Note de l’Éditeur-en-chef

La AMHE et ses membres comptent bien fêter leur Cinquantième année d’existence lors de notre prochain congrès à Panama et dans le cadre de nos prochaines festivités, nous avons juge bon de faire un retour en arrière sur les faits qui ont marqué notre Association. Nous avons profite pour interesser beaucoup de nos aines a nous faire revivre les faits marquants de notre histoire. Sous la guidance de Fabien Wesner Fleurant MD et d’autres membres fondateurs, nous avons ose retracer le parcours de nos aines en essayant de reveler la chronologie des faits qui nous ont oriente vers la mission qui nous a guide depuis 1972.

Nous avons designe une rubrique et nous l’avons nomme “In the Biginning” pour permettre a nos pionniers de mettre en valeur ces faits d’armes qui ont forge notre association. D’une façon chronologique, vous decouvrirez ce qui nous a permi de nous affirmer et d’exister pendant cinquante annees. Nous allons essayer de vous presenter les debuts de nos differents chapitres aux Etats Unis d’Amerique, a travers les “Vignettes” presentees lors de leurs creations.

Les vignettes de NewYork et de Montreal on ete deja presentees dans les Newsletters 305 et 306. D’autres seront presentees de la facon suivante:

1-New York, le 4 mars 1973. (Newsletter # 305)
4-Montréal, le 27 novembre 1973. (Newsletter # 306)
5-Philadelphia, le 9 février 1974.

7-Mexique, le 9 juin 1974.
10-New-Jersey, Octobre 1988

Vignettes des Chapitres de La Louisiane, de l’Europe et d’Orlando seront seulement notees pour l’histoire.

Nous esperons que tout un chacun appreciera ce retour en arriere alors que nous nous preparons pour notre Jubilee.

Maxime Coles MD
AMHE
In the beginning
THE ST-LOUIS, MISSOURI CHAPTER

By Ducarmel Augustin, MD

After the creation of The New York Chapter on March 4, 1973, followed by the Chicago Chapter on April 29th of that same year, interest in AMHE spread rapidly and St. Louis, Missouri became on May 20, 1973 the third Chapter of our venerable Association Médicale Haïtienne à l’Etranger (formerly Association des Médecins Haïtiens à l’Etranger), founded at Harlem Hospital in New York on November 12, 1972.

The St. Louis Chapter included numerous prestigious members: Dr. François Charles, the first Chapter President, the doctors Rulx Charles, Medelain Auguste, Cesar Augustin, Beaumanoir Prophète, Beauvoir Edmond, Robert Étienne, Willy Morgan, Raymond Routier, Bellande Saint Louis among others.

On November 22, 1975, Dr. Jean Alfred Thomas and myself, young interns then at Homer J. Philips Hospital, we were invited by Dr. Francois Charles and the Chapter to attend the Conseil de Direction of AMHE held in St. Louis. This “événement” is still “present dans ma mémoire.” I vividly remember shaking hands with Dr Lionel Laine and the other members of the Association: Drs. Wesner Fleurant, Egel Francois, Emmanuel Francois, Serge Bontemps, Laurent Pierre-Philippe, Roger Derosena, and more. All of them instilled in me a passion for the AMHE and determined me to follow in their path. I am grateful to them.

Between 1975 and 1980, The St. Louis Chapter welcomed a new generation of younger physicians in training, interns and residents. This new contingent, "the new blood" later became the leaders of the Chapter. One of them was Dr. William Andrisse, of venerated memory. He became Chapter president in the 90s and later in charge of the “Secours Medical Haitien “, the name then of the philanthropic arm of the Association.

In August 1976, Dr François Charles was the keynote speaker at the 3rd Annual AMHE Convention held at the Chicago Conrad Hotel. He is the only survivor of Spirit of St. Louis original crew. Today only a handful of physicians of the second generation makes the St Louis Chapter membership, the Chapter becoming less active and prominent, “faute de combattants “

On the eve of AMHE 50th Anniversary jubilee celebration, let hope that the Spirit of November 12,1972, the faith of the founding fathers will shine upon ALL, young, less young and old for a RENEWED AMHE.

Ducarmel Augustin, M. D
Parkland, Fl
February 16, 2022
La première Fois
Maxime Coles MD

Il y a toujours une première fois.
Une première petite amie, un premier baiser,
Ce temps est inoubliable et laisse ses traces:
Deux visages d’innocence s’associent.

Le bonheur à l’aube d’une nouvelle saison
Est un face-a-face dans un premier coup d’œil.
Alors que les premières caresses amènent l’amour,
La duplicité du moment rend l’occasion propice.

Rien n’est plus sublime que ce sens d’appartenance,
Le partage d’un monde, en toute quiétude,
Resolu à consolider une rencontre,
Loin de tous, dans une infinie intimité.

J’étais las d’attendre l’occasion de l’approcher.
Seuls dans une sereine atmosphère,
J’ai vecu un moment où nos cœurs se confondent
Dans un acte solennel et dans une sagesse indite.

Elle symbolise une nymphe apprivoisée
Prete a perdre sa virginité,
Dans une vertigineuse valse d’amour
Pour atteindre un niveau de maturité.

Dans cette nouvelle danse, l’hymen s’est volatilisé,
Annonçant une nouvelle saison dans la balance…
Il valait la peine de se donner pour la première fois
Et avec reverence, je m’incline devant sa grace.

Boca Raton FL
February 2022
What Is Lassa Fever?
Maxime Coles MD

“Lassa fever” is known as Lassa hemorrhagic fever (LHF). It is a type of viral hemorrhagic fever caused by a virus: the Lassa virus. It is a disease that spread by rats, an animal born and zoonotic disease manifested by an acute viral illness. It mainly affects people in parts of West Africa, where about 300,000 cases of Lassa fever were diagnosed and about 5,000 deaths are recorded yearly. One reports number of cases a year at 3 million.

Description of the disease date from the 1950’s but the first case was described in 1969 in the Nigerian town of Lassa following the death of two missionary nurses. Symptoms described with Lassa fever are fever, weakness, headaches, vomiting and muscle pain. Less commonly, there may be signs of bleeding from the mouth or the gastrointestinal tract. Individuals may also show signs of respiratory breathing difficulties with possible life-threatening conditions. The infection affects females 1.2 times more than males and the predominant age to be infected is between 20 and 30 years.

A rodent (multimammate rat or Mastomy’s natalensis) carries the Lassa virus in his feces and its urine. These rats are found mainly in West Africa (Sierra Leone, Guinea, Nigeria, Liberia) and Central Africa (Mali, Senegal, Ghana) and also in East Africa. They live in home and in places where food is stored. The Lassa virus is considered as a single stranded RNA virus belonging to the Arenaviridae family and has been classified as a category A bioterrorism agent.

The infected rat comes into contact with the humans via the dropping or the pee or others will catch the disease while they are eating those rodents or inhale tiny airborne infected particles found in the rat’s poop. It is admitted that at least 15% of people admitted in hospitals in the above areas, have Lassa fever. One can understand the impact of such disease on the population.

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Lassa disease can be rarely transmitted from person to person especially whenever a person become sick with the disease. The transmission can happen through the blood or the body fluid and by direct contact through the eyes, the nose or the mouth. The disease can also be transmitted through casual contact like holding hands, hugging or any other closed contacts like even sitting close by. Generally contact with the urine or the feces in an infected mouse will spread the disease.

In the prodromal phase, the individual with the virus, becomes contagious. Lassa virus is easily transmitted through re-used needles or any other contaminated medical equipment. Lassa fever has been found also in dogs, cats and horses. The onset of the symptoms is seen between seven (7) to twenty-one (21) days after exposure to the Lassa virus. The majority of people (80%) will remain asymptomatic while others (20%) will present with symptoms like fever tiredness, weakness, headaches and as already revealed above, a few may develop more serious complications like bleeding gums, chest pain and breathing problems. Others will present with low blood pressure, hearing loss improving with time. They may also develop vomiting, chest and belly pain and even can fall into a septic shock.

Any pregnant woman can be at risk for developing a miscarriage once they become infected with the Lassa virus. One (1/3) third of the cases may also develop deafness but only 1% may die from the disease. The death rate increases to 30% for women in their late stages of pregnancy. More death is seen with multiple organ failure within 2 weeks of the start of the symptoms. Miscarriage may occur in 95% of child bearing women and at this stage, Lassa fever may be difficult to distinguish clinically from other viral hemorrhagic fevers... such as Ebola.

At this point, many suffering from Lassa Fever, will present with pharyngitis and excessive proteinuria and Fever as a hallmark. Death may occur in e weeks following the beginning of the symptoms. About 1% of the Lassa fever infections will die but 20% of the patient who require hospitalization for Lassa fever may die with an even higher risk for the pregnant women. A “swollen baby syndrome” is also described in the newborns, infants or toddlers seen with pitting edema and abdominal distention as well as bleeding.

The diagnosis may be difficult, based on symptoms. The confirmation can be done through laboratory testing to detect the virus’s RNA antibodies or the virus itself via cell culture. Other conditions may present similarly like Ebola, Malaria, Typhoid Fever and even Yellow Fever. The Lassa virus is a member of the “Arenaviridae” family of virus.

In the United States, it is unlikely that someone will catch the disease. Only six (6) cases of Lassa fever were reported in 2015 and all cases were linked to people who become in contact with the virus while returning to a trip from Africa. Countries like Sierra Leone, Liberia, Guinea and Nigeria were found to have the higher incidence for the disease.

In England three cases were recently discovered and all were linked to traveling to West Africa. All three of them were treated at a Bedfordshire Hospital. One of the patients has recovered. Since 1980, there has been 8 known cases.

With a prodromal phase (incubation period) extending from one to three weeks, most people who catches the virus may present mild symptoms of fever, tiredness and headache. 20% of the infected persons will develop more serious complications and start experiencing bleeding in the gums, the eyes or the nose. Others may present with hearing loss which improve in time. They may also develop trouble with breathing, vomiting, chest and belly pain and even can fall into a septic shock.

Any pregnant woman can be at risk for developing a miscarriage once they become infected with the Lassa virus. One (1/3) third of the cases may also develop deafness but only 1% may die from
the disease. The death rate increases to 30% for women in their late stages of pregnancy. More death with multiple organ failure can happen within 2 weeks of the start of the symptoms.

