Note de l’Éditeur en Chef
Maxime Coles MD


Le docteur Serge Bontemps n’est pas un membre fondateur de l’Association elle-meme, mais il aurait pu facilement l’etre pour avoir ete, de tres tot, un participant a toutes les premières reunions qui se sont deroulées a Harlem Hospital et ailleurs. Il est parmi les premiers a s’interesser a la AMHE, des son origine. Il s’est porte volontaire avec sa femme Elsie de regrettee memoire a remplir differentes taches des 1972, pour nous permettre d’ avancer l’idee d’une Association de Medecins Haitiens a l’Etranger.

Les premieres reunions ont vu Serge comme un participant actif qui ne menageait pas son temps alors qu’il travaillait d’arrache-pied comme madecin radiologiste a ”Jersey City Medical Center” dans le New Jersey. J’aimerais brosser un peu son parcours et rappeler qu’il est un gradué de L’Universite d’Etag d’Haiti, promotion de 1965. Il fait son service social et une residence hospitaliere pendant une annee et demie, a l’Hopital Justinien du Cap-Haitien et devient Chef de Service d’Obstetrique et de Gynecologie en 1967 a l’hopital des Gonaives pendant 6 mois.

Les circonstances veulent qu’il rencontre sa bien-aimee Elsie a l’hopital Justinien et fonde une famille. Ils emigrent par la suite aux Etats Unis, a New-York pour parfaire ses etudes. Une annee d’ internat a St John’s Episcopal Hospital ou docteur Andre Musac, aussi de regrettee memoire, s’occupait du service de Chirurgie. Il est accepte dans une residence en Radiologie a l’hopital Jewish Hospital and Medical Center of Brooklyn. de 1969 a 1972. Ces deux hopitaux se sont fusionnes et se nomment Interfaith Medical Center . Il devient “Medecin de Service” en Radiologie au Jersey City Medical Center de 1972 a 1976, et ensuite a Bayonne Hospital a New Jersey ou il offrira ses services pendant 25 annees comme Radiologiste.

Son nom figure, parmi les premiers presidents de l’Executif Central de l’ AMHE a cote des Lionel Laine, Marie Claude Rigaud, Jean Andre Talleyrand etc. Il a conduit a bien les reines de l’association pendant deux mandats en 1987 et 1989. Suite a cette breve introduction, je cede volontiers, la place au docteur Serge Bontemps qui va nous faire comprendre les circonstances qui ont poussé les membres vivant a New Jersey a fonder leur propre chapitre.

Maxime J-M Coles MD
Editeur-en-Chef

1- Bourse d’Etude (Scholarship Funds) pour les étudiants fréquentant les college

2- Foire de Sante pour les groupes sociaux et religieux de la communauté Haitienne.

3- Forum de Sante avec le “Cercle de l’Amitie” pour informer la communauté

4- Fête diner dansant pour levée de fonds autour de la date de l’anniversaire de la création du Chapitre

5- Gala pour levée de fonds le 2ème Samedi du mois de Juin

Le premier Comité exécutif fut élu le 27 Janvier 1990: Dr. Jean Talleyrand, président; Dr.Andre Pierre, first vice-président; Dr. Gerard Breton, 2ème vice-président; Dr. Yolene Sinady, Secrétaire; Dr. Jules Pean, trésorier. Neuf autres comités exécutifs ont été élus de l’année 1994 à aujourd’hui. Je cite les présidents: Dr Claude Neptune, Dr. Jean Marie Augustin, Dr. Reynald Altema, Dr. Louis Sangosse, Dr. Yvan Ducheine, Dr. Margaret Olbrice Saint-Fleur, Dr. Herve Boucard, Dr. Yvan Ducheine et Dr. Harold Laroche actuellement en fonction

Je veux communiquer quelques faits importants de la vie du Chapitre:

- En 1990, participation avec la communauté Haitienne pour protéger contre le classement des Haïtiens comme source de propagation du SIDA

- Foire Medical à Asbury Park ou plus de 300 participants avaient reçu des soins et conseils médicaux-

- Notre première bourse d’étude avait été offerte à un étudiant du “Central High School” de Newark

- Création de deux bourses d’étude “Dr. Lionel scholarship fund” pour les étudiants en Haïti et “Dr. Jean Remy scholarship fund” pour les étudiants aux EUA.

- En 2004 l’organisation du congrès annuel a bord d’un bateau de croisière.

- Organisation de plusieurs foires de santé et de réunions d’éducation médicale avec le “Cercle de l’Amitié”

- Le support annuel accordé à l’école “Les Moissonneurs de la Saline” en 2003

- Deux concerts de levée de fonds organisé à NJPAC, un avec les très fameux entreteneur Guy Durosier.


- “AMHE Disaster Fund” créé en 2001 et réactive en 2012 pour aider Haïti après le tremblement de terre du 12 Février. Plusieurs membres du Chapitre étaient aussi dans le pays pour apporter leur secours aux victimes.

Malgré le nombre réduit des membres actifs, le chapitre continue activement à soutenir l’AMHE dans tous les efforts d’aider la communauté Haïtienne surtout en Haïti.

Serge Bon temps M.D.

Membre conseiller du chapitre de New Jersey

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

Les tests sont l’un des piliers de la santé publique nécessaires pour contrôler la propagation du COVID. - Une session d’enseignement à l’université du roi Henry Christope à Limonade Haïti. - Croix Rouge haïtienne et le forage d’un puits artésien dans le Grand Sud à Bonne Gens. - La dépression n’affecte pas seulement votre humeur. - Que se passe-t-il quand vous trouvez une grosseur dans votre sein ? - Grands Rounds à l’hôpital La Paix en Haïti, chaque vendredi matin sur Zoom. - Coronavirus cases in Los Angeles County increased 40% during the past week

And more…
Memory and its Myths
Maxime J-M Coles MD

Memory is often understood as an informational processing system with explicit and implicit functioning that is made up of a sensory processor, short term (working) memory and long-term memory. It remains that Memory is the faculty of the brain by which data or information is encoded, stored and retrieved when needed. It is the retention of information over time for the purpose of influencing future action. Past events need to be remembered in order to express self in language, relationships or personal identity. Memory loss is then described or defined as forgetfulness or amnesia.

How many know that our stream of consciousness starts with memories at early age, perhaps as early as three or four years of age. It looks like it is the way we forge memories. What we remember from the past, becomes a scaffold for future relationships or events shaping emotions to come. We may tell when the story of a scene and images populate our minds. Some memories fade away with time but others come back to haunt you and we are able to remember the details of a given place or the recollection of certain facts. Can we try to understand the neurobiology of the memory…?

I still remember the “game of Kim” we used to play as boy-scout in the St George’s troop, at “Petit Seminaire College St Martial” in Haiti when each member of the troop was facing a table full of items to try to memorize the most of them. The object of the game was to remember the most articles exposed on the table and then to crown a winner.

I had also a vivid recollection of one Christmas Eve evening where Richard my brother and Stanley and Tony, my childhood friends and I, were planning to enjoy the moment while the public was in the street chopping for a Christmas tree. We had our ‘Fanals’ and the little cars we build up with wheels, ready to explore the street (Lalue =Avenue John Brown). We decided to rest our cars and positioned ourselves in...
strategic locations in order to shoot “clips”. We made many victims that night until we got caught and punished by one of the victim’s husbands. In my dreams, this night will come back to haunt me so many times, but the details of the memory remained vivid and accurate to a point that I had the impression that I was re-living the experience again and again. Occasionally, I will experience night sweats.

We learned our lessons and were punished that night with the expectation of receiving a bicycle from Santa Claus under the tree. Brief, I had re-experienced this adventure in my dreams, so many times, like it was for me a culminating moment in my life. We were then eight or ten years old but, 30 or 40 years later, why do I continued to remember that evening, vividly with so many details and so much accuracy…? while we had so many other interesting adventures to enjoy… Why did the souvenirs of that evening returned to hunt my dreams…?

The recollection of such autobiographical episodes consists in an “episodic memory” referring to information that is encoded along a special and temporal plane while “semantic memory” refers to memory that is encoded with specific meaning. Memory is not a perfect “processor” and information can also be corrupted by pain or physical damage to some area of the brain like the hippocampus… or because of the decay within the long-term memory over time or brain damage affecting the memory etc.

This is only in the past 50 years that researchers have begun to understand the neurological and physiological “meaning” of human Memory. It can be understood as a processing system of information doted of a sensory processor which represent the short-term memory and a long-term memory functioning as a neuron allowing information from the outside world to be sensed under the form of chemical and physical stimuli. This working memory serves as an encoding and retrieval processor able to store data.

Memory does not reside in one corner of the brain rather it is a complex system involving many areas working to make sense of life experience.

Neurobiologists have identified two main classes of long-term memory at work in the brain: an “Explicit” (declarative) form which is processed in the hippocampus and the medial temporal lobe with conscious recollection of names, dates events, peoples, places etc and an “Implicit” form which encompass unconscious, procedural and routine motor tasks such as trying to walk or to put a shoe, processed in the Cerebellum (motor activities), the Striatum (voluntary movements) and the Basal Ganglia (?) and Mamillary bodies(?). Brief, the hippocampus is believed to be involved in spatial learning and declarative learning while the amygdala is thought to be involved in emotional memory.

The ability to look at an object and remember its shape in a split-second of observation or memorization, like in the “game of Kim” I described earlier, is an example of sensory memory which is out of cognitive control because it implies an automatic response. George Sperling in 1963 reported his conclusions after placing 12 letters arranged in 3 rows of four in front of individuals: this has allowed him to conclude on their ability to remember approximately 12 items but their memory degraded quickly and the participants were unable to report their observation on the letters. The study helped to conclude that there were three types of sensory memory: an Iconic memory (stores image perceived for small duration), an Echoic memory (memory of sounds of short duration), and a Haptic memory (tactile memory). Rehearsal will not allow you to improve your score.

