocephalus or Parkinson’s disease. Many other diseases may have manifestations of dementia or pseudo-dementia. It is not always easy to differentiate a “true” dementia from a neurodegenerative disorder; it may be why some consider the term as such.

The diagnosis is generally based on history of the illness and cognitive testing like the “mini mental state examination” (MMSE) added to medical imaging and hematologic studies which are generally used to exclude other causes. Risk factors like High blood pressure, Diabetes Mellitus and Obesity may play a factor. There is no single test to help in the diagnosis.

A mental health specialist may determine whether depression or any other mental health conditions may have contributed to the diagnosis. A neurologist will evaluate memory, visual perception, attention, reflexes, problem-solving, language, motion and balance etc. Cognitive and neuropsychological tests will allow to evaluate the thinking or the “cognitive” function. Other tests will evaluate memory, orientation, reasoning, attention and judgement.

CT and MRI have been helpful in ruling out any evidence of stroke or bleeding, tumor or hydrocephalus. Finally, laboratory tests can detect a deficiency in B12 vitamin or an underactive thyroid gland. Even an infection can be ruled out through the analysis of the spinal fluid to look for inflammatory cells or specific markers for any neurodegenerative disease.

There is no known cure for any type of dementia but only ways in managing symptoms at time through medications like:

1- Cholinesterase inhibitors: Donepezil (Aricept), Rivastigmine (Exelon) and Galantamine (Razadyne) which are used to boost the chemical receptors involved in memory and judgement. As you will remember, they were primarily used in the treatment of Alzheimer’s disease but have been tried as well in vascular dementia and in dementia with Lewy bodies. These medications increase the concentration of
Acetylcholine into the brain and bring also many side effects like nausea, vomiting and diarrhea and less commonly muscle cramps, bradycardia, with fainting, loss of appetite and sleep disturbances.

2- Memantine (Namenda) regulates the activity of glutamate. It is an MDA receptor antagonist with small benefits acting on the receptors in the brain to promote learning and memory function. This drug is often used in addition of a cholinesterase inhibitor. People taking the Memantine may complain of dizziness. Glutamate is an excitatory neurotransmitter of the nervous system which can lead to cell death (excitotoxicity) by overproduction. No medication has resulted in lowering down the progression of any dementia. This is the first anti-influenza agent to act the same way than Glutamate does in producing side effects like hallucinations, confusions and dizziness.

3- Other medications to treat symptoms of depression or sleep disturbances or agitation and even Parkinson may be added to the regimen.

4- The overall benefit of all those medications may be minor. Cognitive and behavioral interventions have shown positive effects in educating and providing emotional support to the caregivers who often become as well affected. An exercise program for the daily living activities may be beneficial in improving symptoms. Occupational and Physical therapies can also prevent accidents like falls in managing behavior while the dementia progresses. Modifying the environment in reducing noise may help patient function better. Make sure to hide sharp objects like knifes or keys. A monitoring system can be useful while a patient is being taught easier tasks to avoid confusion. Engineering houses to fit the need of the one suffering from dementia, may become a way in the future to assure a protective environment for the one suffering as well as their caregivers.

Around 50 million people are affected by dementia which remain the most common cause of disability. The incidence increase with age: 3% of people between the age of 65 and 75 will suffer from dementia, 10% between the age of 75 and 85 and nearly half of the people above 85 will show signs of Dementia. In 2013, 1.8 million of death were recorded with this diagnosis. As the baby boomers are living older, dementia is seen more and more often, resulting in an economic burden of more than 600 billion a year. Often, patients are seen in their wheelchair, physically restrained or heavily medicated which bring concerns in the public opinion.

In the Alzheimer’s disease, we have seen a dramatic cognitive decline caused by the buildup of plaques in the brain as well as the twisted strand of proteins called “Tau” also referred as tangles in patients generally in the late 60’s, 70’s or 80’s. They have demonstrated difficulties in remembering names or conversations. As the disease progresses, they presented confusion, disorientation and difficulties in speaking, swallowing and walking. I will refer you again to the Newsletter # 262 for comparison. Symptoms in other Dementia vary with the types or stages of the disease. The neuropsychiatric symptoms presented are behavioral and psychological affecting balance, tremor, eating and swallowing, speech and language, memory and visual perception, wondering and relentless. The psychological symptoms of dementia are agitation, depression, elated mood, apathy, irritability, illusions, changes in sleeping and appetite. They may demonstrate “catastrophic reactions” when crying or being angry suddenly.

In the first stage, signs and symptoms are subtle with mild cognitive impairment but 70% in this condition, will progress to dementia. They may face memory trouble in finding the words while they can still handle their daily living activities. The Mini Mental State Examination (MMSE) remains normal at 30%. In the early stage, symptoms are more noticeable and may start to interfere with life. Tasks around the house and at work become more difficult and the MMSE drops between 20 and 25%. They start showing memory difficulties with word finding problems (anomia) and start losing their organizational skills (executive function). Once
they are unable to handle their finance, things will become more problematic. Many experts will look for activities of the patient five to ten year prior to evaluating the condition. In Alzheimer, we remember well that one striking symptom was the “memory difficulty” while in other dementia, “word finding” become the striking sign.

In the middle stage, the MMSE scores between 6 and 17%, diagnosing a moderate Dementia. They may lose all abilities to solve problems and their social skills are definitely impaired. They are unable to function outside of their house and one should not be left alone. They begin to require assistance for personal care and hygiene.

In the late stage of dementia, they become completely dependent and need 24-hour supervision to ensure personal safety and basic needs. They can’t be left unsupervised because they may wander and fall without being able to recognize a danger. They may be incontinent and unable to recognize the need to use a bathroom. They will increasingly show inability to eat and swallow. They may need to be fed with food in puree in order to avoid choking but surely they will dependant. It may be difficult at that point to maintain their weight. Soon they will refuse to get out of bed in spite of assistance. They will stop recognizing more familiar faces at this late stage, or they will start having difficulties in their sleeping habits.

There are also reversible causes of Dementia like in Hypothyroidism, Vitamin B12 deficiency, Lyme Disease, Neurosyphilis etc. Many patients presenting with memory difficulties, hearing loss may also be associated with dementia.

The most common symptoms in Alzheimer’s (70%) are the short term memory loss with poor reasoning and judgement. They have a poor “insight”. The part of the brain most commonly involved is the “Hippocampus” as well as the temporal and Frontal lobes. I will refer you to the AMHE Newsletter # 262 to refresh your memory.

