Lessons learned from COVID-19 Infection?
Maxime Coles MD

Nine months already has passed since the virus SARS-CoV-2 has claimed its first victims in the USA. We can remember the way our healthcare providers at different hospitals started learning how to treat the critical ill. Then, we found out that the disease was spreading out mainly person to person in closed contact (less than 6-10 feet) through respiratory droplets from coughs, sneezes etc. Indeed, we have lost since, more than 198,000 human lives while some 6,700,000 persons in the USA have been infected.

The CDC has published and revised so many guidelines and protocols. We may believe that the pandemic although has slowed down while the SARS-CoV-2 virus has mutated in different ways without becoming more virulent. Schools are re-opening their doors, business are trying to survive but we are still learning about the COVID-19.

We have lost so many family members, friends, colleagues and we are asking what will happen to the survivors of this new Coronavirus. Hospital and emergency rooms for a while were full of patients and often it was difficult to assure their successful treatments. This dramatic situation appears to have eased, creating perhaps a false assurance in the public. People become tired of the confinement and refused at time to wear masks for the protection of others or for their own safety.
The rush in judgement may have caused errors in taking care of patients for the last eight months but this has allowed different healthcare institutions to collect sufficient data to offer successful treatments to this disease. I can see the way in New Jersey, Washington and New-York states, the medical community has treated a lot of patients in a so little time. Physicians have surely collected rapidly enough knowledge and dexterity to fight the deadly virus. One can certainly remember how panic made an impact among us, the providers at the battle front.

Progress:

At the end, we distinctly learned how to describe 3 phases in the evolution of this viral disease which has spread through a pandemic:

1- A prodromal phase in which there is a “cytokine storm” which is manifested by the reaction of the body to the invasion of the virus, producing typical symptoms of elevation in temperature, coughing, shortening of breath, body ache etc. We have learned that the best approach at that phase was to prescribe antibiotics like Amoxicillin or Zithromax in the goal of avoiding any respiratory complications like a pneumonia. We added bronchodilators, nebulizers or steroid-puff inhalers to ease the reactive inflammatory process. The addition of Zinc and Chloroquine or Hydroxychloroquine has shown in many institutions in Europe and the United states (Yale University hospital) beneficial effects. More clinical studies are expected to resolve present dilemma among physicians about possible heart toxicity.

2- The second phase coincides to the viral replication when the virus invades the lungs and different organs in the body. It is believed that a cleavage of the polyproteins into RNA-dependent to RNA Polymerase facilitates the mechanism. Simultaneously, an Angiotensin-Converting Enzyme 2 acts as the main receptor for SAR-CoV-2 on the alveolar epithelial cells allowing the conversion of Angiotensin1 into Angiotensin 2. The virus multiplies and forms identical copies, attacking different organs. The go-to medication is then “Remdesivir” (Adenosine Analog) to fight the duplication of the virus. Additionally, Blood thinners like Heparin, Coumadin, Lovenox etc. are strongly recommended especially in young patients to avoid vascular insults like strokes, thromboses and other vascular accidents.

3- The third phase deals with the most advanced aspect of the disease when respiratory decompensation force the physician to place a patient under a respirator/ventilator. The go-to medication at his phase is “Dexamethasone” which was found to reduce the rate of death especially in front of a patient with multiple organ involvement and failure.

4- We learned how to use efficiently Convalescent Plasma transfusions of patients who have recovered from the disease, bringing immunoglobulins (antibodies) to the recipient. There may be risk of anaphylactic reaction or even transmission of the virus, infection and anaphylactic shock etc.

5- An immune based therapy with Interferons Alpha and Beta have been tried with no conclusive data. The Interleukins I and VI, cytokines found in the macrophages and monocytes are also under investigation in many institutions around the world. Some have imposed the use of Lopinar or Ritonavir (HIV Protease Inhibitor) to ease the symptoms of the disease. We have learned that the virus SARS-CoV-2 infestation triggers changes in the level of “Ferritin”. The higher the level, the higher the mortality rate.
6- Stem cell therapy has been implemented in cases of patients with multiple organ failure. Recently one lung transplant was successfully performed in a Chicago IL hospital.

7- Finally, there is a lot of hope generated by the new vaccines which will work at exposing the recipient’s body to an antigen in the goal of training the immune system to fight the invading organism. Many vaccines are using a weakened or a killed version of the viruses to stimulate the formation of these antibodies. To date, more than 20 companies around the world are trying to achieve these goals.

During MERS (Middle East Respiratory Syndrome, 2013) pandemic, it was demonstrated that corticosteroids was detrimental to the well-being of the victims because the drug was delaying the viral clearance. Although SARS-CoV2 (China 2019) do present similar genetic resemblance to MERS and SARS-CoV1 (China 2002), “Dexamethasone” or “Methilprednisone” as anti-inflammatory medications were found to be life saver in COVID-19.

We applied these principles to the actual pandemic at the beginning of the crisis but it took us some times to realize that indeed these medications were saving lives in avoiding longer admission to our Intensive Care Units. It is now well admitted that “Corticosteroids” are becoming the go-to medication in the fight of advanced COVID-19.

The World Health Organization (WHO) has recently accepted the fact and released official statement to support the Corticosteroids effects on the survival rate of patients with severe disease. Low doses of steroids medication for 10 days are now routinely used during hospitalization to help avoiding placing patients on a ventilator, lowering the risk of death and controlling the inflammatory process directly related to the viral infection, organ failure and death. The go-to drug “Remdesivir” has been authorized by the Food and Drug Administration (FDA) for children and adults and has been used as well in pregnant women. This drug has allowed in-patient to recover in about 10 days of their hospitalization for COVID-19, avoiding the use of a ventilator.

The use of anti-Malaria and anti-Lupus medications Hydroxychloroquine/Chloroquine with or without Azithromycin and Zinc has been challenged but remain popular in African and European countries as well as in different institutions in the United States like the Yale Medical school. Controversies about the cardiovascular complications due to arrhythmias have reached the political world at the Eve of the new presidential elections.

Convalescent Plasma was granted approval in the treatment of COVID-19 in the hope that antibodies (Immunoglobulins) used to fight the aggression of the virus in an individual would be able to help others in gaining sufficient immunity to fight the disease. The idea of using the plasma donated by survivors of a viral disease is not a recent concept and can find its origins during the Spanish Flu in 1918. On-going trials on patients receiving convalescent plasma are being performed all over the world to study the efficacy of the transferred antibodies in fighting the disease.

In a flash news this week, it was reported that a specific antibody (particle) to the COVID-19 was isolated at the University of Pittsburg. One has to believe that help is on the way.

Critical Care Physicians have also held off intubating any patient to minimize the use of mechanical ventilator after adequate oxygenation while “Remdesivir” was not yet in use. More, sedated patients on ventilators were found to have recovered faster when placed in a prone position or face down because of a better oxygen distribution throughout the lungs.

The majority of critical ill patients with COVID-19 presented with co-morbidity like old age, Obesity, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Asthma, High Blood Pressure, Liver disease,
Cardio Vascular Disease, Renal Disease, Cancer etc. Health inequity among Blacks and Hispanics has contributed to the problem. Recently a correlation between low level of Vitamin D3 and the COVID-19 has been identified. Papers from China and Italy have reported that this infection appears to be less common in people with blood type “O” and more common in people with the type “A”. The blood type appears to carry a receptor for the pathogen.

Strangely if one individual type “O” is protected against the SARS-CoV-2, he was found to be prone to Cholera bacillus.

Many are asking if this pandemic will ever go away. We are questioning the immunity acquired once exposed to the disease. Some countries are requesting an “Immunity passport” to be admitted or a test at least confirming that you are COVID-19 free of disease. We are not too sure if people in contact with the virus, will develop a long lasting immunity. Studies have shown that a patient who recovered from COVID-19 carries antibodies for 3 to 4 weeks until this defense mechanism disappear.

COVID-19 remains a puzzle that will require more time to resolve. While schools and business are trying to open timidly their doors, we are learning that the pediatric population has seen some children in need of hospitalization. Death among children under 15 of age have been recorded in France, Australia, England and United States.

