VIRGINITY THROUGH THE AGES AND ITS TABOOS

Maxime J Coles MD

I remember the dilemma of a friend of mine, gynecologist by profession, just starting a new practice in the Midwest. He was approached by the parents of a teen-age girl requesting that he performs a “virginity examination”. Being a new physician in the community, he did not feel comfortable in such a situation. The mother insisting on the check-up.

He first thought that the parents wanted to discuss birth control issues or menstrual cramps or other problems associated to the periods especially when the girl was suffering from acne, preventing her to venture in public. He was quickly reminded of the subject of discussion and the mother went directly to the goal of her visit to tell my friend how concerned she was because her daughter may have become sexually active under her watch. They wanted him to examine her and clear any doubt they may have.
The daughter did not feel too comfortable while glaring at her mother, almost in tears. She looked so mortified and uncomfortable in her skin that she wanted to hide. My friend told me that he was deeply panicking and did not imagine such a confrontation. How was he going to handle the moment? Unfortunately, no medical textbook and no ethic course in medical school or elsewhere can adequately teach a physician how to handle the situation. My friend took a deep breath and calmly approached the mother explaining to her that he was unable to act on her request.

The mother did not accept the answer and became agitated dissipating a little, the daughter’s anxiety. Soon, the atmosphere cooled off and everybody were able to sit down and discuss the topic. This is the kind of situation which can happen to a physician especially when practicing in a remote town in the South or in the Midwest of the United States of America.

I was then the parent of a teenager myself and if I may understand the desire of parents to protect and monitor their children. We have nowadays better teaching tools in our hands to help us. I mean the new “apps” on the phones suggesting where they are and the way we can check on them using social media. We even can drug test them and participate to their activities and whenever we become suspicious, we certainly can’t decide to check their vagina just on the suspicion that they may have lost their virginity. It is an unacceptable practice.

Society has placed a misguided emphasis on puberty and on a young woman “purity”. Chastity belts have for years been used to preserve virginity and purity among young women. Many have bought the notion of an “unperforated” hymen as a proof that a woman has never had any sexual intercourse. This is a myth that has been destroyed over the years and one needs to ask frankly what it means to be a Virgin.

Virginity can be defined as the state of a person who has never engaged in sexual intercourse. Religious and cultural traditions have given special value and importance to this state especially when you are dealing with unmarried women personal purity, honor and worth.

Virginity and Chastity have both traditionally involved sexual abstinence. In Virginity, the concept deals with the moral or the religious aspect until it transgresses to social or even legal implications in the society. The term “Virgen” originally referred to sexually inexperienced women. A wide range of definition dealing with tradition, ethics and modern concepts may differ nowadays.

A heterosexual may consider the loss of virginity only after penile-vaginal penetration while other sexual orientations may also include oral, anal penetration and even masturbation in their definitions of losing one’s virginity. The topic of virginity still remains a taboo in many societies.

Let us discover what it means to be a Virgin over the ages. The term “Virgin” (vierge) originates from the old French “virgine” with a Latin root “Virgo, Virginis” meaning maiden or virgin known as a sexually intact young woman or sexually inexperienced. In the English language, there is a wider reference like the virgin Queen, the skydiving virgin (uninitiated). The first known virgin in the English literature was described in a manuscript at Trinity College Cambridge around 1200… In Botanic science, “virga” means a strip of wood… The early Christian churches had an order of Virgins (Ordo Virginum), applied to the consecrated virgins. Around 1300, the name Virgin was also applied to Mary, the mother of Jesus. Another term “Maid” in English imply virginity. It is why during the time of Robin Hood, Maid Marian become his love interest.

In the 1400, a virgin was also considered as a virtuous or a naïve woman. The German word for virgin is “Jungfrau” meaning young woman but actually Jungfrau is exactly the word for sexual inexperience. A frau is a woman. Male virginity had also an interest among the French (Puceau), or among the Greeks (Parthenos). In the Medieval times it was the Unicorn which become the symbol of purity and many paintings during the Renaissance also reflected on the notion.

Although virginity has historically been correlated with purity, many feminist scholars believe that virginity itself is a myth and they argue that there is no medical definition for the term and there may not have scientifically a veritable proof of losing it. Sexual intercourse results in no change in the personality. In her
book, “The Purity Myth”, Jessica Valenti states that the concept of virginity is dubious because “virginity is valued to the woman’s morality between her legs”.

The urge of desiring a partner who have never engaged in sexual activities is now a days called a “Virgin complex”. There are many ways to lose his/her virginity through vaginal penetration by the penis or the finger, consensual or non-consensual, during oral, anal sex, mutual masturbation or any other forms of non-penetrative sex etc… The partners may be heterosexuals or homosexuals and they have a different vision of the virginity loss.

The concept of “technical virginity “or sexual abstinence through oral sex is popular among teenagers. Oral sex is common among adolescent girls who fellate their boyfriends to preserve their virginity while maintaining intimacy and also to avoid pregnancy. In 1999, JAMA (Journal of the American Medical Association) published a study sampling 599 college students and found that 60% did not believe that oral-genital contact (Fellatio and Cunnilingus) was considered as having sex. But another study in 2008 at the Guttmacher Institute stated that teens will engage in non-vaginal forms of sex like oral sex as a way to be sexually active while still claiming being technically virgins. It is well known now that any supposed substitution of oral for vaginal sex is largely a myth.

Another Canadian study in 2003 have tried to link sex to orgasms, meaning that if you had sex without having an orgasm, perhaps, you did not have any penile-vaginal intercourse. Parallelly, two sociologists Bearman and Brueckner looked at virginity pledgers and found similar proportions of sexually transmitted diseases (STD’s) compared to the one practicing oral or anal sex.

In brief, there is no textbook in Gynecology which can define with certainty the term of: “Virginity”. Much like sex, the definition can be suggestive based on the presence or the absence of a hymen. It may be unusual to believe that a woman who had vaginal intercourse with a penis can still have a hymen. If it is not intact, there may be many other reasons... By examples, the use of a sanitary tampon can certainly perforate a hymen which has this facility to stretch as well under a heavy menstrual flow... Self-manipulation (masturbation), a normal process in the sexual development of a young girl can lead to a stretched hymen also. Anatomist believe that some girls may come to the world without a hymen and others may have a hymen with more than one opening or even form a thicker membrane with hymenal bands worsening the problem of menstruation. Occasionally, such situation may require a surgical removal of the hymen.

Early loss of virginity has been linked to factors such as the level of education or other biologic factors like age and gender or the level of independence, the lack of parental supervision and even their religious affiliations etc. Sexual initiation with no protection and with multiple partners promoting promiscuity has increased the chances of catching sexually transmitted diseases (STD’s), cervical cancer, pelvic Inflammatory disease and/or unwanted pregnancies etc.

The first time a woman has sex is generally considered in most cultures to be an important personal milestone. Expressions like “losing one’s virginity” or “saving one’s virginity” are commonly repeated and reflects on the importance of such moment while “taking someone’s virginity” or “deflowering” are associated with the act itself. It is generally, the end of innocence or purity and the beginning of sexualization of the individual. It is not given to the first comer to take the virginity of a woman unless the virginity did not represent much for the young woman or man.