The diagnosis may be difficult, based on symptoms. The confirmation can be done through laboratory testing to detect the virus’s RNA antibodies or the virus itself via cell culture. At early stages of the disease, a nose or throat swab could help make the diagnosis. Other conditions may present similarly like Ebola, Malaria, Typhoid Fever and even Yellow Fever. The Lassa virus is a member of the “Arenaviridae” family of virus.

There is no vaccine for the disease and the best treatment may be obtained with prevention. To prevent, it is necessary to isolate the infected cases while also decreasing contact with the mice. In places, having a cat at home to hunt the mice and the use of sealed containers for the food, remain the best methods of prevention. Prevention when you are travelling to West Africa is the best way to avoid contracting the disease. Stay away from the rats. Store your food in rat-proof containers, keep your quarter clean and avoid cooking or eating rats. Researchers are working on a vaccine which hopefully will bring hope in controlling this disease.

Treatment is mainly through an antiviral medication called “Ribavirin” which has been recommended to be given as soon as the symptoms of the disease are discovered. Orally or parenterally are generally the most common routes used for dispensing the treatment. Evidence to support such treatment remains weak and has worsened outcomes in certain cases. Intravenous interferon therapy has been also used. Often an admission to a healthcare facility or a hospital is necessary to facilitate hydration, oxygenation and monitoring of the blood pressure. Fluid replacement, blood transfusions and medication for low blood pressure may be needed.

During a third trimester pregnancy, when Larissa Fever is diagnosed in a pregnant woman, inducing the delivery is recommended for the mother to have the best chance of survival. The virus has an affinity to the placenta and other vascular tissues. The chances for the fetus to survive is 1/10 no matter what course of action is taken. In this case, saving the life of the mother is primordial. After delivery, the women will receive the above treatment as described for Lassa fever. In all pregnant women, abortion will decrease their death rate but some women may experience lasting effect of the disease like by example a partial or permanent deafness. This is mainly what we would like to teach on how to prevent and treat the Lassa disease to anybody adventuring self in the countries of West, Central and Eastern Africa.

Maxime Coles MD
Boca Raton FL

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L’HOMOSEXUALITÉ : FAUT IL JUGER, CONDAMNER, ACCEPTER OU CHERCHER A COMPRENDRE. ??
Ronny Jean-Mary, M.D.

L’homosexualité ou manifestation de sentiments intimes entre des individus de même genre, est une pratique qui remonte à la nuit des temps. Déjà au milieu des pharaons de l’Egypte antique et, encore plus près de nous, dans la civilisation Gréco-romaine, cette pratique avait été reportée. Chez ces derniers, les communautés étaient organisées par groupe d’âge. Les jeunes devaient laisser leur tribu en compagnie d’un plus âgé pour aller vivre avec ce dernier pendant un certain temps. On cite en exemple les Spartans chez qui il s’établissait des liens entre adultes et gens plus jeunes dans le but de cultiver ultérieurement des relations intimes avec ces derniers. Les adultes prenaient les plus jeunes sous leur garde dès l’âge de 7 ou huit ans pour leur apprendre non seulement l’art de la guerre et des pratiques sociétales, mais aussi pour les initier à des pratiques sexuelles de toutes sortes. D’où le terme pédérastie qui est une relation entre un adulte et un jeune garçon. Disons tout carrément que dans certaines sociétés, la pratique de l’homosexualité est non seulement un vice répréhensible et condamnable, mais les gens qui la pratiquent sont criminalisés et passés par les verges publiquement quand ils ne sont pas tout simplement exécutés de manière sommaire.

Il faut admettre que la pratique de l’homosexualité a acquis une grande notoriété au cours des décennies écoulées, et que cette tendance s’est particulièrement revigorée dans les pays nordiques et les États-Unis d’Amérique à la faveur de la reconquête des droits civils et politiques des citoyens lors du siècle dernier. Cela ne signifie guère que la pratique ne se recrute pas à travers toutes les sociétés de la terre.

La bible des Chrétiens parle du châtiment de feu qui s’abattit sur Sodome et Gomorrhe à cause des pratiques homosexuelles auxquelles les habitants de la ville s’étaient livrés.

Un ouvrage parabiblique récemment paru, révisant les rapports qui ont existé entre Jonathan, fils de Saül arc-rival de David, d’avec David lui-même, aurait voulu faire croire que Le rapport entre les deux était plus qu’une simple amitié. Pourquoi Jonathan aurait-il enlevé sa ceinture d’or et ses épaulettes royales pour les offrir à David ? Pourquoi seraient-ils allés se cacher pendant des heures ensemble au milieu de la nuit loin de tous ? Pourquoi Saül lui-même s’en serait-il pris à sa femme l’accusant, au milieu d’un festin, d’être responsable de la perfidie de Jonathan ? A l’époque, tout comme aujourd’hui encore, quand un fils affichait des tendances homosexuelles, le père en rendit la faute responsable, prétendant que lui, il ne saurait avoir donné naissance à un fils homosexuel. « L’amour de David pour Jonathan était plus que l’amour d’un homme pour une femme » nous apprend- on dans les livres de Samuel. Aussi, Quand l’apôtre Paul parle des pratiques contre nature entre hommes et hommes, on voit qu’il n’a pas lésiné dans sa façon de voir et de condamner l’homosexualité. (Romain 1 :26-27). Jésus pourtant s’était montré plus compréhensif quand il parlait des eunuques de trois types dont ceux qui ont choisi de l’être pour la gloire de Dieu, ceux qui sont nés eunuques, et ceux enfin qui ont choisi d’eux-mêmes cette pratique. (Mathieu 8 :5-13). Il parlait d’homosexuels et non de gens ayant subi une castration.

QUELS SONT LES CAUSES DE L’HOMOSEXUALITÉ ?

Il n’y a pas de causes connues de l’homosexualité en soi. Plusieurs théories ont été avancées pour expliquer les tendances homosexuelles chez les gens. On a retrouvé cependant chez au moins 500 espèces d’animaux l’existence de pratiques homosexuelles. Autant dire que cette pratique est innée parmi les différentes espèces du règne animal. On parle souvent d’une théorie biologique qui aurait ou comprendrait trois volets distincts dont un volet hormonal, un volet génétique et un volet anthropologique.

Le volet hormonal semble à voir avec un certain déséquilibre entre le taux de testostérone et le taux d’estrogène à un moment critique de l’organogenèse. Il expliquerait pourquoi l’homme ou la femme, dans ses caractéristiques extérieures ou phénotype, avec peu de testostérone, trop d’estrogène et vice versa, aurait...
cpendant des tendances ou sentiments pour les gens du même sexe. On a aussi pensé à une origine génétique de l'homosexualité mais cela n’a jamais été prouvé.

On a parlé de la théorie des males successifs à la naissance, comme pour dire que plus une mère aurait donné naissance à des enfants males, plus il y a de la possibilité que les naissances males d’après puissent compter des homosexuels dans leurs rangs. La mère qui est de chromosome sexuel XX aurait développé des anticorps à chaque naissance d’un enfant male, détruisant ainsi, par un processus semblable au phénomène rhésus, la masculinité des naissances males successives.

Enfin d’un point de vue anthropologique, on voudrait faire croire que la masse du cerveau de l’homosexual est moins dense que celle de l’hétérosexuel. Mais je prémuniserais contre une telle théorie puisque pendant longtemps l’ on s’était mis à faire croire que le cerveau du noir était moins pesant que celui du blanc et que le noir était inférieur au blanc, Or, il n’en était rien. En fait il n’y a pas de théorie capable d’expliquer jusqu’ici l’origine de l’homosexualité.

Nous passerons sous silence la théorie satanique de l’homosexualité selon la quelle certains voudraient faire croire que les homosexuels sont des gens qui sont possédés par de mauvais esprits qui se seraient accaparés de leur corps pour les transformer en homosexuels. Certaines écoles de pensée, certaines congrégations religieuses ont tenté toutes sortes de guérison ou de psychothérapie dans le but de reconverter les homosexuels en « personnes normales » mais cela n’a pas eu grand effet.

Maintenant revenons à la question à savoir s’il faut condamner ou accepter l’homosexualité. C’est peut être la partie la plus difficile de mon exposé car de quelque cote que l’on se tourne, on va avoir des gens qui sont pour ou contre une position donnée.

Avant d’aller jusques- là, il faudrait se demander si l’homosexualité est une pathologie mentale ou une variance par rapport aux normes. Le manuel de statistique et de diagnostique des maladies mentales ne reconnaît plus l’homosexualité comme une maladie comme c’était le cas il y a plus de trente ans. J’ai eu la chance de rencontrer toutes sortes de gens dans la vie. Il y des Secret qui m’ont été confiés et que j’emporterai avec moi un jour dans ma tombe. En tant que Psychiatre, mon rôle a toujours été de rendre mes interlocuteurs assez confortables pour qu’ils puissent me dire toute la vérité, rien que la verité. Un homme de la vingtaine que j’ai rencontré et à qui j’ai demandé comment il était devenu homosexuel, ou mieux s’il le faisait de son plein gré ou à la suite d’un incident triste qui aurait marqué sa vie, m’a tout simplement répondu que dès l’âge de trois ou quatre ans il commençait à regarder les beaux sourcils des jeunes garçons de son âge et qu’il n’a jamais, de toute sa vie, rien éprouvé de sentiments pour les jeunes filles ou femmes qui l’environnaient... ? Une autre femme dont la conjointe est morte depuis 15 ans et qui souffre de sèvères troubles dépressifs, m’a dit que pour elle c’était pareil. Elle n’a jamais eu de relations avec les gens du sexe opposé, et qu’elle était née lesbienne. En même temps que certaines gens sont nées avec des sentiments naturels pour les individus du même sexe, je dois aussi reconnaître qu’il existe certains hommes ou femmes qui ont été mariés et ont grandi des enfants, avec une vie stable pendant de nombreuses années jusqu’à ce qu’un jour ils ou elles décident de changer de bord et de s’engager dans une relation homosexuelle. Étaient-ce des gens qui, pour plaire à la société, avaient choisi de se soumettre aux convenances d’un mariage jusqu’à ce qu’ils n’en pouvaient plus tenir ? ou sont ils des gens qui ont eu une déclique tard dans la vie et qui ont réalisé qu’ils n’ont pas ce qu’ils recherchaient dans la vie ?

