Note de l’Editeur-en-chef

Les Vignettes se succédent et la date qui commémore sous peu notre cinquantième anniversaire d’existence approche à pas de géant. “Juillet, c’est demain disait notre ancien doyen Raoul Pierre-Louis MD alors que Lionel Laine MD posait les jalons de notre association avec un groupe de membres fondateurs. Nous avons beaucoup appris sur l’esprit de cohesion et la volonté de nos aînés à fonder cette Association dont nous en sommes si fiers. Recemment nous avons emis notre quatrième vignette qui parlait du chapitre de Chicago dans notre infolettre (Newsletter # 308) et je sais que nous ne mettrons jamais en doute la sincerite de Douge Barthelmy MD à relater les faits marquants à l’époque ou le chapitre de Chicago prenait son essort. Néanmoins, je pense encore qu’il serait bon de rectifier notre dernier AMHE Newsletter a cause d’une petite omission.

Le fait est que dans notre dernière edition nous avons oublié de mentionner quelques noms de Medecins qui ont partage cette inspiration à fonder le chapitre de Chicago. Nous esperons que cette note ne sera en aucun cas repetitive apres ce bel effort dont nous avons ete temoins alors que le Dr Douge Barthelmy s’ exprimait sur la naissance du chapitre. Quelques noms ont certainement ete omis et nous aimerions rendre justice a ceux qui ont pionne pour la creation de ce chapitre a Chicago, au cours d’une premiere reunion tenue le 29 avril 1973. C’est pendant cette reunion que les bases fondamentales du chapitre de Chicagose sont etablies.

Un comite provisoire siegeait comme suit: Dr Douge Barthelmy, President, Dr Marc Frederick David, Secretaire et Dr Immacula Cantave , Tresoriere. Plusieurs autres participants etaient aussi presents a cette premiere reunion: Drs Janin Raoul, Antonio Senat, Max Chaunette, Mathurin Jerome, Frank Alerte, Yvon Nazon, Willy Morgan, et autres. Durant une deuxieme reunion, deux membres du CEP faisaient partie du groupe comme delegues de la centrale, pour participer a ces fructueuses discussions. Une fois, le chapitre devenu actif, le premier conseil d’administration de la AMHE, siegea dans la ville de Chicago, le Samedi 23 mars 1974.

Nous sommes fiers de pouvoir revivre ces moments alors que beaucoup d’entre nous étions encore sur les bancs d’école. Poursuivant la presentation des Vignettes “In the Biginning” et retracant les debuts de la AMHE par la creation de ses Chapitres, il revient aujourd’hui au DR Henriot St Gerard la tache de presenter le chapitre de Baltimore-Washington dans cette prochaine edition de infolettre de la AMHE (Newsletter # 309). D’ailleurs, personne n’est plus qualifie que Lui, comme un de ses historiographes pour presenter le chapitre de Baltimore-Washington. Son “condense”est tout juste un avant-gout, extrait des vastes archives dont il en est un des depositaires. Voici en bref, le cinquième Chapitre de la AMHE, les dates et surtout les noms de tous ceux qui ont oeuvre a en faire une realite.

Bonne Lecture.
Maxime J-M Coles MD
Editeur-en-Chef de l’Infolettre AMHE
En ce temps-là, l’AMHE soulevait l’enthousiasme de plus d’un. Le Dr. Lionel Lainé en profita: il multipliait rencontres et visites pour jeter les bases de la nouvelle organisation.

Le Dr. Emmanuel François, l’un des premiers à avoir été contactés par le Dr. Lionel Lainé en 1972, s’était établi à Columbia dans le Maryland. Il allait donc inviter le fondateur à faire le déplacement pour une présentation aux médecins du Maryland.


La réunion fut couronnée de succès. Après discussions, le chapitre était né avec comme membres de l’Exécutif:

- Dr. André Rigaud, président
- Dr. Roland Breton, secrétaire
- Dr. Anthony Jean-Jacques, trésorier
  - Fritz Appolon, membre
  - Marc Jérôme, membre
  - Jean-Charlot Charles, membre
  - Marie Claude Rigaud, membre


Chaque sous-comité comprendrait trois membres chargés des Affaires Scientifiques, Socio-culturelles, Professionnelles et des Relations Publiques.

L’AMHE venait d’avoir son sixième chapitre.

_Henriot St Gérard, M.D._
Can we prevent shoulder Injuries?
Maxime Coles MD

Many scientific studies have shown the way a low-grade inflammation can turn into a silent killer, able to contribute to cardiovascular disease, cancer, Dementia and Diabetes Mellitus (Type 2). It is now proven that chronic, low-grade inflammation can contribute to these conditions and even to degenerative arthritis. 75% of the adult population carry this burden as a health problem.

Harvard University and other institutions are pushing for a fight toward Inflammation not by the mean of anti-inflammatory diets as it is advertised but by having enough sleep, stop smoking, limit your drinking alcohol, manage your weight etc... Let us chose a model like a model in the rotator cuff conditions, very common and affecting almost 4 million people in the United States each year. Most people suffering from this condition can recover with rest and physical therapy however in more serious situation, it can degenerate. A complete tear can unable one from raising the upper extremity away from the body and a surgical repair may become necessary to restore functionality.

Let us define the anatomical boundaries of the rotator cuff: A return to our anatomy book will allow us to understand the function of such apparatus. It is made of four muscles and their tendons joining together to form a cover-like roof around and above the head of the humerus, on the top of the shoulder. This group of muscles allows a control on the shoulder and the arm. The rotator cuff muscles are important stabilizers which function in tandem for a better synchronization of the motion of the shoulder. They cover the head of the humerus (upper arm) for better control. Those muscles act as stabilizers and function as mobilizers of the shoulder with a lever action on the arm.

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Rotator cuff tendonitis is an inflammation or an irritation of the tendons and/or the muscles around the shoulder joint, rendering any motion painful and difficult. Occasionally pain and swelling can be manifested at an exquisite area of tenderness in front of the shoulder or on the side enabling the individual to raise the upper extremity. Often a sensation of clicking and popping can suggest an impingement inside the shoulder. This pain is such that it can disrupt the sleep, interfering as well with the function of the extremity. At times it is very difficult to move the arm even in a depending position. Brief, the sensation of pain remains unsupportable.

Diagram of the shoulder, including the location of the rotator cuff

Anatomy of the shoulder: Supraspinatus, Infraspinatus and Teres Minor (Posterior)
The rotator cuff is a group of four (4) muscles that envelop the joint to connect the humerus to the scapula allowing movement of the joint: Supraspinatus-Infraspinatus-Teres Minor and the Subscapularis.

The Teres minor, Supraspinatus and infraspinatus share a common tendon which attach on the intertubercular groove of the humerus. The Supraspinatus is located above the scapular spine on the posterior of the scapula to attach the supraspinous fossa. The Infraspinatus is below the scapular spine and attach to the infraspinous fossa on the scapula. The Teres Minor is found on the lateral border of the scapula. The Subscapularis muscle is a large triangular muscle which fills the subscapular fossa and inserts into the lesser tubercle of the humerus, in front of the capsule of the shoulder joint.