Let us describe what represent a Hymen and ask the question if it is true that an absence of hymen means the loss of Purity or Puberty:

A hymen is a thin membrane considered as a fold of tissue at the vaginal opening (entry) expending between the two ‘labia”. It has generally a central opening narrower than the orifice of the vagina. This membrane has no clinical purpose but it is a remnant from the embryological development of the vagina.

There are wide varieties of hymen in thickness and in shape. It is thought that at least 10% of girls are born with some type of abnormality and even some may be born without one. Others may have one with or without an opening allowing only the blood flow from the periods to run out. If the opening in the hymen is too small, it can obstruct the outflow forcing treatments with a vaginal dilatator. There may occasionally be a need for
surgically enlarge the opening to allow the passage of the blood.

Some women can present a hymenal band, where extra tissue forms one or many small openings with a thicker band separating the orifices. These hymenal bands can cause problems especially if a teen uses tampons, but they remain fairly easy to remove surgically. The hymen can be stretched when once is inserting and removing the tampons. Self-stimulation as we already stressed earlier is a normal part of the sexual development and such act can lead to a stretched hymen.

Women may desire to have their hymen reconstructed especially when they have been sexually active and they belong to societies where unmarried women are expected to have an intact hymen prior to become a spouse. In France, women especially from Turquie have used many of such clinics to reconstruct their hymen. Such women will undergo hymenorrhaphy (repair) or hymenoplasty (reconstruct) the hymen because female virginity prior to marriage is closely related to family honor. In Africa, until recent years, sex with an elder suffering from HIV/AIDS was believed to provide a cure the disease.

In the bible, it is stated that a man who seduced or raped a virgin must pay her bride price to her father. In other countries, a woman can sue a man who had taken her virginity but did not marry her. This represents damages or “wreath money”. More, some other cultures require a proof of a bride virginity like an insurance that the bride is a virgin prior to enter the marriage ceremony. This may bring us back to my friend in the Midwest just starting his practice which I mentioned at the beginning.

Hymen can be also thin and rupture with a young female falling of a bike or following any other athletic activities perhaps riding horses. Replacing a hymen (hymenoplasty) is often called “virginity fraud” especially when the one looking for the procedure also require a certificate of proof prior to being married. The term “virginity fraud” has long-time described such practice while these women may well call themselves “born-again virgins”.

Female virginity has always been regarded with more importance than male virginity. In various countries, males are encouraged to engage in sexual activities so they can become more experienced. Most studies showed that men have experienced sexual intercourse by their 20th birthday, age at which marriages would normally take place. Sons are encouraged to practice with older women or prostitutes before marriage and it is seen especially in the Latin cultures among countries like Portugal, Greece, Romania, Brazil, Chile, Dominican Republic.

The same can be seen in many Asian societies or in non-Latin societies like Thailand, Poland, Lithuania…etc. In 2001 a survey from the UNICEF showed that in 10 out of 12 developed nations, like Germany, Finland, Iceland, United Kingdom, USA etc, two thirds of their young people had sexual intercourse while still teens. I will leave this aspect of sexuality -abstinence-psychology to the anthropologist and perhaps the psychologist to develop.

Most religions have disapproved premarital sexual relations although it has always been widely practiced. Virginity may be considered as a virtue denoting purity and physical self-restraint in the Greek mythology. Homer referred to the subject through the goddesses Athena, Artemis, Hestia, Hera and Aphrodite which pledged to remain virgins.

During the Roman times, the Vestal virgins were destined to priesthood at the age of 6-10 and they were highly celibate not always virginal but they were sworn to celibacy for a period of 30 years. If a Vestal Virgin was found to have had sexual relations while in office, the penalty to her crime was to be buried her alive.

In the Buddhism, the followers have 5 precepts to follow starting from the personal undertaking instructions to the commitment for refraining from sensual misconduct. Virginity is not mentioned but Buddhist monks and nuns are expected to refrain from all sexual activity. The mother of Buddha did not have to be a virgin because she has never been a child.

In the Hinduism, virginity prior to marriage is ideal and the marriage ceremony (Vedic wedding) in the “kanya dan” ritual where the father will make a gift of a virgin, to gain the greatest spiritual merit. The intactness of the hymen has nothing to do with virginity.
In Judaism, sex was forbidden as reported in the Deuteronomy book 22:25-29. Virginity is also discussed in the Torah Genesis 19.8 where Lot offered his virgin daughters to the people of Sodom for sex while Israelites will avoid homosexual activities. A child born from a single woman is not illegitimate (manzer). In Torah, a damsel who has not the sign of virginity in the early marriage shall be punished by death and the un-virgin woman is equal to a whore in her father’s house.

In Christianity, Paul expressed in the Corinthians 6.13, 3.16 that pre-marital sex was immoral and that sexual abstinence was a preferred state for men and women while sexual relations were expected between a married couple.

In Islam, extramarital sex is sinful and forbidden. There are punishments but you need 4 respectable witnesses to the actual act of penetration. In western cultures, premarital sex and loss of virginity may be considered shameful to the individual, but in some Muslim societies an act of pre-marital sex may result in personal shame and loss of honor. In Turkey, up to now vaginal examinations for verifying a woman’s virginity are current practice with a woman’s consent.

In Sikhism, sexual activities occur between married individuals and pre-marital sex is advised against. Virginity is an important aspect of spirituality and must be encouraged and preserved prior to marriage.

We would not like to conclude without discuss a little about changes found in the body of a young teen after engaging in sex for the first time?

Sex does change you. It is not anymore hugs or kisses. Are you ready to reach the finish line? I wrote once a poem on a young girl who thought she found the ideal companion but she was deceived that she became another trophy in his room. Psychologically a teenager may feel a sense of elation or a subtle loss or not even feel much in emotions, but no matter, the body will metamorphose after losing her/his Virginity.

Women may always remember because they may have a certain idea in what to expect the first time especially if it happens as planned or not. Women may be anxious of the act and it becomes normal to have doubts especially with all the taboos we have exposed through the ages. The concept of pain is a little left behind while new studies have shown that most women have a tendency of liking the moment of losing their virginity when it is well planned.

A young woman who just lost her virginity has to be ready to expect changes in her body. The breast will become firmer and even bigger, easily increasing to a quarter of their previous size. They will change form while becoming more sensitive. The nipples represent an erotic zone, oversensitive with a tendency to shrink. They are tender after sexual arousal because the act of sex triggers more blood flow to the breast, the areola and the nipples areas. Just with a slight touch, they can tighten and contract.

The vaginal area also becomes more flexible and prepare the canal for sexual intercourse allowing penetration more pleasurable. Once you lose the virginity, the clitoris begins to respond to advances helping the women to lubricate for the final act.

Most women will bleed after losing their virginity (hymen) but as you read above some of the hymen can be so thin or even inexistant that the rupture may become insignificant. Others will have only spots of blood at the rupture or bleed a day or two after the act.

After the first time, the periods can be delayed and although it is normal to feel an urge after sex, some women may have their menstrual cycle disrupted but will need to take extra-precaution to avoid unwanted pregnancy. If you have had unprotected sex and experienced nausea, headaches, you should think about a pregnancy test in order to avoid any unplanned pregnancy.