Vascular Dementia (20%) is caused by a disease or injury affecting the blood supply to the brain, like following repeated minor strokes. This is the second most common cause of dementia and many will present with a mixed form with Alzheimer’s’ disease. The symptoms are dependent of the localization of the stroke and the involvement of small or large vessels. They may present with difficulty walking or a change in the way to walk, difficulty with attention, planning and reasoning, mood changes with depression. Progressive dementia sets over time but injury can be localized in critical area of cognition like the Hippocampus or the Thalamus while leading to cognitive decline or memory loss although it may not be as apparent in the early stages. Patients may exhibit difficulties in decision making and organization or they may exhibit stroke-like symptoms including weakness or temporary paralysis on one side of the body. People who have vascular dementia tend to have risk factors like Tobacco use, High blood pressure, High cholesterol, Atrial Fibrillation, Diabetes Mellitus, previous Heart attack or Angina. Brain Scans may show evidence of multiple strokes at different locations.

In Dementia with Lewy bodies (DLB), the primary symptoms resemble to the visual hallucinations (people or animal) when they are about to fall asleep. Their dreams can also be violent and scary. These signs are seen in the younger people during their 50’s and may become a problem for the sleeping partner. They may present with periods of being alert or drowsy or fluctuating levels of confusion. Others may present signs of “Parkinsonism” with tremor, rigid muscles, and a face without emotion. They have also difficulties with attention, problems solving and planning and difficulty with visual-spatial field. Imaging studies are unable to determine the diagnosis but often a scan may show hypo-perfusion (SPECT) or hypo-metabolism (PET) in the Occipital lobe. They do have often the plaques and the tangles encountered in Alzheimer’s. Sometimes, it represents a mixed dementia with crossover symptoms. Diagnosing a Dementia with Lewy bodies (DLB) is generally straightforward and rarely require imaging studies.

In Frontotemporal Dementia (FTD), there are drastic personality changes and language difficulties with early social withdrawal with behavior problems earlier in life. It is the most common type of dementia in people under 65. They exhibit an early lack of insight, act violently, dress strangely and become apathetic and anxious with trouble in communicating and language. Memory problems are not a striking finding. There are six (6) distinct variances:

a- The first type has major symptoms in personality and behavior resulting in
poor hygiene. The patient becomes stubborn and refuses to acknowledge problems. He may socially withdraw from the social events eventually and will exhibit a loss of appetite. People suffering from this type of frontotemporal dementia may make inappropriate sexual comments or use pornography openly. The most common sign is Apathy.

b- A second type presents with an aphasia of the language which can be “semantic” with loss of meaning of words while it becomes difficult for them to name things. The patient can be asked to differentiate between an animal, a tree or any other object but become unable to pinpoint the object on the picture shown. In a third type, it is difficult to produce a speech in a primary progressive aphasia (non-fluent agrammatic variant). Patient may have trouble in finding the proper words because they have trouble in coordinating their facial muscles to speak. Finally, they can use only one word until they become completely mute.

c- Progressive Supranuclear Palsy (PSP) is another form characterized by difficulty in moving the eyes up and down (vertical gaze). Difficulty in moving the eyes upward maybe seen with aging but difficulty in moving eyes downward is a key sign in this form of Fronto-temporal dementia. Additional signs of depression, social withdrawal, apathy, progressive difficulty in eating and eventually in talking will appear with the progression of the disease. They develop also muscular rigidity, irritability and can occasionally be misdiagnosed for Parkinson’s. On scan study, the corticobasal degeneration is often seen in the posterior aspect of the frontal and parietal lobes.

d- A dementia due to a Corticobasal Degeneration (CBD) is a rare form characterized by different types of neurological problems that progressively worsen while the brain is affected at different locations. Patient will show a common sign with difficulty in using one extremity. He develops an “alien limb” that seems to have a mind of its own. This limb moves without conscious control of the person’s brain. Simultaneously, jerky movements of other extremities can be noted (myoclonus), asymmetrically. Soon difficulty in speech from an inability to move the muscles of the mouth in a coordinated way, can be seen with numbness and tingling to the extremities. The person often neglects one side of the body for the one showing the problem. The affected extremity may be rigid and presents with muscle contractions causing dystonia (strange repetitive movements). On scan study, the corticobasal degeneration is often seen in the posterior aspect of the frontal and parietal lobes.

e- Finally, a frontotemporal dementia associated with Motor Neuron Disease (MND) showing disturbances in behavior, language and movement due to the death of the neurons.

Hydrocephalus represents rare cases of Dementia due to the build-up of fluid in the brain which can be drained surgically. Once treated, symptoms of memory loss, difficulty walking, poor bladder control can resolve.

Dementia with Parkinson’s disease presents troubles with movements control, tremors and balance. The disease affects an area of the brain rich in Dopamine producing neuron and may also present with Lewy bodies causing subsequent cognitive decline. 80% of people suffering from Parkinson will develop dementia in less than 20 years from the onset.

