

# AMJAMBO AFRICA!



*Understanding, Embracing, and Celebrating Diversity in Maine*

ENGLISH | FRANÇAIS | IKINYARWANDA | KISWAHILI | SOMALI | PORTUGUÊS | ESPAÑOL

## In this Issue

- War in eastern DRC .....2-3
- Updates from Africa .....4
- Depression/refugee camps ..... 5
- Editorial .....6
- Amjambo Arts: Phuc Tran .....7
- Advice: Someone to trust .....8-9
- In 7 languages*
- Notable inaugurations .....10-11
- Coastal resilience .....11
- All about the Workforce .....12
- Financial literacy/New Year ..12
- Legislative Update .....13
- MCA Giraffe awards .....14
- Tips & Info .....15
- Year in Review ..... 16-17
- Health & Wellness.....18-23, 25
- Protecting vision
- Health in winter
- In 7 languages*
- Portland Adult Ed. ....27
- Abolitionist movement .....27
- Languages are similar .....27
- Ukrainian perspective .....28



**The Year in Photos:** As we all head into 2023 together, here are some highlights of 2022 in Maine from our team of photographers. See pages 16-17.

## Proverbs help destigmatize mental health treatment |By Amy Harris

*Ninna dab buu ka baqaa, ninna dambaas buu ka baqaa.*  
*One man fears fire; another man fears ashes.*  
 – Somali proverb



Ahmed Hassan, licensed therapist and program director of Summit Guidance, presented a day of professional training on December 12 at the University of Southern Maine at the invitation of Gateway Community Services, Generation Noor, and the Community Organizing Alliance. Summit Guidance is a mental health agency that provides individual, group, and play psychotherapy to children and adults in Minnesota.

Abdullahi Ali, Chief Executive Officer of Gateway Community Services, said he wanted to bring Hassan to Maine because “it is important to bring knowledge and understanding of the culture of [refugee and immigrant] communities, and how this affects the treatment and support of their mental illness.”

Continued on page 24

## What if we are the seeds? Immersive exhibit charts African diaspora’s cultural heritage | By Brian Boyd



Eneida Sanches and Daniel Minter | Photo Timothy Peterson

“Wind / roads / oceans / railroad tracks // And what if we are the seeds? // carrying our past, present and future / in one single body?” So begins the spiraling journey through the spectacular, collaborative exhibit of new work by artists Daniel Minter, based in Portland, and Eneida Sanches, based in Salvador, Bahia,

Continued on page 31

## War in eastern Congo: When will it end?

Story and Photos by Jean D. Hakuzimana

*“We are suffering because of this recurrent war ... the situation here is volatile ... we are homebound and unable to get out to buy staple foods for the family because of this dirty Mouvement du 23 Mars (M23) war!” – resident of eastern Congo, where dozens of rebel groups are operating. Among these, M23 is currently in the spotlight.*



The largest force in UN history has been stationed in eastern Congo for many years

Violence in North and South Kivu, Democratic Republic of Congo, shows no signs of abating. A recent example of what the region endures: On November 29, 300 residents of Gishihe village of eastern Congo were massacred. Who is to blame? President Felix Tshisekedi’s government blames M23 – but the rebel leaders have denied responsibility. And so it goes. Recurrent. Dirty. And deadly. Ongoing violence that has taken the lives of civilians in DR Congo over a period of decades.

On December 4, U.S. Secretary of State Anthony Blinken made a call to President Paul Kagame of Rwanda, asking him to end “any external support to non-state armed groups in the DRC ... including Rwanda’s assistance to M23, an armed group that has been designated by the United States and the United Nations.”

State Department spokesperson Ned Price issued this statement: “Secretary Blinken ... shared deep concern about the impact of the fighting on Congolese civilians who have been killed, injured and displaced from their homes.”

Referring to the genocidal nature of some of the violence, Blinken “condemned the resurgence of hate speech and public incite-

ment against Rwandophone communities, recalling the real and horrible consequences of such rhetoric in the past.”