Remember the first time you have had sex, there is always an emotional expectation attached to the moment. You may want to be more or less attracted to the partner or simply avoid him/her because he/she deceived you. You may want to seal the relationship because you want to validate the act but perhaps, he/she may not have the same interest in the relation etc… Many will see a conquest or a trophy to add to their palmares but others would want to build on it. But no matter how long you have been dating or even married, the first time
you have sex will make you feel affectionate to the partner at least after during the act. A hormone “Oxytocin” will spray happiness to make you enjoy the moment.

Your body will also release “Dopamine” to boost your confidence and will allow you to encourage good social behavior. “Testosterone” will help you become more oratory in allowing you to be more sociable. After all, Sex may make you nervous while you may feel guilty after the act but you will surely be asking yourself if you gave yourself to the good one and if it is love after all? Finally, your skin will glow like never while you will be feeling confident and happy to have discovered Sex and lost your Virginity. Remember when you are sexually active to perform sex with protection especially if you have chosen to use multiple partners.

This page is dedicated to all the teenagers who are ready to venture in the new world, ready to lose their Virginity.

Maxime Coles MD

Boca Raton 9-26-21

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

Your kidneys are your body's clearinghouse for toxins. - Research shows that couples who care about satisfying their partner - Is the new Mu variant more transmissible than other variants? - 9 things that happen to a girl's body after losing virginity - La crise sur la frontiere entre les Etats Unis d'Amerique et le Mexique. - Some 2000 + Haitians were deported in our land. Others are trying to live the American dream. Maxime Coles MD - AMHE-NY Chapter and the cause of the Refugees - Souvenirs de Monseigneur Sansaricq. We will meet you again. Maxime Coles MD - The man was advised to get rabies treatment after an apparent bite from the bat, which was in his room. - Hospitalizing the Unvaccinated Has Cost U.S. Nearly $6 Billion

And more…
L’été chaud que couronne la Tragédie des migrants Haïtiens aux portes du Texas.

Ronny Jean-Mary, M.D.

L’été qui vient de s’achever aura été l’un des moments les plus tragiques de notre histoire de peuple... Après l’assassinat crapuleux d’un chef d’état en pleine exercice de ses fonctions, et le tremblement de terre du 14 Aout dernier qui laissa à genoux la péninsule Sud d’Haïti, sans oublier le cyclone de la même semaine, on s’attendait à un certain répit sur le plan international. On voulait tous de quelques bonnes nouvelles, de n’importe quoi, même d’un bon score d’un match de Foot qui ferait parler de nous en termes élogieux. Car ma fierté, après toutes mes années de résidence en terre étrangère, a toujours été de rappeler haut et fort combien je suis un natif natal d’Haïti. Je n’ai pas encore trouvé cette raison qui me ferait lâcher prise de mon identité propre pour me faire me cacher sous une ombrelle étrangère. Et pourtant, le drame poignant des migrants Haïtiens et le spectacle horrible de ces milliers de compatriotes, massés sous un pont à la frontière entre le Texas et le Mexique, m’ont assené un coup bien plus douloureux que je ne m’imaginais. C’étaient des scènes révoltantes à plus d’un titre, et qui devraient nous interpeller tous : Haïtiens en premier lieu, et l’humanité tout entière. Dans son essence, L’haïtien semblerait être un peuple en perpétuelle migration qui se sent mieux partout sauf chez lui. Il semblerait chercher à première vue la république étoilée, mais peu importe où il arrive au final, pourvu que l’étoile du destin, l’étoile qu’il suit au milieu de la mer ou au fond des forêts de l’Amérique latine et du Panama, ne le ramène au pays d’où il était parti. C’est presque sans désir de retour qu’il laisse le pays de ses ancêtres, tellement les conditions de vie, ici, se sont détériorées au cours des trente dernières années. Pour lui l’enfer c’est Haïti.

Force est de comprendre cependant que l’Haïtien laisse le pays non pas parce qu’il n’aime pas sa patrie, mais parce qu’il voit ses rêves de bien-être s’enliser de jour en jour dans un cauchemar sordide, et qu’il semble être pris dans un labyrinthe où il est condamné à mourir sans pouvoir s’en sortir. Transporté des cottes d’Afrique d’où il fut arraché de sa terre ; et vendu à Saint-Domingue comme tête de bétail dans l’unique but de travailler et de faire fructifier le sol, Le paysan Haïtien n’a de cesse , depuis des années, qu’il ne parte vers des lieux plus cléments où il trouverait le bien-être recherché .Certains diraient que je suis allé trop loin en arrière pour palper le phénomène de l’exode Haïtien ; mais en vérité , le sort du paysan des campagnes ne s’est pas amélioré grandement depuis l’indépendance. De temps à autre quelques éléments disparates arrivent à s’échapper du panier ; Si j’en suis peut être un exemple, je ne le sais pas. Mais dans l’ensemble rien n’a été fait pour changer les conditions de vie de ce peuple. Des mesures appropriées qui étancheraient la soif de justice, de liberté, d’éducation et d’épanouissement social du peuple en général, n’ont jamais été prises en sa faveur ; et les semences d’espoir que charriaient les belles promesses de toujours , se sont tout simplement estompées sur les terres plus arides de la corruption et de l’enrichissement illicite au détriment des masses paysannes...
Quand le pays changea de mains en 1804, la majorité de la population resta dans les champs dans une sorte de pacte tacite qui laissait aux citadins la responsabilité de gérer les affaires et de moderniser les structures existantes. Ils travaillaient la terre sous toute forme d’arrangement avec les propriétaires terriens absents, alors les latti fondi qui résidaient dans les grandes villes, dans l’espoir pour eux d’un mieux être à partir des produits et récoltes de la terre. Malheureusement, Cette élite citadine n’a pas tenu sa promesse de rendre la vie meilleure à ceux-là qui de toujours, avaient pour mission de soutenir l’économie du pays et de rendre la nation prospère . Car, plus les paysans travaillaient sur les habitations, moins ils étaient capables de répondre à leurs besoins essentiels de survie. Ils étaient devenus tout au contraire ‘les gens en dehors’ ou ‘monde en dehors’, malgré leur poids énorme dans la balance économique et en démographie. Voilà comment nous avons fini par construire un pays d’exclusion, un système d’Apartheid qui s’est étalé sous nos yeux, avec des marginalisés pour la plupart, et des ‘‘laissés pour compte’’. 

Quand le pays était encore vivable, les paysans acceptèrent tant bien que mal de rester sur les terres au risque de se faire gruger par ceux –là qui prenaient leurs denrées à bas prix et n’établissaient en retour aucune institution publique tels eau potable, hôpitaux et structures sanitaires, écoles, etc. au profit des masses exploitées. Et c’est alors que commença le grand exode rural qui voyait descendre vers les villes de nombreux paysans qui voulaient eux aussi que leurs enfants puissent apprendre à lire et à écrire. Nous avons traité la paysannerie Haïtienne comme une réserve de mine. Nous l’avons exploitée outrancièrement, et il ne reste plus rien à en puiser aujourd’hui. Cela explique pourquoi la nation est entrain d’imploser. La classe moyenne n’existe plus . Avec les paysans qui s’en sont allés, le conflit jadis larvaire entre le petit groupe qui possédait tout et la grande masse des infortunés finit par éclater au grand jour. Et nous sommes, comme à la veille de 1804, un baril de poudre que la moindre étinelle peut faire sauter à tout moment. Le gros peuple n’a plus confiance dans l’État et dans les institutions. Il en est résulté une dilution des sentiments patriotiques où personne ne croit plus en l’avenir de ce pays. Voilà pourquoi on laisse le pays et l’on s’aventure dans des voyages périlleux au prix de sa vie et de celle de sa famille. Il faut certainement un grain de folie dans la triture mentale d’un individu pour qu’il parte d’une terre aussi lointaine que le Brésil ou le Chili, parfois accompagné d’enfants en bas âge, jusque vers les Etats-Unis et l’Amérique du Nord. 