Dementia with Huntington’s disease is a progressive brain disorder characterized by involuntary movements and decline in reasoning and thinking skills. This disorder is caused by a gene defect that creates nerve abnormalities and breakdown early in the 30’s and 40’s. In the Wernicke Korsakoff syndrome, the dementia is due to a severe Vitamin B1 deficiency seen in alcohol abuse. Patient will present with severe memory loss. Creutzfeldt-Jacob disease (CJD) causes a dementia that worsens rapidly over weeks to months. This is a rare degenerative, fatal brain disorder affecting one (1) person on one million
worldwide related to the Mad Cow disease. In the USA, around 350 cases are discovered each year, appearing in their 60’s with a rapid course of the disease. This disease was also discovered in people of an isolated tribe which practiced ritual cannibalism in Papua, New Guinea but may have almost disappeared by now. At the beginning, a failing memory with behavior changes, soon a lack of coordination and visual disturbances. As the disease progresses, mental deterioration, involuntary movements, blindness and weakness of the extremities will complicate the picture, until coma and death follow. This disease belongs to a family of human and animal diseases known as the transmissible spongiform encephalopathies (TSE) or misfolded Prion diseases. Dementia with Down Syndrome was already reported in the AMHE newsletter # 262, dealing with Alzheimer’s disease. Many people with Down syndrome will develop earlier sign of dementia but more related to Alzheimer’s once they get older. I on 3 in the 40’s and 2 on 3 persons in the 50’s with Down Syndrome, will develop Dementia. They carry the APP gene once they are born with an extra copy of the chromosome 21. Down Syndrome is a genetic disease because due to an abnormal gene acquired at the time of conception but not inherited. This gene tends to produce the specific “Amyloid Precursor Protein APP which lead to the build up of protein clumps found in Alzheimer’s disease, called Beta amyloid plaques. By the age 49, almost all people with Down syndrome will develop those plaques along with the other deposits called “Tau Tangles” which interfere with brain function and produce the dementia. It is estimated that 50% of the patients with Down Syndrome may show such signs. This is no known parent to child transmission of the gene. Researchers are closely studying why only 50% will develop the symptoms. Encephalopathy or Delirium may develop slowly and resemble to Dementia. Brain infection (viral encephalitis), subacute sclerosing pan-encephalitis, Whipple’s disease, Hashimoto’s encephalopathy, cerebral vasculitis, tumors such as lymphoma or glioma, drug toxicity (anti-convulsants), metabolic causes like in liver failure or kidney failure or chronic subdural hematoma can all show signs of Dementia. Many other inflammatory conditions may affect the brain and the cognition including Behcet’s disease, Sarcoidosis, Sjogren’s syndrome, Systemic Lupus Erythematosus, celiac disease, but this type of dementia can vary from resembling to Alzheimer’s or Parkinson’s. So many diseases with heritable conditions can also cause dementia going to epilepsy, to Canavan disease, Sanfilippo syndrome to spinocerebellar ataxia etc… Depending on the syndrome, patients will develop a mild to a fixed or slowly progressive impairment with hearing loss, inability to ambulate or having control of the extremities. I would refer you to a neurologic textbook to review hundreds of diseases able to produce a dementia or a dementia like syndrome. It is difficult to diagnose Dementia on symptoms alone. Brain scanning can help but in many cases, it may require a brain biopsy but it is almost never recommended by the clinician until it is discovered later at an autopsy. General screening for cognitive impairment or early diagnosing dementia have not shown to improve the outcomes. It was found that screening scans in people older than 65 with memory complaints to be helpful. Symptoms must be present at least for six months to support a diagnosis of Dementia. Cognitive dysfunction (Delirium) can be confused with dementia. The delirium has a sudden onset and a short duration (hours to weeks) but simply related to a somatic disturbance. Some mental illness including depression and psychosis need to be differentiated from delirium or dementia or pseudo-dementia. Various brief tests carry with them some liability:

1- The mini mental state examination (MMSE) already seen has the best potential to diagnose dementia if results are interpreted with an assessment of the person’s personality, their ability to perform activities of a daily living and their behavior.

2- The abbreviated mental test score (AMTS), the Modified Mini Mental State Examination (3MS), the Cognitive Abilities Screening Instrument (CASI), the trail-making test and the clock drawing test, the Montreal Cognitive Assessment (M0CA) all have been used
to detect mild cognitive impairment. The MoCA was found to be superior to the MMSE. In anyway, education, age and ethnicity of the patient may affect the outcome of these tests.

3- Another approach to the screening for dementia is to ask for an informant to fill out a questionnaire about the everyday cognitive functioning of the individual to be examined.

Routine laboratory test and a full blood count to rule out underlying disease as well as B12 vitamin, Folic acid, Thyroid studies like TSH, C-reactive protein, Calcium, liver enzymes and renal function etc. Imaging studies like CT scans or MRI are routinely performed although they do not depict any diffuse metabolic changes in persons associated with dementia nor any gross neurological problems such as paralysis or weakness. They may suggest internal pressure hydrocephalus or a stroke (infarction) that will point toward a vascular event. SPECT and PET are more useful in assessing long-standing cognitive dysfunction and have shown similar ability as a cognitive testing. The SPECT appears to be able to differentiate the vascular cause in multi-infarct dementia.

Recent researches have established the value of PET imaging used with “Carbon 11 Pittsburg Compound B” as a radiotracer (PIB-PET) in predictive diagnosis of Alzheimer’s. Studies reported that the radio tracer (PIB-PET) was 86 % accurate in predicting which patient with mild cognitive impairment would develop the disease within two years. Other radiotracer like the “Carbone 11 dihydro-tetrabenazine” (DTBZ) has led to more accurate diagnosis for more than ¼ of patients with mild dementia or mild cognitive impairment.

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References:

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Je ne suis pas un blasphémateur. Tout au contraire, je crois fermement que, quelque part dans ce grand univers, 'il doit y avoir une intelligence sublime et un bras puissant qui président aux destinées des hommes et des choses qui les entourent.

De la reconnaissance de sa faiblesses, de sa nudité et de sa petitesse par rapport à cette force grande et puissante, sublime et incomparable, est né chez l’homme le besoin de s’infléchir, de se soumettre, d’abdiquer en quelque sorte et de s’incliner.

Et comme il y a bien dans cette force quelque chose d’impalpable, d’intangible et d’immatériel, commence alors à prendre forme dans le cœur de l’homme ce besoin d’adorer, de s’inspirer de dogmatiser. Ainsi est née la religion qui a été de toujours un véhicule permettant à l’homme de rechercher le divin et d’entrer dans le spirituel.

C’est ici que commence aussi le côté mystique pour ne pas dire superstitieux dont toute religion se trouve caractérisée. A la pratique d’une culture polythéiste où les hommes pouvaient trouver leurs dieux dans la nature et dans toutes sortes d’objets, animés ou inanimés, se sont substituées les religions monothéistes où le dieu recherché est créé ou inventé à l’image des hommes qui l’ont fait : palestinien ou juif, arabe ou asiatique, dépendant du creuset dans lequel on cherche à le confectionner.

A cote des effets bénéfiques de la religion qui devait être la voie royale vers le sublime, il faut reconnaître qu’elle s’est trouvée engloutie, au cours des siècles, dans des scandales à répétitions qui lui ont enlevé l’odeur de sainteté dont elle devrait être entachée.