Subscapularis muscle (anterior): The Subscapularis muscle is a large triangular muscle which fills the subscapular fossa and inserts into the lesser tubercle of the humerus, in front of the capsule of the shoulder joint.

Each rotator cuff muscle performs a specific and important function in the shoulder motion in Stabilizing the head of the humerus in the shoulder joint while working together. They Abduct and elevate the shoulder joint out to the side because of the Supraspinatus muscle. They externally rotate the shoulder joint especially with the Infraspinatus and Teres Minor muscles. They also depress the head of the humerus via the additional function of the Subscapularis muscle which allows the humeral head to move freely inside the shoulder joint during an elevation of the arm. Anatomist will call the group of muscles forming the rotator cuff, the “SITS” muscles. Briefly, all four muscles work together to centralize the humerus bone in the shoulder joint allowing the rotator cuff muscles to pull the joint together for proper stabilization.

Injuries to this muscular structure can be graded:

A Grade 1 injury involves a straining of the muscle fibers without tearing it, developing a tendonitis (inflammation of the tendon) due to repetitive motions and overuse or repeated minor
injuries. A Grade 2 inclines a partial tear of the muscle which brings damage to the tissue not resulting in a complete separation of the muscle. Finally, a grade 3 which presents with a full tear of muscle separating it in two parts. All four muscles share a unique tendon, so if a complete tear is present, the rotator cuff will be unable to function properly.

Rotator cuff tears are common in employees working in places requiring overhead activities like in painters or carpenters, tennis players while serving, or throwing athletes. These tears can be seen as well in other sports like baseball, swimming, kayaking and even cricket. Bones spurs are often caused by inflammatory process which can stimulate the formation of a bone spurs in the area of friction against the muscle.

Grade 2 injury are commonly seen with repetitive motions imposing stress to the muscles in individual performing overhead lifting. These injuries can be acute or chronic in nature and may deteriorate with time.

Grade 3 injuries require substantial trauma to the shoulder to produce a full thickness tear of the muscles which can be acute and generally due to a direct fall on the shoulder or following lifting or pulling a heavy object in an awkward position. They can be associated with fractures around the shoulder or fracture-dislocation involving the shoulder girdle.

Other tears, chronic in nature, can be the result of a long-standing impingement at the shoulder leading to a chronic inflammatory process and a progressive deterioration of the rotator cuff. One can also develop a tear just by pinching while the arm is moved away. Tears can be seen also in association with trauma to the upper extremity especially with comminuted fracture-dislocations of the shoulder, comminuted fractures of the clavicle or the scapula. Sports injury, motor vehicle accidents involving the upper extremity can potentially be the cause of a massive rotator cuff tear. Other muscles not being part of the rotator cuff, work in coordinated patterns to control the upward and downward motion of the scapula. These muscles are the Trapezius, Serratus Anterior, Rhomboids, Levator Scapulae and Pectoralis Minor.
How can be diagnosed a rotator cuff injury…?

A medical history remains essential prior to the physical evaluation. This will allow the examiner to locate an area of tenderness in the shoulder, test the range of motion mostly the abduction (raising the extremity away from the body) and check on the strength of the upper extremity. If a tear is suspected, proper X-rays and / or MRI may be required to make a final diagnosis. Any neck pathology or shoulder degenerative changes will need to be considered as well in order to asset the diagnosis of a rotator tear. Ultrasound and Arthrogram have shown their advantages in helping in the diagnosis of such injury.

The proper treatment for a tendonitis is primarily to reduce the swelling and the inflammation with a period of resting to improve the range of motion and facilitate muscle strengthening. Rest is generally ordered first with additional anti-inflammatory medications. If symptoms persist, corticosteroids injections can be beneficial as well as platelet-rich plasma injections. A supervised physical therapy program to regain shoulder motion and muscle strengthening is also implemented.

Small tears are generally treated conservatively with anti-inflammatory medication and steroid injections as described above but for individual with larger tears and individual who are engaged in sports more actively using consistently overhead work, a surgical treatment may be recommended. Often a partial and complete tear of the rotator cuff tendon may be repaired by arthroscopic surgery but rarely and open procedure may be needed for a massive tear. Labrum tears and shoulder instability can also be treated via the scope.

In my practice, 3-4 weeks is needed for the recovery of a rotator cuff tendonitis but if left untreated, it can result into a partial or a complete tear. A complete rotator cuff tear may take several months (Up to 6 months) for recovery depending on the plan of care. Other pathology like a labrum tear, shoulder separation, infection etc can be expected. Depending on the severity of the rotator cuff injury, the prescribed treatment may start with a simple immobilization to different rotator cuff repairs and reconstruction. Each person will react differently to his/her treatment until full recovery. We may show more aggressivity with a younger patient or an active athlete in pushing them during rehabilitation.

The orthopedic surgeon has few options at repairing a deficient and torn rotator cuff. New advancements have permitted surgeons to use less invasive procedures with their own advantages and disadvantages in the goal to facilitate healing. The technique will depend on the size of the tear and the quality of the tissue attachment to the bone. The more difficult the tear is to repair, in relation to size or tissue quality, the more the therapy will be primordial in the post-operative period. The type of repair, the surgeon experience and the familiarity of the surgeon with the procedure on one side versus the quality of the tissue and the bone etc on the other side, are many components that need to be taken in consideration.

Although surgical repair can be done as an outpatient procedure especially if performed arthroscopically or via a mini-open repair technique, occasionally it can require a hospitalization especially when a more elaborated open procedure is carried out. You may have other problems associated to the rotator cuff tear like a biceps tear, degenerative arthritis of the joint, labrum problems and instability etc. There is always a debate between patient and surgeon on what is better for the shoulder… an arthroscopic procedure or an open procedure…?
A traditional open repair is done via a 6-8 centimeters incision and the anatomical plan will involve the deltopectoral groove and the deeper layers. The surgeon may detach then some muscular attachment of the deltoid to gain better access. He may remove bone spurs and perform an Acromioplasty to repair a large complex tear. Orthopedic surgery has improved over the years especially with the way we gained experience as orthopedist and now we are able to offer the procedure via an arthroscope allowing a better and faster recovery but also in a less invasive way.

Arthroscopy has been used for the treatment of small tears in which procedure, a small arthroscope is introduced into the shoulder joint to allow the visualization of the pathology. The camera is hooked to a Television monitor allowing the surgeon to visualize the tissue so the surgeon can easily navigate with different miniature instruments for repairing, suturing or shaving any pathology encountered. The structures through the arthroscope can be evaluated in great details. Stab wounds to insert the instrumentations are necessary.
Above is an Illustration and a photo showing the placement of an arthroscope and other surgical instruments inserted through portals in a shoulder joint. These repairs can be done in this less invasive technique as an outpatient procedure to shave a labrum or repair a rotator cuff tear, generally a small tear.

(Left) Arthroscopic view of a healthy shoulder joint.
(Right) In this image of a rotator cuff tear, a large gap can be seen between the edge of the rotator cuff tendon and the humeral head.