Cependant, l’insécurité grandissante qui, ces temps derniers, a gardé tout le monde cloitré derrière des murailles épaisses pour se protéger des gangs qui font la loi à Port-au-Prince et dans les villes de province, a fini par détruire ce qui restait encore de l’âme Haïtienne.

D’où la nécessité d’établir un distinguo entre migrants et refugiés, et de statuer sur le cas de ces milliers de compatriotes qui ont tout fait pour se retrouver aux portes du Texas, l’état uni-étoilé. C’est quoi un migrant ?un migrant par définition , est un citoyen lambda qui ,pour des raisons d’ajustement familial, d’études complémentaires ou de travail, choisit de laisser son pays d’origine et d’aller vivre dans un autre pays. Par contre un refugié est celui qui laisse son pays pour des raisons politiques et d’insécurité généralisée, choisit de fuir loin de sa terre natale et qui, s’il devrait retourner au lieu de départ, pourraient être victime de violence ou de toutes sortes d’abus physique, moral ou mental. Considérant les conditions actuelles d’insécurité et de violence caractérisées qui sévissent un peu partout à travers le pays, on ne saurait dire que les droits du déporté Haïtien seraient protégés si jamais il était renvoyé vers son pays d’origine. Alors, il est juste de dire que les Haïtiens qui sont en stationnement sous le pont de Rio grande méritent d’être considérés comme des refugies à part entière. . Et comme tels, ils jouissent d’un statut particulier, reconnu dans la charte des Nations Unies qui mérite d’être pris en considération. 

A regarder des sheriffs lancer des cordes et chasser des Haïtiens comme on en faisait du temps de l’esclavage, on est épris de sentiments de révolte et d’indignation, et aussi de honte et d’humiliation. On se sent impuissant face à ceux-là qui font mourir le pays à petit feu. On sent que le droit de ces refugies a été violé en les retournant en Haïti ou en les traitant de la manière dont ils avaient été traités à la frontière.
Triste est-il de reconnaître que le drame observé au cours des semaines précédentes est loin d’être à sa fin. C’est la tragédie sans fin d’un peuple aux abois qui ne sait plus à qui crier ni à qui se tourner pour trouver du refuge. C’est la faute de tous ceux qui ont dilapidé les fonds publics et n’ont laissé aucune réserve pour servir de tremplin social à une masse appauvrie et désabusée.

C’est la faute de ceux qui ont pillé Haïti pendant les occupations successives, qui avaient emporté avec eux les réserves en or de la République, et qui en plus de cela, s’attribuèrent pendant deux décennies 40% du PIB dans le but de payer une dette immorale qu’ils s’étaient souvoyé aux Français au moment de venir nous occuper. C’est aussi la faute de ceux qui ont maintenu les dictateurs les plus féroces dans ce pays et renversé un gouvernement chaque fois qu’ils ne l’aimaient pas. C’est la faute à ceux qui ont organisé une démocratie Bidon dans ce pays pour imposer leurs poulains au passé douteux aussi longtemps que cela pouvait jouer en leur faveur et servir leurs intérêts. C’est la faute de ceux qui refusent que justice et lumière soient faite au tour des crimes de sang et financiers perpétrés à l’encontre du peuple.

Au tout début de la crise migratoire de la semaine dernière, j’avais tendance à croire que c’était leur propre faute à eux, que toute cette horde de riverains ait choisi de laisser le pays en bandes désorganisées et aille s’aventurer dans la plus absolue des incertitudes qui soient. Mais je me suis ravisé pour dire que c’est eux le mal, eux qui ont toujours gouverné en sous mains, tirant constamment les ficelles et menaçant tous ceux qui ne veulent marcher tête baissée dans la voie macabre qu’ils nous ont tracée. Quoi qu’il arrive, ils se doivent eux aussi d’en assumer la responsabilité. Les États-Unis tentent de justifier son action en évoquant le principe de la souveraineté de chaque nation à pouvoir déterminer d’elle-même qui elle veut laisser rentrer chez elle et qui elle ne veut pas. Mais on semble oublier que nous avons perdu de cette souveraineté depuis des lustres, et que c’est le fameux core groupe qui décide de tout à notre place... Faut-il enfin innocenter les collabo internes, « les infidèles » qui ont privilégié les intérêts des autres au détriment de ceux de la patrie commune ? C’est là une autre question à laquelle je vous laisse tous répondre de manière individuelle. Car si nous ne prenons pas nous-mêmes au sérieux, comment peut on espérer que les autres nous respectent et nous prennent au sérieux à leur tour.

Ronny Jean-Mary, M.D.
Coral Springs, Florida.
Le 3 octobre 2021
Texas/Del Rio Migrant Crisis -- A Message from AMHE/AMHE Foundation

A picture is worth a thousand words, the pictures of men on horses charging Haitian migrants are ABHORRENT!

The Haitian Medical Association Abroad (AMHE) adds its voice to millions of others who condemn the actions of the officials who have responded to the Haitian migrants with such deplorable treatment, lacking in compassion and due process as the United States constitution dictates.

The mission of The Haitian Medical Association Abroad, a professional Haitian American organization created in New York in 1972, is to continuously pursue activities aimed at improving the life, health, and welfare of all its members and the Haitian communities at large both in Haiti and abroad. We stand ready, as we have always, to support our Haitian brothers and sisters wherever the need arises. We are called once again to provide support to those seeking relief from the most recent challenges that they face. To that end, AHME has been instrumental in sponsoring the transportation of some Haitian migrants that have been released to rejoin families in the United States.

In Unity,
AMHE/AMHE Foundation
October COVID-19 Column  
Maxime Coles MD

A- The FDA and the CDC have announced that certain groups of people are at higher risk for serious COVID-19 infection. They announced that one can get an extra dose of the Pfizer vaccine as a “booster”. We have to ask who in this world is eligible for the extra dose? First of all, a booster is an extra dose of vaccine giving an extra-protection against COVID-19. The extra dose is especially important for the elderly and the people with a weak immune system with diseases like Diabetes, Cancer, Obesity etc to help them face the new variants.

You can’t receive the Pfizer vaccine booster dose if you have taken the Moderna or the Johnson and Johnson but you can get a Pfizer booster if you have received the Pfizer vaccine already. Soon all the Companies should have a booster shot available for everybody. The Booster shot for Pfizer can be available at pharmacies free of charge as well. Someone may think that because they did not take the vaccine, they can go ahead and take the booster. This is not recommended. According to the FDA, the Pfizer booster is one full dose of the Pfizer vaccine but can be different for other vaccine whenever they become available. Those booster shots are destined to immunocompromised individuals or individual at risk unable to build up the proper level of immunity following the 2 previous doses administered.

We do not know if these doses may need to be repeated on a yearly basis like any Flu shot by example. We are still learning about COVID-19. It is important to member that everybody react differently when receiving a vaccine. Arm soreness, body aches or other side effects. Again, the vaccine is very safe and you will benefit in taking it even with the mild side effects.