Nous avons tous, dans notre mémoire collective, certaines pratiques inhumaines ou deshumanisantes qui ont laissé des tâches indélébiles avilissantes qui n’ont pas fait honneur aux adeptes de tous bords. La vérité est que la religion, tout en étant bien intentionnée, peut être parfois souillée par les mains qui la traversent. Il y a eu plus de morts au mon de la religion qu’en tout autre nom. Les hommes se battent et se tuent au nom d’un Dieu qui ne demande ni à manger ni à boire, et non plus que du sang soit versé en son nom. La divergence de vue entre les pratiquants d’une même religion peut faire une grande différence parmi les hommes, et peut même contribuer à amender leur sort ; mais pour que cela arrive, il faut, tout en croyant en l’existence d’un être supérieur, vivre sans zèle et sans passion, et pratiquer la plus grande de toutes les lois morales ou sociétales qui est de ne pas faire à autrui ce qu’on ne voudrait pas que l’on fût a soi-même.

Je ne tuerais jamais au nom de Dieu car tout est hypothétique en matière de religion et personne ne peut se prévaloir d’être du bon coté. J’ai fait tout cette entrée en matière pour rapporter ce que m’a raconté une patiente de 68 ans, venue me voir à ma clinique l’autre jour.

Rony Jean-Mary, M.D.

De ces crimes parfaits que la religion a du mal à admettre....
Elle souffre de dépression chronique, d’anxiété grave et parle d’un vide qui ne sera jamais comblé dans sa vie : Sa mère qui lui fut arrachée de son cœur lorsqu’elle était toute petite par les religieuses d’un couvent en Irlande du Nord.

Elle fut ensuite adoptée dans une famille américaine lorsqu’elle avait seulement 9 ans. Elle est née en Irlande du nord, pays d’adoption de St. Patric. Sa mère était catholique et travailla chez les religieuses du couvent jusqu’au jour où elle tomba enceinte, et porta l’enfant qui allait un jour devenir ma patiente.

Sitôt enceinte, les sœurs du couvent l’enfermèrent dans une sorte de retraite où l’on interna nombre de femmes enceintes non mariées.

A la naissance de ma patiente, comme c’était aussi le cas pour les bébés de bien d’autres femmes non mariées et enceintes, elle fut enlevée de force et placée dans une garderie pour enfants jusqu’à ce qu’elle fut adoptée à l’âge de 9ans dans une famille américaine. Sa mère n’avait jamais eu vent de la où elle vivait.

Les adoptions en ces temps là étaient plus ou moins fermées, c’est-à-dire qu’il ne restait ouvert aucun moyen de communication entre les enfants adoptés et leurs parents biologiques. A l’âge de cinquante, ma patiente décida de partir en Irlande du Nord et de rechercher les traces de ses parents biologiques.

Elle eut vent que la garderie existait encore ; et comme elle savait très bien le non irlandais que lui donnait sa mère, les archives une fois rouvertes, elle put renouer contact avec sa mère qui étaient déjà septuagénaire et devait mourir juste quelque mois plus tard.

Elle comprit alors que sa mère ne l’avait pas abandonnée et qu’elle avait été enlevée de force par les religieuses alors que sa mère voulait la garder.

Il y a eu beaucoup d’enfants séparés de gré ou de force de leur parents biologiques parce que c’était un réel crime à l’époque de tomber enceinte sans être mariée,pendant qu’on travaillait pour des hommes et des femmes aussi « vertueux » que les prêtres, les frères et les sœurs religieux.

Il a été aussi rapporté le cas de ces garçons appartenant à la chorale de la chapelle Sixtine au Vatican qui auraient été castrés en vue de maintenir le ton aigu de leur voix pour qu’ils puissent continuer à chanter dans la chorale.

la puberté qui donne un son grave à la voix chez les garçons, rendaient ces derniers automatiquement inappropriés pour la chorale. L’histoire n’a-t- elle pas enseigné que la religion a été le plus grand supporteur de l’esclavage et de la traite des noirs.

On enseigna aux esclaves que la seule voie au salut pour eux était l’esclavage, et que s’ils se révoltaient, ils iraient tout droit en enfer.

D’un autre coté , il faut aussi noter que malgré le bon vouloir du pape François à exorciser la religion catholique de la pédophilie, il lui faudra longtemps encore avant de pouvoir complètement nettoyer les écuries d’Augias et permettre à l’église universelle de redorer son blason. Et qui sait ce qui se trame encore aujourd’hui au nom de la religion ?.

Si l’accent est mis aujourd’hui sur une dénomination en particulier, c’est a cause de son caractère étatique et de son empreinte féroce sur la société depuis plusieurs siècles. Les autres sectes, cultes ou dénominations ne sont pas exempts de ces mêmes critiques formulées à l’endroit de l’église catholique.

L’essentiel est d’aimer son prochain, de voir le divin dans chaque être humain, de ne pas faire du mal à autrui, et de surtout ne jamais se priver de ce qui apporte du bonheur à son cœur et à ceux qui vivent autour de soi. Demain n’est à personne. Et le salut promis pour une autre vie est sinon hypothétique, du moins reste encore à prouver, donc pas tout a fait un « quod Eram demonstrandum » certain.

Rony Jean-Mary, M.D.
Coral Springs, FL
le 3 février 2020.
In the annals of this fast-paced city hospital, the verbal exchanges on this particular Monday morning ranked among the top talked-about happenings. The gossip mill received plenty of fodder from this unusual jawing between a nurse and her supervisor. Make that loud screaming, in a collision between sexual preference, sexual harassment, cultural norms, effete disposition and gender-bending masculine mindset, rebellion versus established authority, lewd language versus appropriate professional vernacular. The uninitiated had a peek at a phenomenon not commonly witnessed, the elevation of cussing-like-a-sailor to an art form if not a sport, the display of cursing in its bimodal denotations and semantics: swearing and jinxing or damnation. This notorious event pitted staid decorum against spontaneous, raw, profanity-laden street brawl mannerism. It stunned employees, patients, visitors, leaving an embarrassed supervisor in its trails.

It all started with the Haitian colloquial Amwe proffered by nurse Nancie who received a formal warning from her supervisor, Jessica, with the remark of “napping while at work.” Such a rare enforcement of this rule for the night shift was just about unheard of, especially when one’s work was up to date and someone else was covering. “Let me lay some shit on this wild English horse, untamed heifer, sneaky viper with fangs with enough venom to kill an elephant, man-looking degenerate who had the nerve to diss me by touching me and calling me cute.” She had one hand on her hip and gesturing with the other, while she delivered that opening salvo. She was standing in the middle of the nurse’s station at the time of change of shift when nurses were giving reports to each other about events of past few hours and pending test results. A time when the floor manager overseeing the nighttime supervisor was within earshot. Nancie wanted to create maximum impact.