(Left) The same rotator cuff tear, as seen from above the tendon.
(Right) The rotator cuff tendon has been re-attached to the greater tuberosity of the humeral head with sutures.

The Mini-Repair use a small incision to perform the repair, generally 3 to 5 cm in length. An arthroscope is still used to reach the joint, Bone spurs can be removed and as well rotator cuff can be repaired. Patient is sent home on pain medication for a short period. An anti-inflammatory medication can also supplement to avoid the need for opioids. The rehabilitation is vital for a better outcome in regaining motion and strength. An immobilization of a shoulder by example can require a sling for a short period but if the repair allow it, it is always better to keep moving a shoulder because of possible muscle atrophy and stiffness.
Active and passive exercises are enforced. Active exercises, isometric external rotation exercises are warranted while passive exercises will be supervised by a therapist who will support your arm and shoulder in different positions for 4 to 6 weeks. After the 6 weeks period active exercises will be allowed for a 3 to four months periods to allow them to re-gain muscle strength and gain back motion. Patient will need to be compliant and avoid smoking. Large tears in older patients are the more difficult to handle and hoping that such patients showed better compliance.

All surgeries bring complications ... Problems with anesthesia, blood loss, nerve injury especially the deltoïd branch, infection, re-rupture of the rotator cuff or a deltoïd muscle detachment and stiffness can be seen after shoulder surgery. Labrum recurrent tears and even chondrolysis can be seen as complications of shoulder surgery.

Indeed, Rotator cuff injuries can be avoided to the upper extremity. Avoid any trauma or abuse of overhead activities, Avoid heavy lifting. Sports injuries play a significant role in shoulder problems and other athletic activities including wrestling etc. A good comprehension of the anatomy of the omohumeral joint can help in decision-making, any physician interested in caring for patients with shoulder problems. Some may still argue that a rotator cuff tear is better treated while the shoulder joint is approached with an open vs arthroscopic procedure.

Maxime Coles MD
Boca Raton FL

References:
Dans une récente publication du newsletter, nous avons discuté de la thématique de l’anxiété d’un point de vue longitudinal. Nous avons parlé des différents processus pouvant conduire au Post Traumatic Stress disorder en passant par le syndrome du stress disorder aigu. Nous avons dit qu’une fois que les symptômes du stress avaient duré au-delà d’un certain temps, cela pouvait conduire au PTSD. Et nous avons abordé le problème d’un point de vue de cause à effet. Certains facteurs avaient même été évoqués dont le viol, les déluges, les incendies majeures, les guerres, les déplacements de population et, dans notre cas, les tremblements de terre et les kidnappings. Bref il s’agissait de tout type de catastrophe qui pouvait avoir un impact psychologique à court ou à long terme sur le comportement tant physique que mental de l’individu. Nous n’avons pas trop expliqué d’un point de vue génétique ou neurono-physiologique comment le problème était parvenu à prendre corps et à devenir partie intégrante de la personne alors victime du trauma psychologique. Qu’il s’agisse d’un simple acte d’intimidation ou d’une agression physique plus sérieuse, le corps a sa façon à lui de réagir et de se prémunir contre un tel acte. Cette infraction peut cependant devenir pathologique, sous forme de manifestations externes si elle n’est pas corrigée à temps. C’est dans ce déterminisme structural tantôt patent, tantôt larvaire que nous allons nous plonger pour explorer tant d’un point de vue moléculaire que d’un point de vue neurophysiologique, les facteurs épi-génétiques soutenant, tel un arc sous-tendant un bout de cercle, le phénomène du stress et des régulations en amont susceptibles d’en réduire l’impact.
présentés en même temps que le stimulus, réduisant ainsi son impact, et ramenant progressivement à une extinction de la peur. La D-cycloserine, tout comme la ketamine, entant que co-agonistes des récepteurs NMDA qui sont à base de glutamate, peuvent jouer un rôle aussi bien dans l’entretien de la peur que dans son extinction, à condition que, dans le second cas, ces substances soient pariées à d’autres stimuli qui réduisent l’impact de l’élément agresseur. C’est ce que nous verrons dans la thérapie dite d’exposition à l’agent offensant.

Quand la détresse est prolongée et que la personne est irritée, fâcheuse et en colère pendant un temps plus ou moins long, il y a une réduction du volume de l’hippocampe, et une destruction des facteurs neurotrophiques du cerveau communément appelés BDNF ou ”Brain Derived Neurotrophic Facteurs”. Qu’on se rappelle le rôle joué par l’hippocampe dans l’extinction du phénomène de conditionnement. Cette réduction dans la production du BDNF au niveau des gènes en proie à un stress chronique va réduire la capacité de créer et de faire fonctionner les neurones du Cerveau.

Ce reflexe est inné, il apparait à la naissance sous forme de reflexe de Moro où le nouveau né, la tête soulevée, sans déplacer le corps du placard, va ouvrir ses bras en dehors du corps et garder les mains en flexion tout en effectuant une grimace, ou en pleurant pendant une minute, aussitôt qu’on laisse tomber la tête en arrière sur le placard.

Mais l’imminence d’un danger ne se traduit pas uniquement par un reflexe de frayeur, il y a aussi un signal qui se déclenche au niveau de l’axe pituitaire-hypophysaire, où le gène CrH responsable de la formation de l’hormone glucocorticoïde va entrer en jeu. Généralement moins de stress conduit à la formation de très peu de peptides, donc à moins de glucocorticoïdes qui sont formés et qui sont délivrés. Tout comme l’exposition à un état de stress prolongé durant les premiers moments de l’existence, soit au cours de l’enfance, est capable non seulement de réduire le taux de BDNF mais de modifier l’expression du gène CrH en l’amplifiant, rendant difficile le traitement de certains états de stress même après des années de traitement….Autant dire que lorsque le traitement contre le stress est administré très tôt après, voire au moment même de l’assaut, cela peut prévenir contre l’expression de gènes bien plus pathologiques comportant un plus grand risque à l’avenir. Il a été aussi prouvé qu’en bloquant les récepteurs liés au CrH, il était possible de normaliser la fonction de l’hippocampe chez l’adulte. C’est pourquoi, traiter des cas de dépression avec des corticostéroïdes antagonistes des temps après que l’individu avait été exposé au trauma a toujours été sans grand résultat.

QU’EN EST-IL DU TRAITEMENT DE L’ANXIETÉ ?