B- A new strain of COVID-19 was discovered in Kentucky after being reported in Japan a month ago. This strain was discovered in members of one Japanese family. None in this family has ever travelled out of Japan. Residents at a nursing home tested positive for it while more than 50% of the residents and staff received the two doses of vaccination. Question about reduced protective immunity was risen. More than 10,000 infected cases have been discovered. Many scientists are concerned about this mutation. But the fourth wave of COVID-19 pandemic appears to be cooling off while we are observing a 3-months total case the first time down in numbers of infected.

Some state that the pandemic could end at the end of the year

C- Still the USA leads the world in number of COVID-19 cases. In our schools, many teachers have given their resignation and ask for their retirements all across the country. The school system has to face the increase number of vacancies while the children are getting ready to return to school. In Los Angeles by example, there is more than 500 vacancies. In Houston, they are seeing as much with 300 hundred. The smaller districts are also showing deficiencies. Students may not have permanent teachers. Other schools are ready to adopt virtual learning to compensate while administrators and teachers are even working more to handle school activities. Psychologists have to handle so many with emotional problems. A teacher shortage is already predicted and the school system will have to deal with.

D- People who do not get vaccinated will certainly immunize themselves naturally because the Delta variant is so contagious. Moderna is developing a booster shot as well. In the world heavy nations almost 80% of their population have already received the vaccination, or at least one dose. Many rich countries are wasting excess of vaccination without distributing to the poor nations.

E- American Samoa reported their first case of COVID-19 and soon the passenger was quarantined and isolated. This case was discovered among travelers already quarantined in provenance of the American Samoa Islands. Although that American Samoa recommend all travelers to be vaccinated and quarantined upon arrival. The resident contracted the virus during the traverse because he was vaccinated and tested negative for COVID-19 prior to boarding the flight. All the other 217 people were tested and quarantined as well. All flights in provenance of other territories have been suspended to protect the suzerainty. 500$ of the population is vaccinated.

F- A nationwide study just found that the Moderna vaccine is more effective in preventing COVID-19 hospitalizations the two other vaccines Pfizer and J and J. After 120 days, it was found that the
Moderna vaccine provided 92% effectiveness against hospitalization whereas the Pfizer vaccine’s effectiveness was found to be 77%. They believe that the difference between the two vaccines may be due to the contain of mRNA which is higher in the Moderna.

G- The US Customs and Border Patrol has sized more than 6000 fake COVID-19 vaccination cards especially from China. Since the month of May, these cards have been intercepted in many states like Texas, Maryland, Missouri, New-York etc. threatening the economy of the country. Buying those cards are illegal and violate federal laws and regulations.

H- By December 15, 2021 the US Army set a deadline for all active-duty soldiers to get vaccinated against COVID-19 but it is extended for the reserves and the National Guard until June 30, 2022. Anybody unvaccinated will be then counseled by their superiors and could face non administrative or non-judicial punishment included discharged or relieved of duties. There are 485,000 active-duty servicemen in the Army, 189,500 in the Reserve and 336,000 national guards to fall under these rules.

I- In the United States, at least 26 states can say that 50% of their inhabitants are fully vaccinated against COVID-19 but only three states can claim having two-third of their population vaccinated. These states are Connecticut, Massachusetts and Vermont. 54% of the US population is vaccinated and 74% of people aged 12 and older have received at least one dose. Colorado has the lowest COVID-19 cases rate maybe because 75% of its population have received at least one dose as reported by CNN. Unvaccinated people were 11 times more likely to die from the disease when the Delta strain was found to be the dominant strain.

J- In the world, there are more than 230.42 million of cases while 4.72 million deaths were recorded. In the United States 42.62 million cases of COVID-19 and more than 682,460 deaths recorded.

Maxime Coles MD
GLYCATION AND DISEASE.
Reynald Altéma, MD.

Glucose is useful as a source of ATP, energy for the cell, via the classic glycolysis which itself includes three different pathways. They all require the use of enzymes. However, glucose has to penetrate the cell, a reaction heavily dependent on insulin to occur. On the other hand, glucose outside of the cell has a choice of a series of spontaneous reactions, not requiring any enzymatic help. This process of spontaneous glucose reaction with other products, protein, lipids, nucleic acid, is called glycation\textsuperscript{1,2}. The products formed as a result of this chemical reaction are glycation products which can be intermediate or end products, in which case the terminology of Advanced Glycating End Products, henceforth referred to as AGEs. Ordinarily, this occurs at a low intensity and the products are cleared by the kidney. Examples of intermediate glycated products include fructosamine and hemoglobin A\textsubscript{1C}; the former occurs between glucose and an amino acid and the latter between glucose and hemoglobin. Either is used as a surrogate marker for the control of diabetes\textsuperscript{1,2,3}).

However, when glucose begins to accumulate outside of the cell because it can’t get in, for any number of reasons, the most common being insulin dysfunction or insufficiency, then glycation becomes more prevalent. Besides endogenous AGEs, they can also be found from an exogenous source, i.e., diet, sometime referred to dAGEs.

Fig.1. Glucose and AGE formation pathways incorporating the polyol pathway and AGE formation by the α-oxoaldehydes glyoxal, methylglyoxal and 3-DG. 3-DG, 3-deoxygluco- sone; MGO, methylglyoxal; CML, N-e-carboxymethyl)lysine; CEL, N-e carboxyethyl)lysine; DOLD, deoxyglucosone-ly-sine dimer; MOLD, methyl glyoxal-lysine dimer; GOLD, gly-oxal-lysine dimer. From Singh et al, Glycation end-products: a review. Diabetologia 2001. 44: 129±146.
Disease formation.
The accumulation of AGEs results in some dire consequences via a plethora of nefarious pathologies.

- Pathological cross-linking of proteins. In the presence of AGEs in diabetes, an aging process is accelerated. Collagen is the archetype of a cross-linked protein. This irreversible process occurs extensively, ending in a dysfunction of the protein matrix and stiffness. Vessel walls are affected, atherosclerosis is enhanced, renal glomeruli become sclerosed and the basement membrane of capillaries become thickened\textsuperscript{1,2,3}.
- Inflammation as a chain reaction. The first step is an increase in the oxidative stress by activation of reactive oxygen species (ROS) and as a result causes a proinflammatory milieu, generation of free radicals, thrombosis, vasoconstriction and most certainly endothelium dysfunction. This becomes amplified in perfusion-sensitive highly specialized organs such as eyes, kidneys, nerves, brain, heart. The nexus between glucose toxicity causing high concentration of AGEs and inflammation establishes synergistic damage, perpetuating a vicious cycle by positive feedback.

In practical terms, diabetes carries a very high-risk factor for coronary artery disease. The mechanism involved includes:

- increased oxidative stress.
- activation of protein kinase C (PKC).
- chronic inflammation.
- mitochondrial dysfunction.
- and activation of the renin-angiotensin system (RAS)\textsuperscript{3}.

The importance of oxidative stress can’t be overemphasized in cardiovascular disease pathogenesis. AGEs cause the increased in the concentration of ROS and this perturbs the normal homeostasis between oxidation and reduction in favor of oxidation. By the way, reduction is commonly referred to as antioxidation.