More, rare cases of re-infections in the adult population have also submerged answering the question that you can have the disease twice. Indeed, people in Hong Kong, Europe and the United States (Nevada and Massachusetts) who have previously recovered from COVID-19 have become re-infected by a new strain of SARS-CoV-2. For some, the virus showed more virulence the second time. In any way, this virus is mutating like it was expected and the pandemic is still claiming life. We can’t let off our guards but we will need to keep taking the recommended precautions.

SARS-CoV-2 is certainly more contagious than any influenza virus but we will have to look at a way to survive especially when the next flu season is about to knock at our doors. Whether SARS-CoV-2 may become more infectious or more deadly, it must remain clear in our mind that this pandemic will co-exist with us for the next year to come. The virus may have mutated in many strains but it remains identical to the one which originated in Wuhan, China.

Keep practicing the usual social distancing, wear your mask once outside and wash your hands as often as you can. Stay away from the sick and avoid crowd. Stay away from parties in poorly ventilated places. Keep on doing your home exercises and enjoy your nutritious food.

Maxime Coles MD (9-15-2020)

References:

3.- Ace2 Cell Biology, Regulation and Physiological Functions; The Protective Rm of the Renin-Angiotensin System (RAS) Academic Press; Boston.
4.- Fehr and Perlman, Coronaviruses: An overview of their Replication and Pathogenesis: Methods in Molecular Biology, 1282 pp 1-23.
Au gré des souvenirs…..

J’ai rencontré, assise au bord du chemin une vieille dame, la pipe allumée, tournée vers un coin de la bouche, inhalant son tabac, et poussant dans l’air quelque nuage de la feuille épaisse qui brûle encore dans sa pipe…..Elle était octogénaire ; cela dit beaucoup dans un pays où l’espérance de vie ne dépasse pas les soixante cinq ans….Elle était timide et d’un air réservé au prime abord, question de méfiance naturelle entre gens qui ne se connaissent guère, méfiance encore plus grande dans un pays comme le notre où l’acte de naissance des gens de ville était classé “citadin” jusqu’à la chute des Duvalier, alors que celui du campagnard était titré d’“acte de naissance paysan”.Nous sommes une société foncièrement hétéroclite et discriminatoire où les préjugés amenuisent la cohésion sociale et diluent le sens d’appartenance à un ordre commun. Mais à mesure qu’elle me regardait, elle lisait dans mes yeux l’innocence de mon âme et finissait par se décrisper et par s’ouvrir à moi...les yeux, dit-on, sont les miroirs de l’âme ..
On sentait en elle ce besoin de parler, de raconter son histoire, un tant soit peu de son long vécu qu’elle espérait mettre à profit pour les autres. Elle n’avait jamais quitté le village de sa naissance.. Elle n’a pas connu l’asphalte et les Lampadaires qui trônent de nuit sur les boulevards des grandes villes et les éclairent… ni les gratte-ciels dont les silhouettes montent vers le firmament à perte de vue. . Elle avait l’air tout résigné et semblait surtout vouloir parler de ces opportunités ratées, de ce que le monde aurait du être, et de ce que pourtant, le monde n’est pas. Elle revenait de la messe dominicale car depuis que les blancs étaient venus et avaient détruit le rogatoire familial, elle avait subi, toute petite encore, ce processus de rejet culturel par lequel elle était devenue catholique franche, elle et toute sa famille tout en continuant en sous basement la pratique religieuse ancestrale, telle qu’apprise de ses pères…Elle ne semblait avoir aucun remords pour son passé. Elle parlait de sa jeunesse et du temps où les hommes, pour inviter une cavalière à la danse, devait tirer leur mouchoir de leur poche et baisser jusqu’à terre en flottant le mouchoir par devant la fille dans un rituel de respect et d’admiration….On se prenait par le mouchoir tout le long de la danse et l’on rasseyait ensuite la dame à son siège, une fois la danse achevée avant de repartir dans son coin…la vieille dame, me parlait du manque d’élégance et de sophistication qui caractérise les relations entre les jeunes d’aujourd’hui. Elle disait avoir du mal à comprendre pourquoi les jeunes de notre génération se frottent tant les uns contre les autres lorsqu’ils dansent, surtout les jeunes filles qui pointent la tête vers le bas, exhibant leurs fesses et invitant l’homme à venir s’y blottir. Véritable choc de génération !!! . Elle ajouta qu’au moment où son futur époux devait demander sa main en mariage, la lettre fut accompagnée d’un billet rouge de cinq gourdes destiné à celui qui lirait la lettre de demande et en ferait la réponse.
Elle commençait à avoir du mal à bien marcher tellement les douleurs étaient intenses au niveau des genoux et aux chevilles. Elle a du prendre une pause à cote du chemin avant de recommencer à marcher..Elle parlait de ces pieds forts et robustes qui dansèrent toute la nuit, et que les hommes emmenèrent plusieurs fois à la buvette, une fois exécutés sous la tonnelle d’occasion montée de paille de cocotiers et de palmistes, quelques rythmes joyeux que le banjo, le nanumba ,le tchatcha et surtout le tambour projetaient loin dans la nuit à cause du silence imperturbable régnant au
delà du périmètre festif. Elle me rappela que je devais surtout bien joir du temps et de ma force physique, que je ne serais pas toujours vert et robuste comme je l’étais en ce temps –là. Pour moi elle parlait de chose dont elle ne savait rien tout comme je ne pouvais comprendre de quoi parlaient mes vieux parents quant ils se plaignirent de douleurs musculaires ou d’arthrites au niveau des hanches ou ailleurs. On se croit toujours invincibles dans sa belle jeunesse, on ne pense guère à la maladie, ni a la mort. Jusqu’à ce que les parties du corps, si l’on vit assez longtemps, commencent à demander des comptes et à nous rappeler notre place éphémère dans l’existence. Mon grand frère kysy aime rappeler que la vieillesse est une catastrophe, un naufrage, où tout arrive en même temps: la maladie, la mort, les distanciations sociales où les invitations au mariage, aux baptêmes et aux communions sont de plus en plus rares et où ,ici c’est moi qui ajoute, les funérailles de parents , d’amis ou de confrères et consœurs deviennent une ritournelle. l’on est toujours seul marchant inexorablement dans la voie de son destin, aux pas solitaires de la via dolorosa. Elle me rappelait ensuite d’un ton pointilleux ––là. Pour moi, il y a toujours une certaine nostalgie du dénouement heureux. Là où l’argent et les moyens pécuniaires ne font pas défaut, rappela –t-elle, il y a souvent la maladie qui s’installe ; tantôt c’est le ou la partenaire idéal(e) avec qui l’on souhaitait vivre le reste de sa vie ,qui soudain tombe malade et périclite quand ce n’est pas une disparition accidentelle qui vient troubler l’ordre des choses. Ici des génies naissent et meurent tapissant dans l’ignorance, sans connaître leur potentialité, faute de pouvoir aller à école, et acquérir le pain de l’instruction. Ailleurs, disait –elle,-il y a toujours une certaine nostalgie du temps passé, des ces fleurs anonymes, nées et mortes derrière les montagne et que personne n’a vues ni connues… Quand je lui demandais si elle avait des regrets sur sa vie passée, et des attentes qu’elle n’avait pu combler jusqu’ici…. Elle répondit alors que nous avons tous des regrets et des désillusions que nous charrions à travers l’existence parfois de manière stoïque et silencieuse sans avouer que nous souffrons, et d’autrefois à pleins gosiers jusqu’à troubler la quiétude et la sérénité des autres…Elle rajouta que les déceptions, les regrets et les amertumes, il faut apprendre à vivre avec pendant un certain temps ,et à finir par les oublier et par les surmonter complètement un jour. Elle ajouta que des regrets elle n’en a plus et que cependant elle continue à avoir des appréhensions quant aux tournaures que sa vie a prises et au besoin de chaque jour qu’elle n’arrive pas à combler ,la fille en ce temps était partie pour les Bahamas. Elle envoyait quelque chose quand une occasion sure se présentait. Mais la famille étendue ,telle qu’elle se pratiquait chez nous, qui garde sous le même toit plus de trois générations à la fois, lui assurait une maigre subsistance mais digne et respectueuse de sa stature de grandette parmi les autres… Elle parlait de ses ennus de sante, mais admit qu’elle s’y attendait bien et qu’elle s’en fout pas mal depuis un certain temps. J’ai réfléchi au besoin de ces hordes de femmes qui traînent sans secours et vivent chaque jour dans l’indifférence et l’anonymat. J’ai pensé que le premier devoir d’une société devrait être de prendre soin des enfants et des vieillards qui sont des piliers forts plantés à ses deux extrêmes. Car si l’un représente l’avenir d’une société, c’est l’autre qui en garantit la survie en se constituant en archives et en bibliothèque vivante de celle-ci. Quand mon père et ma mère me racontèrent des choses du temps de leur enfance qu’ils apprirent de leurs propres parents, c’était déjà près de deux siècles d’histoire qui se profilèrent à mes yeux et dans mon imaginaire. Quand je suis retourné une autre fois pour une conversation encore plus approfondie avec la vieille dame qui habitait non loin de chez moi, c’était pour m’entendre dire qu’elle avait fait l’ultime voyage vers les rives éternelles. J’ai gardé pendant longtemps ce regret de ne lui avoir pas parlé une autre fois. Mais je m’en suis guéri finalement, comme elle, de mes regrets passés et j’ai appris que chaque rencontre peut être bien la dernière et qu’il faut toujours en jouir pleinement. J’ai toujours eu un faible pour les générations qui me précèdent. Il y a dans leur bouche une sagesse, un secret qu’aucun livre ne peut livrer. Ils ont arpenté la vie et ses revers et comprennent déjà les limites de l’humainement possible. Ils savent que tout effort est vain et que la finalité est la même partout…