En général, il existe plusieurs types de médicaments qui sont utilisés dans le traitement de l’anxiété. En fait, le plus tôt que l’on commence avec le traitement, plus bénéfique en sera la portée…il faudra aussi se rappeler que chaque circonstance requiert une approche particulière, s’il y a des maladies avec des dénominations et des symptômes bien définis, les malades ont souvent chacun une histoire dont il faut tenir compte. L’histoire de chaque cas est ce qui va déterminer la conduite à tenir. Il est en général recommandé de penser à un b-bloqueur dont le Propranol, pour empêcher à un processus de conditionnement par rapport au stress de s’établir. Le plus vite que l’on utilise les B-bloqueurs, c’est le plus de chance que l’on a de réduire les risques subséquents de détérioration du cas en question. Les sérotonines ré-uptake inhibitors (SSRI) ont la vertu de faciliter la production des Brain Derived Neurotrophic Facteurs ou BDNF qui réarrangent les synapses et facilitent la communication harmonieuse entre les récepteurs pré- et post synaptiques. Si les NMDA agonistes tel les la ketamine et la D-Cycloserine sont utilisées conjointement avec la thérapie cognitive, particulièrement avec la thérapie d’exposition, elles peuvent faciliter l’extinction du conditionnement. Disons en passant que dans cette thérapie d’exposition, l’individu est confronté au stimulus agressif d’une manière qui le rend moins inconfortable cette fois-ci que lors de la rencontre initiale. Regarder passer un chien qui est bien sécurisé par une bandelette (well leached) lui fera comprendre que tous les chiens ne sont pas à sa recherche pour le dévorer. Cela aura la capacité de le réassurer à l’avenir quand il verra passer d’autres chiens. Les benzodiazépines, particulièrement celles de groups Gamma alpha 2,3 et 5 sont particulièrement recommandées pour l’anxiété.
Toutes les benzodiazépines ne sont pas nécessairement des anxiolytiques. Celles de type gamma Alpha 1 sont plutôt des sédatifs et des calmants qui aident avec le sommeil et peuvent causer l’hypotension. Dans cette dernière classe se retrouvent en tête de liste le Temazepam, l’oxazepam et le triazolam.

A part les médicaments, il serait une omission grave de ne pas penser à la psychothérapie comme partie intégrante du traitement de l’anxiété. La principale méthode utilisée avec succès jusqu’à date est la restructuration cognitive qui invite la personne à jauger sa peur ou ses reflexes vis-à-vis du facteur provoquant ou intimidant. Cette thérapie contient six démarches ou étapes qui consistent :
1) A identifier le facteur qui cause la peur.
2) A apprécier sur une échelle de 0-100 le degré de peur ressentie par l’individu.
3) A identifier ses propres élans d’automaticité par rapport à cette peur.
4) A déterminer par rapport à son comportement les facteurs qui sont pour ou contre un tel degré d’automaticité.
5) A générer une réponse par rapport à ce que l’on ressent et, 6) A reconsidérer ou réapprécier dans quelle mesure son degré de frayeur est bien fondé ou non.

Ajoutons pour finir que ce canevas n’englobe nullement tout ce qui peut se dire sur l’anxiété, ses corolaires et son traitement, tellement le phénomène est complexe. Dans le cas de PTSD par exemple, le premier médicament reconnu et documenté pour être efficace est le Paroxetene ou Paxil. Mais ce sont les b-blocker qui remportent la palme en ce qui a trait au traitement préventif du PTSD. Malheureusement, le Paxil, tout comme le Prozac ont une forte incidence de PNAS ou post natal adaptation syndrome qui peut inviter à d’autres considérations en cas de Grossesse. Le Zoloft dans ce cas, quoique insuffisamment investigué, serait plus approprié. Dans les cas d’OCD, les doses doivent être bien plus élevées que d’ordinaire. Le Clomipramine peut aller jusqu’à 250 mg par jour, le prozac à 120mg, le Celexa a t été révisé à 40 mg, le Escitalopram à 60mg, le fluvoxamine 450 mg (another SSRI non recommandé dans le traitement de la dépression aux Etats-Unis, alors qu’il est utilise comme antidépresseur en Europe’) le Zoloft peut aller jusqu’à 400 mg par jour et le paxil à 100 mg.

L’anxiété affecte un grand pourcentage de la société Américaine (19%). Elle est, avec l’insomnie (30%) et la dépression (9.5% de la population adulte de plus de 18 ans) de graves problèmes de santé mentale aux EUA. Elle a des conséquences énormes sur le reste du corps et sur la santé en général. Elle doit être adressée dès très tôt. Car lorsqu’elle n’est pas traitée à temps, elle peut grandement nuire à la qualité de vie de la personne qui en souffre. Elle force les uns à conduire leur véhicule localement par peur de se retrouver en mode panique au moment d’être sur l’autoroute. Elle nuit à l’écolier qui a peur de fréquenter la salle de classe, et de se retrouver avec ses camarades. Elle fait mouiller de sueur le chef d’entreprise qui doit s’adresser à ses employés. Elle gâche le sommeil de l’humble citoyen quand elle le force à se réveiller plusieurs fois de suite sans pouvoir s’assurer que la porte est fermée.

Ronny Jean-Mary, M.D.
Coral Springs, Florida.
Le 2 avril 2022

Le Newsletter est publié toutes les 3 semaines.
Prochaine parution 25 avril 2022
ANTI- NMDA RECEPTOR ENCEPHALITIS

Reynald Altéma, MD.

Anti-NMDA (N-Methyl-D-Aspartate) receptor encephalitis is considered a rare autoimmune disorder. In the space of 5 months, I see 2 cases. I am sharing as each case is a teaching lesson and a reminder to always be prepared to think outside the box.

FIRST CASE.
A Hispanic female in her late thirties underwent a right oophorectomy for a markedly large cyst uneventfully. Final path report revealed a teratoma. Over the next two weeks, patient has made several ER visits for abnormal behavior and telepsych consult pinned diagnosis of psychosis and patient was started on Seroquel. Since she wasn’t getting better and started hallucinating in crescendo pattern, both visual and auditory, she came to our institution. Patient didn’t have any focal deficit but exhibited short term memory deficit, did have visual hallucination. MRI of brain was neg. A consulting neurologist evaluated patient and was puzzled because oophorectomy is the definitive treatment for this rare type of encephalitis associated with teratoma and she already had the procedure done. She wondered if some of the fluid had spilled and was still immunogenic. An LP was performed and it revealed a lymphocytic pleocytosis (total WBC of 76 with 88% lymph). CSF is neg for meningitis/ viral encephalitis titers. Paraneoplasm titer was also negative. With a high suspicion of the above condition and without the result of the Anti-NMA receptor titer, a regimen of Solu-Medrol 500mg IV Q12hrs plus 5 gm of IVIG were started. A pelvic MRI revealed loculated fluid but no mass. Anti-NMDA CSF titer came back positive at 1:40. Gyn consultant evaluated patient and recommended contralateral oophorectomy. In his note, he mentioned there was a partial tear and spilling of the cystic fluid during the previous oophorectomy. Patient underwent a left oophorectomy and pathology came back positive for teratoma. Despite the second oophorectomy, no drastic improvement could be noticed. Patient at times would make some hard to describe vocal sounds, would respond inappropriately to questions and or develop sexual obsession, etc. For a time, the possibility of steroids-induced psychosis was entertained, and the Solu-Medrol was stopped. However, it was resumed since the psychosis didn’t improve. But slowly improvement did take place. She received the full course of high dose steroids and gamma globulin. Patient lasted about 12 days in the hospital and toward the end begged to go home. A caretaker who was always at the bedside vouched to continue to supervise her and since she was getting close to her baseline, she was then discharged. Unfortunately, she returned to the hospital a few days later for worsening psychosis. Neurologist started plasmapheresis and patient was transferred to a tertiary center, Mayo Clinic. She returned about 1 week later. While there, she basically received a 5-day course of plasmapheresis. The recommendation was to use Rituxan next if no improvement took place. Over the following week, patient gradually improved. Prophylactic Vimpat and Seroquel 100mg daily as well as PRN Haldol were used throughout each hospital stay. Patient was finally discharged and in follow-up with her PCP and neurologist, is finally off the Seroquel after an appropriate tapering and the Vimpat.