J’ai longtemps réalisé que personne n’est responsable de sa naissance ;et que si je pouvais choisir entre une naissance opulente, comblée de tout d’une part, et d’autre part, une naissance démuniée, pauvre et dépourvue de tout, j’aurais décidément opté pour la première. Si l’homosexuel savait quel tourment et quelle tracasserie auxquels il allait être assujetti, il aurait choisi comme tout bon vivant d’être hétérosexuel, et évité ainsi de tomber dans la minorité si souvent indexée.. A Ceux qui disent ou qui croient que l’homosexual était possédé par un esprit malin dès la naissance, je voudrais leur demander où était Dieu quand ces enfants naquirent ? Ne sommes nous pas tous des enfants ou des créatures d’un même Dieu ? Ou ce grand Dieu que nous réclamons tous pour être notre père, aurait il commis des erreurs de fabrication ? Nous avons besoin de comprendre davantage ce qui se passe dans l’univers de l’homosexual. Et si certaines choses ne nous sont toujours pas révélées, c’est parce que, au nom d’une certaine morale sacrosaine, nous nous serions livrés à un eugénisme outrancier où le créateur lui-même aurait du mal à nous reconnaître. Chacun a besoin de vivre sa vie sans être importuné par autrui, nous souvenant tous que nous sommes dans le train seulement pour quelques heures, que ce n’est pas la peine de nous disputer puisque très bientôt, l’un d’entre nous va devoir descendre.

Ronny Jean-Mary, M.D.
Coral Springs, Florida.
Le 20 février 2022
“The signs are not so good,” thought HD. As if the alignment of the stars was purposefully working against him that day, he kept having mishaps, like forgetting his cell phone halfway through bumper-to-bumper traffic, then a nasty paper cut as he tried to open an envelope. Now this, after reaching his apartment at dusk and relaxing in his skivvies. “An asset is down.” A code phrase for a recruit harmed or worse, killed. As part of the forensic team, he knew he had to get to the site, inspect it and gather evidence and if able to-make that always attempt to- collect blood specimen for analysis. Time was of the essence.

This was no ordinary asset. She worked in the Finance Ministry for many years and now was an attaché for business development at the Nigerian Embassy in Washington, DC. She was intimately involved in the negotiations of the oil leases covering a large territory. The Chinese had expressed an interest and in a high stakes geopolitical game, keeping the flow of oil open to satisfy the West’s thirst for this dark liquid was of utmost importance. Shades of the oil embargo in 1973 had taught the powers that be in Washington, DC, to be leery of relying so much on one source. Industrial espionage was a craft practiced by all parties although officially they all deny it. Black gold had always piqued the interest of private enterprises as well as governments because of the riches involved and its importance in revving the economic engine of a nation.

HD had painstakingly cultivated the source, using all the tricks of the trade, including seduction, to corral her support to join the cause of defending Uncle Sam’s interests. It all began many years ago when he was posted in Nigeria. He had gone to a Sade’s concert in Abuja, Nigeria’s capital city and they met after the concert during a VIP post-concert reception. A graduate of the London School of Economics, Nyami was a very smart woman, known for her repartees and quick wit in conversation. She was petite and lacked the typical generous rump of African women but did possess a nicely shaped one and she knew how to emphasize her body proportions in bespoke colorful kente outfits. She had a special liking for turbans, each wrapped like a piece of art. She was exhibit A of understated, yet regal elegance. Something about the aura she emitted and the subtle, wispy-like cologne she was wearing attracted him toward her. He was clad in soft Irish linen and expensive loafers, with a musk of gently billowing essence and he approached her, “I had to do a double take, you are a better version of Sade in person. My name is Henri Daniel, would you mind if I offered you a drink?” The small talk thusly started. He still remembered a defining part during the exchange that first night.

“Americans are so uppity, I can’t stand it. They think the world revolves around them. They expect everybody to know about their culture, but they don’t care to learn about others’. So, are you one of these spoiled Yankees?” She lobbed these words at him in a British cadence accent.

“Au contraire, I am cosmopolitan in outlook. I can tell by your last name that you are from the once-called Biafra section of the country. And let it be stated that I read Soyinka as well as Ngozie Adichie. And of course, since you studied in London, I want you to know that I also like Zadie Smith. Last but not least, I do know about the Ibo’s travails and the odyssey of Odumegwu Ojukwu.”

“So, we have culture, I see. I am impressed. Maybe I will take you on your offer for
lunch. Remember, don’t be sassy or overbearing.” She stated this with the aplomb of a self-assured filly establishing the ground rules for an aggressive colt, yet softening the blow with a faint smile. This was a deft manner to let him know there was some interest, but he would have to earn every kernel of trust.

Over time in subsequent conversations, just to keep him on his toes, she would pepper them with local proverbs, “One who has been bitten by a snake lives in fear of a worm.” One proverb that she cited was still etched in his mind for it took him for a spin for its depth and perspective if not prescience, “Water may cover the footprint on the ground but it doesn’t cover the words of the mouth.” He wondered if she had become a victim of that maxim for she could be quite vocal and opinionated in essentially a male-dominated society with machismo as a common currency.

As wise as HD thought he was, any conversation with Nyami was always an opportunity for learning, be it about history, literature, economics, philosophy. She forever kept needling him about speaking American as opposed to English, “Since the spelling in America was so different from that of the country where the language originated from.” She enjoyed impressing a Yankee fella as much as he had self-given the fiat to lasso her into his sphere of influence. It was a pas de deux carefully orchestrated by two willing participants who ended up enjoying each other’s company because they shared the same kindred spirit.

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At the time, he was using the cover of a computer network salesman. He offered-and she accepted-to set up her high-speed internet network with state-of-the-art router, firewall and provided her with sophisticated software and apps. She was a bit wary about technology, but he skillfully made her come around by carefully selecting user-friendly apps and being a very coach. Ever the great conversationalist, after a while he was able to coax her to talk effortlessly about her classified work and to even share some interesting dossiers with him. His tolerance of her feminist stances weighed heavily in the balance. He cleverly took advantage of the inner conflict she was having between tribal traditions and the demands of modern life for a professional woman. He leaned quite a bit on his reading of Adichie and Zadie to assuage her. Quite naturally mixing guile, flattery, and persuasion they seamlessly learned to play with each other and satisfy their carnal needs and inclinations.

The friendship had picked up where they had left off a few years earlier when she had come to Washington, DC to begin her assignment at the embassy. However, she was now dating a Nigerian fella, a Yoruba. That suited HD fine because he was lately becoming more and more emotionally attached to an old flame on the West Coast. She was just as feisty as before.

“We both rub elbows with people with power. Don’t fool me, I know you work for the government. We can help each other. I am very much into monogamy, and I am dating someone. We can help each other, so let’s remain friends.”

That was during the tail end of his tenure with the agency. That plum asset added a halo of derring-do to his resume if you will. Hence, he had a vested interest to get to the bottom line of this imbroglio. He wanted to fire on all cylinders to help resolve this monumental loss and contretemps. To start, he needed to cash in on an IOU with the Chief of Detectives to allow him access to the crime scene unimpeded. The ride from his apartment to Nyami’s flat was barely 15 minutes. He was part of a forensic team not by accident. He had a special talent with his olfactory sense to detect all different scents that most persons would miss. They call this ability “The nose.” Such people are used primarily in the perfume industry to distinguish the slightest deviation in fragrance or to detect sublest aroma. He did arrive and the police had already cordoned off the area with a crowd of onlookers gawking.

He reached out to the Chief, who waved at him. “You just missed her. She is on her way to the hospital by ambulance and she is seriously wounded, hanging to life by a thread. Go take a quick look at the scene and then see you at the hospital.”

When HD entered the room, he was taken aback. Blood spattered over the wall leaving its characteristic scent when curdled. He made sure he checked for even the whiff of telling
odors such as alcohol, spices, any illicit drug, or any other chemical against the background of the overwhelming odor of powdered sulfur from the gun blast. In no time he collected some spilled blood. He did his inspection in as stealthy a manner as possible. Then he headed for the hospital. From this location, Georgetown Medical Center was the closest trauma unit.

“GMC Trauma Unit?” HD asked the Chief just in case there was a diversion of cases from the ER.

“Sure thing,” answered the Chief. “Some case we have on our hands.” He added this with a sigh knowing the Feds would be intrusive in his investigation.

“No worry. We will have your back covered. I will be on this with you.” In this center of power, trading favors was a very common currency. It avoided internecine turf disputes and unnecessary red tape. It always pays to have friends at the right place to make everything move seamlessly. HD and the Chief have such a working relationship and on occasions would go to a ballgame or just shoot breeze. They had similar backgrounds.

At the hospital, he met the Chief. “They took her right to the OR. She sustained damage to a large artery. She is lucky she didn’t die immediately. A neighbor called 911 and here we are.”

“No point me staying around. Anything you found, you care to share with me?”

“Let me send you a pic of a note she left and of her body as we found it.” HD took a cursory look at the pics and felt nauseated. Nyami was indeed badly injured; she had a gun in her hand. Suicide versus homicide versus a make-believe suicide. Try hard as he may have, he needed to take time out to clear his head. He wanted to step back before delving anew into the investigation. He did like her as a person and the gruesome sight had shaken him up. He uploaded the pictures into his computer and took a bath listening to a string of mournful tunes such as Billie Holiday’s “Strange fruits,” followed by Oscar Brown, Jr’s “World of Grey,” Ray Charles’s/Betty Carter’s “Ev’ry Time We Say Goodbye,” and of course Sade’s “King of Sorrow,” as well as her “Kiss of Life” as a swan song. He wanted to let out the pent-up bluesy feelings through his pores, clean them and cleanse his soul along the way. He was in the most unenviable position of between and betwixt or the awkward situation of hurrying for feeling harried.

He went to bed that night all forlorn and woke up with the foreboding feel that the evidence he had gathered would give him the proper cue to latch onto the appropriate clues to solve the mystery. He started by reading her note. At face value, it would seem to indicate the reason why she committed suicide. He took the time to read it. It was her handwriting alright, in nice cursive letters. It said:

My wit has reached its end. I see nothing but dark colors. I have lost any zest for life, and I no longer sense my place in its organizational structure. I came to that realization when I couldn’t any longer enjoy a soccer game in the Premiere League. I want to end it all. Et tu?