Rony Jean-Mary, M.D. 
Coral springs, Florida, 
le 20 Septembre 2020
The early part of the previous century saw a coordinated assertiveness by African Americans at many levels. The NAACP in 1909, then The National Urban League in 1910 as well as The Commission on Interracial Cooperation in 1918 represented efforts to fight a system openly advocating their disfranchising through politico-legal means. Carter G. Woodson, a preeminent scholar for whom we are indebted to have Black History Week, then Month, in February, author of *The Mis-Education of the Negro* started The Association for the Study of Negro Life and History in 1915. As we mentioned before, starting in 1915 and lasting till 1970, The Great Migration from the Deep South where 90% of African Americans lived, to all parts of the country, an exodus of immense consequences in the makeup of the society. This phenomenon is well chronicled by Isabelle Wilkerson in *The Warmth of other Suns*. She dubbed it “…it was the first big step the nation’s servant class took without asking.”

The Great Migration would be fraught with dangers. The great displacement would pit two groups that had always lived separately and the encroachment of African Americans into areas long considered the domain of whites in jobs, housing would light the tinderbox across the nation. In 1919, in what the NAACP called the Red Summer, 30 urban riots took place. Therefore, the same divergence between the two different groups was brewing in Tulsa, Oklahoma.

As we mentioned before, there was a climate of intolerance among the populace at every level spreading in all spheres, irrespective of ethnic origin. For example, union activity was antithetic to the pro-business climate. There was a campaign to chase the IWW (Industrial Workers of the World) out of the area using any means necessary. To fan the fire, The KKK as mentioned above had a strong penetration in the area and included a female membership as well as one for teen boys.

The two white newspapers *Tribune* and *World* had a conservative bent. Both played a competitive advocacy role for racist ideas with the *Tribune* upping the ante, often referring to the black section of Tulsa as “Little Africa” or more commonly as “niggertown.” Their editorials were pointed, sharp without any diplomatic niceties. Their venom could be raw, lethal and on numerous occasions, their positions against a group perceived as a threat resulted in dire consequences for such enemy, an indication of their outsize influence. Their pro-big-oil business and antiunion stances held no prisoners; the IWW’s demise in the area is a proof of that. The section where African Americans lived abutted the rail yard and there was always a desire by certain investors to use the space as a warehouse. The existence of that neighborhood was a threat to some business interests. In 1921, the population of African Americans living in Tulsa had bulged to 11,000. It was also an affront to racial sensibilities because young white women were cavorting with black musicians at jazz joints. That was anathema. Miscegenation was a high crime and highly offensive. “Black Wall Street” referred to Greenwood Street, the main thoroughfare in the district. It included 2 movie theaters, 1 hospital, 2 newspapers, *The Tulsa Star* and *The Oklahoma Sun*, two public schools, including a
high school, various professional offices, stores and other businesses. No bank or other financial institutions existed yet. Some of the adjoining streets offered an image of poverty and substandard housing familiar with was what commonly found in black quarters of many towns across the country. A lot of the businesses relied on customers doing menial work. Greenwood St as the nerve center attracted people from afar and could be considered the equivalent of other immigrant ghettos bustling with activities that eventually blossomed over time. The whole area was in its infancy. It included a surgeon trained at the Mayo Clinic, Dr. A. C. Jackson, and was considered the best African American in the nation\(^1\,2\,3\).

Whatever happened in the elevator became public knowledge on May 31 when the Tulsa Tribune stated “A negro….was arrested……charged with attempting to assault the 17-year-old white elevator girl….an orphan who works as elevator operator to pay her way to business college\(^1\,2\,3\).” Such a sulfurous charge about a Negro assaulting a white woman would be followed later by an editorial “To Lynch Negro Tonight” according to many people. However, this editorial for unknown reason (or obvious reason) is not to be found in subsequent microfilms of the edition. Lest there be any accusation of spreading any falsehood, Krehbiel cites the Race Riot Commission report and further states, “When its files copies were microfilmed in the 1940s, the front-page arrest story and about half the editorial page had been torn out.” When the rival World reported the story the following day, June 1, it stated, “There was a movement afoot, it was reported, among white people to go to the county courthouse Tuesday night [May 31] and lynch the bootblack\(^1\,2\,3\).”

This leaves the clear impression there was a consign that people were responding to. What happened that previous night?

Dick Rowland stayed at the city jail at first and the police moved him to the county jail, on the top floor of the courthouse, a more secure place. He stated he had accidentally stepped on Sarah Page’s foot. The Police Commissioner, Adkison, would testify later that in the afternoon of the same day (Tuesday), he received a call from an anonymous man telling him, “We are going to lynch that negro tonight.” The chief of police, Gustafson, authorized the transfer and suggested to the county sheriff, McCullough, to get the prisoner out of town for his safety but he refused. There was a precedent of mob lynching an accused white man, Belton, and that weighed into equation among the African Americans. They gathered around the courthouse where a crowd of whites were already milling. The sheriff and one African American policeman convinced the first contingent of African Americans to leave, but he didn’t fare so well with some unruly whites who even called him “nigger-lover,” the worst injury one white can spew at another. The continued presence of whites alarmed the African-Americans who came back better armed, ready to get into action as necessary; the ratio of whites to African-Americans was about 20:3. As with all other cases of riots, law enforcement officials usually paid attention to containing the African-Americans and remained lax about the aggressive behavior of the whites. No real effort to defuse the situation was undertaken. Supposedly there was an order to hose them down, but that order was not executed. National Guard was not summonsed until too late. Several hundred of whites went to the National Guard Armory to seek weapons but were rebuffed.

The melee that night started when a deputy constable named MacQueen attempted to disarm an African American who had no intention of letting him do so. It’s reported that the pistol discharged between ten and ten-thirty. Word spread that the Blacks were attempting to take over the city. The whites looted all hardware stores selling weapons. Tulsa World described it thusly: “Thousands of persons….including several hundred women, and men armed with every available weapon in the city taken from every hardware and sporting goods store swarmed\(^1\,2\)…” Beauty being in the eye of the beholder, events were interpreted differently; African Americans wanted to protect a fellow citizen wrongly accused, knowing full well there was a chance a mob of whites could come to lynch him was seen as an insurrection. The sight of them armed brought out whites’ worst fear and worst reflexive reaction. The authorities shared in that reflexive, visceral reaction. Had they defused the situation earlier, by making sure African Americans as well as whites have left the courthouse, a different scenario would have developed.
It’s reported that some participants in the black part of town were inciting people to go to the white part of town to start burning property to fend off burning of their own side by oncoming whites. No less than B. C. Franklin, lawyer and father of famed historian J. H. Franklin, who lived the event said so in his autobiography titled, “My life and an Era.”