SECOND CASE.
This is ongoing. Another Hispanic female in her early twenties with a past history of thyroidectomy for thyroid cancer developed new onset of visual and auditory hallucination, loss of short-term memory and seizure. She uses no illicit drugs, doesn’t drink or smoke. She came to ER after the seizure. Head CT was
negative. Her behavior was very erratic, ranging from crying fits to aggressiveness intermingled with hallucinations on and off. Same neurologist evaluated patient and recommended a pelvic CT and indeed it revealed a teratoma. Patient has LP and same titers as above were requested. Again, a lymphocytic pleocytosis is noted (94% lymphocytes). CSF Anti-NMDA receptor antibody titer was requested and 1gm of Solu-Medrol x 5 days as well as IVIG at 400mg/kg/day x5 were started. Gyn consultant evaluated patient and proceeded to do an oophorectomy. Path report revealed teratoma. Vimpat was started. Despite oophorectomy, patient’s condition kept deteriorating. Agitation became more frequent and patient was transferred to ICU. She ran from one complication to another. The antipsychotic meds caused dystonia and as such, they had to be stopped. Patient was treated with plasmapheresis and then Rituximab due to failure of response to plasmapheresis. Then patient developed respiratory insufficiency and had to be intubated. A transvaginal ultrasound didn’t reveal any teratoma in the right ovary. MRI of pelvis is not performed because of patient’s agitation at first but now due to intubation. Effort to transfer patient to a tertiary center is initiated. CSF anti-NMDA receptor antibody titer was sent and is still pending.

**DISCUSSION.**
In both cases, a woman younger that 40 presents with acute onset of psychosis and presence of a teratoma. In the first case, the patient had bilateral teratomas. This condition was first described in 2005 as a neuropsychiatric entity. It’s a newbie and we are still accumulating data about the whole spectrum. So far what is accepted is that it occurs predominantly in young women with female to male ratio of 8:2; up to 37% of cases occur in patients younger than 18. A teratoma may be seen in half of the cases in women. Herpes simplex can also provoke an attack. This autoimmune disorder may also take time to resolve despite treatment with immunotherapy. It is supposed to be a rare condition, but the following fact does make us wonder about the true prevalence. Teratomas seem to be found more commonly in African Americans. The obvious question that needs to be asked is if the diagnosis is missed too often in this group. Young African Americans without a family history of mental illness and with no exposure to illicit drugs who present with psychotic behavior should probably be screened for it. The idea is that immunotherapy can help whereas missing the diagnosis will condemn the patient to long term neuroleptic meds that probably won’t work and will create a vicious cycle. Enough of such patients who deserve proper psychiatric treatment don’t get it. We don’t need to add to that list people who are misdiagnosed. This becomes a multidisciplinary approach involving primary care providers (Peds, IM and Gyn) as well as psychiatrist. The gold standard for the diagnosis remains the CSF anti-NMDA receptor antibody titer. The presence of teratoma in a young female supports it, but its absence doesn’t rule it out either.

*Reynald Altéma, MD.*

**References:**


Souvenirs Retrouvés

Dans un coin d’étagère, en-dessous de quelques livres oubliés, j’ai trouvé une enveloppe sur laquelle j’ai pu lire AMHE. Je l’ai ouverte sans perdre de temps et, surprise, j’y ai trouvé quelques photos, certaines moins jaunies que d’autres. Et, cela m’a amusé de faire ce retour en arrière. J’ai reconnu la plupart des visages même si certains noms en tout ou en partie ne me revenaient pas spontanément. Que de visages non vus depuis cinq, dix, quinze et même vingt ans ! Que de noms non entendus depuis cinq, dix, quinze et même vingt ans.

Et oui, tous ces visages qui fréquentaient nos réunions : le son de leur voix m’est revenu
Et oui, tous ces noms qui hier encore se répétaient dans les couloirs de nos conventions
Et oui, tous ces noms qui hier encore se retrouvaient dans les nouvelles de l’AMHE
Et oui, avec ces noms d’autres noms me sont revenus à la mémoire
Et oui, tous ces noms, tous ces visages pour la plupart font partie du passé, pas trop loin de l’oubli.

Que s’est-il passé ? Ne me le demandez pas.
Serait-ce simplement ce phénomène naturel à caractère endémique à toucher tous les chapitres ? Et, du coup, l’on s’explique facilement pourquoi l’effectif de l’AMHE en dépit des nouveaux venus n’a pas vraiment augmenté.

Je n’ai pas cherché à comprendre davantage ; j’ai simplement continué de regarder ces quelques photos l’une après l’autre.

D’aucuns me diront : il faut tourner la page, c’est la vie.

Je tournerai la page sans regret certes, mais avec une ultime pensée

Une ultime pensée pour ceux qui ne sont plus
Une ultime pensée pour que l’on se souvienne qu’eux aussi ont œuvré et que sans eux, peut-être, il n’y aurait pas de cinquante ans.

Henriot St-Gérard, M.D.
A- A new strain combination between the Delta and the Omicron is seen around the world; Presently, ¼ of the New COVID-19 cases are Omicron BA.2 Subvariant according to the US Center for Disease Control and Prevention. The BA.2 is dominating the number of infections in many nations, especially in Europe. Many COVID restrictions have been lifted. In anyway COVID-19 cases are now declining.

B- China just reported that its COVID-19 cases has suddenly increased to 1800, which mean that cases have more than tripled.

C- Omicron increased the COVID hospitalization rate among children younger than four (4). Infants under the age of 6 months had the highest rate of hospitalization. Vaccination of the caregivers, the pregnant women and other family members has played an important role in the prevention of COVID-19. Infants less than 6 months have always been hospitalized at a higher rate than other children below four (4) during the pandemic.

D- We are watching the latest COVID-19 spike in Europe and we should be expecting to see soon a new strain in the United States: BA2 subvariant Omicron. This variant is already seen in Italy, UK, Germany and will become inevitable soon among us. In the Northeast and the West of the USA, some cases have been identified.

E- mRNA vaccines? Known as mRNA shots are different from traditional vaccines. After the last two years, indeed COVID-19 has defined our lives, and we need to get ready for this new strain. Vaccines, Booster shots and COVID-19 treatments have helped. With this new stain coming, we will have to wait if more hospitalizations are observed. With almost 65% of the population vaccinated, we are certainly in a better position than at the beginning of the pandemic. This virus is deceptive and we need to remain on our guards.

F- In the world recently, in China workers have been quarantined in hospital they were building and Hong Kong is running low on coffins because of the new COVID-19 wave.