HD read the note and quickly discovered a trove of clues as he intuitively had suspected. At once, he quickly concluded that Nyami was under duress when she wrote it because of its egregious infraction against her pet peeve: the use of American English spelling and commission of spelling errors. The text was laced with American spelling, “colors instead of colours, organization instead of organisation, realization instead of realisation”. Last not least, “Premiere instead of Premier.” The last two words of the paragraph were very telling. A history buff, she was for certain referring to Julius Caesar’s famous last words when he saw his murderer friend.

“Of my free will, I won’t engage in this type of faulty syntax,” she enjoyed telling him. Ergo, the first obvious conclusion was the presence of a close person who made her scribble the note. She not only did but she sent an obvious message about a search for the surveillance video because her apartment was wired for such. He did help with the installation of such a
sophisticated surveillance system. He knew she would instinctively activate it under such circumstances. Still HD was intrigued. Her choice of words was somewhat peculiar. What was the subterranean message buried? She was part of a government, aka an organization. Did she come up against some malfeasance she wanted no part of and for which she may pay for dearly with her life? Just as important the word “soccer” instead of football was a no-brainer. He distinctly remembers a saying she used to repeat to emphasize the influence of customs and choice of words, “The mouth that eats pepper is the one that pepper influences.”

Hence no self-respecting British-influenced subject outside of North America would use the word soccer to describe the most popular sport in the world. This was the type of heresy that could reveal one’s hidden identity in a heartbeat. In short order, HD was able to establish that this was no suicide but a murder with the table being turned against the aggressor in a possibly posthumous reading of a clever memo. The puzzle’s pieces were coming together. The next step was to look at the surveillance video to search for the aggressor. Since this is someone with diplomatic immunity, he would again go through the proper channel to pursue the investigation. A formality really since a no wouldn’t be the answer.

The police had already preceded HD. It already looked at the video and it was already on the news as HD turned on the TV to watch the execution-style murder at the hand of a young man wearing dark glasses. His picture as a most-wanted criminal was now circulating all over. Within hours, the suspect was identified. He was barely twenty with a long rap sheet. An African American and not an African. However, it didn’t add up. “Et tu” meant the mastermind behind this whole operation, and not the one pulling the trigger, was the one HD ought to focus on. HD knew from experience that things are not always what they seemed. Further search needed to take place.

In the first briefing of his investigation, he shared the available evidence.
“So, what do we have? A poorly designed simulacrum of a suicide. What is behind all of this?” His immediate supervisor in his Texas-laden accent egged him on.
“As you can see, she left a road map for us to follow if we know how to read it. The first step is the meaning of the end of the note. “Et tu” is Latin and this is a deft reference to deception, treason by a close one. More than likely another employee is involved in shenanigans she wanted no part of. We then must go to the usual sources, phone records and access to the video for past few weeks. We should guide our friends to obtain all the legal documents for wiretaps since this will likely involve someone with diplomatic immunity.

HD was able to review her phone records, the video for up to the past few weeks in order to establish a pattern of visitors, contacts and so on. Two names kept coming up most often. One was that of the First Secretary of the embassy. He was her senior by 10 years and also an Ibo. The other was a young businessman but a Yoruba, her boyfriend. He was about her age.

The question that HD had that needed an answer was quite simple. Whom was “Et tu” referring to? A jealous lover, a superior committing fraud? Or somebody else altogether? HD did have an interesting case on his hand. He had the determination to solve it.

(To be continued.)

Reynald Altéma, MD.

Abonnez-vous à l'infolettre
Subscribe to the newsletter
A- The Omicron is now claiming almost 100% of the infected cases in the United States. Numbers of cases have reached 2,600 deaths a day. More cases than the delta strain on the population. The highest that has ever been with the Delta strain was 2000 daily deaths, during the last autumn. We know well that the Omicron causes less severe disease than any other strain of the virus. The unvaccinated and people older than 75 or people with underlying conditions are the groups the most endangered by the OMICRON. Half of the deaths in 2022 in January 2022 were among the over 75.

B- COVID death is higher in the Midwest. Chicago regarded more than 1000 deaths with 1/3 of the population being black and half of the victims are black as reports by the post. It looks like the Omicron variant accounts for almost 100% of the virus circulating in the USA.

C- Natural immunity and long-term durability are characterized among unvaccinated individuals by using anti-spike antibodies as a first line of defense against SAAR-CoV-2. 1580 individuals underwent serologic testing in 2021. 55% tested positive for anti-RBD antibodies. If the evidence of natural immunity in the unvaccinated healthy US adults is up to 20 months after a confirmed COVID-19 infection, it is encouraging but unclear how these antibodies correlate with the protection against future SARS-CoV-2 infections.

D- Children can also get COVID-19 but their symptoms tend to be milder than adults and often they have no symptoms. They do have the same risk of getting the disease than any adult. The disease can be serious in children especially when they have underlying conditions and also when the children are less than a year old. Some children may develop multisystem inflammatory syndrome (MIS-C) which is a serious condition requiring immediate medical attention. Your child should understand the situation while being around you to be able to wash their hands often, stay away from sick people and wearing masks and limiting their play-mates.

E- Teens also get sick with COVID-19 and their symptoms are milder. They have fewer hospitalizations among the young below the age of 19 and 90% of these adolescent-children will have mild to moderate cold-like symptoms like fever, runny nose, vomiting, cough, diarrhea. Older children may need to be hospitalized when they develop what we already called the (multisystem inflammatory syndrome (MIS-C) or pediatric multisystem inflammatory syndrome (PMIS). We are still learning about the condition and. trying to understand why belly pain, fever, vomiting, diarrhea, confusion and headache are encountered. Similar symptoms are seen in Toxic shock syndrome or Kawasaki disease involving the vascular system. Rarely, a child will develop respiratory problems, confusion and vomiting.

F-

Maxime Coles MD
The stiff man Syndrome:
Ronny Jean-Mary, M.D.

Un joli cas que j’ai rencontré cette semaine et qui a attiré mon attention est celui du syndrome de la contracture musculaire. D’après tout ce qui a été enseigné sur l’anatomie et la physiologie des muscles du corps, on savait jusqu’ici que leur fonctionnement répondait à un besoin rythmique de contraction et de relaxation musculaire qui permettait à l’énergie de se dégager chaque fois que le mouvement allait s’opérer. Le muscle a un point ‘appui dans la plus part des cas. Lorsque la résistance est vaincue, le mouvement a lieu, l’énergie est dégagée, et le muscle reprenait sa posture initiale.

Entre autres exemples que nous pourrions choisir, c’est sous l’effet des muscles respiratoires que la cage thoracique se gonfle et se dégonfle de manière alternée permettant ainsi aux poumons de changer de forme et de faciliter les échanges gazeux.

Cependant il existe des cas particuliers où le processus rythmique de contraction et de relaxation musculaire peut être bloqué. Ce qui cause une certaine tétanie du muscle qui a atteint sa charge maximale de contraction, avec comme corolaire la paralysie de l’activité musculaire. C’est le cas du Stif man Syndrome, une pathologie que j’ignorais complètement jusqu’à ma plus récente interaction avec cette jeune femme de trente sept ans qui m’en a parlé pour la première fois la semaine dernière. Elle m’apprit qu’elle était à l’hôpital pendant près de trois mois sous respirateur artificiel après qu’elle était en difficultés respiratoires à la maison, et qu’elle avait du être transportée en urgence à l’hôpital pour les soins propres.

Sa mère m’apprit alors qu’elle souffrait du Stif man syndrome.

C’est quoi le stiff man syndrome. ?

Le stiff man Syndrome est une condition en vertu de laquelle, l’individu expérimente de sévères contractions musculaires qui se traduisent par des douleurs aigues au niveau de la zone en contraction. Ces contractions prennent généralement du temps pour se de-tétaniser. En général les contractions peuvent être observées au niveau de n’importe quelle partie du corps avant de s’étendre progressivement aux autres membres et organes du corps..C’est une maladie extrêmement rare avec un pic de manifestation au niveau de la quarantaine.

CAUSES ET SYMPTOMES:

La vraie cause du Stif Person ou stiff man syndrome n’est pas bien connue. Certains croient qu’il peut être dû à une augmentation de l’activité musculaire résultant d’une réduction de l’inhibition au niveau du système nerveux central. Le syndrome est associé au diabète, aussi bien qu’à des conditions auto-immunes tels que la thyroïdite, le vitiligo et l’anémie pernicieuse.

On l’associe aussi à une élévation du taux d’anticorps anti GAD ou Glutamique acid décarboxylase .Le GAD est un neurotransmetteur qui joue un rôle important dans les mouvements musculaires. Son absence entraine donc la contracture musculaire.

LES SYMPTOMES LES PLUS FREQUENTS sont les suivants:

D’abord, c’est une augmentation de la sensibilité à des stimuli tels le bruit, le toucher et les stress émotionnels.
Les muscles du tronc et de l’abdomen sont les premiers à être touchés. Puis le spasme s’étend à d’autres parties du corps dont le dos et les épaules. La posture devient rigide au fur et à mesure que les symptômes s’amplifient.

L’anxiété et la dépression sont fréquentes.

L’insomnie est aussi présente et s’accompagne d’une augmentation du REM au niveau des yeux

En raison du spasme et de la rigidité, la mobilité peut être affectée et la personne tend à chuter de manière intermittente. De même, le spasme peut être tellement fort qu’il peut provoquer une fracture au niveau des os.

La personne meurt souvent dans un tableau de détresse respiratoire si elle n’est pas intubée à temps. Notons que la douleur peut atteindre n’importe quel muscle du corps.

La différence d’avec le myasthénie gravis est dans le fait que le myasthénie gravis cause une extrême fatigue due à la perte de connectivité entre le nerf et le point de contact sur le muscle, alors que dans le stiff man syndrome, il y une force exagérée qui s’applique au point de contact provoquant une sévère contraction à ce niveau là.