“She has no idea whom she is messing with. I ain’t one of them chicks afraid of her who lets her play with their tits. Oh no, I ain’t into this Sodom and Gomorrah, heaven and god-forbidden behavior. She has to do better than that.”

“Can you keep it down? We are trying to do some work here?” the oncoming nurse in charge mentioned, annoyed at the ruckus.

“Say what? Keep it down? Ain’t no way! That bitch in there had the nerve to threaten me if I didn’t let her have her way with me. How would you like that if someone did that to you?” “Hell no, we gonna settle this matter right here, right now or this place is not gonna work properly,” and after catching her breath, “Oh no you got my blood going. You ain’t seen nothing yet. I am a Hausa and we don’t take shit from anybody!” She stomped her foot on the floor as she said that.

Heather the floor manager came out of her office, “Can we talk about this calmly? Come to my office and let’s settle this.”

The presumed offender, Jessica, was sitting in the manager’s office, stone-faced but beefy red, unaccustomed to being gainsaid by an underling. As Nancie entered the room, she pointed at Jessica, “This alpha-male she-wolf has always been looking at me, making suggestive winks that I don’t care for because I am not into
any of this crap with another woman and last night she tried to touch my ass and I push her hand and she had the gall to tell me she will get me for this,” her voice was loud. Jessica was indeed a butch and dressed the part. She had a pixie haircut, always wearing masculine outfit and known to stick to rules like a drill sergeant. She did write a report stating that she caught Nancie napping while on duty. Nancie would not acknowledge it and most definitely wouldn’t sign it. Jessica’s position was like a cudgel she used to install fear. Her desire for sexual gratification, long a rumored palaver was breaking out in the open and in the most explosive manner. Sexual orientation is protected by law; sexual harassment is illegal, freedom of choice being the common thread in both instances, and consent as the underpinning of acceptable behavior among adults. A fine line always is carved between deft pass taken as flattery and any declaration however subtle perceived as offensive, encroaching into one’s privacy or dignity. Such delicate territory we all live through, mindful to just be respectful of each other’s sensibilities so we can live in comity and harmony. A situation woven as a crossroads of sexual preference and sexual harassment impugns the delicate balance of individual rights. This can devolve into a tempestuous conflagration, all the more so when intolerance is part of the fray.

Nancie’s word versus Jessica’s. A black nurse versus a white one. An immigrant versus an American-born. Another pair of eyes could see it as nothing more than a bully versus a feisty, doughty person not willing to bend and very capable of standing her ground. The beholder certainly had the leeway of picking and choosing the visual connotation.

Of course Jessica denied harassing Nancie. That set her off, “Why the hell would I make up a lie like that? When one of the male workers makes a pass at me that I feel is inappropriate, I let him know it and that’s the end of it but you, aggressive like a raging bull always in rut seems not to understand the meaning of no. You think you can intimidate me, but it’s not gonna happen. I am a hot-blooded woman with roots from Guinea, a Hausa and we don’t take shit from any mother fucker!” She slapped her hand on the table to make her point.

Nancie behaving like this was a revelation to all. She was usually low-key, assiduous at work, always well coiffed, smartly dressed, sporting elegant manicure, short of stature, a stunning buxom, all elements of female elegance. Jessica was the opposite. Heather knew she had a hot potato on her hands. Nancie had a reputation of a good nurse, never late, rarely calling sick. Nobody had filed a formal complaint against Jessica before, but it was an open secret she had an Amazon side.

“Besides, why is she always coming to the meds room to make small talk with me one-on-one? She is no friend of mine and never will be. I am not into women. I am not gonna let another woman suck my clit. This is deviant behavior.” Jaws dropped and everybody fell silent. A pin drop would sound loud.

Her seat feeling like a charcoal pit, the cauldron-like atmosphere becoming suffocating, Heather knew Nancie would not let up and would become more aggravated if anything. “The chickens are coming home to roost,” another nurse barked, finally breaking the silence. She was an elder white woman with graying hair, “this is not the first time I am hearing this but the first time someone has the guts to say it out loud.” That made Heather’s decision far easier. She rescinded Nancie’s warning and stated she would investigate the charges. Along the way two other nurses added their voices to the mix. Forced to face the accusations, Jessica chose instead to resign without admitting any guilt.

The dénouement or unraveling of the confrontation veered in a surprising direction and ended up being a teaching lesson for all. It was as much a robust demonstration of conviction as it was a reminder of its alter ego, intolerance. Heather held a special session with the staff one early morning. She assessed the meaning of the resignation of Jessica but she stunned the audience by announcing she was hurt by the reference of the biblical quote condemning alternate lifestyle. In her own words, “Whether we like it or not, from time immemorial, a certain segment of the population has same-sex attraction. We see them among our patients, friends, coworkers. Bullying an employee is not tolerable under my watch. I believe in fairness and have always practiced what I preach. I am a lesbian and I have suffered from people or society not accepting my willful choice of such a lifestyle.” In a calm manner, she let it be known she was not spineless or feckless; in a resolute but skillful way, she exposed the prejudice that even people who can
be the subject of racial bias can harbor. Nothing about her demeanor, her administrative style would ever lead one to suspect anything different about her sexual preference or that she allowed her personal lifestyle choice to interfere with her work ethos. Nancie had to come to terms with her own misgivings about other people’s life choices.

“It goes both ways. We need to respect each other’s preference,” Nancie said, her creed now tinged with a pinch of contrition for her previous stance of hidebound, inflexible intolerance. “Indeed. So long as we do then there’s no issue. I am sorry about the whole matter. Next time let me know at once about any type of personal discomfort,” Heather opined, cupping Nancie’s shoulder, sealing a covenant. The participants understood the gesture’s symbolism.

Another nurse turned to Nancie and said, “I had no idea you were so feisty. I guess there’s some truth to the saying that one needs to be wary of calm water.” The old nurse replied, “At the same time, we are all flawed. We must be careful about throwing stones when we live in a glass house.”