Disease progression can occur via a variety of mechanisms\textsuperscript{1,2,3,6}:

- **Lipid peroxidation.** ROS activation results in reduction of protective nitric oxide, increased in endothelin-1. This type of endothelium dysfunction also is associated with vasoconstriction. (In a previous Newsletter (#240, October 2018), an in-depth review of nitric oxide can be found.)
- **Protein structural changes.** Disruption in lens crystalline yields cataract; increase in cell membrane and matrix changes in diabetic kidney resulting in glomerulosclerosis.
- **Platelet dysfunction.** Decrease in survival, increase in stickiness and aggregation as well as decreased sensitivity to fibrin/fibrinogen following glycation. Thrombosis/fibrinolysis are enhanced.
- **Alzheimer’s disease.** Glycation of β-amyloid accelerates progression of condition. In fact some advocates go so far as calling Alzheimer, diabetes type 3, hinging on the fact that the brain uses glucose primarily as a source of energy and as the third largest organ so energy-dependent, glycation becomes very important. It’s estimated that glycation occurs in the brain at higher rate than in other organs\textsuperscript{5}.
- **PCOS.** Elevated levels of AGEs (endogenous as well as exogenous) accelerate PCOS in females via several mechanisms among which an increase in testosterone levels, excess deposit of collagens associated with irregular cycles and formation of cyst in ovaries respectively\textsuperscript{6}. Low level of vitamin D is known to be part of the pathology.

Physical signs.
The accumulation of AGEs results in their infiltration of soft tissue and organs. The skin is a common organ affected and its exam can reveal quite a good trove about a patient’s level of diabetes control. As AGEs accumulate in it, it loses its smooth consistency and instead takes on a doughy texture almost like wood and lacks mobility. This is variably referred to as diabetes thick skin or scleroderma-like skin changes. It affects primarily but not solely, the hands and feet as well as the legs and forearms\textsuperscript{4}. Another related finding is the so-called Limited joint mobility. Most commonly it affects the hands and one can look for the “prayer sign,” the inability to have both palms touch each other.
Measurement of AGEs.
No standard commercial test exists to evaluate specific AGEs. However, there are newer techniques being suggested, for example, skin fluorescence.

Modulation of level of AGEs.
- **Exogenous.** Processed foods made via dry heat produce glycated products. When taken orally, absorption varies from 10-30%. Examples include commonly consumed staples such as cookies, biscuits, chips. A reduction of their consumption is the most obvious solution.
- **Endogenous.** Such modulation would involve both enhanced glycolysis and inhibition of glycation. The pharmacopoeia for enhanced glycolysis harkens back to the available antihyperglycemic agents and other nonpharmacologic interventions such as diet and exercise. Vitamin D plays a therapeutic role in PCOS, usually associated with a low level of the vitamin. However, for the other conditions, there are other agents that have been proven to help. ACEIs, ARBs, benfotiamine (a synthetic and highly absorbable form of thiamine available OTC), pyridoxamine, statins. The mechanism involved varies. ACEs, ARBs, statins would seem to act primarily as antioxidants, whereas benfotiamine as a cofactor of transketolase accelerates the pentose phosphate pathway (an offshoot pathway of glycolysis). It happens to be inexpensive.

Control of diabetes is a multi-pronged intervention. Proper dietary habits, exercise, pharmacologic means, all contribute to risk reduction. Our group is so susceptible to its complications that we need to be proactive and very aggressive in our approach.

Reynald Altéma, MD.

References:


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**Demande d’équipements**

- Équipements pour le laboratoire de Chimie
- Équipements pour le laboratoire de Biologie
- Équipements pour le laboratoire de Physique

Liste : ISTEAH-Equipements-Labo-21mai21.xlsx

Reynald Altema
reyaltema@gmail.com
THE YOUNG MUSICIAN.
Reynald Altéma, MD

The ER physician had just finished making the rounds. He had just seen a patient on the floor that he put on a ventilator, and he had written a prescription for an antibiotic for a patient with a skin infection that he had to drain. The waiting room was otherwise clear of patients. He proceeded to take a nap and had barely done so for twenty minutes when the red phone in the room awoke him. “MVA, one victim with numerous bruises. ETA 12 minutes.” Shortly hereafter, the still of the night in the wee hour experienced a jolt by the blaring of the ambulance siren. This sound, as grating as it can get, choking off one’s sleep, still represented a bliss for the afflicted, a stark reminder that the safeguarding of citizens’ lives is a serious endeavor that knows no respite.

The scene was pathetic in the ER of this sleepy town in southern NJ near Philadelphia. A lithe young man, in his twenties, unconscious, nattily dressed, with neat dreads, gasping for air in this early morning on a Sunday. The young man had his clothes soaked in blood, his face swollen. A large gash on his forehead was the source of bleeding. His breath was reeking of alcohol. “Very likely he fell asleep behind the steering wheel, and he hit the divider and the car careened out of control and collided with another. It’s a miracle he is alive. I was just a few yards away and I saw the whole thing,” an avuncular state trooper reported to the ER physician, a young male wearing the usual scrubs but whose face obviously bore the markings of a recent catnap.

Because of the proximity of this small hospital to the highway, it regularly saw its fair share of trauma cases. The routine of the response of the staff had become a science unto itself. The ICU, x-ray department were all prepared to handle the patient. In short order, diagnosis of extent of trauma and of shortness of breath became evident. Air was leaking outside of the right lung and filling the space as well as squeezing the lung itself; in addition, several ribs were broken. Scan of the brain revealed no fracture or soft tissue damage. Alerted of the lung finding, the surgeon working in the ICU came down for an evaluation. “Holy cow! I know this dude. He is Mathew Genster, a local jazz celebrity. I went to a club two nights ago to dig his music in Philly. My oh my!” He was in an akimbo position, part in awe of an artist he admired, part disturbed by the enormity of the injuries the artist sustained. As expected, his blood alcohol level was elevated, and he tested positive for valium. The young surgeon’s hands were slightly shaking as he proceeded to insert a chest tube to drain the air that had accumulated outside of the patient’s right lung. The ER physician sutured his forehead feverishly to stem the bleeding. The patient remained unconscious for the next 24 hours.

“Where am I?” the patient asked a day later. The whirring sound of ventilators, the constant beeping of IV pumps clogged, the screaming of a patient in full-blown delirium, the pitter-patter of staff and visitors, added to the confusion, unnerving and fear all combined into one brew of consternation. “You are at the hospital, bud,” his nurse answered as she swiped the saliva off his lips. Some tears fell off his eyes as he surveyed the surroundings. Indeed, it looked like he was in a room filled with other sick patients. “What happened to me? Last thing I remember is driving home from a gig at the club. Everything else is a blur.” “A state trooper who saw the whole thing said you lost control and strongly felt you fell asleep. You should know you were impaired as your alcohol level was high. You also had valium on board; this is not a good combination.”

“Not a good combination at all, my man,” the young surgeon, clad in scrubs, reinforced, while scratching his head. “I don’t get it. You are so talented, man. How do we square the two?” he asked as a rhetorical exercise and turning to the nurse, “This cat can blow that horn like there’s no tomorrow. He goes from high to low notes and his fingering is so rapid that he leaves one breathless. I would pay gold to be able to do what comes so easily to him.”