Let us be more specific and define different type of Memory so we can comprehend better. By definition, all memory falls in two categories either memory is “declarative” or “implicit” but can be of a short term(30mins) or long term (may last forever).

Short-term memory is also called “working-memory” because it imposes periods of recall extending to several seconds to a minute. George A Miller who worked at Bell Laboratories in 1956 conducted experiences concluding that the capacity of short-term memory was a 7 to 2 items in a book he named “the Magical Number 7 to 2. This short-term memory can increase through a process called “chunking”
like grouping numbers of a telephone remembering area code and chunk the other numbers. Short-term memory seems to rely more on an acoustic code for storing information than a visual code. Memory of acoustic components may also enhance memory of written language.

Declarative Memory (Explicit) is a system of conscious memories requiring effort like remembering items on a grocery list or a phone number or even a friend face or an article in a book. It is divided in a Working Memory (1) which represent a short-term system for storing and processing for a short period of time like 30 seconds and after that the information begin to decay. Example in calculating a tip in a restaurant, or remembering a lecture but not too many tasks like four or five items at the time. Next, an Episodic Memory (2) which represent a long-term memory for past event such as a family reunion or a road trip with friends or a football or basketball game watched on TV. Also, a Semantic Memory (3) which represent also a long-term memory for learning and remembering name of presidents or countries and their capitals.

Implicit Memory (Non-declarative Memory) is a long-term memory that unconsciously influences our perceptions and behavior unconsciously. It can be divided in three components: A Procedural Memory (1) dealing with motor skills allowing us to complete tasks like riding a bicycle. A process of Priming (2) where when exposed to a stimulus, it will trigger a mechanism of response such as the association of the color Yellow and the banana. A conditioning memory (3) similar to what we have learned with the Pavlov reflex in medical school. When exposed to a stimulus, one will react to form an association between ideas and memories but eventually like the dog in this experience, it reminds him that is the time to eat.

The modern science of memory begins in the late 1950’s when a patient called Andre Molaison, a former assembly-line worker from Connecticut, suffering from epilepsy, agreed to try an experimental procedure to control his seizures. He agreed to have part of his brain, including the hippocampi and part of the temporal lobes, removed. The study was reported by Brenda Miller, a neuropsychologist at McGill University as a huge breakthrough. Surprisingly, he developed an “antegrade amnesia” allowing him to remembering many events before his surgical procedure but he was unable to form any new episodic memory. Scientists concluded that the hippocampus was necessary to form any new episodic memory.
The hippocampus is nestled deep within the brain behind the temporal lobes. The pathway “ventral visual stream” is used to deliver information. My childhood memories were encoded by my hippocampi and I was able to reconstruct and associate the images recorded. The storage in sensory memory and short-term memory has strictly a limited capacity and duration because information is not retained indefinitely. Encoded through a complicated interplay of electricity and chemicals where nerve cells (neurons) connect with each other via a gap known as synapse where electrical pulses fire up, triggering the exchange of messengers (neurotransmitters).

It is the same neurons from the original experience that is activated when we recall a memory: they duplicate the moment.

In a human brain, there are more than 100 billion of neurons passing signals and creating bounds. The brain re-wires itself by a phenomenon called “Neuroplasticity”. A study on taxi-drivers in London was performed showing that their hippocampi become larger the longer they were on the job, navigating the city’s streets. This involves their spatial memory.

A neuroscientist, Eric Kandel, at Columbia University won the Nobel Prize in Physiology and Medicine for his work on the biochemical mechanisms of memory storage. Basing his assumptions on the Milner’s work, he chose in 2012 a simple animal, an “Aplysia”, a snail with very large nerve cells to reflex tests stimulating their brain cells with electrodes. He discovered that the snail response could be modified by learning. He used this model to study the conversion of short-term memory to long-term memory. He also found that learning strengthened the brain. As described above, the short-term memory can easily hold the 7 numbers of a telephone number but it is more difficult to hold the 9 numbers. Kandel found out that in learning the number, the synaptic connection strengthened.

Scientists also found out that unlike short-term memory, long-term memory requires the synthesis of new proteins. In the 1970’s, they finally believed that a neurotransmitter (serotonin) activates a messenger molecule known as “cyclic AMP or cAMP”. Later, in the 1990’s, Kandel labs discovered the protein “CREB” which played a key role in the long-term memory storage through the synaptic connections. It looks like another receptor AMP or NMDA is found inside the hippocampi enabling learning to potentially promote long-term storage of data. It was surprising also to see that more protein like CPEB may be responsible for creating long-term memory. It becomes surprising to see the resemblance between CPEB and the “toxic” prion-like protein found in Mad Cow Disease and Alzheimer. I would refer you to the previous AMHE newsletter # 262, which dealt with this other pathologic entity. It has been suggested since, that long-term memory storage in humans may be maintained by DNA methylation or the mRNA or by the “prion” gene itself. By 2015’, it has become clear that long-term memory requires gene transcription activation and de-novo protein synthesis. More researches are on the way.

Long-term memory can store data for a much longer duration and potentially for a life span. The recording of numbers of a phone remains a classical example when 7 or 9 numbers needed to be remembered. Short-term memory encodes information acoustically while the long-term memory encoded it semantically. Many have found out how test subjects will have difficulty recalling a collection of words like (big, large, huge, great…) that has similar meaning in a long-term. The long-term memory is episodic and attempts to capture information based on “what, when, where…” and still being able to remember birthday parties or weddings.

Short-term memory is supported by transient patterns of neural communication depending on the regions: frontal and pre-frontal or parietal lobe etc. Long-term memory is more stable and can produce more permanent changes in neural connections through the brain. The hippocampus is essential for the learning and consolidation of information for short-term to long-term memory. Studies on Malaison are becoming questionable because a new post mortem examination of his brain has shown that the hippocampi were more intact that previously thought. Many believe that the hippocampus may be involved in changing neural connections for a short period after the learning. More the role of the Amygdala will have to be determined.
By contrast, it has not been established yet the total capacity of the Long-term Memory which can certainly store larger quantities of information... Researchers have shown that direct injections of cortisol or epinephrine help in the storage of recent experiences. This appear to be the same for the amygdala. The hippocampus is important for memory consolidation as well and receive input from different parts of the cortex and send back output to different parts of the brain as well. Hippocampal damage may cause also memory loss and problems with memory storage, including retrograde amnesia with the loss of memory or recent events. Amygdalar damage may cause emotional memory loss.

Studies on the genetics of human memory investigated many genes in humans and animals. The association of APOE with memory dysfunction in Alzheimer disease is well known. Other genes or protein like KIBRA with memory loss over a delay period suggesting that memories are also stored in the nucleus of the neurons. Several other genes and proteins or enzymes are being studied for their association with memory. Long-term memory unlike short term memory is dependent upon the synthesis of new proteins within cellular bodies as transmitters or receptors or in the synapse pathways between neurons. Examples of LTP in long-term memory or the enzyme Protein Kinase C (PKC) in the synapses for long-term memory or BDNF… etc

Studies in childhood amnesia have demonstrated that infants as young as six months can recall information and as they grow older, they can store information for longer periods. They can also re-call information over the short term. It is only by 9 months of age that one can recall the actions of a two-step sequence… and at 14 months, a three-steps sequence… The reason appears to be clear that in that difference of age, it looks like the “dentate gyrus” of the hippocampus and the frontal components of the neural network may not be fully developed at an earlier age like 6 months. In fact, the term “infantile amnesia” refers to the phenomenon of accelerated forgetting observed during infancy due to a rapid growth of the brain during this period as described by the neuroscientist Dr Jee Hyun Kim.

Studies in aging deal with memory loss especially in Alzheimer’s disease, but different from memory loss due to aging. Research has demonstrated that individual performance on memory tasks that rely on frontal regions declines with age. Older adults tend to exhibit deficit on tasks that involve the temporal lobe, source of their memory tasks other may use recollection from a book or manage their problems with prospective memory in using an appointment book by example or DNA damage or other psychosis like Korsakoff syndrome or other memory dysfunction encountered in disease like COVID-19… etc.

Knowledge of memory disorders has allowed us to understand better memory. Loss of memory (Amnesia) can result from extensive damage to the temporal lobe, hippocampus, dentate gyrus, amygdala, thalamus or the mammillary bodies etc. Other diseases like Alzheimer’s and Parkinson, Hyperthymia syndrome can all affect the autobiographical memory, or Korsakoff syndrome or psychosis as an organic brain disease with memory loss and shrinkage of the neurons in the pre-frontal cortex. Other viral disease like SARS-CoV-1, MERS-CoV, Ebola and even Influenza viruses can produce the symptoms of amnesia.

Stress has a significant effect on memory formation and learning. The brain releases hormones and neurotransmitters (Glucocorticoids, Catecholamines) in response to stressful situations which affect the memory encoded in the hippocampus. Chronic stress has shown the way neurotransmitters are produced to impact the hippocampus in rats’ brain. Post-traumatic stress situations in a life experience can be relieved when the memories of a traumatic event can be situated and delt with. Glucocorticoids released during stress can cause damage to the neurons located in the hippocampal region of the brain. The CA1 neurons found in the hippocampus can be destroyed, forcing the re-uptake of the glutamate and decreasing the release of the glucose… examples in the prisoners of war (PTSD) or in child abuse cases…

Sleep affect memory consolidation. When one does not get enough sleep. It become difficult to learn. During sleep, the hippocampus replays the events of the day for the neocortex, then the neocortex reviews them and processes the memories to move them into long-term memory. Scientists believe that this is one of the primary functions of sleep. There is so much to discover on this topic relating on the power of Memory.
There is a certain lifestyle able to affect your memory and I would like to touch the matter a little. We saw what a lack of sleep can do to the memory but there are other unexpected conditions to watch as well including medication, diet, etc. By example a non-functioning thyroid will render a patient hot or cold, anxious at time and depressed, lagging on the memories, but the thyroid hormone has no interaction on the brain and the memory. The same goes with the menopause and the hot flashes when a woman can become unable to remember names or stories, but there again. These hormones have nothing to do with the brain.