YON LÒBÈY

Nan tout ane istwa lopital trè okipe sa a, koze ki te pale jou maten lindi sa a te pami sa moun te plis pale kòm gwo koudjay. Tripotay te fè kenken sou jouman ant enfimyè ak sipèvíz L. Pito di gwo rèl pou pa chape, akòz de kolizyon ant oriantasyon seksyèl, abi seksyèl, koutum sosyete, konpòtman kòm fann e fann ki kouwè gason, rebelyon kont oderite, di betiz kont langaj pwofesyonèl. Sa ki pa ti te abiteye te pran yon ti jòf nan yon femonèn ki pa rive souvan, bon jan joure ki rantre nan manman yon moun, ansamn ak joure ki swe te malediksony. Kokenn chenn deblozay sa a te mete potokòl kont eskombrèt nan lari, ki te chaje ak mo sal ki bosal. Sa te fè tout moun sezi, anplwayne, malad, visitè, e ki te anbarase sipèvizè a.

Sa te kòmanse avèk yon kont Amwe! Ke enfimyè Nancie te fè paske li te resevwa yon nòt dawètissman ki te di ki se enfimyè L te jwen li ap kabicha nan travay li aswè. Règ sa a te tèlman aplike arman ke ou pa t jann tandem pale de li sitou lè w fè travay ou kòrèk e ou bay yon kompayèl kouvri pou ou. “Kite m simen kék bon kaka sou chwal angle sa a, bèf rada, sépan odasíez sa a avèk pwazon nan kwòk li ki si fò li ka touye yon elefan, yon deprave ki chak jou degize kou yon gwo koure gason, ki pèmèt li derespekt m e vin touche m swadizan m se bèl nègès.” Li te gen yon men sou hanch li e li te a p fè jès ak lòt la. Se konsa l voye premeye rafal la. Li te kampe nan mitan sal enfimyè yò lè yo ti a p chanj ey eskwad ek enfimyè yo te a p bay rapò a youn lòt de sa ki te pase pandan nan nuit la et tès ki poko gen rezïta final. Sete lè ke administratè etaj la ki ti a p pran rapò nan men sipèvízè aswè a te ka a p tand. Nancie te vle fè pi gwo efè ke posib.

“Mannmèl pa kòm a ki yès famm li an afè. M pa yon ti poulèt ki pè l ou byen ki kité l woule tete l. Non papa, m pa nan Sodòm ak Gomò, m pa nan metye moun modi. M pa p kité I krapon m ak ti rans sa a.”

“Èske w ka bese vwa w? N a p eseye fè travay nou!” yon enfimyè ki an chaj ekip ki pral kòmanse a di l, li te anmèdè de kaboulaw sa.

“Sa l ye? Bese vwa m? Ou poko wè anyen! Madivinèz sa gen odas pou menase m si m pa kité l manyen m jan l vle. Ki jan w ou t a p santi w si yon moun te fè w sa?”

“Tònè kraze m na regle zafè sa kounye a e la menm si se pasa la a pa p machè,” e aprè l pran souf li, “Woy ou fè sanm a p bouyi. Ou poko wè anyen. M se yon Haousa e nou pa kité moun fè nou pran kaka pou bè!” Li frape pye l a tè lè l di sa.

Heather, administratè etaj la, soti nan biwo l, “Èske n ka pale san bri, san kont? Vin nan biwo m e an n regle sa.”

Moun ke l te akize a, Jessica, te chita nan biwo a, fígi l mòksis, wouj kou tomat, sitou l pa t jaum abitye ke moun ki pa kompayèl li demante l. Lè Nancie antre nan pyès la, li lonje dwèt sou Jessica, “Yon lou kou gwo toro sa a te toujou gen je sou mwen, a p fè m je dou ke m pa renmen paske m pa nan salopri tete lang ak lòt famm e yè swa li te eseye manyen bouda m e m pouse men l e li gen kran pou di m ke l a p fè m peye pou sa,” vwa l te fò kou loraj. Jessica an fèt te aji e abiye kouwè gason. Li te gen cheve kout drèt kou pikan e li te ekzekite règleman kou yon sèjan nan ekzèsis. Li te ekri yon rapò ki di ke l te pantan sou Nancie ki t a p dòmi pandan I te sipoze a p travay. Nancie pa t vle aksepte ni siyen l. Jessica te itilize posisyon lan kòm yon zam pou te fè moun pè. Li
te toujou anvi fè bagay, ti zòrèy te toujou di, men abitid sa a te vin blayi tou limen kou yon boul dife.

Lalwa pwoteje preferans seksyèl yon moun; abi seksyèl te kont lalwa, libète pou chwazi se fil ke yo genyen ansanm e konsanman kòm baz de konpòtman akseptab pamy gran moun. Se yon liy delika ki byen taye ant fe yon konpliman adwat ki parèt kòm flatri e yon deklarasyon memn si l anba chal ke yon moun resevwa kòm fèl santi l kouwè l a p toufe. Teritwa frajil sa, nou tout viv laden l, n aprann kijan pou respekte mèt youn lòt lòt nou ka viv an pè e an amony. Lè yon sitasyon presante kòm yon moun kwazman de preferans seksyèl e abi seksyèl, sa chavire balans de dwa chak individu genyen. Si w melanye l ak entèprete sa zye l ba li.


“Epi pouki tout tan li vin nan pòs moun e m sa a, sa a te moun sa a te vin pi anraje. "Li kontre ak zo grann li," yon lòt enfimyè rele, pou graze silans lan. Sete yon fann blanch ake ak cheve blan, "Se pa premye fwa m tande sa, men se premye fwa ke yon moun kare ase pou ti di sa an publik.” E byen sa te fè desizyon Heather vin pi fasil. Li anule reprend kont Nancie a e li di li pral envestasyon yo. Se konsa 2 lòt enfimyè ajouté wwa pa yo nan koze a. Lè Jessica vin okouran de plent yo, li chwazi demisyone san l pa admet ke l koupab.