**TRAITEMENT ET MANAGEMENT :**

Le traitement consiste à améliorer la qualité de vie de l’individu.

les relaxants musculaires sont généralement utilisés aussi bien que des médications tel le baclophen pour réduire les spasmes musculaires, à raison de 40mg trois fois par jour. De même, le phentanyl patch à raison de 25mg tous les deux ou trois jours est aussi recommandé. Le valium et le clonazepam servent à traiter l’anxiété et l’insomnie. Une diète (végie) végétale, et libre de gluten est aussi recommandée.

C’est une condition qui apparaît entre la troisième et la quatrième décade de vie, et qui dure entre six et vingt huit ans. Les contractures du tronc et des membres se font en série avec une sorte d’alternance jusqu’à ce que le problème se généralise à tout le corps.

Ronny Jean-Mary, M.D.
Coral Springs, Florida.
Le 20 février 2022
PIANO PLAYER.

Reynald Altéma, MD.

Joey's heart had a jolt. The delivery truck from the piano warehouse had stopped in front of his house. Yes, two men, strong with their sculpted muscles came out of it.

"Is this the Furth residence?" asked the taller but younger looking of the two.

"Oh, yes, of course," responded Joey almost lost for word. He just couldn't believe his eyes. Finally his childhood dream was about to materialize. He was going to become the owner of a concert piano, on which he could practice all the solos he kept dreaming about or play along all the riffs of his idol, Art Tatum, the quintessential jazz pianist.

"We are here to deliver your Steinway," words that sounded like music to Joey's ears. Within 10 minutes, both men were back to his doorstep with the shiny instrument, well lacquered, dark like ebony, lustrous with a keyboard inviting his fingers to tap.

"Where do you want us to install it sir," asked the older fellow who looked around and whose eyes became focused on the CD cover of Tatum's greatest hits. Immediately he felt in his milieu because he also was not only a jazz buff but an avid Tatum fan. The apartment had a big foyer and beyond it was the living room, wide and airy.

"Over there would do," Joey pointed. Tiptoeing around the furniture and handling the instrument as the piece of art it was, the two fellows carefully pushed the piano on the dolly to its destination. Knowing full well how finicky piano owners can be.

"Mr. Furth..."

"Just call me Joey," he corrected, already comfortable with the guys as he paid attention to their careful handling of his crown jewel.

"Ok Joey, can you inspect it to make sure it is to your satisfaction and play it to see if the tuning is to your liking?"

"My piano," thought Joey, “of course I want to play it.” He carefully took position on the seat and imagined he was in front of a large audience; he took a deep breath, clasped his hands, closed his eyes, and levitated his mind into a special zone. This ritual would become a routine for him before any performance. Suddenly as his level of comfort reached the desired niche, he played a rendition of Summertime. Both men clapped at the end of the performance as fluid as the sound was and at Joey's prowess. He bowed his head and tipped each $40. This was Joey's lifelong gift to himself, and he felt in the clouds. He had saved quite a bit to give a sizable down payment so the monthly balance payments would not be so hard on his budget. He was an accountant and was making a decent living. However, his first love was music and more specifically the piano. His parents wanted to hear none of it. They didn’t care for the notion of the life of a musician for their only son. Since he was a good student, they had given in and had allowed him to take piano lessons with the condition it would be a hobby, not a profession. He had acquiesced since he had not much choice in the matter.

Now he was a grown-up, able and willing to take the big splurge into what was essentially an expensive toy. This one was a used one, but one could hardly tell because it was refurbished and looked in mint condition like a brand new one. It had belonged to a concert hall and every year the Steinway factory holds an annual sale and that includes refurbished instruments that have the same luster as a new one albeit with some mileage. Joey figured that this type of investment was worth it because he was in essence getting it at a steep discount.

Joey’s love story with the piano ran deep. His uncle was a jazz musician and played the instrument. He had a checkered life story as a professional player. Although very talented, he often was broke because he gambled, used cocaine and drank. His father always looked down on this sorry outcome like a revulsive coda. He used it as a cudgel to beat any idea Joey was nurturing about following his uncle’s footsteps.

That never stopped him from dreaming of being a concert pianist. He studied the lives of the great performers and granted that quite a few died prematurely due to living on the edge,
including his idol on the instrument, Art Tatum, who passed away from kidney failure as well as serious liver damage from excessive drinking at age 47, there were enough of them that had a normal life, free of the drama of substance abuse, gambling and other unsavory wonts. Realistically, the chances of becoming a concert pianist in a full-time capacity were slim to none. Such a rarefied environment was due to the very steep competition. At the very least, by practicing rigorously, he could offer small performances for friends, family, and the public at various venues, including his own church or the local library.

Having a full-time job implied practice in the evenings. That in itself caused some problems for his neighbors when he would extend his playing beyond 10PM. If this wasn’t enough of an issue, his social life also suffered because he didn’t have as much time available to spend quality moments with his girlfriend.

“The piano is your real girlfriend. I am just a wall flower that you pay attention to occasionally,” Earline kept reminding him with a dejected look on her face. It was becoming more obvious by the day that sooner or later he would have to make a choice between Earline and the piano because she wanted his full attention and couldn’t stand sharing it. Yet his passion for the piano was such that he failed to see it as a binary choice. He saw no conflict maintaining a human relationship on one hand and take time to develop a mastery of the instrument to as close a professional level as he could muster.

How to do that and satisfy both masters was problematic. Fact is one can’t have two masters. That’s an inherent conflict. For one thing Earline didn’t care for Jazz on least bit.

“What’s wrong with R&B? All these strange notes coming from the keyboard leave me baffled. I like music with a beat to which one can dance. What you are playing is too deep. I can’t relate to it.”

It wasn’t long before the relationship tanked since it was facing too many headwinds. Joey kept pace with a fixed schedule of playing a minimum of 4 hours a day on weekdays with a curfew of 10 PM. That left him little time for dating. Once he put in quite a few hours of rehearsal under his belt, he felt comfortable to test his mettle and perform publicly. His first option was his church. By happenstance when he went to see the pastor to schedule a free concert, there was another person, Josephine, a woman who is a voice teacher who came in with a similar request. She had recently moved to the area and had joined the church.

“I sing opera, jazz, pop. I am so-so at the piano. Maybe we can have a split program where you play solo and then you accompany me on the piano. What say you?”

“Sounds like a win-win proposition to me.” Thus began the collaboration of Joey with Josephine. They rehearsed a repertoire at his place and with each session, cohesiveness became tighter. The first concert featured a medley of compositions from the cited genres by Josephine. Joey had fun playing the music of Tatum solo except it was of such technical wizardry that the average attendee thought it was highfalutin and only the jazz lovers, a minority at that, thoroughly appreciated his feat. At the same time, the most applause came with the pop repertoire and the duet of Joey and Josephine did hit its stride in that style.

Joey had a conundrum. If he wanted a sizable audience, he would have to tone down his style. If he wanted to remain a purist and follow the footsteps of Tatum, he would have a following, albeit very small. This was the type of decision facing professional players all the time, pure art with a small audience or a blend to be able to survive by attracting a larger follow-up. In Joey’s case, survival was not an issue because he had a full-time job and was well remunerated. He had an inner conversation and had to weigh the advantage of using a light fare and gradually introduce the heavy material for mass appeal or stick to his gun and play a style not well understood due to its intricacy and sophistication.

“Joey, there’s a reason why some stars in the classical world have opened their repertoire. A concert by Renée Fleming includes pop. Same for Bocelli. Relying solely on Tatum will not cut it. Think about it.” Josephine advised him with a very refreshing smile that he couldn’t miss.

The solution came by ebb and flow at first and then gentle coercion by a critical mass that couldn’t be ignored. Like a tidal wave in scope. It started with a simple report of the concert in the newsletter.
“We had the privilege of witnessing two great performers during one and one-half hour. The session however was uneven, and the audience did react accordingly. There was warm applause during the repertoire of standard pop tunes with an eclectic rendition. It dimmed somewhat for the jazz part and was polite during the opera section. On the other hand, the solo piano featured a virtuoso speaking a foreign language to the average attendee. Comparing the warmth of the pop section with the up-tempo riffs on the piano, the best example that comes to mind is the searing burn on a delicate stomach by a very spicy fricassee versus the soothing oomph of a lightly seasoned steamed fish. Of course, other members may have a different opinion, but my eyes saw people who were a bit uneasy with that type of far-out, sophisticated but hard-to-grasp style of playing.”

This was a watershed moment and that became the topic of conversation for that ecosystem. People did respond by writing, phone conversation and this mushroomed into a grassroot movement, sort of. By a ratio of 10 to 1, people agreed with the opinion expressed in the newsletter. Something else happened, someone suggested to continue with the concert series and to turn it into a fund-raising activity. Some enterprising members conducted a poll, and worshippers of the church overwhelmingly expressed the desire to have more cultural activities with musical concert at the top. To the question of which format, hands down the choice remained for pop mostly, and people responded to the idea of a mix by adding light jazz and opera in that order. Gospel music was in class by itself. The church also had an outstanding gospel choir that traveled to sister churches from time to time. The feeling was to keep the two separate, the secular from the sacred. As for a charge for the concert, with unanimity the response was positive. The goal was for the revenues generated to go toward the operating funds of the church.

Joey, as an usher at the church, was not tone deaf. He heard the message loud and clear. Something else happened that made him reconsider the opportunity at hand. One day later, around 1PM as Joey returned from a lunch date with a buddy, his cell phone showed an incoming call from his physician’s office.

“Mr. Furth, this is Dr. François’s office. The doctor wants to talk to you.” Joey had a knot in his throat. He had a physical done the previous week and had otherwise complained of feeling a bit fatigue lately but nothing else. Why would his doctor call him now? What kind of news was he going to give him? His pulsation at the temples accelerated, his palms were sweating profusely.

“Mr. Furth, I need to see you right away. This is a very important matter,” the baritone voice said to him. Joey rushed to the doctor’s office. His imagination was running rampant. Stepping into the same office one week later felt so different.

“Mr. Furth, I am sorry to inform you, you have acute leukemia.” An arctic wind took residence in his blood and the coldest shroud cocooned his being. The kiss of death had touched his lips; his world was spiraling down in a rapid vortex.

“Your coverage wouldn’t take effect until the first of next month,” an automated voice had told him when he had checked about his benefits over the phone.