Anxiety, depression, stress and even bipolar disorders can disrupt the neural pathway taken by the memories. The severity of the memory loss depends on the severity of the mood disorder. Smoking can damage the brain by impairing it brain supply. Even a cold or any infection can mess up your ability to think. Vegetarian diets are lacking vitamin B12 responsible in keeping the nerve cells healthy and functional. B12 is also enter in the fabrication of the DNA.

Some literature reports the well-being of green tea on the fact that substances like L-theanine has the ability in increasing the neogenesis in the hippocampus improving short term memory and learning. Exercises have also a primordial role because the more you sweat, the more your memory improves it function.

To conclude, I would urge anybody who enjoyed this article, to find time for reading with a special attention, the classic book of Kandle: “In search of Memory”. I just would like to echo some of his words: “Has it ever struck you…that Life is all Memory, except for the one present moment that goes by you, so quickly that you hardly catch it going…?” Recently, on Mother’s Day, I felt the” power of Memory” while the circumstances bought to light the souvenirs of nice moments passed in company of my beloved mother, Claire Laurent Coles.

May this paper help anybody appreciate this God given gift. we all have available in us.

Maxime J Coles MD
Boca Raton FL

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EN HAÏTI, LES CHANCES D’UN DÉNOUEMENT HEUREUX À LA CRISE DE PLUS EN PLUS LOINTAINES.

Ronny Jean-Mary, M.D.

Apres les combats entre les gangs de « chien méchant » et de « la mort sans jour », deux titres de guerre que les chefs de gangs de la sortie NORD de la capitale se sont donnés depuis des lustres, on semble continuer dans un enlisement à long terme de la situation d’insécurité qui prévaut dans la Capitale haïtienne. Les combats auraient fait 56 morts selon certaines institutions du Pays, et soixante quinze selon d’autres dont le RNDDH ou réseau national de droits humains. Après l’entrée Sud de la capitale qui est bloquée depuis près d’un an, c’est au tour de l’entrée Nord de la capitale qui va vivre désormais le même sort. Port-au-Prince est prise en Sandwich et connait un véritable état de siège.

Un homme qui faisait le trajet Mirebalais –Pau-P a été lâchement assassiné à la plaine du cul de sac, ce vendredi 13 mai, près des territoires contrôlés par les gangs armés. Des milliers de gens de Drouillard, de la Croix des missions, de Marin, de la plaine du cul de sac et de tant d’autres contrées avoisinantes ont du fuir leurs maisons pour échapper à la fureur des gangs. Des centaines de maison ont été incendiées. Beaucoup de femmes et de jeunes filles sont violées. Ceux-là qu’on a enfin laissés partir ont été littéralement fouillés et dépouillés de leurs effets personnels. Les gens dorment à la belle étoile sur les places publiques quand les églises de la zone sont incapables de les recevoir tous. Alors que la plaine est à feux et à sang, notre cher premier citoyen n’a pipé aucun mot sur le sort des déplacés. Il n’avait peut-être plus rien à dire. Et a préféré envoyer des notes de condoléances à Cuba pour un incendie qui a fait 50 morts dans un hôtel. Quelle hypocrisie! Quelle inconsistency de la part d’un homme dont la mission essentielle est d’assurer le bien-être de ses concitoyens !!.

Il est soudainement Mr. Non-aligné qui demande à l’Union Européenne de prendre en charge la police nationale sinon tous les dons, tous les efforts dit-il, pour sauver le pays, seront vains.

Je le crois quand il demande à d’autres d’assurer pour lui cette fonction régaliennne de l’état qui est d’assurer la sécurité de tous. Il va même jusqu’à demander à Poutine de cesser la guerre en même temps qu’il laisse une guerre s’étendre à tout le pays sans lever un seul doigt. Je pense à la grenouille qui voulait se faire aussi grosse que le bœuf, qui s’enfla et gonfla si bien qu’elle finit par crever. J’ai toujours eu beaucoup de respect pour les autorités établies ,et j’admets que nous pouvons tous errer par moment. Cependant, se couvrir de tant de ridicule en si peu de temps, c’est vraiment se moquer des gens et se foutre pas mal de leur gueule. Cette politique d’autruche qui consiste à se terrer la tête dans le sable et à espérer que les choses changeront d’elles –mêmes est une absurdité. J’espère qu’il ne soit pas trop tard pour notre cher premier citoyen de se reprendre, et de mettre de l’ordre dans les écuries D’Augias. Car ce pays connaît chaque jour des profondeurs encore plus abyssales dans sa décente vers le tartare. Je n’ai qu’un seul pays Haïti..qu’un seul passeport, celui que m’a accordé l’état de mon pays. Alors, allons nous tous continuer à vivre dans l’ostracisme et le bannissement de nos droits ? Allons nous tous accepter de perdre cette fierté de nègres libres, cette Haïti léguée de nos preux.?

A l’instar du prophète Jérémie, alors en captivité à Babylone, qui préféra de cesser de chanter, et qui ferma son luth et sa harpe, par ce qu’il se trouvait sur une terre étrangère, moi non plus je ne peux pas chanter là où je suis. Car les belles et bonnes choses d’ici, je les veux aussi pour mon pays.

Une réunion des internationaux d’il y a à peu près trente ans , et qui s’était tenue en Florida , parlait déjà de changer le nom d’Haïti et d’appeler toute l’ile Hispaniola ou petite Espagne. Sommes en train d’arriver à ce point odieux de notre histoire où nous n’aurons plus à parler de toussaint de Dessalines, de Christophe, de Capois , de Pétion et de tant d’autres qui nous ont légué cette terre ? Il est temps de stopper la dérive et de se ressaisir une fois pour toutes. Avec de la bonne volonté, je crois que tout est possible. Que les forces tutélaires de la nation changent les cœurs des uns et des autres, et que nous travaillons tous à faire briller Haïti dans toute sa splendeur !!.

Rony jean-Mary, M.D.
Coral Springs ,florida,
Le 15 Mai 2022
Bloody Tuesday was the term used to describe this infamous day in June 1966 in a little town of Haiti when Marcel, a well-to-do retired accountant, let loose his pit bull, Polo, against school kids who had been throwing stones against his delicious mangos, attempting to steal them. The dog maimed many of them. At the sight of bleeding and injuries, “This will teach you not to steal my fruits and throw stones,” was his observation with his gruff voice and mean mien. The deed went unpunished but his reputation suffered immensely.

Marcel, bald, paunchy, jowled, a recluse almost, taciturn, dour, muttonchops, café-au-lait tint, peppercorn but white hair. He lived in an imposing gingerbread house with wrap-around veranda, a large yard and an adjoining field that he used for fruit planting. He had a large collection: mango, neeseberry, sweet and sour sop, guinep, avocado; his herbs were just as numerous. Ever the clever man, he used vetiver as a natural mosquito repellent.

He walked with a limp and even to the casual observer, his paunch mirrored a bulge in his crotch, the result of a large hydrocele, commonly referred to as maklouklou in the local vernacular. That this esthetic challenge didn’t faze him remained a mystery. He pretty much lived in a cocoon, impervious to others’ inputs. He was financially self-sufficient and was successful at siloing his life.

That he neither related to nor shared with his neighbors were sins in this environment where people valued fellowship and mutual cooperation, surviving skills passed down from slavery days. How he came to be this persona was an interesting dénouement. His life was a riches-to-rags-to-riches epic. Son of an affluent coffee planter, destitute from age seven till nineteen, after his father’s sudden death. His uncle who took over the business was a lousy manager and heavy gambler. Marcel tasted first hand the humiliations brought on by deprivation. Many a day he had to stay home due to late payment of tuition and or go to bed on an empty belly, a situation writ torture for a youngster with a ravenous appetite. Nonetheless he was a brilliant student. The school headmaster offered him a full scholarship. As expected Marcel was a laureate in both parts of the National Exams, bringing prestige to the school. A math ace, he liked numbers so much he went into accounting, again on scholarship abroad, thanks to his academic record.

Once he returned to the country, an accounting firm hired him, he went on a fast track and he reached a senior position. Due to infighting, he quit and founded his own firm and he became very successful. Unfortunately, he saw life through the prism of accumulation of dollars and cents. Spending became a bête noire without exception causing his wife and children to seethe. Finally tired of fighting with him, she left him and married another man but drowned a few years later.

After her death he had custody of his kids to their disappointment. His topsy-turvy life experience made him conclude that since he pulled himself by his own boot straps (forgetting the help he received along), he had no intention of helping others. Needless to say, his children didn’t enjoy his parenting skills. He imposed strict rules, among others, a superlative academic performance. His kids did well in school but fell short of his expectations. Hence he decided not to send them abroad pretexting they had no scholarship offers while he certainly could afford to pay their expenses. That started a chasm that reached a boiling point when his daughter, Germaine, decided to marry six years earlier.

“A wedding needs not be extravagant. I want to spend no more than one thousand dollars.” Such directive historically is cast in stone and not subject to discussion or change.

Incensed and fed up by his stinginess, “Keep your money and do whatever you wanna do with it, let me assure you I will never again ask you to spend a penny for me in life.” His daughter hissed while sucking her teeth. Hence the bridges were burned. Brother and sister pooled their meager savings and had
a modest ceremony without him. Marcel felt insulted and robbed of the privilege of walking his daughter down the aisle. They haven’t talked since.