Konfwontasyon an te pran yon direksyon pou fini nan yon fwa moun pa t atann e li te vin yon leson pou yo tout. Afòt sete yon bon jan demonstrateyoun de konvèksyon , afòt sete yon rapèl de tokay li, entolerans. Heather te fè yon sesyon espesyal avèk staf la yon grann maten. Li te diskite sans demisyon Jessica a, men li te fè asistans la sei lè li te di ke mo ki te sou labib ki kondane lòt stili de vi te blese l. Dapré l”Ke nou renmen sa ou non, depi ti konkonb t a p goumen ak berejèn, yon pòsyon popisyon an atire nan moun menm sèks. Nou wè sa pamali malad nou yo, zammi nou, moun k a p travay anansm avè n. Abi kont yon anplwaye pa p janm akseptab pandan m la. M kwè nan tretre moun byen e m toutjou aji jan m pale. M se madivin e m soufri akòz ke moun ou lasosyete ki pa aksepte chwa ke m fè de stil de vi sa a.” Nan yon ménè poze, li te montre ke li te p ni feneyan ni san prensip; nan yon fason fèm e madre, li ekspoze prejije ke moun moun ki soufri de prejije rasyal gade nan sen yo. Anyen nan konplòtman li, nan stil administratif li te ka fe yon moun moun sispèk anyen differan sou preferans seksyèl li ou ke li pèmèt chwa de vi pèsonèl li antrave mantalite travay li. Nancie te bliye rekonèt jan l te regadan sou chwa lòt moun nan vi yo.


Yon enfimyè vire bò Nancie e di, “M pa t konnen ke w te gen famm so wou konsa non. Gen yon pòswèb ki di “Anwo chèch, anba mouye.” Enfimyè gren moun nan di, “Men tou nou tout gen twou nan manch nou, nou chak gen grenn zanno kay oyèv, se pou sa sa ke daminjann touni pa al nan dénye priyè wòch galèt.”
Power for the Future
Investing in a Major Medical Referral Center in Haiti
Louis J. Auguste, MD, MPH, FACS

Having a power outage during a surgical procedure would be an unthinkable nightmare, anywhere in the world. Yet, that was almost a daily occurrence at Justinien Hospital, located in the Northern Province of Haiti. This precarious situation due to the unpredictability of the power grid in Haiti was aggravated recently by unending political turmoil and the inability by the government to finance the oil delivery to the country. A group of concerned healthcare workers organized a Support Committee for Justinien Hospital, under the umbrella of the AMHE Foundation, the philanthropic arm of the Association of Haitian Physicians Living Abroad (AMHE). This committee decided to bring a solution to this intolerable and dangerous situation. Working with the local Administrator of the Hospital, Dr. Jean Geto Dube, the committee hired a local firm, EX-SE-CO, to provide reliable and continuous solar energy to the operating suite, including the three operating rooms, the recovery room and the sterilization unit.
The firm under the leadership of the engineer, Paul Anthony Charles installed the solar panels on the roof of the recently renovated surgical building to provide electricity to the adjacent operating suite.

Thanks to the prompt execution of the project, the solar energy system will go on-line in this first week of February 2020, making from now on the surgeries safer and alleviating the anxiety of the operating room personnel and the administration.

The Support Committee for Justinien Hospital includes Drs. Louis J. Auguste, Marie-France Conde, David Livingstone, Jean-Michel Loubeau, Danielle Pigneri and Jean-Bernard Poulard, as well as the nurses Victoria Prevost and Fedghynie Saint-Germain and Ms Danielle Auguste. We seize this opportunity to express our most sincere gratitude to the AMHE Foundation for their cooperation, but mostly to all our contributors and supporters from the Northwell Health System, Queens Hospital Center and Bronx-Lebanon Hospital as well as all our colleagues and friends who have encouraged us and participated in our fundraising activities.
Voxelotor (Oxbryta) attacks the root cause of Sickle Cell Disease

The US Food and Drug Administration (FDA) has approved VOXELOTOR, in oral tablets (Oxbryta) in the treatment of sickle cell disease (SCD) in adults and children older than 12. This is a novel therapy that could change the course of this disease.

“Voxelotor” attacks the root cause of SCD in inhibiting directly the hemoglobin polymerization. With this drug, sickle cells are less likely to bind together and deform the red cells to convert in sickled shape unable to carry enough Oxygen to the tissue. They do have a shorter life span creating a low hemoglobin level.

This therapy brings a new form of treatment for patients with serious and life-threatening condition. A clinical trial was conducted on 274 patients with sickle cell disease with “Voxelotor” and a placebo which lead to significant improvements in hemoglobin levels while the red blood cells were protected from hemolysis. It took ten years to offer this treatment option.

It takes 6 months (24 weeks) to realize that 51.1% of patients receiving the medication were able to improve their hemoglobin level to 1g/dL. The medication comes with side effects like headache, diarrhea, abdominal pain, nausea, fatigue, rash and pyrexia (fever).

The results were reported and published in the New England Journal of Medicine and the Medscape Medical News in June 2019. Elliot Vichinsky MD, director of hematology/oncology at USCF Benioff Children Hospital in Okland, CA was caught saying that “Every person with SCD experiences hemoglobin polymerization and suffers from varying severity of anemia and hemolysis, then should be a candidate to receive such medication.

“Voxelotor” is a new medication that significantly improves hemoglobin levels and reduces the anemia and hemolysis that is seen in this genetic condition. It can be part of your armamentarium in the treatment of sickle cell disease. Also earlier in the month, Adakveo was also approved. This drug reduces as well the frequency of vaso-occlusive crisis in patients older than 16, with sickle cell disease. The news was reported by Medscape Medical News.

Maxime Coles MD

References:
1- Article from Megan Brooks, November 2019
2- Vichinsky, E Hematology Department, Children Hospital in Okland CA
AMHE PARTICIPATION AT THE GLOBAL WORKFORCE ACREDITATION CONFERENCE

Dr. Joseph Pierre Paul Cadet, president of the Central Committee and Dr. Edouard Hazel former General Secretary participated on behalf of the organization in the Global Symposium on Health Workforce Accreditation and Regulation that was organized by the Global Health Workforce Network jointly with the World Health Organization the ECFMG. It was held in Istanbul Turkey from December 10 -12, 2019. The purpose of the conference was to review health workforce related accreditation and regulation across member states as to ensure its quality and sustainability toward the ultimate goal of achieving universal access to health care by the year 2030. This ambitious objective is one of the United Nation Sustainability Development Goals published in September 2015. The theme of the AMHE presentation, “Toward the development of sustainable workforce in developing countries”, advocates for the utilization of new technology and a more equitable distribution of resources allocated to Health care in order to fill the gaps observed in the poorest countries like Haiti.