Adkison, made a colossal decision in deputizing white volunteers and arming them, in fact giving them a free rein. The rationale was to put down the “negro uprising,” never mind the whole episode started with a white mob assembling in front of the courthouse and bent on punishing a negro who had the gull to assault a white girl. Allegation was synonymous with a guilty verdict and worthy of lynching. The deputies looted downtown Tulsa first and carried everything from two major stores, Bardon’s and Magee’s. This was reported by Tulsa World. A bricklayer, Laurel Buck, would later testify that a sergeant on duty at the police station egged him to “get a gun and get a nigger.” The National Guard was deployed after the start of the shooting. About fifty men were available and were split to protect several edifices; fewer than twenty were sent to the police station. A power plant substation was under fire and the national Guard did reach it and suffered one casualty at the hands of African Americans.

The shooting went on all night with casualties on both sides. A grotesque incident developed. An African American attached to a car by his feet alive died after the trauma of being dragged through the streets in a mad display of hatred. Another witness, Mary Jones Parrish, would later write, “I had read of the Chicago riot and the Washington trouble, but it didn’t seem possible that prosperous Tulsa, the city which was so peaceful and quiet that morning, could be in the thrall of a great disaster,” in her book, Race Riot 1921.

The mayor of Tulsa, T. D. Evans, was not to be heard of during this entire time; he was the highest ranking official, but he allowed lower-ranking individuals to make crucial decisions. Besides the shooting and the looting, arson occurred. Report has it that the fire chief, R. C. Adler prevented helping any fire coming from the riot zone, cited by Krebiel. On the other hand, Andrew Smitherman was a leader among the African Americans, and he helped organize the resistance with armed men.

On June 1, 1921 at around five AM, a whistle blew, and folks remembered it as a clarion call for the assault that took place. Without recounting the gory details and minutiae, “…arguments over…details…obscure an irrefutable and essential truth: a terrible retribution was exacted upon Tulsa’s African American community, and the best that can be said of local authorities is that they did not do much to stop it.” The onslaught included bombing from 6 airplanes**, machine gun, looting of stores, arson of homes and indiscriminate killing of African Americans by an angry mob of whites including law-enforcement officials. A lot of the whites looted first and carried away personal belongings of well-to-do African Americans before setting their homes ablaze. Among some of the victims was the famous physician, A.C. Jackson, gunned down in front of his house at point-blank range with his arms up in surrender. This murder is confirmed in the testimony of his white neighbor, John Oliphant ***. A lot of the victims burned to death. Many of the dead included children, women. At the end of the day, an entire neighborhood disappeared, gutted in fire and numerous dead among African Americans. On the subject of airplanes, Parrish would say, “There was a great shadow in the sky, and upon a second look, we discerned that this cloud was caused by fast-approaching aeroplanes …. The enemy…was invading our district, the same as the Germans invaded France and Belgium,” in the same book.

*This information is contained in the Oklahoma State Archives, box 25, case 1062.
**This is the only recorded case of a plane involved in a massacre in US history.
***His testimony is part of the Oklahoma State Archives.

In an editorial on June 2, 1921, World stated, “The colored section of the town was wiped out, and a long line of hopeless, destitute, pitiful refugees fled northward from the burning town. The German invasion of Belgium with its awful consequences was no more unjustified or characterized with any greater cruelty.” Adding insult to injury, survivors had to fend for themselves. Many escaped to
surrounding cities and those who remained behind were taken by National Guardsmen that had come as reinforcement the morning of June 1 but who didn’t stop the looting and arson even though they could have, to either Convention Hall or McNulty Park. They would be released only if a white person could come and vouch for them. Otherwise, they were then sent to holding areas such as church, high school, fairgrounds.

In the aftermath of the massacre, racial sensibilities came to the fore with abrupt force and heavily influenced policy decision. The initial shock expressed at the loss of lives and the unbecoming act of looting and idea of lynching quickly veered to a narrative of blaming the victims from motley crew of venues: the local papers, preachers’ pulpit, national papers including the NY Times. A variation of the theme of troublemakers among African Americans (called “bad niggers”) disseminating the dangerous notion of equality and mixing of the races were to blame. Admission of Blacks in the military bore some blame for it familiarized them with a potential of parity. Brandishing weapons for self-protection in town was an unforgiven sin. Quickly the idea of reconstruction of Greenwood neighborhood was abandoned. Patricians had another idea. An ad hoc city ruling commission, Public Welfare Board, accepted the proposition advanced by the Real Estate Exchange of purchasing the properties and using the area instead as warehouse and relocating its population to a new area, distant from the whites to avoid mixing of the races, an unacceptable concept. In the end relocation took place but in a haphazard manner and insurance companies refused to pay homeowners for their losses, using a clause of no-coverage in case of riot. Clearly this was a massacre and for the longest period thereafter, the event was mostly not mentioned and if it were, it would be casually referred to as a riot. The event would have to wait seven decades before a commission would be set up to delve into it.

EPILOGUE.

The real number of dead is still not known for sure and lately there’s renewed interest in finding mass graves. It’s now accepted that up to 300 people died as an estimate. Greenwood street never regained its luster. Some reconstruction took place, but it paled in comparison. A highway built later has split it conveniently, a known measure to restrict economic growth in minority areas. The biggest loss was of talented people because quite a few resided there. A preeminent doctor was killed. For a population of around 11,000, the existence of a hospital was a significant asset. The presence of a very talented physician over time would have resulted in further advance in medical care for society’s benefit. Two very prominent attorneys survived the massacre: B. C. Franklin** and P. A. Chappelle***. Both had stellar careers as residents of Tulsa and their progeny is famous. In the case of B. C. Franklin, his son, John H. Franklin was a renowned scholar, the best coming out of Tulsa, hands down; his resume is very impressive. Since the 1940s, JH Franklin has been writing the very famous encyclopedia, From Slavery to Freedom.


**B. C. Franklin and P. A. Chappelle were very instrumental in helping African Americans fight a lot of racist policies in Tulsa, including some outlandish zoning laws.

***P. A. Chappelle has a very successful lineage. One grandson, Carlos Chappelle, became Tulsa’s first African American presiding judge. A great-grandson, Dany Williams, rose to the title of U.S. attorney for Oklahoma Northern District.

Other survivors of significance include Olivia J. Hooker††, the first African American woman to become a Coast Guard. She received a MA from Columbia U., a PhD. from U. of Rochester in

$cited$ as reference number 9, now in its tenth edition. He is the type of scholar whose work and life story one ought to be acquainted with. JH Franklin’s son, John W. Franklin, played a very significant role in the development of the Smithsonian National Museum of African American History and Culture in Washington, D. C.

Other survivors of significance include Olivia J. Hooker††, the first African American woman to become a Coast Guard. She received a MA from Columbia U., a PhD. from U. of Rochester in
Psychology and she served on the faculty of Fordham U. from 1963 to 1985 and was a founding member of American Psychological Association. She died at age 103 in Nov 2018. The last survivor of this massacre died on August 18, 2020, at age 100, the sax player Hal Singer. He was especially popular in Europe and in 1974, he received the distinction of “Chevalier des Arts” awarded by the French government.

Several entrepreneurs lost their investments that they never recouped, nipping a nascent economic engine in the bud. All of this because they were African Americans. The wholesale destruction was blatant, with the seal of impunity in a lose-lose formula. Society would have been better served had this neighborhood been allowed to thrive. Racial animus was so strong that it blinded decision in policy making. The very idea of equality generated such a fear that it overtook common sense.

This massacre joins a long list of similar nefarious events dating back to days of slavery. Hardly a month passes by without a publication and reassessment of another massacre. The names read like an alphabet soup: Colfax, Louisiana, in 1873 during Reconstruction, Elaine in Arkansas in 1919, Rosewood massacre of 1923 to name just a few. They all share the same characteristics, razzia of a black neighborhood, maiming of innocents, looting, burning of their properties with impunity without any intervention of law enforcement authorities to help. Almost invariably the victims are blamed, “They brought it on themselves.” The saddest part of the June 1 massacre is the fact that so many people died for a made-up reason. Sarah sent a letter to the authorities in September of the same year stating she was not pressing charges and Dick was released.