G- South Africa has a better developed health systems in Africa and surely it is believed that the number of people who died from COVID-19 were best recorded. In Zambia, during the pandemic, only COVID-19 deaths were recorded on a population of 18 million. The morgue was inspected and 87% of dead bodies were found infected with COVID. Between one million to two million may have been able to be recorded in this African Model of nation, probably infected similarly to South Africa. They have not seen massive burial in Zambia. Surveillance is weak in any African Country other than South Africa. The same will be for other country in Africa. Gambians, Ethiopians should have the same rate than South Africans but the death rate seems to not being well reported.

H- Indigenous patients who have suffered from COVID-19 seem to have the highest rate of death. American Indians and Alaska Native population who suffered from COVID-19 have experienced higher death rate than Black or White population. This was published in the JAMA Network Open. They were found to have 1.6 time more often contacted the disease with fewer complications and were 3.3 times more likely to be hospitalized and 2.2 more likely to die from COVID-19 than their non-Hispanic White population.

I- Pfizer Vaccine was found to be potentially linked to hearing loss. The WHO is investigating some cases associated to COVID-18 vaccinations. Of the 11 billion of doses given, 164 cases were reported. 367 had tinnitus as well with the Pfizer-BioNTech vaccine.
The AMHE Foundation’s genesis and the idea of AMHE members embracing charitable activities is enshrined within the Mission Statement of the initial 1972 AMHE Bylaws. The Preamble as it was called then, was clear. It listed the following as one of the objectives of the nascent organization:

“For permettre aux Haïtiens vivant en Haïti et à l’étranger de jouir des connaissances médicales acquises par leurs compatriotes en terre étrangère”.

The Philanthropic concept was even tested at the first AMHE convention in Montreal in 1974, when convention organizers solicited donations for charitable purposes from the participants, through preprinted checks enclosed in the package distributed to them. Following that initial attempt, legal counsel, citing IRS rules and regulations, told us that the charitable activities should be carried under a legal entity, for sure a corporation distinct from that of the professional organization, whose incorporation was done under the laws of the State of New York on February 7th, 1974. In the 1975 New York convention, Janin Raoul MD, prominent physician from Chicago, and Emmanuel Francois MD member and initial president of the founding quintet were given the task to create and incorporate a charitable foundation dedicated to AMHE members for their philanthropic activities. Therefore, a Foundation with such objective was formally incorporated under the State of Illinois laws on June 4th, 1976. Thus, the AMHE Foundation was born.

The foundation is managed by a 21-member Board of Directors, having representatives from various instances of AMHE, the professional organization. The day-to-day activities are carried out by a seven-member Executive committee under the leadership of the Chairman of the Board, Dr Emmanuel Francois, who had been at the foundation leadership since its inception in 1976, and of the president of the executive committee Dr Yves Manigat, a former president of the AMHE Central executive committee. Although an independent body, the AMHE Foundation has always worked in close cooperation with AMHE Board of Trustees and Central Executive Committee to make a seamless fulfillment of its obligations with AMHE. It relies on tax-deductible contributions, particularly of AMHE members to support its humanitarian activities which includes among them an Emergency Relief Fund.

The year 2021 just passed had tested the Foundation’s resolve. It had a chance to prove its mettle recently following the 7.2 magnitude earthquake, followed in quick succession by a hurricane, which both struck the southern part of our homeland in August last year. The Foundation coordinated its efforts with the Haitian American Alliance in a full-scale operation to send relief supplies. This was a concerted effort among the AMHE family and the actual CEC president as well as the Foundation chairman and the president. They harmoniously toiled together to bring our mission to fruition. Two long-standing Board members, Drs. Pouard and Auguste went into overdrive to help this endeavor, spending long hours packing, storing, and transporting supplies for shipment.
A few months later in December, another tragedy, this time in the northern part of Haiti and due to a fuel tanker explosion in Cap-Haïtien caused many casualties. This occasioned a repetition of the actions taken earlier by the same group of dedicated Board members. Fortunately, the Foundation was able to send medical and surgical supplies to l'Hôpital Justinien.

Absent any catastrophic events back home in Haiti, the Foundation is shouldering the funding of many programs on a continuous basis. They include:

- **The Emergency Relief Program.** Dedicated to emergency relief in times of disasters so common in Haiti, this program under the direct supervision of the Chairman and the President had sustained in the past victims of Earthquakes, Hurricanes, Cholera epidemics, COVID pandemic, devastating fires, and refugees’ crisis.

- **The Ongoing Active Support to Hospitals and Health Centers in Haiti.** Among the beneficiary centers are the two largest ones: the University Hospital in Port-au-Prince and l’Hôpital Justinien in Cap-Haïtien. Other centers included in that program are l’Hôpital Saint Antoine de Jeremie, l’Hôtel Chopital Sainte Thérèse de Miragoane, l’Hôtel Bienfaisance de Pignon, l’Hôtel de la Grande Rivière du Nord, l’Hôtel Sainte Thérèse de Hinche.

- **The Young Physicians Scholarship Program.** Under the leadership of Dr Paul Nacier. It offers training to selected Interns and Residents graduated from Haiti in US hospitals mainly in NYC. Room and board are provided free of charge to the participants.

- **The Cafeteria Program.** Long under the stewardship of Dr. Fritz Appolon who recently passed the baton to Dr. Roosevelt Clerisme, it is a cafeteria subsidy to the students of the State University of Haiti Medical School in Port-au-Prince and is designed to allow them to have daily hot meals at affordable prices.

- **The Sickle Cell Disease Initiative.** To embrace screening and testing to identify individuals with sickle cell trait and sickle cell disease, education, counseling, and comprehensive care throughout the territory of Haiti, with Dr. Rita Bellevue, a renowned specialist of that disease.

- **The Leogane Clinic and Sickle Cell Project.** To be erected in the Léogane area as a general health center and the headquarters of the Sickle cell Disease Initiative mentioned above. The land presently a real estate property of the Foundation in Haiti was secured through the generous donation of a dedicated physician AMHE member. It is managed by Dr Maxime Coles

- **The AMHE-GRAHN Ambulatory Center.** Presently being erected in Géniapailleur, near Milot, this center is a joint project of AMHE and GRAHN-Monde, the first Haitian think-tank. This is to be a comprehensive outpatient facility. AMHE Foundation will not be responsible financially for its operation. It is coordinated by Dr. Reynald Altema, a Foundation Director and President of GRAHN-USA. The first wing is scheduled to open this spring. The Foundation has contributed $20,000.00 to the initial fund and processes donations specifically earmarked for this project.

- **The Respiratory Therapy.** This is a new project currently in gestation and under the guidance of Dr. Rodrigue Charles. It was inspired by the lack of skilled providers in Haiti of that mode of therapy as it was evidenced by the Covid-19 pandemic.

For donation towards any of the above projects, feel free to go to our website: amhefoundation.org, click on the donate tab and indicate which specific program you want to support. Rest assured that all the money will go toward said program.
Nostalgie, Comment en sommes nous arrivés là ?

À cette déshumanisation...