Mathew wanted to answer but he was in too much pain. He wanted to submit a written reply, but his mind was still somewhat foggy and between the anguish of dolor on one hand and the impairment of incoherent thinking on the other, he gave up fighting. “I am in pain,” he murmured to the nurse. Once he received a pain killer, he fell asleep. He had a dream, a flashback of his love affair with the trumpet. It was very vivid. It started with his first encounter when he was eight years of age and his father had
brought home Clifford Brown and Max Roach’s album. He was simply mesmerized by Brown’s solo on the tune Joy Spring, incidentally, considered one of the best all-time improvisations on the trumpet. His dad played the tune first and several times thereafter. From then on, he was hooked on the instrument. The look on the face of the canons of the genre such as Dizzy, Miles, Armstrong, when they were blowing the instrument with cheeks all puffed up simply had him riveted. He later on learned that a muscle called the buccinator tends to hypertrophy with trumpet players. The word buccinator added to the charm of his enrapture of the instrument. Buccinator sounded aurally pleasing, had a mythic cachet as if it conveyed some special force to the beholder and parlayed into the imaginary center of his young mind and remained forever stuck there like cement mixed with glue that can’t be pried apart.

The flashback in the dream took him through his different stages toward mastering the instrument. “He is a natural,” his music teacher kept telling his father who himself dabbled with the instrument as well as the sax in the reverse order of preference. He became a prodigy, spending more time with the instrument and less with his friends, foregoing games for practice or rehearsal sessions. Starting at the age of fifteen, he was jamming with older professional fellows, and he accumulated a cult following. The dream ended when a searing pain from the broken ribs hit hard. He looked at the clock and it read 4:15 and the room was dark. He didn’t know if it was day or night. All he wanted was relief from the pain. He was not aware of the existence of a call bell to reach a nurse and for this ignorance, he paid a dear price of intense suffering. Due to the discomfort, he started panting, “Are you alright?” the inquiring nurse asked. “I am in misery from pain,” he replied, with a barely audible voice. She obliged and gave him an injection of a pain killer.

He fell asleep but only for a few hours. When he awoke, the clock read 6:50. “Mr. Genster, the MVA victim, slept for much of the night. When he awoke a few hours ago, he received an intravenous analgesic and he fell right back to sleep. His vitals remain stable. Hopefully he can be fed by mouth today,” he overheard one nurse tell another.

It didn’t occur to him he had not eaten by mouth for more than 24 hours. His stay at the hospital has been nothing but a time warp. He didn’t know the time of day, the day of the week, the exact circumstances of his arrival. The only companion that has been by his side constantly and without his request has been a villain called pain that came spontaneously with an unmatched ferocity, a debilitating accompaniment, like the blues writ large, or simply misery poster child. Another sensation in his belly, familiar, reminded him he was still able to experience the discomfort of hunger.

He was in the midst of his breakfast when the young surgeon came again, “Your style reminds one of Clifford.” “My… man. He is the…. one that turned me… on to this instrument,” he responded with a halting voice indicating he was having difficulty speaking due to the pain from the broken ribs. He motioned to the doctor to give him a piece of paper and a pen. This time he was very lucid and in full control of all his senses.

“Yesterday you said you would pay gold to be able to do what comes easily to me. You also asked how come I use alcohol and a sedative. The answer is simple and complex. The truth is that one ought to be careful and not think the grass is greener on the other side. I love playing music, don’t get me wrong, but the life of an entertainer is not so pleasant. It can be lonely at times. This comes on top of the stress of the financial uncertainty that’s part and parcel of the trade. Once one masters an instrument, there are few options and few of them are financially rewarding: play professionally and despite any artistic success, financial reward is iffy; the other one is teaching. The best players prefer performance over teaching. The yardstick, the gold standard, remains one’s virtuosity in performance in front of a live audience. Its pursuit becomes an obsession and anything short of it becomes reason for depression. One pursues the top spot and staying at the top is difficult; the notion of any position less than the peak is aggravating.
The acclaim on the set takes one on a high made all the more desultory in the face of the low of the afterglow. As a human, loneliness is the enemy, to be avoided or to be remedied as best as one knows. Alcohol transports one into that zone that allows an effacement of an uncomfortable reality. The only certainty of this lifestyle is its uncertainty, the fickleness of success, the drabness of long road trips, the monotony of playing in front of strangers and the constant pressure for spontaneous creativity and improvisation. Ergo life on the road for an entertainer’s not a piece of cake. Pedestrian issues such as health insurance, pension plan, disability benefits are added costs, cutting deeply into one’s income and that’s no joke. One ends up taking from Peter to pay Paul.

The life of a performer is complex. It’s not as pleasant as it appears. Its peaks and valleys are wide apart.

Thus began a conversation between two artists if you will, one wowing aurally using the medium of an instrument and the other curing physically via the deft manipulation of a scalpel. Both had the same mastering of dexterity to achieve their aim. “How do you handle the constant stress of making life and death decisions?” the musician would ask. “Dealing with stress is ingrained. Each decision is made based on the degree of certainty about the risk versus benefit ratio, taking into consideration that we are fallible. One can’t eliminate stress. The best one can do is to manage it by keeping it at bay and move on.” This could be a response or a variation thereof. The curious surgeon would then ask, “How do you handle fame?” “Fame is a double-edged sword. It reeks of the famous saying, ‘be careful what you hope for.’ It’s flattering but is fleeting, here today and gone tomorrow. It also carries a burden that makes one question its very existence. With fame, one loses privacy. It’s hard to have both at the same time.”

To the most important question that the surgeon would ask, “How do you prevent a similar accident in the future?” The answer would be remarkable for the stated as well as the unstated. “The obvious answer is avoidance of alcohol altogether. That’s a nonstarter. The entertainment industry would not survive without the sale of alcohol. I can curtail it, but I won’t quit altogether, if I am honest with myself. I will quit using a sedative before I quit alcohol. The love affair between alcohol and society needs to be acknowledged. At a club, patrons are expected to consume alcohol. Among musicians, conversations are held over drinks. Turning down an offer to share a drink is at least rude and even professional suicide. The best I can do is find a dedicated driver who should be the most sober person for the evening or avoid driving altogether. This is an adjustment I need to make, I reckon.” An answer brutally honest, without any shading of the truth from the perspective of an active participant, delivered in a matter-of-fact manner jousting diplomacy.

The young musician’s recuperation from the accident was arduous, one he wasn’t prepared for. It was a period that road-tested his physical and mental makeup. On the physical side, even after removal of the chest tube during home convalescence, he still had the festering pain from the broken ribs. That got in the way of laughing, was the outcome of simple acts like coughing, and it became ensconced as a major handicap against practicing on the trumpet. Any movement that entailed the rib cage was plain torture. Instead of blowing the horn, he mimicked playing it by repeated fingering exercising, dreaming what the sound was like.

On the mental side, it also meant weeks without income. “Get in line after filling out the form,” the clerk at the unemployment office rudely told him and without missing a beat, she proceeded to chat with a coworker instead of helping a fellow brethren in need and in pain. Instead of star treatment, he received the cold shoulder slated for a minion. His checking account balance was less than five hundred and his savings account held only fifteen hundred dollars. Generous with others and spendthrift overall, he never developed the habit of saving for a rainy day. He had to find a way to survive on this meager asset while waiting for a state disability check that was crawling at a snail’s pace to reach him. Obviously, it was a time of introspection, to find out about his real friends when in dire need. “Hey bro,
how are you surviving, mind if I bring you some home-made food?”, “We were thinking about you. Can we stop by to see our buddy?” These would serve as counterweight to the above rudeness and would mean the world to him. The moral support came from unexpected sources. Folks he had been kind to were not exactly lining up to come and help. This extant awakening, abrupt and somewhat disruptive, stretched the limit of the present challenge.