Exploration of past misdeeds is not an exercise to sow discord. It’s rather a way to understand current events since history tends to repeat itself. It’s a very worthwhile attempt to avoid repeating past mistakes and to protect ourselves against modern-day potential ethnic cleansing by exercising the most powerful weapons we have: a proper education and going to the polls. We also need to be careful and not sweep a whole group as villains but learn about coalition-building based on shared interests.

REYNALD ALTEMA, MD

Olivia J. Hooker, PhD., and several survivors of the massacre founded the Tulsa Race Riot Commission in 1997.

References:
Clotilde était assise sur une chaise derrière le comptoir de son restaurant, la main contre la joue, le visage plissé, la mine maussade, le cœur rongé par un revers émotionnel. Depuis quelque temps, elle pataugeait dans la déprime. Elle ruminait les événements : la découverte de la perte de quelques milliers de dollars dans son compte en banque le jour après le départ soudain de son amant, l’homme qui a pu la charmer par son ludisme en public et qui a pu aiguiser son instinct lubrique en privé. Une fois de plus elle fut tombée victime d’un charmeur. Madrée dans les affaires, son palmarès avec le genre opposé est truffé d’erreurs commises à cause de son penchant pour trouver l’affection dont elle a toujours rêvé.

Clotilde, âgée de quarante ans, grassouillette car elle aimait faire bombance, coiffait toujours Sainte-Catherine. Élégante, toujours tirée à quatre épingles, parée de bijoux, de teint de café au lait, les cheveux soigneusement entretenus en tresses de design exquis. Elle avait une prédilection pour les tenues sur mesure, bespoke dans le jargon moderne, confectionnées avec des tissus de qualité supérieure. De bonne humeur, elle praisait la conversation et annonçait sa présence de loin avec son fredon ou une chanson. Malgré une instruction limitée, elle avait pu établir un négoce à succès dans tous les aspects de la restauration. Elle avait un don spécial pour la cuisine et la présentation des mets. D’origine modeste, elle avait émigré à Brooklyn et des années plus tard, elle avait sponsorisé le reste de sa famille, sa fratrie et sa mère. Son premier et unique boulot comme une employée d’un patron fut dans une usine d’assemblage. Dépitée par le choix de mets offerts pour le déjeuner, en peu de temps elle commença à cuisiner et ses collègues au travail qui y goûtait pliaient une commande. Elle gagna plus d’argent en cuisinant qu’en emballant des bibelots. Ainsi débuta son long voyage avec les affaires. Elle abandonna le poste et se dévoua en plein temps à la cuisine. Elle alla à l’école le soir pour apprendre l’anglais et ensuite elle a suivi des classes sur les rudiments de l’art culinaire. Depuis, son savoir-faire a pris le dessus. Elle regardait souvent les livres de gastronomie pour se donner une idée qu’elle perfectionnait à sa guise, utilisant son imagination très féconde. Elle avait économisé assez d’argent pour ouvrir « Chez Clotilde » un restaurant au cœur de la zone peuplée par les Haïtiens à Brooklyn. Ce restaurant fut un hit dès son ouverture. Au fil des ans, elle a agrandi la superficie, a ajouté une pâtisserie tout en respectant les règles sanitaires, une haute qualité dans la cuisson et surtout en insistant sur la courtoisie pour les clients. Cette optique professionnelle dans ce secteur assura un épanouissement remarquable.

Cette entreprise était gérée d’une manière bien structurée et moderne. Son frère benjamin était son comptable et elle offrait l’assurance médicale, un plan de retraite à ses salariés à plein temps. Elle fut adepte et avait utilisé le terme « Chez Clotilde » comme une marque dans ses réclames qui disaient « Un repas Chez Clotilde représente l’ultime expérience gastronomique. Si vous n’êtes pas satisfaits du service, on vous donne un crédit pour un autre repas de la même valeur. » Ainsi cette location était devenue un point de repère pour les réceptions privées, un dîner entre amis ou simplement une commande pour emporter. Dans les affaires, elle avait le nez fin, la touche de Midas. Cependant du point de vue émotionnel, elle se cassage le nez. Elle rêvait toujours de trouver un amant qui la rendrait folle en la gâtant. Au lieu de compagnons fidèles, elle a connu deux échecs successifs précédent celui-ci, et chacun fut accompagné d’un enfant grandissant sans un père. Chaque liaison fut aussi une perte financière car elle avait le cœur généreux et était toujours prête à dépenser pour un amant. La première fois, son amant l’avait laissée après avoir reçu en cadeau une voiture neuve. La seconde fois, elle avait accepté à cosigner un prêt de cinquante mille dollars quelques semaines avant. Il avait laissé sans aucune trace
et par conséquent, elle aura à payer la dette en entier. Cette générosité trahie, source d’engueulades avec son frère, elle se promettait de l’éviter mais ne pouvait s’empêcher de se trouver dans la même situation une fois qu’elle tombait amoureuse.

Elle avait un faible pour l’homme qui avait le verbe facile, surtout le français, habile à la transporter au royaume de Nirvana. Pour une telle expérience, elle s’était mise disponible à payer rubis sur l’ongle en espèces sonnantes et trébuchantes aussi bien en investissement émotif. Charlot son dernier amant incarnait ces deux qualités. La perte économique, une déception certes, pouvait être recouverte comme elle l’avait faite les autres fois, mais le pincement et le renfrognement que le cœur éprouvait avaient un poids lourd sur la poitrine, un goût amer, et apportaient une insomnie, une anorexie et une perte de poids certaine qui fera jaser les gens, surtout celles de mauvaise langue. De surcroît, elle avait à subir les remontrances de son frère au sujet du revers financier.

Clotilde était en proie à cette mélancolie lorsqu’un client lui dit, « Belle dame pourquoi tu ne souris pas ce beau jour ? » Ce client ne fut nul autre que le gynécologue qui l’avait accouchée dix ans plutôt. Le sourire de ce monsieur a ravivé des mémoires longtemps supprimées pour une personne admirée dans le temps. Le reconnaissant et gênée, « Doc, comment ça va ? », « Finalement tu t’es décidé à goûter à ma cuisine ? ». En effet, elle lui avait proposé du temps de sa dernière grossesse de venir déguster ses mets et qu’elle serait fière de lui servir personnellement. Cependant il n’avait jamais répondu à cette offre que jusqu’à ce moment. « Je suis veuf maintenant et ne sais pas cuisiner, alors je me souviens de cette offre. Donc me voici. » Clotilde prépara un mets somptueux. Il devint un client favori. Sa soupe au giraumon le dimanche matin était toujours cuite par Clotilde. Lorsqu’il ne se portait pas bien, elle s’empressait de lui apporter elle-même chez lui un mets accompagné d’une tisane du terroir. Au fur et à mesure, ils se sentirent très confortables l’un avec l’autre comme amis. Ils se parlèrent au téléphone de plus en plus et les thèmes allaient de la banalité au sublime ; de fil en aiguille, les conversations duraient plus longtemps. Un jour il lui présenta une rose, un geste qu’elle a rarement connu et qui alla droit à son cœur assoiffé. La spontanéité de cet acte eut la réciprocité d’un baiser de Clotilde émue, amoureuse de nouveau mais sentant pour la première fois un rythme particulier quand son cœur battait la chamade. Il avait mis un baume avec un parfum spécial à son cœur.

Il fut aussi différent que tous les autres hommes qui ne l’avaient jamais croisée. Il y avait un écart de vingt-cinq ans entre eux. Il avait perdu sa virilité et dépendait d’un médicament pour l’aider. Par contre il possédait ce que les autres n’avaient pas, il était aimé et cherchait la compagnie d’une personne fidèle. Il apprécia son indépendance ; il la trouva très charmante. Le garçon qu’il a aidé à mettre au monde s’attacha à lui spontanément. Il joua le rôle du père que ses fils n’ont jamais eu la chance de connaître. Clotilde était au septième ciel. L’amour qu’elle cherchait était venu. En guise d’un charmeur, elle était en présence d’un homme réel, mûr, lettré et non d’un farceur.