Demanding and overbearing, Marcel grated on Raynette, his dark, rotund, middle-aged maid. He had exacting standards for his passion: epicurean devotion to eating. Any meal had to taste great each and every time and had to come in sizable portion. A three-course dinner was *de rigueur* on weekdays and a five course on weekends. He counted every penny when he would send her to buy grocery. Quick to criticize any deviation from perfection in the execution but literally stingy with incentives, be they compliments or tips. Tips? Not part of his lexicon. “I pay you on time without missing a beat. I don’t have to add anything for you performing the agreed-upon service for which you were hired.” Of course such comment would not endear him with her loyalty.

“Oh, be a tight-fisted pest and I will show you.” Such response became swift. She retaliated in small ways just to needle him. She would purposefully take her sweet time coming back from the open-air market knowing full well he would be hungry and angry and every now and then, she would buy overripe merchandises and have him spend more money or cook less food. Yet what never stopped was her incessant gossiping on him. Unbeknown to him, he became the butt of derision in the neighborhood, especially at the barbershop. His gluttony, avarice and limp were constant fodder for animated conversation. Gongolo, the name of the earthworm in the colloquial idiom, constantly feeds, a characteristic of his also and therefore the folks chose it as a nickname for him. “Eating like a Gongolo” also became part of the local lingo.

“He has never met an expense he likes. He eats enough for three!”

His limp was due to a large hydrocele, a fluid-filled accumulation in the testicle, an intoxicating fixation among the local men. Mkalouklou, perhaps an African word, but no matter, it captivated people’s imagination about its cause.

“This is a source of manhood. He has a young lover and needs every help he can get!”

“No, he is too damn cheap to have it operated on.”

“You have it all wrong. It is due to a big worm and that is why he has to eat, otherwise it would suck him dry!”

There you have it. Folks speculating about a mkalouklou and each one claiming to have the ultimate insight about it.

“This bulge of mine isn’t a matter of life or death, hence I don’t see a necessity to spend money to have it removed.” His housekeeper Raynette had heard him confide to his girl friend as she was eavesdropping. Raynette quoted him verbatim and the word spread like wildfire to everyone’s delight. Besides Bloody Tuesday, this month of June 1966 included another milestone in the local lore.

June 1966 was the time of World Cup games in football (soccer). Pelé was the then reigning king and an iconic symbol among local rabid fans. A new star from Angola, Eusebio, also of ebony hue, as part of the national team of Portugal was the new rage. Sole owner of a stereo system and a long antenna, Marcel had good reception of the games’ broadcasts. Folks resented not being able to come and listen. However they had become dependent on him at night playing Mexican, Cuban or French crooners.

Marcel’s girl friend next door, Gina, a childless widow, was the principal of the local all-girls Catholic school at the nearest town. Pear-like both in hue and shape, ten years his junior with wavy silvery hair, aubergine tinted lips, heavy brows, the epitome of the gracious belle. A pious but conflicted woman, she long resisted premarital sex but after a long courtship, she gave in. She wanted to keep this a secret, impossible in a small town where snooping on anybody’s private life was fair game. She missed married life but Marcel was reluctant to commit.

“My hand feels naked without a ring,” cocking her head with left hand on her waist, an ingénue pose bordering on the flirtatious.

“Why rush into anything?”

“Are you worried about the cost?”

“Well, there would be a cost all right, but-”

“You make me sick,” and she left, slamming the door.

A few minutes later, “Help, the dog is hurting me!” hollered Gina. Marcel ran fast to discover Polo, on Gina’s chest, growling and blood coming from her calf. Marcel had some difficulty restraining Polo and “Raynette, please call the neighbor to come for help.” Albert, a lithe but strong young fellow, a
freelance bus or truck driver came to the rescue, all surprised for being sought. He immediately secured Polo against a post. Marcel stood, haggard, in submission rather than in control, observed Raynette. “Albert would you drive us to the hospital?” handing him the car keys. Albert was incredulous. Marcel rarely spoke to him. Raynette made a tourniquet to stem the blood flow. During the ride, Gina kept groaning in pain while Marcel kept sweating profusely and remained silent. Halfway along, he passed out. “Please hurry up and get to the hospital,” implored Gina who now became primarily concerned with Marcel’s health, forgetting her own searing discomfort.

At the hospital, the physician, a graying, husky man promptly met them. He quickly sutured Gina’s wound after checking on Marcel. “His blood sugar is very high,” he announced and “he is lucky to be alive.” Marcel had to stay and remained unconscious till the following day. Gina stood by him and slept on a chair next to his bed.

“I don’t want to die,” Marcel whispered to Gina while holding her hand firmly, “Don’t leave me,” he besieged.

“Don’t worry, I have your back,” passing her palm gently on his forehead and with her index finger, she traced a line from there to the nose and stopped at the upper lip. She bent over to touch hers against it. Marcel wept. “What happened? All I remember is you were angry at me and everything else is a blur.”

“Relax for the time being.” A reassurance that meant the world for him.

The next day when she returned, “Darling I had the most inspiring dream. You were my guardian angel and promised me to help me physically and emotionally if I change my ways,” and holding his left palm on his chest, holding her hand and squeezing it, he searched her eyes and murmured, “Yes I want to change my ways,” and without missing a beat, “which ring did you have in mind?”

“Get better first. Once you ask me properly then we can get the ring together,” while butterflies were running across her chest. She sensed that a tailwind was providing the propitious lift and thrust for a ride into uncharted but emotionally-charged territory. A destination her pent-up feelings couldn’t wait to reach but her self-control was fighting to keep in check. Pride and love in their usual showdown trying to establish an equilibrium aka happiness.

Marcel stayed at the hospital for a few days. He never knew before he had diabetes and this was a new realm for him. Changing his ways meant wholesale undoing and mending fences. Once he reached back home, he started doing just that. “Albert, you saved my life. I owe you,” in a handshake he slid a wad of bills. Next was Raynette, “I have been hard on you and I have never thanked you for all the hard work you perform. Thank you,” as he put in some money into her palm, a first, to her amazement.

Marcel’s new lease on life came with his realization he needed to open his eyes, become aware of others’ feelings, opinions and needs. He learned the hard way that we all need one another. This seminal admission was a game changer.

His first night back, Marcel had a nightmare, with vivid images in succession. First, *Bloody Tuesday*, Gina’s catastrophe, a collage of scenes of his children at different stages, cooing, saying “dada” for the first time, drooling on him while smiling, and at different milestones such as first day of school, first communion… He awoke in the middle of the night with cold sweats. He felt lonely, empty. His soul was now wallowing in muck, a mire as undesirable as navigation in quicksand. Nothing short of regurgitation of his bilge accumulated over time would do. He also realized he would miss out on being a grandparent, an elder’s obstinate fancy.

Two items merited his immediate attention, a new dietary menu and repair of his frayed relationship with his son and daughter. Either was a tall order with the second one so remote as to almost be impossible. He thoroughly discussed the matter with Gina. She knew that she was witnessing an epiphany. “Let me see what I can do. I know your daughter is also a teacher and there is an upcoming meeting with the bishop. Let me approach her,” Gina volunteered, as she rubbed his arm.

“You resemble my neighbor Marcel a lot. He is your dad, right?” Gina said to Marcel’s daughter.

“He is somebody I chose to exclude from my life. He was a Grinch, very hard to please and so tight fisted,” his daughter Germaine retorted, as she looked straight into space with her face drawn.

Gina felt awkward. Not being “Dad’s little girl” was an alien concept to her. Her own dad spoiled her and they remained close till his death. She lost her mom during childbirth. Her dad never remarried. Her two grannies helped with rearing duties. A silence followed and Germaine defused it, “Of course you
didn’t know and have nothing to do with that,” with a forced smile. Germaine was almost a copy of her
dad’s facial features, nub nose, cheeked, same skin hue. Her lips and chin must have come from her
mom. She had thick, coarse hair well braided; a buxom with well-chiseled rump, dressed in style.

At the end of the meeting, on their way out, Germaine said to her brother who had come to pick her
up, “Jr., this teacher lives next door to our father.” Jr. was a dark and short fellow with uncanny resemblance
with Marcel but with broad shoulders, large ears and hands. He was an impeccable dresser. Grimacing,
“Forget it. This man used to whip me all the time. I don’t care about him. In fact he can go to hell!”

The first two words carried Germaine into a torture chamber and the rest described the awful
experience, or dreadful sentence, of a sharp knife twisting into her entrails at a slow pace. Sensing Gina’s
discomfort, Germaine intervened, “Keep doing the excellent work at your school. Take care.” The raw
words expressed were suffocating, the situation surreal. The whole scene disturbed Gina. She knew at the
very least it would be a Sisyphean task cum a stress test of her avowed commitment to Marcel.

“You have to make an overture. Your children are angry with you. Let them know you care,” was
Gina’s suggestion to Marcel. In his newfound humility, he painstakingly wrote a letter to his daughter.

Darling,

I awoke this morning with a heaviness across my chest as I realize it has been
years since you and I have seen each other. I have myself only to blame. It was not
supposed to be this way. When I first laid eyes on you, you were like a ray of
sunshine that crossed my universe. Somehow I let it dissipate for selfish reasons
that I now regret so much. I beg for your forgiveness, the type that only a daughter
can extend to a forlorn and possibly dying father. Yes my health is no longer as
good as it once was and I would hate to think that I could close my eyes and not see
you before and just as importantly, I am dying to play the role of grandpa.

I don’t remember the last time I said to you that I love you. Let me say it
now with all the force my vocal cords can muster to produce. No matter what,
you will be my daughter and I will be the only father you will ever know. I
hope this counts for something. I miss seeing you and I miss hearing your voice.