Rwanda’s Minister of Foreign Affairs Vincent Biruta issued a statement labeling the Blinken-Kagame call “a good discussion.” He added that the international approach to the situation in eastern Congo is misguided, and will exacerbate the crisis. After the call, M23 rebels offered to pull out from regions they occupy in order to abide by the cease fire that was recommended during peace talks in Luanda, Angola, in late November.

However, when *Amjamba Africa* contacted the M23 spokesperson on December 8, he replied that they don’t know where to go, or to whom to hand over the regions they occupy.

### What is Mouvement du 23 Mars (M23)?

In 1994, the Rwandan Patriotic Front, led by Kagame, put an end to the Genocide against the Tutsi and took control of the government. Millions of Rwandans of Hutu ethnicity fled to eastern Congo, where many took up life in refugee camps. Some expressed their intention to regain power in Rwanda and formed the armed group Forces Démocratiques de Libération du Rwanda (FDLR), composed of defeated armed forces, civilians, and genocidaires. On multiple occasions, FDLR attacked people in Rwanda. This inflamed feelings against the Congolese, for harboring the FDLR.

In 1996, groups opposed to Mobutu Sese Seko’s government unified and formed Alliance des Forces Démocratiques pour la Libération du Congo-Zaïre (AFDL), led by Laurent Kabila. Rwanda and Uganda backed the AFDL, and the result was the “first Congo war” which eventually resulted in the ousting of the 30-year regime of Mobutu Sese Seko and the subsequent installation of Laurent Kabila as president. He was inaugurated on May 17, 1997, as the



*Our country unfortunately is the victim of an aggression that is hidden but is from Rwanda. This has been destabilizing a part of our country, the eastern part of the DRC, with all sorts of suffering for the populations who have been displaced by hundreds of thousands and they live in very precarious conditions. We count on the pressure of the United States to put an end to this.*

– President Felix Tshisekedi of DR Congo  
at the U.S.-Africa Summit



president of Zaire – a country name he immediately changed to Democratic Republic of Congo (DR Congo).

In 1998, some of the rebels who had in-

stalled Kabila as president broke with him, retreated back to the eastern region of Congo, and sparked the second Congo war – again with the backing of Uganda and Rwanda. The second Congo war is also named the African World War, because of the countries that were involved; no longer supported by the governments of Rwanda and Uganda, Kabila was forced to look for other allies, and found Zimbabwe, Angola, Chad, Namibia, and Libya to back him. Then Kabila was killed by one of his bodyguards in 2001, and Joseph Kabila, the murdered president’s son, was immediately named his successor, a position he held until Tshisekedi was elected president in 2019. This most recent regime has not changed anything for the better in eastern Congo, where hundreds of armed groups live and have found a base from which to rebel against the government and stage attacks on the population..

In 2012, M23 was formed in eastern Congo as a result of internal wrangling and power grabs following the fragmentation of the rebel groups during the first and second Congo wars of 1996 and 1998. In 2012, M23 took on the government, and occupied Goma, the capital of eastern Congo. They were defeated in 2013 by the government’s Forces Armées de la République Démocratique du Congo - Armed Forces of the Democratic Republic of the Congo (FARDC), which were supported by the U.N. This defeat followed a December 18, 2012, call from then-U.S. President Barack Obama to Rwandan President Paul Kagame to “discuss the situation in eastern Democratic Republic of the Congo (DRC).” Obama underscored that “any support to the rebel group M23 is inconsistent with Rwanda’s desire for stability and peace.”

Did Obama’s call for peace result in a change on the ground? Unfortunately, no. The situation has only worsened in the last decade. Dozens of armed rebel groups – including the aggressive M23, the FDLR, rebel groups fighting the Burundi government, rebel groups fighting the Ugandan government, among other rebel groups – are all still operating in eastern Congo. In the December 13-16, 2022, U.S.-Africa summit that took place in Washington, D.C., Congolese President Felix Tshisekedi asked U.S. Secretary of State Anthony Blinken to secure eastern Congo from Rwanda’s aggression. Kagame, who is also attending the conference said, “This problem was not created by Rwanda, and it is not Rwanda’s problem. It’s Congo’s problem.