Elle et lui devinrent amis et compagnons, une rare combinaison mais la meilleure dans une relation. Elle apprit à, et continua de savourer le délice de recevoir un bouquet de roses. La vue de ces fleurs apportait un soubresaut à son cœur, un tressaillement de son tréfonds, rehaussant sa féminité, adoucissant ses peines. Une simple phrase au cours de la journée par texto, se terminant avec le mot bisous excédait la valeur de son pesant d’or. Elle se désaltérait par le bonheur de vivre dans la franchise. Leur union eut à faire face cinq ans plus tard à une rude épreuve quand ils tombèrent victimes de la maladie de Covid-19. Il eut un cas assez grave car il passa plusieurs jours à la réanimation ; elle eut de légers symptômes. Elle fut son ange gardien pendant sa convalescence. Leur union survécut l’épreuve et se solidifia car pour son anniversaire de naissance, elle reçut une bague de fiançailles comme cadeau.

REYNALD ALTÉMA, MD
It is not given to everybody to know when he/she suffers from a sleep apnea. A sleep history can be obtained from someone who shares your bed or your kids or anybody in the household. “He stopped breathing and scared us”: is often a sentence that we commonly hear when a patient’s family member or spouse when he/she is seen by a sleep specialist for sleep disorder during an evaluation.

During apnea, there is a cessation of breathing in which there is no movement of the muscles of inhalation and the volume of the lungs remains unchanged. Depending on what blocks the airways, there may or may not exist a flow of gas between the lungs and the environment. Sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and re-starts. If you snore loudly and feel tired even after a full night's sleep, you might suffer from sleep apnea and the quality of resting time that you should enjoy, is not adequate. There are three main types of sleep apneas:

1- An “obstructive sleep apnea” which represent the more common form when the throat muscles relax.

2- A “central sleep apnea” responding to the brain activities and the lack of signals transmitted to the muscles controlling the breathing pattern.

3- Finally, a “complex sleep apnea syndrome” when both obstructive sleep apnea and central sleep apnea are encountered together. It is also called “emergent central sleep apnea” because of the need for an emergent intervention.

To evaluate sleep, an overnight monitoring at a sleep center is nowadays a mandatory step requested by the insurance companies. When I became a patient with this medical condition a little more than 10 years ago, I was surprised to know that it was necessary to spend the night at the sleep center with a technician watching over a complicated study and adjusting head, chest and extremities electrodes, mask and tubing to follow your body all night on a monitor and perform the proper adjustments.

Rarely a home sleep study is now accepted by the insurance companies if it has not been previously approved. The test needs to be divided in two: a first part to diagnose the fact that sleep apnea in fact occurs and a second more elaborated phase to perform the study itself and fit the patient for a suitable mask. As discussed, the overnight monitoring is done at a sleep center for studying the breathing pattern and the body function during sleep. If a home sleep testing can rarely be accepted, we should expect to detect well sleep apnea by different means. Let us review the available tests:

1-Polysomnography during night is a test performed while you are hooked to different monitors controlling for your heart, lungs and breathing patterns, brain activity with arms and legs movements. All are recorded while your oxygen level is constantly as well as your blood level is under observation.

2-Occasionally, you may be required to perform other simplified tests able to monitor oxygen levels, airflow and breathing pattern and even apnea. If it is found abnormal, proper therapy may be prescribed then. Remember that monitoring devices are limited in their functions and are unable to detect all cases of sleep apnea. Then the polysomnography will need to differentiate.

In the cases where you have an obstructive sleep apnea, an ear, nose and throat consultation can diagnose any obstruction at the nose or the throat level. Cardiologist or Neurologist can be used to find other systemic problem.
3- Continuous positive airway pressure (CPAP) may be recommended especially when lifestyle changes are indicated like losing weight or stopping smoking or even in presence of nasal allergies, so medications to relieve allergies will be ordered. If the symptoms persist in presence of moderate or severe apnea, particular devices can help opening the blocked airway unless surgical treatment is found necessary.

When the apnea is found moderate to severe, a machine delivering air pressure through a mask is used while sleeping. The air pressure is greater than the surrounding air but just enough to keep the airway passages open, preventing snoring and apnea. CPAP is the most common and reliable method to treat sleep apnea. Many may found it uncomfortable and cumbersome at the beginning but most often one will learn to adjust the tension of the straps holding on the mask, rendering the respiratory apparatus more comfortable to use while in bed. While being tested in the lab, a variety of masks are available for proper fitting and the appropriate mask is prescribed. If your partner believes that you are still snoring in spite of the proposed treatment, discuss with your pulmonologist or the primary care who ordered it for you. The pressure setting may be inadequate and the settings on the CPAP machine may need adjustment.

4-Whenever the CPAP machine is unable to resolve the problem, different type of air pressure device with an automatic adjustment to the pressure while sleeping (Auto-CPAP) can be used. Another kind of unit supplying rests in the use of a bi-level positive airway pressure for control where more pressure is provided when one inhales and less pressure is when you exhale.

5-There are also options in wearing an oral appliance to allow the throat to remain open. Although the CPAP machines are more reliable than these oral appliances, these later units are easier to use. Other oral appliances are designed to open the throat by bringing the throat forward. A number of those devices are available through your dentist allowing the patient to try different models prior to definitive fitting. Once the fit become definitive, follow-up visits with the dentist during the first year are anticipated for any reassessment. After all attempts at trying, if the problem is not resolved, a surgical option is still possible.

Surgery is the last option whenever all conservative treatments have failed after a three month-trial unless a structural problem with the jaw is discovered. Tissue removal in the rear of your mouth or your throat by a procedure called “Uvulopalatopharyngoplasty” involving also the removal of the tonsils and the adenoids. For many, this will prevent the throat structures from vibrating and cause snoring but it is not considered as a better treatment as the CPAAP for obstructive sleep apnea. Radiofrequency ablation is also used to perform this procedure in moderate case of sleep apnea and in the hands of some, it appears to have fewer surgical risks.

The “Maxillomandibular advancement” is another procedure consisting in a “Jaw repositioning” procedure in which the jaw is simply moved forward enlarging the space behind the tongue and the soft palate in the goal of eliminating any chance for obstruction.

Under local anesthesia, plastic rods can be surgically implanted into the soft palate. It is now the most up-to-date procedure to relieve snoring under investigation. More research is looking at the way to stimulate the hypoglossal nerve and control the tongue movement. By this way, they hope to redirect to tongue to keep it away from obstructing the airway.
Others have looked at the way a tracheostomy can be performed as a life-threatening operation in cases of severe apnea. The patient will become dependent of this tracheostomy in which a metallic or a plastic tube can allow breathing whenever asleep. The tube can be covered during the day and uncovered at night when sleeping. Simply by-passing the upper airway.

Other types of surgery to reduce snoring have been named, notably in removing the adenoids and the tonsils. Rarely a “septoplasty” involving the bony septum may become useful, especially if malformation is encountered or traumatic deformation following facial blows like seen in boxers or in motor vehicle accidents.

Many have benefited from lifestyle changes with Weight loss and/or bariatric surgery, a way to reduce weight and facilitate the breathing pattern. A slight weight loss might relieve constriction on the throat and resolve the problem of apnea but unfortunately can return if the weight fluctuates. An exercise program with ½ hour of moderate activity a day, can also help ease the symptoms of an obstructive apnea often without the loss of weight. A strict diet is beneficial avoiding alcohol, smoking and medications like tranquilizers and sleeping pills which paralyses the throat muscles in interfering with breathing.

The way you are sleeping may also be a problem. It is better to sleep on the stomach rather than the back to avoid blocking the airway. Some suggest to attach a tennis ball to your back to remind you that it is forbidden to lay on the back. There are also commercial devices which vibrate once you roll on your back during sleep.

There are many types of weight loss surgeries collectively called bariatric surgery on which we will superficially opine. This consist in making permanent changes in the digestive system to shorten the bowels or by-pass part of the gastro-intestinal tree. This is the next step when exercises or diet has not worked in the reduction of the weight in patients with serious health problems. These procedures may limit how much to eat or reduce the ability to absorb nutrients. Some may require both actions. There are some benefits in all forms of weight-loss surgery but one has to realize that such major procedures may carry significant risks and side effects. Changes in the diet and the need for exercises will assure a long-term success to the procedure.