With all my love,

Dad.

To his son, he wrote the following:

As I approach the sunset of my existence, I have been able to gauge events
with a better understanding and I have reorganized my priorities in life.

I am the first to recognize I was not the best father I could and should
have been. For this I apologize. I was reminiscing about the days when you
were a little boy and I used to take you kite flying and we both had a good
time. How I allowed the situation to deteriorate to the point we live like
strangers is not one else’s fault but my own.

Not too long ago I came close to not making it as I had a close broach with
death. I hope I can see you again before I die. I sincerely hope if you have any child
I would have a chance to kiss his/her forehead the way I feel like doing to you now.
Despite it all, you shall remain my son and I your father. This type of lifelong
bond is indelible. I want you to know that I love you my son and I miss talking to you.

With all my heart,

Dad.
Marcel asked Gina to hand deliver them. The role of peacemaker appealed to her. She also wanted to latch on his offspring, as she was not so lucky to have had any. She made a special trip with Albert who had volunteered to drive whenever needed.

“I made this trip especially to deliver these two letters to you,” Gina said with her hands shaking. Germaine hesitated and Gina pursued, “I want you to know he is someone I care a lot about and he wants to repair his relationship with you and your brother. Give him a chance, you may not regret it,” Gina pursued in as sotto voce as she possibly could with a gentle touch of Germaine’s hand.

Germaine was very perplexed, trying to gauge the situation, not willing to embarrass Gina and not yet willing to go down the path of rekindling a bond with an absent father, a reality she had learned to accommodate her life with, however painful that was. Finally, “Thank you kindly but I am not sure I want to go there,” she replied and her hands were trembling as she accepted the letters and inserted them in her purse.

“I miss my own dad so much, you have no idea,” Gina murmured as she departed.

Germaine’s pride prevented her from opening the letter in front of essentially a stranger, though Gina seemed to be a nice person that the bishop always congratulated for the excellent work she was doing at the school. That more than anything else swayed her to accept the letters. She kept them in her purse and her instinct forced her to relegate them to the far recess of her memory and priorities.

A few days later at mass, the bishop preached about the prodigal son who returned home and by extension the need for reconciliation among estranged family members. Germaine took it as a personal advice, if not an omen and decided to take a look at the letter later. She kept wondering why on earth her dad would make that step and also speculating about the nature of his relationship with Gina. Once she reached home and tired of the yin and the yen of the internal debate, she opened the letter, her heart galloping, her hands shaking uncontrollably. It didn’t take long for her eyes to become misty as she read the first sentence. It didn’t take long for tears to well them up and not long at all before sobbing at the lecture of the very words she had been longing for as a child growing up. Words she also missed as a teen who missed her mom and who needed a father to lean on. And even as a grown woman whose three-year-old daughter kept asking about grandpa; she felt a void that needed filling.

Her husband, average height and weight fellow, ebony-colored, got a hold of and read the letter and “At least he recognizes his flaw and wants to make amends. You ought to give him a chance,” while rubbing her back as she sat at the kitchen table of their modest but plants-filled house. Her husband hand delivered her brother’s letter that same evening.

“As one man to another, look at it with an open mind and give your dad a chance. I did the same with my own years ago and it was worth it,” he counseled Jr. on his way out. Jr. did read the letter and kept fighting tears, not willing to come to terms that indeed he also loved his father despite it all. His ego got in the way and it took him the whole night tossing and turning in bed before deciding that in lieu of a reply, he needed to go and discuss the matter with his sister. He was still single. He was a successful civil engineer and owned a construction firm. He realized he and his dad needed each other more than either had acknowledged in the past.

“What is going on? Is he dying? Is he truly sorry? What do you think, sis?” asked Jr. with his arms akimbo and a perplexed mien. He usually depended on his sister’s read of a person. He wanted to make sure they were on the same wavelength.

“He sounds sincere. This is so painful but yet we can’t remain enemies for life. This is not healthy.” That sealed Jr’s decision. He wouldn't fight Germaine’s.

“What do we do next?”

“He sounds sick. It would be best to go visit him but I need a few more days to let the idea sink in.” Germaine's shrewdness could always be counted on, thought Junior.

Marcel Jr. and Germaine did take the trek to the father’s home the following Saturday morning, on Christmas eve. It was raining on the way and like magic, it stopped when they reached his door. The sun came out, auguring a pleasant outcome.

“This is the happiest day of my life,” an elated Marcel stated. He embraced both. They all shed tears of joy and turning toward Raynette, “Please go get Gina.”

“Let me introduce my fiancée, Gina,” with a noticeable glow on the face rivaling the sun’s brightness. Marcel gently kissed Gina and she in turn extended her hand to Marcel Jr.

Bowing, “Let me kiss your hand,” Jr. announced, thawing any ice and making everyone at ease. Not to
be outdone, Germaine extended both arms, “Welcome into the family” and both embraced.

Marcel felt in heaven, “Gina saved my life twice. She was with me when I fell sick and helped to nurse me. She made this meeting possible and that feels like a piece of gold,” while looking at Gina with the tenderest gaze.

“You guys look so much alike, it is just amazing. I wish I had a child that looks like me. You are so blessed!” These words felt like music to the listeners’ ears.

Marcel was beside himself. The first and most gratifying development was his encounter with Yvette, his granddaughter. She was a handful to manage. Barely three years of age, “Where have you been hiding grandpa?” or “Why did it take so long for us to meet?” or even better, “Will you be like all grandpas and spoil me?”

Yvette, cheeked like grandpa, same body shape of mom, same tint of dad, was as happy to meet grandpa as he was. They gravitated toward each other. In Yvette, Marcel found the pleasure of giving, and in return, he received unconditional puppy love, the best warmer of a heart’s cockles.

Marcel made peace with his neighbors and especially the school kids. He had his hydrocele corrected. His yard was the place to be for his neighbors to come and listen to football games being broadcast live.

He mended his relationship with his children. With Germaine, he found a soul full of pent-up love, while with Jr. it was the reverse, a dad expressing his long repressed feelings to a son who never had any inkling of his value to his father. It was therapeutic to all and in the best outcome possible, they consummated closure with a checkered past.

Marcel’s circle now included Yvens, his son-in-law with whom he clicked from the first meeting. The social event of the year was Marcel’s wedding on his birthday. No less than the local bishop officiated the ceremony; conciliatory, Marcel didn’t flinch about the expenses. In fact he gave carte blanche. “Do the best you deem fit,” became the new consign, like a theme ringing like music to every one’s ears. No less than Jr., the dandy, helped him pick an outfit and Germaine’s seamstress sewed Gina’s dress. Marcel’s house was elegantly decorated with flower arrangements thanks to Germaine’s flair and touch; she also doubled as maid of honor. Gina’s cousin was the best man and Yvette was the flower girl. Gina insisted on having Jr. walk her down the aisle as her son in lieu of her departed father. Symbolic acts foreboding positive family dynamics and no one benefited from this well of goodwill more than Marcel.

Marcel did weep during the wedding ceremony. That sight was stunning to Jr. and Germaine who had never seen it before but quizzical to Yvette who pulled her mom’s dress while fidgeting, “Why is grandpa crying?” a spontaneous, somewhat loud, innocent query that adults responded to by chuckling.

Marcel’s new quotidian regimen started with a brisk walk. He still had to indulge in his elaborate breakfast, “a pleasure I can’t give up.” His battle with his appetite was a losing proposition. “A good meal is such a delight that life won’t be worth it to exclude such activity from mine.” No matter how much he genuinely tried, he would revert to having sizable portions on his plate to feel satisfied. But to his credit, he accomplished far more than clinging to his foible of being a foodie.

Just as important, he would then spend time with his gardening. However a new activity filled his afternoons: tutoring. He either went to Gina’s school or students came to his house in an alternating pattern. Long were the halcyon days of treating them as nemeses. He buried the hatchet and sealed it with massive concrete resistant to exhumation. Once a week, he had a class for adults, either teaching or improving reading and writing capacity. He was able to transfer his years of knowledge in a seamless way, gaining unexpected personal satisfaction.

Notwithstanding Marcel’s persistent weaknesses, life with him was a bundle of joy for Gina who had plenty of leeway on financial matters. She resigned herself to the fact that better to have a happy husband, dieting be damned, than a moody companion.

Gina bonded with Jr. and Germaine; she related to them as a surrogate mom and it was a mutual love fest. Yvette started calling her grandma. De jure and de facto, Gina became Marcel’s alter ego and irreplaceable.

Family gathering entailed activities with the clan, be it a picnic in the yard, daylong trip to a beach resort, courtesy of Marcel, visits to town on Sundays for dinner with Germaine. Life had taken the ho-hum of the average family living in harmony.

Reynald Altéma, MD.
April Coronavirus Chronicle
Maxime Coles MD

A- In the US, we are facing a lack of testing and incomplete data masking possibly a rise in COVID-19 cases. The BS 2 subvariant of the Omicron virus is now widespread in the nation, accounting for most than 70% of the cases. It is much more transmissible. The number of tests has dropped from 2 million test a day to 530,000 a day. Others have access to at-home rapid test. The state of Nebraska has seen COVID-19 cases raise to 80%, Arizona to Almost 75% and New-York to 60% and Massachusetts to 55% recently. Although the COVID-19 infections are mild for vaccinated people, many believe that it may not be longer vital to track every case. There is a lower point for hospitalization with only 15,000 across the USA since the beginning of the pandemic. Only 2000 people in ICU in New-York and 550 deaths daily. Numbers continue to decline.