DEVELOPMENT OF A NEW PERSPECTIVE ON HEALTH

The Development of a Global Strategy to address the world workforce was informed by a process launched in late 2013 by WHO Member States and adopted in May 2014 by the World Health Assembly, the decision making body of the organization where the commitment to universal health coverage was renewed and the Director-General of the World Health Organization (WHO) was assigned the task to develop and submit a new global strategy for expanding human resources for health (HRH).

This commitment became one of The 2030 UN Agenda for Sustainability Development Goals which outlines strategies to be developed over the next 15 years in areas important to humanity and the planet. From the end of poverty, hunger and discrimination to the promotion of quality education, clean energy, and the preservation of life on land, below water and the development of peaceful and strong institutions, 17 goals and 169 targets were approved at the end of the four daylong meeting on September 27, 2015.

In support of the implementation of the Global Strategy on Human Resources for Health, The Global Health Workforce Network was established in 2016, as a mechanism for stakeholder consultation, dialogue and coordination on comprehensive and coherent health workforce policies. The Network operates within WHO.

With the assistance of 200 experts from all WHO regions. The organization soon issued its stated goal which is: to improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to strengthen health systems, and the implementation of effective policies at national, a regional and global levels.

Two important milestones were established Global milestones

• 1.1 by 2020, all countries will have established accreditation mechanisms for the necessary health training institutions.
• 1.2 by 2030, all countries will have made progress towards halving inequalities in access to a health worker.

See the full report
Rapport sur la rotation au CRMC

Identification

- Nom et Prénom
  - Johnny Michel

- Statut
  - Resident en 3e année du service d'Orthopédie et de Traumatologie de l’HUEH
Good afternoon Dr Cadet,

I would like to inform you that yesterday during the New Jersey Chapter semiannual fundraising activity, new officers were elected to form the next Executive Steering Committee. The following are the new officers for the Chapter:

- President: Harold I Laroche, MD, MBA
- Vice President: Elizabeth Hricko, RN
- Treasurer: Yvelyne Abellard, MD
- Assistant Treasurer: Lesly Acacia, BS
- Secretary: Regine Durant, MSN
- Immediate Past President: Yvan Ducheine, MD, MBA

Dear Maxime,

This is a note of gratitude to the PIH community for the support you've extended to Zanmi Lasante, as PIH is known in Haiti. Your support is incredibly encouraging and essential.

Most specifically, we've seen a new group of PIHers step up and start monthly gifts in support of medical residents at our flagship University Hospital in Mirebalais. These steady commitments allow for the training of young doctors in advanced specialties. Plus, 90% of the residents trained at University Hospital stay in Haiti, making this a powerful investment in quality care for patients throughout the country.

That people like you have stood firm with the staff and patients at University Hospital is made even sweeter by some late-breaking news: University Hospital just became the first hospital in a low-income country to be accredited by the Accreditation Council for Graduate Medical Education—International (ACGME-I).

This means that medical education standards at University Hospital equal or exceed those of the most prestigious teaching hospitals in the United States.

Thank you for the part you play in this success.

In gratitude,

Reilly
Partners In Health

P.S. If you'd like to add your name to our new group of University Hospital supporters, to support residents at this world-class teaching hospital, you can still contribute

http://www.pih.org/

Donate
Aux membres de l’AMHE,

Nous avons appris avec infiniment de peine la nouvelle du décès de notre confrère Dr Vital Ferdinand survenu à Montréal le 22 janvier 2020.

En cette pénible circonstance, l’AMHE adresse ses sincères condoléances à la famille, aux amis et à la communauté médicale éprouvés par ce deuil.

L’exposition aura lieu le 08 février 2020 de 12:30 à 13:30. La famille recevra les condoléances au : Complexe Rive Sud, Longueuil 2750 Boul Marie Victorin Est Longueuil, J4G1P5

Les funérailles seront chantées au même endroit le même jour de 13:30 à 14:30.

Que son âme repose en paix !

Schiller Castor, MD
Président de l’AMHE de Montréal

Voeux prémonitoires (11 janvier 2010)

Ce soir je veux te dire que Je t’aime avant que ma Voix ne s’éteigne
Une dernière fois au Lendemain dans une Clameur infernale
S’élevant des gouffres de La terre à 16:53:10

Ce soir je veux te prendre Dans mes Bras avant que Les affres de la mort
Ne relâchent au lendemain Mes Membres à 16:53:10
Sous le poids de notre Demeure Conjugale.

Ce soir je veux trinquer ce Vin à nous Deux avant que Le destin
Ne nous sépare à jamais Demain après-Midi à 16:53:10
Dans un cliquetis à nul Autre pareil.
Ce soir je veux te faire L’amour
Avant que la terre ne M’ensevelisse
Au lendemain à 16:55:10
Deux secondes après
Pour m’emporter loin de toi Vers les Gouffres Inexorables de l’Eternité.

Carl Gilbert
A l’occasion du 10ème anniversaire du séisme d’Haiti
Published on the AMHE Facebook page last two weeks
Articles parus sur la page Facebook de l'AMHE durant la dernière semaine

From high cholesterol to liver disease, your eyes can be a window into your body's health. - Dean Jean Claude Cadet receiving the US Ambassador and the USAID at the Faculty of Medicine and Pharmacy local.(Fotos Courtesy of Gilbert Mervilus) MC - University Hospital in Haiti Earns Global Accreditation as Teaching Institution - Il avait neuf ans quand on l'a découvert sous les débris. Lisez ce récit, dix ans après le seisme. MC - L'immunotherapie, cette inconnue. MC - Qu'est-ce qui est nouveau sur l'épuisement professionnel et le suicide chez les médecins, Maxime Coles MD - Welcome Coronavirus...Today the first American to suffer from the effects of the Coronavirus was discovered in Washington State. MC - 0:10 / 52:03 Bonaparte contre Toussaint Louverture, côté noir de France - Comment Haïti a contribué à l'éducation du peuple congolais.

And more…

Visit the new page "Poet Corner"

Abonnez-vous à l'infolettre
Subscribe to the newsletter

Le Newsletter est publié toutes les 3 semaines.
Prochaine parution: 24 février 2020
Dear Theoduliens and Friends, We are so pleased to share with you all the following links:

1- Click on the link below to preview the promotion's party album book

2- Click on the link below to watch the entire video

Again, it was a real pleasure to see all of you to celebrate together this milestone of ours:) Happy and healthy year 2020 & until next time! Sincerely, The Host Committee