Rony Jean-Mary, M.D

Mon admirable confrère, le Docteur Henriot St. Gérard, dans un billet qu’il a fait parvenir à la salle de rédaction du journal au milieu de la semaine écoulée, exprima toute sa nostalgie et les sentiments profonds de tristesse qu’il éprouva après avoir découvert, fermées dans une enveloppe entreposée sous quelques livres de son étagère, les photos prises quelques années de cela, au cours d’une convention de l’AMHE. Il pouvait encore entendre dit-il, les voix de certains de ces confrères qui s’élevaient du fond de la salle de conférence et dans les couloirs attenants à celle-ci, tous animés de bien faire et de travailler dans l’intérêt de l’association. Certains ont déjà fait le grand Voyage tandis que d’autres, restés encore dans l’arène, attendent l’heure fatidique du grand départ pour finir rejoindre, tôt ou tard, ceux-là qui les avaient devancés. La vie est une prison dont on ne s’échappe jamais. Que ce soit à une heure du matin ou tard dans l’après-midi, le train va passer à la gare, et il faudra, coute que coute, monter à bord. Dans un style épistolier dont lui seul a le secret, il parle dans ce texte intitulé « Souvenirs retrouvés » de ce que nous étions en tant qu’association, de ce que nous sommes devenus et du qu’en sera-t-il ? C’était l’une de ces nuits où j’avais du mal à m’endormir. Et, Je n’ai pas manqué de lui rappeler dans un billet responsif que tout nait, tout vit, tout périt ; que nous n’échappons pas à la logique de l’écoulement universel des choses humaines dont a si bien parlé Anatole France dans l’un de ses ouvrages. Nous partirons tous un jour loin, bien loin de ces terres familières qui ont fait les délices des premiers jours de l’existence, et nous naviguerons comme eux, vers ces rives inconnues où ce qui nous attend sera rien du tout, ou la félicité éternelle que prône la religion. Si c’est rien, alors personne ne nous attend là-bas. Mais si c’est le ciel ou le paradis, alors la vie continuera, et je serai heureux de revoir mes amis de toujours.

Pour moi l’amour de Dieu va de pair avec l’amour de la patrie et des siens. Je n’ai pas manqué plus de lui rappeler qu’un patient à moi, philosophe, penseur et artiste de son état, me répétait toujours qu’il n’aura point de mal à retourner vivre là où il vivait des milliers et des milliers d’années au par avant. Il parlait alors des voies lactées, loin très loin dans l’univers. Et comme pour me rappeler qu’il n’y a jamais deux en trois, j’ai reçu dans mon cabinet de consultation ce même jour un octogénaire qui a fait Estimé, Magloire, Duvalier, et tutti quanti., et qui a été un témoin oculaire privilégié des changements profonds qui se sont opérés dans ce pays au cours des cinquante à soixante dernières années. Il parlait d’une ère révolue qu’il souhaiterait voir revenir un jour avant sa mort. Il était conscient cependant qu’il parlait d’un temps passé qu’il ne reverra plus jamais de ses yeux avant son départ pour l’au-delà. Il sait comme moi d’ailleurs, que l’on ne se baigne jamais deux fois dans le même fleuve. Pour mon interlocuteur, la bienséance et les bonnes manières ont complètement disparu de la cartographie sociale de notre pays. Il admet, dit-il, que les générations se succèdent, s’en viennent et s’en vont, emportant avec elles leur lot de regrets, de déceptions, mais qu’elles laissent derrière elles de bons souvenirs aussi qu’elles passent à la postérité. Lui, tout comme les deux collègues mentionnés tantôt, parlaient avec une pointe de nostalgie du temps jadis. Il me dit en outre n’avoir jamais cru que les choses auraient tant changé en si peu de temps ; qu’il a connu un pays paisible où la fierté Haïtienne s’affichait partout ailleurs, sans honte de dire qui l’on était. Puis, il commença par regraver tout un chapelet de règles et de conventions sociales auxquelles on s’était tous assujetti, et qui semblaient faire une certaine unanimité entre tous, lors même que les inégalités sociales étaient toujours présentes. Selon lui, tout a commencé lorsque les puissants et les forts se sont mis à violer les mêmes règles qu’ils s’étaient fixées. Le mauvais exemple, une fois sorti d’en haut, les gouvernés ou les subordonnés ne s’étaient plus sentis liés par ces conventions. Il ajoute que du temps de sa jeunesse, les plaçages ou liaisons libres entre jeunes étaient moins fréquents. Et, pour demander la main d’une jeune fille en mariage, il fallait être prêt économiquement et
émotionnellement. Il fallait prouver qu’on avait de quoi nourrir sa future famille ; et la famille où l’on entrait devait être libre de tout scandale ou de passé douteux. On faisait des acrostiches avec le nom de la jeune fille, objet de sa flamme et de sa passion. On laissait le grand frère disposer du morceau de viande que l’on nous assigna pour qu’il corrigeât le billet de déclaration d’amour qu’on allait faire parvenir à sa dulcinée. Quand un cortège funèbre passait dans la rue, les gens s’arrêtaient de marcher en signe de respect pour le décédé. Ceux-là qui étaient assis aux tables de domino se levait pour saluer le cortège avec ou sans le prêtre et la croix en tête de la procession. Mais on a tellement dénombré de cadavres dans ce pays déchiré par une sale guerre qui ne dit pas son nom, que la mort ne dit plus rien à personne. Les enseignants avaient à cœur l’éducation des élèves placés sous leur tutelle. Et les élèves n’allaient jamais en classe leur bouteille plate de boisson alcoolisée dans leur poche arrière ou avec leur revolver dans leur sac d’écolier. Quand une bande de Rara passait par devant une église, protestante, catholique ou autres, toute la musique était suspendue de peur de ne troubler le service qui se déroulait à l’intérieur. De même, Quand des animaux ou des bêtes de somme rentaient ou erraient dans les villes, non accompagnés de leur maitre, ils étaient capturés et placés dans un parc communal moyennant une certaine pénalité avant de les en retirer...Aujourd’hui, ce sont les humains que l’on capture contre rançon. Le sens de la liberté pour laquelle nos preux de 1804 et de bien avant, se sont battus, a été sacrifié sur l’autel charognard des intérêts mesquins et personnels. Comment pouvons nous dire que nous sommes un peuple de guerriers, fiers de notre passé, quand nous ne sommes plus libres même chez nous ? Je sais que mes plaintes et mes lamentations n’atteindront jamais les cœurs de ceux qui nous gouvernent. Car eux – mêmes, ce sont des robotisés qui n’ont ni âme ni cerveau, et qui iront se la couler douce une fois que leur service ne sera plus requis de leur maitre... Il poursuivit en disant : Beaucoup de mes amis me disent qu’il n’y aura plus de pays un jour pour nous autres Haïtiens de l’intérieur ou qui sont expatriés ailleurs. J’ai écouté cet homme âgé mais plein de lucidité avec appétit. Mais je lui répondis tout simplement que je ne perds pas courage, et que les meilleurs jours de ce pays sont encore devant nous. Mais je ne sais pas s’il faut s’attendre au pire avant de voir enfin briller sur le pays le grand soleil de justice et d’égalité pour tous. J’ai alors compris que la nostalgie, c’est le regret d’un passé certain, le seul qui nous soit déjà acquis. Sans être du passéisme, c’est une tendance à s’accrocher au passé par peur d’être ou de n’être absorbé par les incertitudes et les aléas du temps venant. C’est une déception dont on a du mal à se défaire. Quand le temps présent est plus incertain que jamais, on se refugie dans les doux moments du temps passé. Fort malheureusement, on a tout enlevé de notre fier et de nègre indépendant. La génération actuelle n’a presque plus de passé où se réfugier. Plus de 1804, plus de football. Plus de visite les dimanches soirs au bicentenaire. Plus de crème à la glace au champ de mars ! Plus de cinémas, plus de théâtre, plus rien...plus rien...Et je réalise que moi aussi, je suis nostalgique d’un temps que ne peuvent connaître les moins de trente ans..