B- Two others new subvariants of the COVID-19 are now tracked by the WHO in South Africa. They are the BA.4 and the BA.5. It does not appear to be a surprise because. The virus will keep mutating. We will know how infectious these subvariants are. Few dozen of cases were also found in Belgium, Scotland, Denmark, England and Germany. The infected people do not appear to be getting sicker. All version of the Omicron were found to be highly transmissible but did not appear to cause severe disease. The BA.2 accounted for ¼ of all the cases in the United States.

C- Are we going to be under another wave with the Coronavirus? Recently, we have learned that some large town with their inhabitants were sequestered by the Chinese authorities. This is the case for a town like Shanghai with millions of its population. Fauci stated that in the USA, we were under a transitional phase with the virus although most of the actual cases due to the BA.2 remains mild in nature. In China many are still unable to go out freely. They stay requested in their home and they get regularly tested. If positive cases are discovered, then a “two weeks” quarantine is declared “de novo for the area.

D- In May 2022. It is noticed that hospitalizations and numbers of COVID-19 cases have increased in the United States. Several new subvariants of the Omicron are responsible of these changes. The BA.2 appears to be the culprit while in other countries, other variants are identified like the BA.4, BA.5. All of those variants appear to be spreading rapidly. Some 62,000 cases are reported in the USA every day, in all states but especially Georgia, Hawaii, Maine, South Dakota, Washington and Nevada. BA.4 and BA.5 have also contributed to a rise in cases in South Africa during the past month. These variants appear to escape antibodies in people who have been vaccinated or had breakthrough BA.1 infections.

E- Passengers on a cruise to Seattle WA this week, said that the chip was overwhelmed with more than too cases of COVID-19. and many passengers stayed in hotels in quarantine after testing positive or being exposed to someone with the disease. The cruise line stated that they also managed many cases with Carnival Cruise line in a 16-day Panama Canal cruise.
F- 14.9 million people died because of the coronavirus between January 2020 to December 2021, according to the World Health Organization. Between 13.3 million and 16.6 million deaths occurred during the first two years of the pandemic. The death toll was underestimated. 84% of the deaths were concentrated in the South East Asia, Europe and the Americas. With a higher percentage of men (57%) over women (43%). 4.74 million people died in India because of COVID in the first two years.

G- As of the beginning of May 2022, there is a higher projection in admissions and deaths due to COVID. The CDC believes that 5000 deaths will occur over the next two weeks and states like Ohio, New Jersey and New York are projected to experience the largest daily deaths in the upcoming weeks. Presently, infection rate has risen to 55% in New-York and New Jersey in the past two weeks. Hospitalizations have begun to climb with 19,000 COVID-19 patients hospitalized in the country, 1800 are in intensive care units as reported by the Department of Health and Human Services. Admissions have jumped to 20%as well as Emergency room visits. Public Health Officials have recorded a highly contagious Omicron subvariants BA.2 and BA 2.12.1 which continue to spread through the states. This subvariant of the virus escape immunity obtained from previous infections or vaccinations. Virus. BA.2 subvariant accounts for 62% of the new national cases while the BA,2,12.1 makes up 36%. It is already at 62% in the New-York area. Remember well these two subvariants strains evade Immunity. Other subvariants BA.4 and BA.5 are also creating their own waves.

H- Released on 11 May 2022, death from COVID-19 has increased in the vaccinated groups not because vaccines are not working but because the new sub-strains escape the antibodies created by the previous vaccines. There is a 1.1% of deaths occurring among Americans fully vaccinated in 2021 but by February 2022. There have been a 25% increase and required 7 times more hospitalization. 220 million Americans have been fully vaccinated. Death is uprising in a growing population being hospitalized with infections due to Omicron variant and their sub-variants. Older populations with underlying conditions continue to be at risk for complications.

I- More again is announced on the news about the nasal sprays “vaccines” which could stop the coronavirus from invading the body through the nasal mucosa. There is more than a dozen of clinical trials as reported in the news. Countries like Vietnam, Thailand, Brazil and Mexico have started the manufacturing of such nasal vaccine. These new vaccines may be used as a booter in the USA but can become more widely used in underdeveloped countries. They can be more effective in stopping the virus from entering the body. A nasal spray as a vaccine can be easily manufactured and stored because, it will not require ultra-cold temperatures like for the Moderna or Pfizer mRNA vaccines. People certainly will prefer a nasal spray to a needle in the arm for price as low as 30 dollars.

J- The Icahn School of Medicine is developing the new nasal spray/vaccine in eggs while the Cincinnati Hospital in Ohio is using a canine flu. Oxford/Astra Zeneca is using a weakened adenovirus. Trials on rodents have also begun in Lancaster University in England and in Texas Biomedical Research Institute in San Antonio TX. The animals which were given two doses of the nasal vaccine, developed T-cell responses strong enough to suppress SARS-CoV-2.

Maxime Coles MD
Boca Raton FL
Je voudrais changer un peu de rubrique cette semaine et vous entretenir sur un autre sujet d’une aussi grande importance que les précédents, et qui est bien celui des plantes médicinales et des feuilles en usage chez nous et ailleurs. Parler des feuilles en pratique médicale, c’est faire la part entre une médecine dite moderne, et une autre plus en adéquation avec les us et coutumes des riverains, et qui semblerait prendre des connotations différentes, dépendamment du milieu où elle s’applique. C’est ce qu’on appelle tantôt la médecine folklorique, parfois la médecine alternative ou parallèle, et d’autrefois enfin la médecine traditionnelle. Par médecine moderne, nous entendons un schéma universellement reconnu, et en vertu duquel le patient voit son médecin périodiquement, et établit avec celui-ci un lien étroit, et de durée variable. Le traitement est plutôt symptomatique et vise un problème bien spécifique pour lequel la personne est entrée en consultation avec le médecin, et cherche à se faire soigner par celui-ci. Ce genre de contact semblerait être fait de manière ponctuelle ou conjoncturelle avec une fonction qui est limitée dans le temps. Il faut bien dire que, dans un effort de freiner les couts exorbitants encourus par la pratique médicale, beaucoup d’emphase a été mise sur la médecine préventive, créant ainsi un rapport de proximité entre le patient et le médecin.

La médecine folklorique semble être spécifique à chaque peuple et tient compte des éléments de culture, des réalités du moment, qui sont souvent indispensables au bon déroulement du traitement. Elle puise dans les structures locales c’est-à-dire dans les croyances et les pratiques les bases de son enracinement. Cette médecine est aussi vieille que la culture dans laquelle elle est intégrée ou pratiquée. Car, pour permettre aux gens de la communauté de survivre, ou d’être en santé, il avait toujours fallu une vieux tonton, une vieille femme, une accoucheuse, un spiritualiste, parfois même un devin, et en qui on avait confiance et qui pouvait exercer le métier de guérisseur. Il faut aussi admettre, dans ce même ordre d’idées, que la médecine et la religion ont toujours travaillé en paire dans l’amélioration des conditions de santé. La première tentative d’explication à un phénomène dont l’entendement nous échappe, tombe automatiquement dans les paramètres de ce qui est de l’exégèse. C’est donc normal de laisser au religieux, prêtre, pasteur ou devin de toutes sortes, le soin de traiter les maladies ou toutes autres choses que nous ne comprenons pas. D’ailleurs si l’on tient compte de la disparité flagrante existante entre le monde occidental et les milliard d’autres gens qui peuplent la planete, on peut comprendre pourquoi une médecine folklorique axée sur les cultures et les croyances, va toujours continuer d’avoir son pesant d’or. Dans les années quatre-vingt et jusqu’à date, la médecine alternative a connu un essor particulier dans les pays occidentaux. Il est reporté que 60% des Américains utilisent une forme quelconque de médecine alternative. Les stores ici aux États-Unis abondent en produits de toutes sortes, répondent à tous les goûts et à les besoins. Force est de reconnaître que les différents produits exposés sur les étalages des boutiques de produits naturels ne sont pas régularisés par les instances étatiques concernées, au même titre que les produits pharmaceutiques qui passent par plusieurs phases de contrôle avant d’être patentés et admis sur le marché. Parmi les plantes très connues du milieu psychiatrique American et qui ont été l’objet.
d’attentions toutes particulières, il faut mentionner les produits suivants : le KAVA, LE ST. JOHN WORT ET LE GINKGO LOBA. Ces produits sont aussi très prisés sur le marché American des produits dits naturels. Le Ginkgo loba est utilisé dans les cas de démence ou de perte des fonctions cognitives en général. Il est aussi utilisé pour contrecarrer les problèmes sexuels résultant des SSRI ou sérotonine substance re-uptake inhibiteurs. Des résultats satisfaits semblent avoir été obtenus jusque-là.

Le kava est utilisé dans les cas d’anxiété et est une herbe très en vogue lors des fonctions sociales surtout chez les polynésiens. Quand au St. John Wort, c’est surtout dans la dépression qu’il trouve sa vraie application. On estime son effet supérieur à celui d’un placebo et d’efficacité égale à celle d’une dose initiale de TCA ou tricyclic Antidepressant (groupe de médicaments généralement utilisés dans la dépression).

Je ne finirai pas ce entrefilet sur les feuilles et plantes exotiques sans mentionner la feuille de Coca qui est automatiquement servie sous forme de thé ou de feuille à ingurgiter aussitôt qu’on met les pieds dans les montagnes de Cuzco, et de Machu pichou au Pérou Andin, car la feuille de Coca a la vertu de réduire les effets liés au choc. La feuille de corossol est généralement considérée comme un puissant somnifère. Elle est utilisée sous forme de thé, et on en a souvent dit que trop de feuilles utilisées en même temps peuvent faire rentrer la personne dans un sommeil prolongé.