“Your treatment can easily cost upward of $30,000 over the next couple of weeks,” was the laconic answer he received from the office manager of the cancer specialist he next visited. The exact cost of the piano he had just purchased. He had recently changed job and although the pay was more, the benefits wouldn’t kick in until 2 months later. The end of his dream of being a concert pianist. He had forty-eight hours to return the piano provided it was still in the same condition, thanks to an insurance policy he had purchased. His dream instrument would fall victim to the cost of his life until his health insurance became effective. That was an option he had no control over. If he kept the instrument and didn’t receive the treatment, he would face sure death and would not be able to enjoy it anyhow. It was the choice of dying by drowning or falling down a cliff.

“Sleepy head, wake up,” blared his alarm. He woke up drenching in sweats and realized he had a nightmare, the result of drinking this caffeinated booster drink. He pinched himself for the
dream was so vivid. “No, I didn’t have any lunch with my friend and my phone didn’t ring and most importantly, I don’t have leukemia and I am not about to lose my piano”, he kept repeating to himself.

That made his decision easier. He saw it as a sign. Later that day, Josephine called, “So Joey, when do we start rehearsing?”

“I leave work at 4, get home at 5, then will make dinner and I should be ready around 7.”

“Let’s make it simple. I will bring dinner around 5:30 since I leave work at usually 3 as a teacher. Will that work?”

Did it work ever? A woman with a melodious voice and an excellent cook sound like a providential suggestion. Joey did indeed have rehearsal with Josephine. The glaring chemistry between these young two effervesced for all to see during the first recital. Some of the love songs sounded like a subliminal message. The riveting optic of the two was reminiscent of the spellbinding posture of a mixed couple of ballet dancers or ice skaters wowing us with their gravity-defying pirouettes, all the while titillating us with very suggestive poses. Like lovebirds.

Like a hand in glove, Josephine came into Joey’s life in a propitious manner. He was just as smitten by the lushness of the vibration of her vocal cords as she was in awe of the deftness of his fingers on setting free enchanting notes. That developed into a mutually satisfying nexus. In her, he found someone who shared his passion for music on one hand but someone who also was pragmatic to help him massage and refocus his perspective and diversify his repertoire. Like the acquisition of a keen sense of detecting the blind bend of a road.

“Need I remind you that as great as Nat King Cole was on the keyboard, he made his name with the richness of his voice no matter with a narrow registry. Let’s not forget that Oscar Peterson, stylistically as close to Tatum as you can find, broadened his appeal and every now and then he would also sing. So be adventurous.” Josephine gently coaxed him.

“Adventurous like asking you to join me for dinner at a restaurant tomorrow for Valentine’s Day?”

Henceforth Joey and Josephine managed to find all the bells and whistles to satisfy an audience. They morphed into a duet that offered serious music in a palatable format to denizens who were not Rhodes’s scholars as well as impress demanding patrons. Joey was able to let loose his improvisation skills in a subtle manner overboard depending on the venue. A restraint facing worshippers would disappear when among jazz buffs. Either way they were known as J&J, a duet who found fusion in musical styles, culinary taste, and sentimental attachments since their first date on Valentine’s Day.

Reynald Altéma, MD.
ANNOUNCEMENT: AMHE expands its Medical Rotation Program

It is with immense gratitude that AMHE is announcing that thanks to a grant from the Offices of the Dr. Daniel Laroche, Advanced Eye Care of New York located at 215-43 Jamaica Ave, Queens Village, NY 11428, we are offering an Ophthalmology Fellowship Rotation program for residents coming from Haiti.

Advanced Eye Care of New York is the Ophthalmology practice of Dr. Daniel Laroche in Queens and Manhattan. The year-long (intra-residency after second year) Ophthalmology Fellowship Rotation Program offers an opportunity for the participants from Haiti to understand, diagnose, and treat glaucoma, cataract, diabetic retinopathy, and other eye related conditions. It is a medical program, and it will not delve into surgical practices due to restrictions in US laws.

Dr. Daniel Laroche is one of AMHE’s own members who have continually supported AMHE’s mission and goals for many years. As AMHE celebrates its 50th anniversary, it is an extraordinary opportunity for members to show their commitment and trust in AMHE’s enduring mission.

Through this grant, AMHE will be able to provide:
- Health insurance.
- Lodging and meals.
- Transportation arrangements.
- Other reasonable amenities to ensure that fellow’s basic needs are met during the fellowship program.
- Lodging, food, transportation, other basic daily amenities while the fellows will be staying in New York.

The AMHE Rotation program is headed by Dr. Paul Nacier, a retired, Board-Certified gastroenterologist, formerly Chief of Endoscopy at Kingsbrook Jewish Medical Center. He is also a Fellow of the Association College of Physicians (FACP), and of, the American Gastroenterology Association (AGAF). Dr. Nacier has been a member of AMHE for many years and he has served in several leadership positions including as past President of the New York Chapter of AMHE.

The financial sponsorship is provided by Dr. Daniel Laroche of Advanced Eye Care of New York. Dr. Daniel Laroche, a longtime member of AMHE, is a glaucoma specialist in New York, Director of Glaucoma Services and President of Advanced Eyecare of New York. He is affiliated with the New York Eye and Ear Infirmary of Mount Sinai, New York University, and Island Eye Surgical Center. He is a Clinical Assistant Professor of Ophthalmology with the Icahn School of Medicine at Mount Sinai Medical Center.

Dr. Laroche received his bachelor’s degree from New York University and medical doctorate with honors in research from Weil Cornell University Medical College.

AMHE is grateful and thankful for Dr. Laroche’s magnanimous offer to train fellows from Haiti. It is remarkable way for AMHE to continue its enduring mission and imprint a legacy that others may replicate in the next fifty years.
**Remerciements a Louis Auguste pour materiels envoyes en haiti**

Bonjour Dr Auguste

Nous vous remercions pour les livres offerts en cadeau au service de chirurgie qui apprécie beaucoup ce geste d'une grande importance et d'une grande générosité. Nous vous serons reconnaissants. Les résidents en ont grand besoin pour leur formation académique. Nous avons reçu 200 ouvrages et des mesures sont déjà prises pour bien les protéger. Le service de chirurgie saisie cette occasion pour vous souhaiter une excellente année 2022.

Dr Damas Emile

Bonjour Dr Damas

C’est pour moi un grand plaisir de contribuer à la formation de la relève et un tant soit peu au maintien de la santé de nos compatriotes. Une grosse boîte de matériel arrivera sous peu avec les instruments de chirurgie vasculaire que le Dr Dubé avait sollicité. Dans deux semaines vous recevrez également 32 boîtes de matériel médical dont je vous enverrai la liste, courtoisie de la Fondation AMHE à la suite de l’explosion du tanker de gazoline à l’entrée de la ville. J’espère que dans un prochain futur, nous pourrons reprendre les visites en personne, si le gouvernement réussit à instaurer un climat de sécurité dans le pays.

En attendant permettez-moi de vous féliciter d’avoir accédé à la direction du service de chirurgie à Justinien. Je vous promets tout le concours qui me sera possible, car je sais combien il doit être difficile de fonctionner quand on est handicapé par une carence chronique de matériel et d’équipement.

Encore une fois acceptez mes vœux de succès continu.

Dr Auguste,

Le service de chirurgie ne peut s’empêcher d’exprimer sa joie en apprenant l’arrivée sous peu des instruments de chirurgie vasculaire et autres. Encore une fois nous vous remercions, ainsi que la Fondation AMHE, pour votre soutien qui nous permettra de faire face à certaines difficultés rencontrées dans le Service de Chirurgie.

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List of tools and medical supplies shipped to Justinien Hospital

November 27, 2021

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Satinsky Clamps</td>
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<tr>
<td>Bulldog clamps</td>
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<tr>
<td>Vascular scissors</td>
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<td>Mayo scissors</td>
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<tr>
<td>Tenotomy scissors</td>
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</tr>
<tr>
<td>Castro-Viejo needle holder</td>
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<tr>
<td>DeBakey clamp</td>
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<tr>
<td>Various needle holders</td>
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<tr>
<td>Various clamps (Halsted-Crile-Kelly-Allis-Babcock)</td>
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<td>Electrocautery pencils</td>
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<td>Suture boxes (various types and sizes)</td>
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<td>Lidocaine vials (5 cc)</td>
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<tr>
<td>Betadine solution vials</td>
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<tr>
<td>Surgical blades (10 and 15)</td>
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</tr>
<tr>
<td>Miscellaneous (plastic syringes - IV needles - alcohol pads - Vaseline gauze strips, etc)</td>
<td>Many</td>
</tr>
<tr>
<td>Scratch pads</td>
<td>Many</td>
</tr>
</tbody>
</table>
Thank you Louis for reminding us of this episode on the day of Dec 11, 1917.
Maxime Coles MD.
U.S. Army Executes 13 Black Soldiers in Houston, Texas

On December 11, 1917, the U.S. Army executed 13 Black soldiers who had been previously court-martialed and denied any right to appeal. In July 1917, the all-Black 3rd Battalion of the 24th United States Infantry Regiment was stationed at Camp Logan, near Houston, Texas, to guard white soldiers preparing for deployment to Europe. From the beginning of their assignment at Camp Logan, the Black soldiers were harassed and abused by the Houston police force.

Early on August 23, 1917, several soldiers, including a well-respected corporal, were brutally beaten and jailed by police. Police officers regularly beat African American troops and arrested them on baseless charges; the August 23 assault was the latest in a string of police abuses that had pushed the Black soldiers to their breaking point.

Seemingly under attack by local white authorities, over 150 Black soldiers armed themselves and left for Houston to confront the police about the persistent violence. They planned to stage a peaceful march to the police station as a demonstration against their mistreatment by police. However, just outside the city, the soldiers encountered a mob of armed white men. In the ensuing violence, four soldiers, four policemen, and 12 civilians were killed.

In the aftermath, the military investigated and court-martialed 157 Black soldiers, trying them in three separate proceedings. In the first military trial, held in November 1917, 63 soldiers were tried and 54 were convicted on all charges. At sentencing, 13 were sentenced to death, and 43 received life imprisonment. The 13 condemned soldiers were denied any right to appeal and were hanged on December 11, 1917.