It was as if he were in purgatory and hauling a heavy cross with an ill-defined finish line. This calvary that tested his mettle, lasted three whole months, an eternity, before full recovery. That allowed him to count his blessings despite this calamity. It was also a period of sobriety by necessity, as penny pinching was de rigueur and the learning process to make do with the minimum, however heart rending and humbling a proposition, but all the same shone with the silver lining of character building. A rite of passage that blindsides acutely but rewards on the long run.

Taking stock of his life after this teaching and trying episode, he set out to extract a victorious lap from the wand of defeat. His creative juices went into high gear and fiddled with several ideas until he came up with the notion of a celebration as a finale for each performance, a coda fusing his latest deed with his creed. This led to the birthing of his anthem, his first foray at writing both lyrics and music for a tune. It would be interactive with the audience and would become his signature song. It was influenced by the name of the composition that captivated him as a lad and turned him into a trumpet afficionado. He dubbed the tune, Jump for Joy. At the premiere of the song, he invited the surgeon.

Jump for Joy.

When one feels down, and things don’t seem to go right
When the blues seems to get a hold of your soul,
And sorrow fills your being and knots your day and morrow.
It makes sense to remind oneself that things can always be worse.

(Audience is meant to respond in chorus:)

This is the time to beat your chest, raise your fist,
Be grateful for what you have and jump for joy!

If and when the weather takes you from gloom to doom,
When a love affair takes you from swoon to frown,
And causes your heart’s cockles to feel burnt
And life seems like it’s not worth fighting for.

This is the time to beat your chest, raise your fist,
Be grateful for what you have and jump for joy!

At the end of this jam session
Ask yourself this simple question
Was it worth your while?
And if so, say it loud and clear by clapping.

This is the time to beat your chest, raise your fist,
Be grateful for what you have and jump for joy!
Congratulations

Dr Roosevelt Clerismé
Chairman of the AMHE Board of Trustees.

Dear Doctor Clerisme

En mon nom personnel et au nom du Comité Exécutif Central de la Fondation, il me fait grand plaisir de vous féliciter pour votre nomination à la direction du Board de L’AMHE, comme Chairman, à côté du Dr. Dougé Barthelem y comme Vice-Chair.

Les membres du Board sont aussi a feliciter pour leur clairvoyance en reconnaissant en vous les qualités nécessaire pour permettre à LAMHE de franchir les épreuves difficiles qu’elle a à confronter pour lui permettre de maintenir sa vitalité au-delà de son âge d'or et surtout pour rétablir l’harmonie qui doit exister entre LAMHE et la Fondation pour pouvoir atteindre leur but commun de contribuer au bien-être de notre constituency et du peuple Haïtien en général.

La Fondation vous garantit sa collaboration complète et entière dans vos démarches comme Chairman of the Board. Vous etes le Bienvenu et nous vous souhaitons bonne besogne.

Yves Manigat MD
President AMHE Foundation

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Cher collegue ( Dr Villanueva )

Nous sommes tres heureux que vos rapports avec le Docteur Talleyrand ont ete tout aussi impressionant., Nous vous remercions pour ces mots chaleureux places a son endroit, qui refletent si bien l’Association qui se veut etre, digne de la confiance de nos compatriotes

Yves J. Manigat MD
AMHE Foundation President

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Juste deus mots pour te dire que j’ai etet grandement satisfait du savoir faire aussi professionnel que courtois du Dr Jean Talleyrand.Un tel collaborateur garantit le serieux le respect et le bien fonde de ton organisation.AMHE.Compliments .Ray Villanueva.

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Dear Reynald

We have received with great pleasure the news of your nomination as President of Grahn-USA.

We first would like to congratulate you for such an honor, while recognizing also this great opportunity for this already prestigious organization to flourish even more with the benefit of your dynamism and intellect. The AMHE and the AMHE Foundation would like in this occasion to renew their commitment and their faith to the cause of Grahn. With you at the leadership of both organizations, this can only translate in a better coordination and collaboration for a better Haiti.

Wishing you well and much success in this new role.

Yves J. Manigat MD
AMHE Foundation President
About Dr Fleurant

Subject: MAG Annual Awards Show: Sept 22 - Oct 9, 2021
Dear artists,
Thank you for participating in the Annual Awards Show which opens today and runs until Oct 9, 2021. The opening reception and the award ceremony is on Sat, Sept. 25, 3-5pm.
The show is on view at the gallery and online on our website at

https://mamaroneckartistsguild.org/2021-annual-awards-member-group-show/

Let your friends, family, and colleagues know about the show!
Thank you and see you at the opening reception on Sat!
Tatyana
Cliquer sur l'image pour accéder au site Internet d’INFO-CHIR
August 30, 2021

AMHE Donor Update

The AMHE Executive Committee headed by Dr. Karl Latortue and the chief of the Haiti Relief Mission headed by Dr. Pierre Paul Cadet have been working around the clock to ensure speedy help is delivered to the areas affected by the recent disaster in Haiti. We have been in contact with our partners on the ground in Haiti to coordinate the shipping and receipt of orthopedic and medical supplies that have been donated toward the relief mission. Thus far, AMHE’s immediate actions include:

1- Shipment of $250,000.00 of donated orthopedic and medical supplies to Haiti.

2- Donation of $5,000.00 dollars to ensure direct support to 65 local medical and surgical residents in Haiti to provide them the resources that they needed to go from Port-au-Prince to Les Cayes and the Jeremie areas to take care of the victims injured in the Quake. The residents have performed over 60 major surgical interventions involving Orthopedic injuries and subsequent surgical follow up.

3- Distribution of over one thousand masks. This will help AMHE support the prevention and spread of the Covid-19 virus.

Additional plans are in progress to continue the recovery phase of this crisis for the long term.

**YOUR DONATION IS MAKING A DIFFERENCE!** We will send you regular updates on the situation and hope you will continue to trust us with your support to help the most needed in Haiti.

DONATE
Dear friends,

The AMHE and the AMHE Foundation have long recognized the scarcity of medical supplies in our health institutions in Haiti as a major handicap for the delivery of basic care all over the country. Remedial alternatives for these needs have always been a priority for us over the years.

The AMHE is still doing its part since the most recent earthquake. The broken bones have already been fixed, awaiting rehabilitation. The wounds are healing, some requiring additional interventions.

The basic daily necessities of the regular hospital population, will need to be fulfilled still, the traumatized to be attended, surgical emergencies to be performed on an ongoing basis, all of which is fueling the impetus to further extend this campaign, giving everybody ample opportunity to participate.

We are very grateful and thankful to those who have spontaneously contributed to this effort. The AMHE Foundation intends to stay the course in providing the needed support for days to come.

To those who have not yet responded to our call, please help us make a difference by donating today! You can ease the suffering of countless compatriots.

yours;

Executive Committee of the AMHE Foundation.