L’huile de ricin, de son vrai nom « Ricinus communis » ou palma Christi, est un produit utilisé dans plusieurs aspects de la médecine traditionnelle. C’est d’abord comme élément de massage ou de friction en cas de grippe ou de bronchite aigüe, où le thorax et le dos sont frictionnés contre la main, facilitant ainsi la décongestion pulmonaire. L’huile de ricin est aussi utilisée dans les cas de constipation où deux ou trois cuillerées par voie orale, servent à ramollir par osmose le contenu intestinal et à le faire avancer plus rapidement.

Le citron est utilisé dans plusieurs domaines de la médecine traditionnelle. Tels que la décongestion nasale, le nettoyage des plaies et blessures et représente une grande source de vitamines C.

La feuille de papaye est utilisée pour activer la cuisson des viandes qui sont très dures à lâcher. Le calalou gombo, mangé cru comme salade semble avoir des propriétés antidiabétiques ou hypoglycémiantes.

Ces plantes, feuilles et légumes mentionnés ci-dessus ne constituent qu’une infime partie de ce que représente la pharmacopée folklorique Haïtienne. Il faut noter cependant que notre médecine traditionnelle est aussi enrichie de bien d’autres techniques qu’il vaut la peine de mentionner ici.

C’est d’abord le « Man yin ou toucher ou traction. » Une pratique qui consiste à jouer avec les muscles et les os pour les remettre à leur place. Parfois le guérisseur et le patient s’adossent mutuellement. Le guérisseur soulève de son dos celui du patient, gardant ce dernier suspendu pendant un certain temps. Il lui
demande ensuite de laisser descendre lentement les pieds et le corps qui étaient suspendus initialement. Cette manœuvre aurait la vertu de réaligner la colonne vertébrale ou de remembrer la personne. Certains guérisseurs soulèvent la peau du dos ou de la poitrine d’un enfant malade avec ses mains appliquées contre la cage thoracique de l’enfant. Ils tirent sur la peau. Jusqu’à ce qu’une déclique se produise au niveau de l’endroit où la pression est appliquée sur la peau.. On dit qu’on a cassé alors le hic de l’enfant. « Kase AYIC » Tout cela n’est rien que de la pure médecine ostéopathique telle que pratiquée ici aux États-Unis d’Amérique.

Parfois, on pratique une incision au dos de la patiente, puis on allume une mèche imbibée d’huile que l’on dépose sur l’incision. Cette mèche qui brule à l’intérieur d’un petit verre renversé et appliqué dans sa partie ouverte sur la peau, (vase clos) peut servir à extirper de l’organisme les substances toxiques qui sont contenues dans le corps.. La sangsue-thérapie n’est rien qu’un autre moyen servant à éliminer du corps les éléments toxiques qui sont contenus dans le sang. On aura soin, après la sangsue-thérapie de débarrasser de l’estomac de la sangsue ce sang tout noir qu’il vient d’ingurgiter. Sinon, elle peut mourir intoxiquée elle-même du sang qu’il puisé dans le corps..

Les plantes et les produits naturels sont une source fiable de traitement pour certaines maladies. Cependant, il faut savoir comment les utiliser. Ils ne sont pas régularisés par la FDA. Ils ont eux aussi des effets secondaires et peuvent conduire à toutes sortes d’intoxication. Ils interviennent dans le métabolisme des iso-enzymes du cytochrome P450 comme bien d’autres produits, et peuvent causer tout type d’inhibition ou d’induction. Le jus de pamplemousse (chabeuke ou grapefruit juice) est un puissant inhibiteur au niveau de l’iso-enzyme 3A4 et devrait être évité lorsque certains antibio-tiques y compris certains anti-fungaux sont utilisés. Nous espérons approfondir davantage dans une prochaine édition cette pratique médicale parallèle et apporter encore plus de précision pour le bénéfice de plus d’uns.

Rony jean-Mary, M.D.
Coral Springs, Florida,
Le 15 Mai 2022

Le nouveau doyen a l'école de Médecine et de Pharmacie: Bernard Pierre MD, Neurochirurgien de profession, remplace Jean Claude Cadet MD.

We will be ready at the AMHE to continue the transition for the benefit of our young students. Il sera seconde par Marc Civil MD, (OBGYN), Vice-Doyen dans cette delicate tache.

Long vie à notre Alma Mater.

Maxime Coles MD

https://gilbertmervilus.medium.com/séisme-académique-au-rectorat-de-lueh-ce-12-mai-2022-76707555d43c
THE SWALLOW.
Reynald Altéma, MD.

I.
Young swallow, curious about the world beyond his nest,
Fiery, brimming of a newt's zest,
First decided to visit humans,
Strange group, conspicuous like banyans.
He flew over a rural one-room school
And heard this, “Golden rule:
Poor student, classroom is key to better tomorrow.”
A pledge echoed by all pupils, row by neat row.
Still seeking more knowledge,
He reached the dorm of a college,
And perched on a pole at its entrance,
Where he witnessed some interesting utterance:
“Which car to ask for my graduation gift?
Beamer, Lexus? Decision needs to be swift.”
Intrigued, he flew over the inner city,
An area very congested and gritty,
Landing on the gate of a jailhouse,
And saw youth, outdoors playing, and in sweats, doused.
Verbal exchanges among the inmates.
“Staying in school won't end up with jail mates.”
“So true. Learn a trade, don't chase some stupid dope,
Easy money but leaves one without any hope.”
Back at nest, “Learn anything today?”
Cackled his mom. “I must say.
Humans’ world is strange and confusing.”
Peculiar use of opportunity of school choosing
And learning. Some seem very motivated,
Poor or affluent. Some not keen on being educated.
They talk past and not to each other
They need to help one another.
Lacking learning will needs no free pass
For that will only embolden one’s nutty sass.”
II.

Young swallow, on second day of his quest,
Of seeing world beyond his nest
Wanted to explore on his own the flying world,
Nary his mom’s permission or wisdom,
Full of hubris on his way to see that kingdom.
He soon discovered the many species unfurled,
Some pleasant, nice and generous,
Some vicious and even rapacious.
Over a wide-open space filled with runways,
A raw scene from then on etched in his mind always:
Metallic bird, very noisy and beak-less
Sucked in, ground many flying birds; merciless.
Next was an eerie encounter with predators,
Powerful, heavily clawed competitors,
Survival instinct helped with narrow escape,
Or beginner’s luck, helped evasion with slight scrape.
Adventure with Mother Nature was just beginning.
Suddenly storm formed with frazzling bolt of lightning.
Cowed, swallow sought the nearest refuge,
And rested on a large branch ’til the end of the deluge,
He fled at once to reach the warmth of the nest,
Having passed the day’s tests and yearning for a good rest.
When its mom saw his face masked by terror,
“The flying world is not for the meek, without room for error,”
Cackled the swallow to his mom upon his return home,
A life lesson, handy each time he ventured to roam.

III.

On the third day, both went aloft together
To learn daily routines, his mom as bellwether,
Flew over the various sites that Nature created,
Eluding the foes, commingling with friends, while they debated.
First sun’s rays, bright but soothing, bouquet of the morning dew
Bestowed a welcoming and auspicious debut.
Hovering over all terrains: a plateau, a flat plain, a glade,
Perusing dense foliage, peeking at anything hidden under a shade.
Swooping over a calm meadow and a bubbling brook.
Clever inspection by nook and by crook,
Bodies of water, still or flowing, oceans, streams, lakes, rivers,
All depressions of land, gullies, canyons, cliffs, craters,
Were reviewed, and feeding sources were identified.
They reached the zenith of the sky while staying clear
Of predators, metallic birds, held in immense fear.
Plunged to the nadir, admired stunning mountains.
Rested to slake their thirst, especially at public fountains.
After exploring far and wide from hither to yon,
Mother felt comfortable to finally pass the baton.
The cycle of life was repeating itself,
As written in a famous book on life’s bookshelf:
"Mom, what is your secret for lasting this long?"
"No secret. You pick your spot and keep going strong."
This swallow mastered gallivanting over a wide territory,
Mountain, stream, valley, river and especially a large prairie.
Along the way he learned a life valuable lesson with his peers:
“Live and let live.” They all cackled to that with cheers.

Excerpted from “The Voice.”
Colon cancer stage III B in 23 year-old girl with bowel obstruction and no family history of colorectal cancer.

Blookington SAINT JUSTE, MD, general surgery, HOSPital of the State University of Haiti

Dr. Sylvio AUGUSTIN,

Colorectal cancer (CRC) is the most common cancer of the gastrointestinal tract. Accounts for the third most common cancer overall, and the second lead cause of cancer related deaths. Every year, we have an incidence of 150,000 new cases in the United States (US), with an approximation of 80 per year (<1%) in adolescent and young adult aged 15-39. [1]

However, while the incidence and mortality rates have been observed to decrease substantially in the United States (US) among adults older than 50 years since the early 1990s , [2] the incidence of CRC among younger adults has nearly doubled in the same time period.[3] This early-onset CRC now accounts for 10–12% of all new CRC diagnoses.[4]

Among young adults, ages 20–49 years, incidence rates have risen rapidly in the US, from 8.6 per 100,000 in 1992 to 13.1 per 100,000 in 2016, with the largest increases among adults 40–49 years old. [5] Similar increases in early-onset CRC have been reported across the West, including Canada, Australia, and the United Kingdom (UK), and in Asia. [4] There is no study in Haiti that discuss about the incidence and the prevalence of CRC in young adults.

Lire la suite
Cliquer sur l’image pour accéder au site Internet d’INFO-CHIR
Dear Friends,

I honestly appreciate the privilege to say a few words about Dr Rodrigue Mortel who had successfully devoted his life to the field of Medicine.

Let me present my heartfelt condolences to his wife Cecile Mortel, his children and the entire family. I became acquainted with Cecile Mortel when I traveled with her to St Marc in May 2001. She sometimes would take the tap-tap on her own with the regular commuters experiencing the sweat, the dust and the heat, in her quest to join “Rod”.