The second and third trials resulted in death sentences for an additional 16 soldiers; however, those men were given the opportunity to appeal, largely due to negative public reactions to the first 13 unlawful executions. President Woodrow Wilson ultimately commuted the death sentences for 10 of the remaining soldiers facing death, but the remaining six were hanged. In total, the Houston unrest resulted in the executions of 19 Black soldiers. NAACP advocacy and legal assistance later helped secure the early release of most of the 50 soldiers serving life sentences. No white civilians were ever brought to trial for involvement in the violence.

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

Move Over, G Spot -- Scientists Have Found the C Spot - Treatment of Coccydynia (pain in the Coccyx) with an injection of Depomedrol and Xylocaine. - Un test sanguin appelé Galleri affirme trouver jusqu'à 50 cancers différents à partir d'une seule prise de sang - 8 Signs Your Job May Be Toxic for Your Mental Health - 'Substantial' Heart Risks Up to a Year After COVID-19 - As CDC Holds the Line, Doctors Debate Lifting Mask Mandates - Quelqu'un m’a demandé si nous avons à l'AMHE un Yurl Brynner noir ? Je savais pas quoi répondre... MC

And more…
Cliquer sur l'image pour accéder au site Internet d’INFO-CHIR
9TH ANNUAL CARDIOVASCULAR SYMPOSIUM AGENDA

Location: Virtual Conference
Date: 3/5/22
Time: 1 pm
Facilitator: Dr. Alix Dufresne

Agenda Items

1:00 – 1:35
Hypertrophic Cardiomyopathy: Signs and Symptoms, Diagnostic Testing and Therapeutic Approaches

1:35 – 2:05
Overview in Pulmonary Fibrosis from Diagnosis, Staging, Risk Factors and Management

2:10 – 2:50
Clinical Relevance of Less Common Cardiomyopathies from Left Ventricular Noncompaction to Takotsubo Cardiomyopathies, What About Cardiac Amyloidosis

2:50 – 3:25
Questions and Answers/Break

3:25 – 4:05
Heart Failure with Preserved Ejection Fraction: What is new in 2022

4:05 – 4:45
Advanced Heart Failure: Diagnostic Tools and Therapeutic Options

Department of Medicine IMC is inviting you to a scheduled Zoom meeting.

Topic: cardiology symposium
Time: Mar 5, 2022 09:00 AM Eastern Time (US and Canada)

Join Zoom Meeting
https://zoom.us/j/92437195640?pwd=U5YxJ1UVSTvN0kEcSt1UJFO9
Meeting ID: 924 3719 5640
Passcode: 520848
One tap mobile
+16465586656,,92437195640**520848# US (New York)
+13017158592,,92437195640**520848# US (Washington DC)

Dial by your location
+1 646 558 8656 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 346 248 7799 US (Houston)
+1 669 900 9128 US (San Jose)
+1 253 215 8782 US (Tacoma)
Meeting ID: 924 3719 5640
Passcode: 520848
Find your local number: https://zoom.us/u/auDMR7zG1
Ma dernière leçon d’humanité

Je m’en vais en paix avec moi-même entouré de l’affection de ma famille, de tous ceux que j’aime et qui m’aident.

J’ai mené une vie bonne à la recherche du bien, du beau et du vrai. La vieillesse m’a enseigné la tolérance, la sagesse et la sérénité.

J’ai semé la joie et la paix autour de moi. J’ai essayé de vivre en harmonie avec tout le monde, sans haine, ni envie pour personne. Je demande pardon à tous ceux que j’ai offensés involontairement. J’ai tendu la main à ceux que j’ai pu aider à mieux vivre ou à réussir dans la vie.

Je remercie ceux qui m’ont permis d’avoir une vie stable et heureuse, particulièrement ma femme. Malheureusement je laisse un pays détruit par l’incompétence des gouvernements irresponsables, l’égoïsme de politiciens haïtiens à courte vue, la faillite d’une grande partie de l’élite intellectuelle et économique et l’incapacité de la société civile qui, depuis plus de deux cents (200) ans exploitent le peuple sans l’aider à obtenir les moyens de s’instruire, de se soigner et de vivre décemment.

Et pourtant : Qui sommes nous ?

- Des fétus de paille dispersés par le vent.
- Des objets inutiles malgré nos vaines prétentions.

Les pays les plus puissants dotés d’armes sophistiquées et de bombes atomiques se sont mis à genoux devant un organisme invisible à l’œil nu : le corona virus (COVID 19).

Ceci nous rappelle que, devant l’adversité, il n’y a aucune différence entre ceux qui souffrent car nous sommes tous égaux que nous soyons riches ou pauvres, blancs ou noirs « puissants ou misérables » (J. de la Fontaine).

Après, quand la pandémie aura disparu, que ferons-nous pour remédier à l’injustice qui ronge à la racine notre société et pour supprimer les inégalités qui créent, sur le même sol natal, l’existence de classes socio-économiques séparées souvent hostiles ?

Après le séisme de 2010, nous avons perdu la chance de nous unir. Et maintenant, quelle sera notre attitude après cette pandémie ? Quelles leçons tirer de cette infection fatale qui suscite tant de gestes de solidarité dans d’autres pays ?

Est-il possible que nous autres haïtiens restions insensibles et sourds à la catastrophe sociale qui nous menace et qui peut exploser n’importe quand sous la pression des insatisfaits, des incompris, des exploités et des laissés pour compte.

C’est le temps de se pencher sur le sort des pauvres, des démunis et de tous les oubliés avant de penser à nos propres intérêts !

Que Dieu nous protège !

Dr René CHARLES
Il pleut averse sur Boca Raton, FL comme si Bossuet Painson MD nous faisait la reverence. En effet “Boboss” nous a quite recemnt pour aller rejoindre son Createur. Je ne saurais passer sous silence son depart pour l’autre. J’ai connu Bossuet bien longtemps alors que je faisais mes lettres au college Francais de Montreal mais, en guise d’adieu, je voudrais retracer un peu son parcours.

Jeune Medecin diplome a la Faculte de Medecine, a Port-au-Prince, il fait son service social a Jean Rabel et choisit une residence en Medecine Interne a Hinche. Non content de sa formation, il se rend au Canada pour se specialiser en Pathology. Il y fait une carriere, mais les Annees de labeur sous le microscope le forceront a entamer une seconde specialite dans la Medecine Geriatrique. Il pratiquera dans ce domaine jusqu’a sa retraite bien meree et il en profitera avec sa femme Jacqueline Alphonse Painson, a ses cotes. De cette union, deux beaux enfants Curie et Claudie vont naître.

Il n’est pas facile de dire Adieu a un ami comme Bossuet a qui nous devons tous une fiere chandelle. Sa mission sur terre peut etre bien terminee mais il laissera un vide qu’il sera difficile a combler. Il etait l’un des pionniers dans l’edification du chapitre de la AMHE a Montreal. Sa participation peut etre encore mieux souligne par le travail qu’il a accompli avec Joseph Verna MD, Menos Desamour MD, Frantz Douyon MD, Frantz Raphael MD, Stanley Noris MD, Louis Roy MD, Claude Miton MD etc. Tres tot, en 1974, Bossuet m’a aussi initie dans les affaires de la AMHE alors que j’étais encore etudiant en Medecine. Ces moments resteront a jamais graves dans ma memoire.

Je prend cette occasion pour formuler de sinceres condoleances tant en mon nom personnel qu’au nom de la AMHE, a sa femme Jacqueline Alphonse Painson, a son fils Curie et famille, a sa fille Claudie et famille, a ses deux freres, a sa belle-soeur Lilianique Alphonse Coles consideree comme sa seconde fille et a son mari Richard Coles, a tous les autres membres de la famille et amis affliges par cette perte. Ce n’est qu’un aurevoir Bossuet.

Puise ce Dieu de Misericorde te recevoir a bras ouverts dans ta nouvelle demeure et que la terre te soit legere Boboss. Bon voyage …

Maxime Coles MD
In MEMORIAM: Dr BOSSUET PAINSON MD

par Fabien Wesner Fleurant, MD

Triste a été notre journée ce Samedi 12 Fevrier. Notre estimable et vénéré confrère et ami Bossuet Painson s'est endormi de son sommeil éternel à cinq heure ce matin -la. Il s'est tout doucement éteint, après un long declin, victime de tant de maux et afflictions.

Notre Bossuet affectionnement appelé Boboss, était pour moi bien plus qu'un ami, mais délibérément un frère. Ce n'est peut être pas ici la convenable occasion, le forum approprié pour étayer de faits et d'exemples cette assertion. Le sobriquet "fréro" vocable de nos interpellations, traduisait en quelque sorte le fond de nos sentiments et mutuelle affection.

Souffrant depuis plus d'un quart de siecle de maux et afflictions divers, Bossuet a toujours gardé sa bonhommie et son sourire. Stoïque, Il n'était pas de son caractère de se lamenter, de s'apitoyer sur son sort. Se pleindre de ses malaises, des ses souffrances n'était pas dans son langage, quand encore son esprit et sa lucidité n'étaient pas encore été affectes. Avant que cette maladie d'Alzheimer, cette menace incurable, ait rongé sa cervelle et vidé son esprit de toute lucidité, avant de devenir alors incapable de ne rien pouvoir apprecier et de juger de son état, Boboss n'entendait jamais volontairement imposer son fardeau a personne.

Bossuet, le Medecin, l' humaniste desinteressé, on le retrouve en premiere ligne dans les activités philanthropiques communautaires . Et concernant notre Association Medicale, Bossuet fut de la cohorte initiale de medecins à se reuin ce dimanche d'hiver 1973 à l'hôpital St. Joseph de Rosemeont pour jeter les bases, donc un des Membres Fondateurs du Chapitre de Montreal, dont l'integration suscitait l'enthousiasme et imprimait l'élan indispensable au developpement de l'AMHE.

Indiscutablement l'un des pionniers de l'AMHE, membre Fondateur du Chapitre de Montreal, Bossuet a été, entre autres fonctions et responsabilites aussi President aussi de ce Chapitre, position remplie avec dignité et respect. On ne lui a que rarement entendu prononcer un discours. C'était pas l'homme du show-off, au devant du podium. Il était pourtant très effectif dans son role de rassembler, toujours fructieux à forger un consensus, surtout capable de rivalier les energies et enthousiasmes.