Did Obama’s call for peace result in a change on the ground? Unfortunately, no. The situation has only worsened in the last decade. Dozens of armed rebel groups – including the aggressive M23, the FDLR, rebel groups fighting the Burundi government, rebel groups fighting the Ugandan government, among other rebel groups – are all still operating in eastern Congo. In the December 13-16, 2022, U.S.-Africa summit that took place in Washington, D.C., Congolese President Felix Tshisekedi asked U.S. Secretary of State Anthony Blinken to secure eastern Congo from Rwanda’s aggression. Kagame, who is also attending the conference said, “This problem was not created by Rwanda, and it is not Rwanda’s problem. It’s Congo’s problem.



*This problem was not created by Rwanda, and it is not Rwanda’s problem. It’s Congo’s problem. They are the ones that have to deal with it. It seems the entire responsibility has been put on the shoulders of Rwanda.*

President Paul Kagame of Rwanda  
at the U.S.-Africa Summit



Areas under M23 control

They are the ones that have to deal with it. It seems the entire responsibility has been put on the shoulders of Rwanda.”

**Nation of contrasts**

Over the last three decades, millions of people have died in conflicts in North and South Kivu. Millions more have fled the region and are living in refugee camps outside DR Congo. Some have been in these camps



*We have a range of shared priorities, including free and fair elections next year . . . peace in eastern DRC, which we are determined to support and help pursue.*

Secretary of State Anthony Blinken at the U.S.-Africa Summit



for more than 20 years. Of these refugees, very few ever get a chance to be resettled or receive asylum in a third country – such as the U.S. Most will live and die in the camps. A few have made it to safety in Maine, where they seek to build new lives for themselves and their families.

Amidst all the turmoil, DR Congo is widely considered among the very richest countries on earth in terms of natural resources. But unfortunately, this narrative of wealth is overshadowed by destruction. And very little of the country’s riches actually benefits the population of over 92 million people.

DR Congo holds vast wealth in the form of copper, zinc, coal, and gold. In addition, it is the largest producer of cobalt in the world – an essential component of electric

vehicle batteries. And the country boasts the second-largest landmass on the African continent. However, according to the World Bank, it is also among the five poorest countries in the world. Most observers believe the conflicts in the region involve a fight to grab as much of its considerable untapped natural resources as possible.

**No timeline for stable east Congo**

November and early December were marked by failed attempts at peace talks and mediation. While lofty rhetoric flew from the mouths of both Congolese and Rwandese leaders, more innocent Congolese people were massacred. The East African Community effort at mediation was led by former Kenyan President Uhuru Kenyatta in Nairobi. But even a gathering led by such a notable leader registered no progress before closing.

Georges Budagu Makoko, publisher of *Amjambo*, was in attendance in Nairobi. He had been selected to participate by the U.S. chapter of the Mahoro Peace Association, which represents the Banyamulenge Diaspora. The Banyamulenge are a minority tribe that is heavily targeted in Kivu and faces genocide. According to Budagu, “We Banyamulenge had to suspend the talks after 10 of our village members were attacked and killed by an armed group” – literally while peace talks were taking place. “The government needs to take responsibility and protect the Banyamulenge – and the whole territory. That is top among our demands.”

Mardochee Mbongi, President of the Congolese Community of Maine, sees the problems in eastern Congo as an imported problem from neighboring countries. “When you have two countries coming to invade another country, they will leave their problems in that third country. Tribes like the Banyamulenge were peaceful until the invasion of Congo by Rwanda and Uganda,” he said. Mbongi accuses Rwanda and Uganda of using armed groups like M23 to own and control mineral-rich areas of DR

Congo.