Also, you must make permanent healthy changes to your diet and get regular exercise to help assure the long-term success of bariatric surgery. Three main surgical procedures can be offered mainly a sleeve gastrectomy, a gastric by-pass (Roux-en-Y) or a pancreatic diversion with duodenal switch (BPD/DS) to patients with life-threatening weight related health problems like High Blood Pressure, Heart disease and stroke, sleep apnea. Type 2 diabetes, nonalcoholic fatty liver disease etc. More often, bariatric surgery become an option for patients with morbid obesity with a body mass higher than 35.

The “Roux-en-Y gastric by-pass” is the most common of all the procedures done in bariatric surgery. You will need to follow the medical guidelines to become qualified through a screening process while you remain committed to live a healthier lifestyle and accept long-term follow-up to monitor your nutrition and your lifestyle as well as your behavior and your medical condition. This procedure is not reversible and it will force such patient to decrease the amount of food at one meal.

The top of the stomach is cut leaving a pouch, the size of a walnut, then the small intestine is also cut and sewn to the stomach. The food bypasses the stomach and the first portion of the intestines (duodenum) to fall in the jejunum.
The “Sleeve gastrectomy” removes at least 80% of the stomach leaving a long pouch which will hold on smaller amount of food leaving a patient with less appetite or little desire to eat. This procedure provides significant weight loss and a shorter hospital stay.

The last operation is the “Biliopancreatic diversion with the Duodenal Switch” consisting in a two-part surgery in which a sleeve gastrectomy is done first and then the distal end portion of the intestine is hooked to the duodenum with the biliopancreatic and attached to the stomach, bypassing almost the entire small intestine. This procedure reduces the food intake as well as the absorption of the nutrients.

Bariatric surgeries pose potential health risks both in short terms and long terms. You may encounter excessive bleeding, infection, anastomotic leaks, blood clots and even death in the peri-operative period but also bowel obstruction, dumping syndrome, gallstones. hernias, malnutrition, Hypoglycemia, acid reflux, vomiting, vitamins deficiency etc.

Although surgery may last several hours, most types of bariatric surgery can be performed laparoscopically, facilitating a faster and shorter recovery. Weight loss surgeries don’t always work but you may also lose weight and/or develop serious health problems. Combine these procedures to the proper breathing devices, will allow you to enjoy better sleeping habits.

In conclusion, people with sleep apnea problems may suffer from impaired alertness and excessive daytime sleepiness, becoming a risk for driving and working accidents. They may develop health problems like diabetes and decrease in vision. Death could occur if left untreated. They can be moody, belligerent with a lack of energy leading to depression. I just wanted to stress the need to undergo an evaluation when you know how you are deprived of sleep, when you snore and you present with symptoms we discussed above. Have a good night of sleep!

Maxime Coles MD (8-19-2020)

References:


2- “Sleep Apnea: What is Sleep Apnea?”. Department of Health and Human Resources. July 10, 2012


Continuant la série des témoignages et écrits commémorant la mémoire de notre regrette André J Muzac, je voudrais ajouter, reproduire dans AMHE News ce bref texte, échange après la publication de son livre: "LIFE in The Under Developed Republic of Haiti". Témoin de notre attachement, notre affection et mutuel respect.

Fabien Wesner Fleurant MD

"Pages Retrouvées"

par Fabien Wesner Fleurant MD

Nous ne sommes pas encore revenus, tous encore sous le choc et continuons de pleurer le départ parmi nous de notre estimable et vénéré frère et ami le docteur André J Muzac, ce samedi 1er Août dernier. Personnellement, nos pas se sont croisées à bien de carrefours, et notre parcours choisi, avions négocié et surmonté bien d'asperités sur nos sentiers. Tous ces tournants marquants ont positivement empreint nos vies et comportements. Je m'enorgueillis d'avoir meritier son estime, partager ses soucis aussi bien témoin de ses nombreux succès repetés.

Notre "bon docteur André" se faisait le devoir d'attirer mon attention sur chacune de ses publications, et de solliciter mon opinion critique. La marque, certes de considération et de mutuel respect. Ce bref commentaire qu'il me plaît de reproduire ici, s'inscrit dans la lignée de nos stimulantes discussions émaillées de concepts tels que son souci de "temps" comme si l'on se devait de faire vite, de s'empresser d'être utile... "si on a la chance de voir le temps"; ses inquiétudes: "qu'il n'est plus question de changer le monde", sa "recherche de paix intérieure"...

Ici donc la teneur, la norme de nos échanges:

Sent: Thursday, Oct 19, 2017
Subject: Hello mon Bon Dr Andre Re: ton livre "LIFE"

Mon Bon Ami Dr André:

Je me devais depuis très longtemps de t'écrire cette note, après lecture attentive et appréciation de ta dernière publication "LIFE in The Under Developed Republic of Haiti". Mais toujours des contretemps, des distractions, avatars de notre quotidien fait de milliers d'obligations et d'imprévus, de distractions, de visites trop réguliers chez médecins et dentistes, ou bien en qualité de malade ou bien de chauffeur... ont jusqu'ici accaparé le meilleur de mon temps.

Je dois d'abord te féliciter pour la qualité et la teneur de ce volume, attestation du "metier" d'écrivain bien établi, d'observateur détaché mais informé, de reflexions profondes, de pensées bien muries et libérées de vagues émotivités.

J'ai très sensiblement et positivement apprécié, enregistré ton honneteté et courage. Beaucoup d'entre nous peuvent certes se retrouver dans tes écrits et récits, et revoir défiler les péripéties et difficultés, les souvenirs pas toujours heureux de bien de moments de notre jeunesse; libérant ainsi de cette tentation ceux-là qui en auraient l'inclination et le talent très nécessairement de devoir mettre noir sur blanc cette formative expérience. Admirable aussi l'initiative de vouloir éclaire "les Jeunes" particulièrement de notre diaspora sur ce que tu perçois être les causes de la situation de notre petit pays. Surtout ton effort à mettre l'emphasis sur la responsabilité de nos échecs sur nous autres Haïtiens et non les biais des échappatoires à toujours blamer autrui.
Perisse l'idée d'une exhaustive revue critique positive de ton écrit!
J'ai bien suivi cependant ton developpement de l' idée, de la question de "Mentalité de Sous-Developpement" et je questionne plutôt ce que je perçois être absent ici (peut-être dans ton troisième volume!) l'emphase sur le contexte (complexe!) d'Haiti dans le monde depuis le XIe siècle jusqu'à aujourd'hui.
Le type a dit: "Haiti porte le poids de son histoire". Ce prononcé se révèle à mon humble avis comme l'antécédent primordial, existentiel à ne jamais perdre de vue. Et la tête de chapitre de toute enumeration des causes de nos malheurs y compris le "depi nan ginen nèg rayi nèg": l'ignorance et non préparation des chefs de bandes, nos valeureux premiers leaders; l'insolence, l'impudence de ces nègres à se déclarer libres et indépendants; la témérité, l'affronterie de vouloir porter atteinte à un système économique (l'esclavage!) du blan européen; la malchance d'avoir été colonisé par des colons Francais(ici on pourrait certainement discuter heritage et mentalité!); la dette de l'indépendance, handicap imposé au développement, à l'éducation; le préjugé de couleur, les malversations, les zizanies de classes fomentées et entretenues au bénéfice des "gros interets" contraires à "I' Union fait la Force". L'ignorance, ignorance programmée et entretenue, en fait motif et mobile recent et effectif de la chasse aux patriotes intègres et à tous ceux a avoir eu la chance d'obtenir une meilleure éducation, ceux-la capables de comprendre dont d'ailleurs bénéficient les pays d'accueil n'ayant rien payé pour leur education.... Ignorance génératrice de pauvreté materielle et d'esprit, d'incompréhension, d'absence d'une conscience éclairée, expliquant en partie l'attitude et le comportement des gens du pays à suspecter et même à refuser la participation citoyenne de ses fils de l'extérieur, lesquels ont davantage appris à aimer la terre natale, bien plutot intéressés à contribuer au développement et changements, à une image positive de leur communauté d'origine, et à repayer leur dette de gratitude... Dire aussi que les gros interets des étrangers toujours en jeu dans le pays ne sont pas contaires, antipathiques à ce blocus.
Donc, je discute la question de "mentalité haitienne de sous developpement" non comme une tare sui generis et je te rejoins neanmoins dans le dilemne de vouloir trouver le comlement changer cette mentalite perverse, retrograde, destructive.