Son sens profond des ses responsabilites lui commandait plus d'une fois de rentrer ici a New York, venu assister à l'organisation logistique des activités de ce Chapitre, apprenant les particularités dans leur preparation. la planification pour les contingences, et ne point improviser pour une réussite sans ecceuil de ces Reunions dont il avait la charge.

Quel sense profond d'humilité, de probité, d'honnêteté intellectuelle et surtout de respect de tous ceux impactés par les decisions qu'il aura la responsabilité de prendre et d'appliquer.

Il était grand, sur de lui-même, sans pretense et ostentation. Bossuet mettait par sa presence tout le monde confortable. Il avait le flair à rendre la compagnie agréable, avec son entregent et surtout son grand sense d'humour. Gentilhomme et toujours d'humeur égale, qui d'entre nous peut temoigner jamais avoir vu Boboss maussade ou de mauvaise humeur ou même elever la voix. Elegant sans panache, fin danseur! on le voyait se donner à coeur joie dans ces soirées de cloture de nos festivites. Exultations? Sans conteste.. mais maigres compensation pour ses perspirations, ses efforts en la preparation des Congrès et les soirees de gala concluant ces festivités.

Bel homme, homme du monde, les succes mondains lui arrivaien aiseement. Et les apparence lui faisaient réputation, à tort ou à raison. S'imaginer Boboss dans un état quasi végétatif, demander quand, en de fugaces moments qu'il lui arrivait de pouvoir articuler quelques mots, quelque phrases, de pouvoir s'exprimer, de demander après le depart d'un visiteur, qui était cet intrus qui venait de le laisser...Lors meme que ce visiteur a été l'un de ses intimes confrères ou amis. Des ans, ou ici plutot de sa maladie, l'irréparable outrage!
Bien avant moi Bossuet avait pris le pinceau d'artiste. Ses belles peintures, ces tableaux d'automne, sa palette préférée de paysage en feu, rouge orange, de fleurs qui se tiennent debout et vous parlent ont certes stimulé mes élans et mon ambition de devoir essayer, de m'appliquer à la peinture une fois déposé le scalpel de chirurgien...

Notre perte. Encore un autre à partir, notre génération s'amenuisant chaque jour davantage. Et faisant face à la réalité et acceptant l'inévitable finalité, nous autres les quelques survivants, on a bien raison de se demander: Who is next? pour le grand départ. Et pour ceux- la qui en ont la croyance, déjà imaginer la grande rencontre, cette joyeuse réunion s'il en existe dans l'au-delà...

Nos condoléances et nos sentiments d'affections à sa veuve Jacqueline "notre petite soeur Jacot" Alphonse Painson, à ses enfants chers Curie et Claudie, au petit-fils et aux petites filles, à ses parents, à notre grande famille AMHE, ses confrères et à tous ses amis.

Bossuet, tu peux honorablement dire: "non diem perdidi". Tu as certes eu une belle journée et heureux de n'avoir jamais raté l'occasion de faire tout le bien possible sur ton passage. Ta mémoire demeure. Positivement.

Dr Fabien Wesner Fleurant

Chers membres de l'AMHE,

C'est avec infiniment de peine que nous annonçons le décès de Dr Bossuet Painson, survenu le 12 février 2022. Dr Painson fut un membre fondateur et ancien président du chapitre de Montréal.

L'AMHE de Montréal présente ses sympathies à la famille, à ses collègues, ses confrères de la promotion 1952-1958 de la faculté de Médecine et de Pharmacie de l'Université d'Haïti et à tous les amis éprouvés par ce deuil.

Les funérailles seront chantées jeudi le 17 février 2022 au :
Complexe Funéraire Urgel Bougie
3955 Chemin de la Côte de Liesse
Ville St-Laurent, Qué.
H4N2N6

La famille recevra les sympathies de 09:00 - 11:00 en AM et 13:00 à 14:55 en PM. La célébration débutera à 14:55 et sera diffusée sur le site du salon funéraire (voir le lien ci-dessous)
Lien pour le webcast et messages personnalisés à la famille
https://funeraweb.tv/fr/diffusions/athos/47287

Que son âme repose en paix. !

Dr Schiller Castor,
Président de l'AMHE de Montréal,
André Rigaud, MD, n’est plus de ce monde. Nous ne reverrons plus ce cavalier servant à coté de Marie Claude, ce gentil-homme toujours souriant et Joyeux. Sa mission sur terre est terminée et il a été rejoindre son Créateur après une brève maladie. Il était un exemple pour nous de cette plus jeune génération. Il a été le premier président du chapitre de Baltimore et le premier trésorier à la foundation de la AMHE. Il fut président de chapitre a Chicago a deux reprises. Sa dévotion à la cause de la AMHE est sans reproche et nous lui devons une fière chandelle.

Il part vers de meilleurs cieux et laissé éprouvée Marie Claude Rigaud MD, son épouse de longue date qui l’a cotoyé pendant si longtemps. Ensembles, Ils représentaient ce couple d’amoureux que nous aimions a voir ballader durant nos conventions, valser sur la piste de dance comme si ils étaient seuls, et aussi à les entendre fredonner a vive voix des morceaux du pays natal. Ils étaient faits l’un pour l’autre et ils nous le démontraient bien.

Je ne saurais ne pas saisir cette occasion pour saluer le départ de ce pathologiste de carrière, père de famille et mari. pour exprimer tant en mon nom personnel qu’en celui de L’Association Médicale Haïtienne à L’Étranger (AMHE), nos sincères condoléances à Marie Claude Rigaud MD, la femme qui a partagé sa vie, à ses enfants Carl et famille, à Cassandra Rigaud et Donald Anderson et famille, à Jean-Phillipe et Maria et famille, a Joseph et Karie et famille, à Claudine et Marcel et famille, à tous les parents et amis affectés par son départ.

Reposes en paix André et puisse ce Dieu de Misericorde te recevoir à bras ouverts dans ta nouvelle demeure. Ce n’est qu’un aurevoir mon cher ami. Bon voyage et que la terre te soit légère.

ENGLISH Version

Andre Rigaud, MD, has passed away. Sadly, we will no longer see this gentle man by the side of his beloved Marie Claude, always smiling and joyful. After a brief ailment, his time has ended in our world but, he has rejoined his creator after a well accomplished mission. Indeed, he was a splendid example to our younger generation: He was the first president of the Baltimore Chapter, and the first treasurer of the AMHE Foundation. He was also president of the Chapter of Chicago twice. His dedication was remarkable, and the AMHE community owes him immense gratitude.

As Dr. Andre Rigaud, departs this world, he leaves behind his wife with whom he shared a life full of love. We remember how the two represented the loving couple we all enjoyed seeing together; dancing and bouncing of the floor as if they were alone, humming to the tune of the songs of the homeland. They were true soulmates; they were made for each other, and they showed it well.

On this sad occasion, I take this opportunity to present my most sincere condolences to Dr. Rigaud’s family on behalf of the AMHE community. We send the deepest expressions of sympathy to Marie Claude Rigaud, MD, his wife who share his life and their children Carl and family, to Cassandra Rigaud and Donald Anderson and family to Jean-Phillipe and Maria and family, to Joseph and Karie and family, to Claudine, Marcel family, and to all other families and friends touched by this loss.

Dr. Rigaud, may your soul rest in peace.

Maxime Coles MD

Information for the wake and Funeral
The wake is scheduled for Friday 2-25-22 from 3-7 PM
The funeral mass is scheduled on Saturday 2-26-22 at 10 Am at Marmion Abbey
A reception will follow from 12-2 PM
AMHE 2022 Annual Convention is ON!

Panama – Royal Decameron Golf Resort - Friday, July 22 – Sunday, July 31, 2022

JOIN US TO CELEBRATE

This year our trip will offer stay in two different cities in Panama: Panama City, Panama, and Rio Hato, Panama

- The rates below are for a 10 Days/9 Nights luxury package accommodation in Panama (Central America). Rates are based on Double, Single, or Triple occupancy. Occupancy rates are for 2 Adults and one or two children (3-11 years old). Children 12 and older pay adult prices.
  - $2299 per person double occupancy (2 adults per room). Early bird pays $1840 after 20% discount - 50% deposit is required before March 15, 2022 (AMHE members and non-members).
  - $2999 per person single occupancy (1 adult per room). Up to March 15, 2022. Early bird pays $2399.00 after 20% discount - 50% deposit is required before March 15, 2022 (AMHE members and non-members).
  - $999 per child (ages 3 to 11) sharing a room with an adult. Early bird pays $799, after 20% discount - 50% deposit is required before March 15, 2022 (AMHE members and non-members).

DISCOUNT – ON HOTEL BOOKING

- Early-bird price will be extended to everyone until March 15, 2022.
- After March 15, 2022, active AMHE members in good standing (2021 and 2022 dues paid and up to date) will get 10% discount up to May 1st
- A 50% deposit of the total price (before discount) is due at the time of the booking.
- PLEASE NOTE: The first 100 people to reserve and the 50% deposit for a room will be guaranteed an OCEAN VIEW Room at Royal Decameron. This offer is on a first come, first served basis.
- The appropriate discount will be applied upon final payment that will be due NO LATER than June 1, 2022. This discount will be forfeited if final payment is not received on that date.

NOTE: The prices quoted above do not include airfare and/or travel insurance
Dear Members of the AMHE,

It is with immense pride and pleasure that I would like to inform the AMHE community that after several months of arduous work, the membership committee has launched the Mentorship program.

The AMHE mentorship program will seek to:

- Empower the advancement of Haitian Medical Professionals
- Increase Haitian representation in the field of Medicine
- Assist members at various levels to achieve their personal and professional goals
- Connect members at varying levels of training and practice
- Create a sense of community and a source of support

Registration into the mentorship program is ongoing...

![Banner]

I take this opportunity to thank the membership committee for their magnificent work. We thank the entire membership team for their work, but we must give special thanks to Dr. Elizabeth Philippe for her relentless leadership, and to Dr. Ninoutchka Dejean, Dr. Ernest Barthelemy, and Dr. Danae Briere for taking this great program from concept to realization.

The AMHE leadership of the Central Executive Committee joins me in wishing remarkable success and extending you our ongoing support to the mentorship team.

Sincerely,

**Karl Latortue**
Karl Latortue, MD
President AMHE
Elie Leacot