Ladies and gentlemen, I will not impose on you the long and exhaustive list of Dr Rodrigue Mortel’s medical, humanitarian and theological accomplishments.

Rodrigue is a simple man and a kind person who in 1998 helped AMHE and the Faculty of Medicine in Haiti sign their first Agreement of Cooperation that shaped our Visiting Professor Exchange Program. In 2022, this program continues to accept Residents from the Medical Schools in Haiti for a 3 month rotation in a Brooklyn Hospital in New York. About 110 Residents have performed this educational training since inception under the guidance of Drs Leblanc, Nacier and Jerome.

Our AMHE is 50 years old this year and we are privileged to have in this room for a farewell to Rodrigue: two founding members of the Organization, Laurent Pierre-Philippe and Emmanuel Francois.

Dear Friends, the time I spent together in Haiti with the negotiating group chaired by Rodrigue Mortel in crafting this FMP-AMHE Agreement, allowed me to learn so much about the inner thoughts and values of this great human being. He would teach me the concept of small steps to achieve ultimate goals calling that process: “les petites bouchées”. One night after dinner at a hotel near the Champs de Mars in Port-au-Prince he asked me to call a cab so we could return to the Faculte of Medicine. He was 9:00. pm.I told him the students had gone home. The place was empty. He insisted. I did not object to his demand. We reached the premises of the Medical School shortly after 10:00pm. We entered and accessed the area behind the administrative offices of the building to discover twelve medical students, sleeping on the floor with books as pillows on some improvised sleeping sheets. After we interviewed them it became clear they did not go home since they were living too far from the city. We were astounded.

A Haitian-American for the Haitian History book, Rodrigue was born in St Marc, apparently the same city of Jean Baptiste Point DuSable who founded the City of Chicago. After he left the home town school (The Christian Brothers), he attended the Lycée Toussaint Louverture in Port au Prince, entered Medical School in 1954 and graduated in 1960. He started Residency in Obstetric and Gynecology first in Montreal, then finished at Hahnemann Medical College and Hospital, PA. He spent two years at Sloan Kettering in NY 1968-1970 learning and researching in Ob-Gyn oncology. He became Chairman of the division of Obstetrics and gynecology at Milton Hershey Medical Center Penn State University in 1984. In 1995 he was bestowed the title of Associate Dean and Director of Penn State University Cancer Center.
Rodrigue took a sabbatical leave and ended up on the left bank in Paris. He studied at "University de Paris VI " for a year, under the direction of Pr Etienne Beaulieu. His research subject was: Hormone Dependence of Endometrial Carcinoma. Tamoxifen was synthesized around that time, a new avenue for his research line.

Dr Mortel has published more 130 articles in major OB-GYN journals, contributed to 24 book chapters, and made innumerable presentations at seminars and conferences, including AMHE Annual congresses. He wrote two books, the Endometrium: Hormonal impacts and I am from Haiti.

He was Horacio Alger award Recipient in 1985. The Horatio Alger Award is presented to outstanding individuals from humble backgrounds who, through their own initiative and effort, have achieved tremendous success in their respective fields, demonstrated a strong commitment to assisting those less fortunate than themselves and are dedicated community leaders. The Horatio Alger Association of Distinguished Americans is made up solely of recipients of the award.

His humanitarian voice became very loud during the 1991 Haitian embargo with editorials and letters sent to the Washington Post, the Miami Herald, the New York Times and the Matin. He felt the embargo was hurting impoverished people.

On 5th July 2001, I was honored to see Dr Rodrigue Mortel being elevated as deacon in the Cathedral of St-Marc by the archbishop of Baltimore William Keeler. At the same time, same day, Professor Mortel was inaugurating a School for Girls he created “ The bons samaritains” run by the Sisters of Lalue. This institution dedicated to poor young girls in the area of the Artibonite region continues to grow.

In 2004, I called him to lament about the non observance of the 200 anniversary of Haiti Independence: the first Black Nation of the world and the politics behind this debacle, he showed chagrin and hopelessness.

Rodrigue Mortel also received a Life-Time Achievement AMHE award.

The spiritual component of his life became an other aspect of his personal journey.

Au revoir mon ami.
We will support the Mortel Foundation.

Eric L Jerome MD, FASN, FACP
elj9036@nyp.org

La AMHE presente ses sinceres condpleances a la famille D'Meza et aux proches parents et amis affectes par son depart. Que le Dieu de Misericorde le recoive a bras ouverts dans sa nouvelle demeure.

Maxime Coles MD
FEELINGS
THEMES - COLORS—VARIATIONS
ART EXHIBITION

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Happy Mother’s Day
Maxime Coles MD

Maman n’est plus de ce monde et pourtant je La revois partout. Elle est dans ce regard attentif d’une mere qui protege son bebe. Elle qui m’a dome le jour et berce dans mes douleurs alors que la maladie me terrassait. Je regrette de ne pas etre a meme de Lui offrir le monde.

Elle m’a nourri et eduque au point d’etre fier de mon baggage intelectuel. Aujourd’hui, c’esl la fete des mamans et je n’arrive meme pas a Lui offrir une gerbe de fleurs.

J’essaie de traduire en prose ce que je ressens d’amour pour m’avoir mis au monde. J’ai le besoin d’exprimer ce sentiment que j’eprouve pour Elle, malgre son absence, mais les mots ne me viennent pas facilement. Je la revois a travers les autres meres que je cotoie et malgre tout, je reste muet.

Mon amour pour Elle, n’a de frontiere que l’Eternite. Elle a guide mes pas vers ma destinee. Comment ne pas La revoir dans l’expression du sourire de toute maman qui prend soin de son petit. Je ressens sa tendresse comme si elle etait a mes cotes.

Je me tourne vers Elle, a chaque fois que j’affronte un obstacle dans ma vie. Elle est la seule qui m’ait aime d’un amour vrai sans attendre quoique ce soit en retour. Je L’aime inconditionellement et nulle ne saurait La remplacer.


Maxime Coles MD
Boca Raton FL (5-8-22)
May 14th 2022 from 2 to 6 PM, the planning committee of the AMHE-GRAHN Ambulatory Health Center held an online forum that had an audience of around 150 people that remained for the duration in great majority to listen to the various presentations on the genesis, the concept, the establishment of the center and its approach to health care delivery. Each member of the committee that includes different specialties, IM, ophthalmology, psychiatry, ID, Ob-Gyn, Hematology, as well as RNs, described a segment of the project. Yours truly as the coordinator of the steering committee went first after the words of welcome from Drs. Lindor and Castor, also members of the committee.

This entity is a fruit of labor for the past 6 years. It began with a concept of solidifying the infrastructure of the nascent City of Knowledge in a rural setting bereft of any that heretofore served as cow pasture. The ambitious conceit of the City of Knowledge patterned after the model of a college town in North America at the minimum but eventually seeking the status of a hub à la Silicon Valley mirrors the accomplishment of no less than the construction of arguably the 8th wonder of the world in nearby Milot.

The steering committee met regularly to plan meticulously every facet of the project despite all evidence of the hardship at hand and numerous failures at garnering financial support from other philanthropic institutions or our own colleagues. Unfortunately, skepticism about the viability of such audacious endeavor remains prevalent. Nonetheless our efforts were undeterred and little by little as we started the construction, the previous doubts began to disappear albeit timidly at first but steadily. Hence not only were we able to count on our own financial contributions but some worthy partners joined the cause, allowing us to gather some steam, but still at a limited pace that we still are trying to accelerate.

During the forum, nurses and physicians described innovative approach of offering health care in a culturally sensitive spirit, with a mindset of openness and critical thinking. In real terms, it entails the mix of modern tools such as telemedicine and electronic medical records for greater efficiency and the forever pursuit of good quality care at an affordable cost and at the same time the study of traditional remedies for any scientific validation in a bias-free evaluation. At first glance such goals could be considered mutually exclusive, accustomed we have become of equating modern instruments with burdensome cost and the disdain we have grown to retain for unorthodox treatments. Whenever possible a less expensive solution will be sought while maintaining good quality of care. Eventually studies about nontraditional methods of healing will be undertaken. Need we be reminded that our great Toussaint was a master healer using plant-based remedies.

The menu offered was bookended by a cornucopia of mental health, mother-child care, as primary care and more specialized services such as screening for sickle cell, cervical cancer, eye care, and the establishment of an HMO-like health plan to help patients gain access to a modicum of decent care. The standard to be upheld will be high and the goal of sustainability will be an ironclad principle. In presentations after presentations, it became obvious that the accent will always be on prevention rather than the fee-for-service incentives method. Prevention of complications ought to become buzz words to describe an innovative mindset where being proactive supersedes reactive, holistic assessment trumps tunnel vision in a new paradigm.

Then professor Samuel Pierre, PhD, president of GRAHN-monde demonstrated the architectural sleek design, offered pro bono by a firm from Canada, a Haitian husband-wife team, the actual construction photos. In case there was any doubt, the same care that went into fashioning the care to be received went into the elegant design also, in a mixture of utilitarian and convenience or better phrased as making useful feel pleasant.

In a question and answer session, several participants expressed their satisfaction for a well-crafted construct, a socially impactful undertaking, raising hopes for a better tomorrow and serving as an example for ripple effect that should mushroom elsewhere for the benefit of our society back home.
AMHE 50TH ANNIVERSARY
HEALTH FAIR
www.amheflorida.org

Educate the Community on the Value of Preventive Medicine
Community to Meet Haitian Healthcare Professionals

Free Health Fair

Saturday May 28th, 2022
11 AM - 5 PM

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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 718-245-1915 • 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. 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