Ton essai mon ami...un bon livre. (A relever tout juste en passant, de petites " coquilles" d'imprimerie et des corrections d'editeur: on ne peut à la fois contenter tout le monde et son père a bien écrit La Fontaine..) Une discussion serieuse qui commande du respect. Pour me repeter, tu fais honneur à notre génération. Souhais de success dans ta mission d'éclairer la génération montante. Estimant ton texte un valable plaidoyer, se devant d'être accessible et disponible dans les bibliothéques, et avec le soutien et le souci des nombreux professeurs de souche haitienne, en droit de devoir devenir lecture obligatoire dans les écoles, colleges et universités à fort effectif d'étudiants d'origine ou de parente haitienne.
Je partage ton souci et ton enthousiasme à continuer cet effort.

Fraternellement

Wesner

Serge Balmir MD n’est plus de ce monde. Il a perdu sa dernière bataille suite a une longue maladie qui le terrassait. Son Createur l’a appele a ses cotes et sa mission sur terre est terminee. La AMHE voudrait transmettre ses condoleances emues a sa femme Rose Mary, a ses enfants Serge Balmir MD, Sacha Balmir MD, Fabiola Balmir MD, a ses sept (7) petits-enfants ainsi qu’aux familles et amis affectes par son depart. Il laisse un vide qu’il sera difficile a combler. Que ce Dieu de Misericorde te recoive a bras ouverts dans sa demeure eternelle. Reposes en Paix mon cher Serge!
Maxime Coles MD 9-10-2020
PS: Funeral Services at St Vincent Ferrer Church
    925 East 37th street, Brooklyn NY  11210
Time: TBD
Serge St Gerard Eulogy by Yves J. Manigat MD

Honoring and celebrating this life may be exhilarating as well as challenging for a single individual. I may have had the rare privilege to follow this remarkable man in various phases of his life:

- starting with his formative years in Cap-Haitien under the tutelage of his mother, a lifelong educator;
- negotiating thru the turbulent years of the 60s and the academic challenges at the State University School of Medicine in Port-au-Prince;
- moving to his productive years in New-York, excelling in his professional life as an clinician and anesthesiologist, while building a family, with his wife, another colleague, Dr Marie Jose Parinis St Gerard
- and retreating lately in South Florida to a very active social life while fighting at different fronts for his survival.

That was enough time to discover the essence of the man, which fascinates everyone around him. Serge prominently displayed the depth of his character in every situation in his life. He rightfully gained the admiration of his peers and his friends, next to the adulation of his family members.

We will remember him for his drive, his honesty, his affability, his spirit of corps demonstrated thru the activities of the Class of 68, as well as the AMHE, the Association of Haitian American Physicians. We were touched and inspired by his devotion to his family and most particularly by the great courage he always displayed while confronting the adversities in his life.

To give you a good appreciation of the size of the man, we have elected to use additional voices commenting on the many striking facets of this personality, with the strength of his character.

Dr Fritz Casimir his classmate said “Serge was not only a Colleague, but also a leader. He was a man of courage and in spite of his personal health issues, he never ceases to think of others. He became the guardian of the class of 68. His passion and interests were to keep us together….”

Carlo Paul a columnist, a great figure in the West Palm Beach community, thinks of him as an example of humility and wisdom.

Dr. Claude Émile Macajoux also of the class of 68 commented on the pleasure and the honor to evolve since 1962 next to the Doctor and the man. He added that their retirement created the opportunity for them to become close and for him to learn to appreciate Serge for all that he was. Dr Arnoux Charlot made mention again of his empathy for others.

Dr Eddy Vincent reminded us that Serge was like a brother to him, which we are all claiming to-day.

YJM September 3, 2020
Maxime,

Thanks for taking the time to post Dr Ferdinand's homage to the Crosley. It's long but very impressive. And you may choose to section it into 2 or 3 episodes. He has known them for many years and was one of the couple's favorite friends. While reading the "memoriam" you will be able to capture the essence of their relationship and also the impact and legacy that the Crosley have left among the Floridians friends.

A few words about Dr Ferdinand to present him to the AMHE "lecteurs":
Dr Joseph J. Ferdinand est Professeur et Critique littéraire. Il fait partie de la diaspora haïtienne depuis 1965. Il est détenteur de doctorat en français et a passé une trentaine d'années à enseigner les littératures française et francophone de même que la langue française à l'Université aux États-Unis. Il a publié de nombreux ouvrages qui sont accessibles sur l'Internet.

Now, I only have to forward the Article to you. Bonne lecture et Merci.

Mireille

« ET LA LITTÉRATURE ? »
(Hommage IN MEMORIAM à Bernadette Carré Crosley, 1941-2019)

par Joseph Ferdinand

***

Il est, certes, d'une extrême indélicatesse de se servir d'une expression pittoresque revenant en refrain à la bouche de quelqu'un pour définir son caractère, mais, des fois, si grande en est la tentation qu'on prend plaisir à y succomber, particulièrement quand ce comportement ne recèle rien de malicieux. Ainsi, à un quarteron d'amis, auquel j'ai le privilège d'appartenir, chaque fois qu'on évoque le souvenir de Bernadette Carré Crosley, aucun hommage ne paraît suffisamment élogieux s'il n'était gravé dans l'or de ces trois lettres :

« Et la littérature? »

Texte complet
Dear Dr. Coles,

I hope you had a pleasant Summer.

As a member of the ICSUS House of Delegates one of your primary responsibilities is to promote the College and its activities. During recent leadership meetings it was confirmed that engaging residents and increasing the Section’s Junior Fellow numbers is extremely important to the future of the Section. All leaders need to be actively involved in this activity for it to work.

The easiest way to get Residents as well as Medical Students involved in ICS is through our annual Research Scholarship Competition. Please be sure to circulate this email along with the link below as appropriate to residents and medical students, as well as colleagues who may know someone with an interest in the Scholarship Competition. Getting residents and medical students involved in the College as Junior Fellows is very easy as it doesn’t cost them anything to join. Please make a concerted effort to recruit at least one resident or medical student in the coming months and also promote the Scholarship Competition. If you wish to have Headquarters send an official invitation, just send me names and email addresses via a reply message.

Thank you for your ongoing support and participation.

Nick Rebel
Executive Director
United States Section of the International College of Surgeons

Click HERE to join the ICSUS as a Junior Fellow (there is no cost for Residents and Medical Students)
https://www.ficsonline.org/i4a/forms/index.cfm?id=15

Click HERE to learn about the 2021 Research Scholarship Competition
https://www.ficsonline.org/i4a/pages/index.cfm?pageid=3288

" O Mon ame, n'aspire pas a la vie immortelle, mais epuise Le champ du possible. "

Pindare 3ieme Pythique.

Published on the AMHE NY Facebook page last two weeks
Articles parus sur la page Facebook de l'AMHE NY durant la dernière semaine

16 Foods That Boost Your Immune System - What to Know About Salmonella - A South Korean study on a cohort of around 80 children has demonstrated that 28 of them were asymptomatic - Ka Croix Rouge Haitienne installe des stations pour lavave de mains - Une eulogie a Serge St Gerard MD, presentee par Yves Manigat MD: - Vitamin D3 is found to be directly responsible for a 50% decrease in admissions in the Intensive Care Units I invite you to read this new article. Maxime Coles MD. - The Forgotten Science Behind Face Masks - Josephine Elizee and the donation of clothes and medical material in Mole St Nicholas, Haiti at the Hotel Beau Rivage. Bon travail. MC- Karl Latortue MD and Louis Joseph Auguste MD at the storage in Long Island NY…

And more…