Ronny Jean-Mary, M.D.
Coral Springs,Florida.
Le 3 avril 2022

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THE INVESTIGATION.
PART 1.
Reynald Altéma, MD.

“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.

“Amercians 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 Nwozie 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 Igbo’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.

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 would need 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 subtlest 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 this 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.

“Oh 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 Igbo. The other was a young Yoruba businessman, Kehinde, 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.

_Reynald Altéma, MD._

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**THE INVESTIGATION.**

**PART 11.**

_Reynald Altéma, MD._

**VIEW**
GRANDOU.
Reynald Altéma, MD.

Mwa mèn e avril, lanati byen bòzò toujou koze ak nou,
Tankou zòtolan twoubadou ki vle chame.
Li pote van fre, féy chanje, e flè donnèn pase kenken
Vakans dezièm trimès simen lajwa pou tout ekolye
Ki te pran yon bon tyas e yo pare pou jwe bèl jwèt,
Ke sete toupi ousnon monte kap.
Kanta pou toupi, te gen yon kout yo rele a lempètratis
Oubyen a lempè. Lanse toupi se te bèl plezi,
Men sa sete twòkèt. Vrè chay la se bati e monte kap.
Van ki genyen épòk sa a ede nan koze síla.
Toupatou, papa ak pitit, zanmi, fanm gason nan konpetisyon
Pou fè bèl kap. Chelèn kap, sak te jwenn plis konpliman,
Ki gwo kokennchenn, yo rele l grandou.
Li te sonnen kou yon gwo vonvon e li te gen yon bon yad
Lè li jwenn bon jan van. Monte kap, yon amizmen senp
Men gou pase rapadou, li atire moun kou myèl rale founi.
Li fè kè nou kòdase pi byen ke yon poul ki fèk ponn.
Se domaj ke bò lakay, pa te gen habitid
Pou bay pri pou pi bèl model kòm ankourajman.
Se konsa nan mantalite goumen yon ak lòt,
Pafwa nou mete jilèt nan ke kap la pou koup fil yon lòt,
Menm jan gwo bay piti zoklo oubyen siyad pou imilye l.

Grandou merite pou nou ba l omaj. Jèn yo dwe rekòmanse bati yo,
Pou nou mare kaminize ak bon tradisyon e koutim peyi nou,
Yon fason pou nou bay panzou a kagou, fè malonèt a dezespwa,
Vin maton pou nou ka teke lasini e voye l nan wonn lespwa.
Monte kap vle di àmòni e kooperasyon pou ka konstwi l
Bay jarèt e kreyativite, sonnen lambi pou chante kalinda
Pou lanmou ant papa e pitit, ant frè e amitye tout bon.
Se nostalji pou yon bèl epòk nan vi nou.
Sa a se yon eleji a yon kreyasýon âtistik.
Se swète moun ki gen talan pou fè bèl koup
Jwen mwayen pou yo eksprime yo
E fè je nou gwo kado e gwo plezi pou admire yo.

Grandou, tankou manman penba, soulinye respè nou pote
Pou fòs, prestans e travay sa mande pou etablí l.
Travay pou konstwi vle di tan nou retire nan detwi.
Nou dwe di ochan pou tout jefò positif sa yo.
Le stress est nécessaire à l’existence humaine. L’étudiant avant un test crucial, le chirurgien se préparant pour une opération délicate, l’actrice avant d’entrer en scène nous ressentent inévitablement.

Mais qu’en est-il du stress de survie sur fond de crise continue qui sévit en Haïti: des jours de ventre creux et de tirs nourris, des questions laissées sans réponse, d’un avenir sombre et incertain, d’un malaise indifféré et sans solution pour y remédier ? Dans notre monde de nouvelles inéquities et de guerres, de réseaux sociaux dévoilant leurs informations vives et fautives, nos enfants et petits-enfants ne sont plus protégés par les murs de chuchotements et de silence des adultes. Notre société, avec ses profondes dérives, leur a volé leur innocence en créant des circonstances qui ressemblent à s’y méprendre, à celles retrouvées à l’occasion d’une guerre. Il est vrai que les bombes ne pleurent pas, mais les fusillades se révèlent tout aussi destructrices car neutralisant le corps et les esprits de cette génération.

La charon du Moulouk, les enfants de la guerre, est plus que jamais d’actualité.

Le bilan de ces années d’insécurité, d’iniquités sociales, de jours de la Covid-19 et maintenant du spectre de guerre mondiale n’a pas encore été dressé, mais semble annoncer des résultats négatifs.

Les barrières entre les sciences biologiques et les sciences sociales sont artificielles et poreuses. Pour comprendre ce qui affecte nos patients, leur vulnérabilité, leur habitude à lutter contre leurs maux, nous devons laisser de côté l’approche purement biologique et factoriser l’environnement social, politique, culturel et spirituel. L’environnement pour un des pères de la médecine sociale partit trop tôt, Dr Paul Farmer nous rappelle que ce principe était l’essence de sa philosophie médicale.

Dans la force pour vous vous trouverez des mentions de la qualité de vie après certains traitements, et en Santé Publique des réflexions sur notre système de santé.

Dans Activités Intra-hospitalières, un récit poignant d’une “échappée belle” jette la lumière sur ces déterminants sociaux de la santé.

Dans Informations Socio Culturelles et Académiques nous accueillons avec plaisir des articles des étudiants en sciences sociales, et de notre faculté de médecine et de pharmacie.

Les Petites Annonces, loin d’être, d’informations intéressantes.

La pratique de toutes les branches de la médecine dans notre pays est inévitablement accompagnée de notions d’anthropologie et de sociologie où ceci doit être vivement encouragé.

Bonne lecture.

La Comité éditorial et de rédaction

Pensée du mois : “Il ne se fait à rien d’essayer de aider les gens qui ne s’aident pas eux-mêmes. Vous ne pouvez pas pousser quelqu’un vers le haut d’une échelle à moins qu’il ne soit prêt à grimper lui-même.”

Andrew Carnegie
Les enfants de la AMHE.

La gente feminine a la AMHE.

La Gente feminine a la AMHE.
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).
- Excursions in Panama City and Decameron are included.

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.

Contact: AMHE Office 718-243-1915 - maritima@amhecac.org

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...

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. Ernerst 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