The U.S. Department of Commerce estimates DR Congo’s total mineral wealth in the tens of trillions of dollars. According to the Commerce Department’s website, “The DRC offers opportunities for American firms with a high tolerance for risk and a familiarity for operating in complex and fragile environments.”



Jean D. Hakuzimana in east Congo in 2012 shortly before M23 moved in.



Burial area in the outskirts of Goma

**Interview with Major Willy Ngoma**

**M23 spokesperson**

Recorded by Jean D. Hakuzimana | December 1, 2022

**Amjambo: Why are you fighting?**

**M23:** Thanks for the question, If we have guns, it’s not to please ourselves or to have fun. Our country has a lot of problems that push us to take up arms. You know, over the years we have signed a lot of agreements, including the last agreements with the Kabila government. We signed another agreement with President Tshisekedi in 2020. We want tribalism, regionalism, and xenophobia to stop in this country. We also want all refugees to return to their country of origin. We want all Congolese to live in harmony and no one to be left behind. Everyone is Congolese ... that’s what we’re saying ... and we want development, especially in the east. You see, the population is so poor. Politicians are manipulating the population. They are so rich, and getting richer, and building houses in Europe, and their children are studying in Europe. But the population is so poor, poor, poor, poor, poor. We divide them, we push them to extremism, to kill each other. Why all this? Because there is a poor governance system in this country. ...

**Amjambo:** You are accused of being supported by Rwanda, but Rwanda calls this accusation part of a strategy that will allow President Tshisekedi to cancel next year’s elections in DRC.

**M23:** You need to look at this with an informed eye. Rwanda has never helped us – not even giving us a needle, not even a single needle ... the Congolese need to know that we’re not being helped. ... The government was looking for a scapegoat to please some Congolese. Tshisekedi thinks that scapegoating Rwanda will earn Congolese support ... [then they will] not even have time for elections or will steal it. Tshisekedi knows the issue and wants to play on it for his benefit. Tshisekedi knows that we have soldiers; he knows their names, because our staff comes from the national defense force – FARDC.

**Amjambo: What do you need to stop fighting and end the war?**

**M23:** For us to lay down our arms, you know we are soldiers. Can we lay down weapons like that? We are requiring a dialogue with the government that will lead us to a *modus vivendi*. We are soldiers. They can’t ask us to lay down our arms like that. We want dialogue to sit down and talk to one another. Then we Congolese will be able to find an appropriate solution, as we build a *modus operandi* to settle the situation. Briefly, that is all.



**FindingOurVoices.net**

MANDE POU ÈD 800.799.7233



# Updates from Africa

By Olive Mukahirwa

## International warrant issued for Angolan tycoon Isabel dos Santos

Interpol has released a statement confirming that an arrest warrant has been issued for billionaire Isabel dos Santos, the eldest daughter of José Eduardo dos Santos, the former president of Angola, who ruled from 1979 to 2017.

The Attorney General of Angola, Helder Pitta Gros, told Reuters that the Angolan justice system has submitted a file containing the alleged crimes to the Interpol – which triggers a call for all international law enforcement agencies to arrest her.

The 49-year-old Isabel dos Santos is accused of the misappropriation of national wealth during her tenure at the head of the Sonangol oil company between June 2016 and November 2017. Her father had appointed her to the position.

She was accused in 2020 of crimes of corruption, embezzlement, fraud, influence peddling, money laundering, and the forgery of documents – crimes that allegedly defrauded the country of up to \$5 billion. Her husband is also accused of the same



crimes. Isabel dos Santos has continued to deny all allegations related to corruption and misappropriation of the country's resources. She insists that she is the victim of political persecution.

Angolan authorities requested assistance from Interpol after they said dos Santos had failed repeatedly to appear for summonses from the justice system. She is known to move frequently between Portugal, Britain, Dubai, and the United Arab Emirates.

Talking to CNN at the end of November, Isabel Dos Santos said she will not participate in a trial by the Angolan justice system because she does not believe in its independence, and believes the accusations are acting out a political agenda.

Dos Santos told the *New York Times* that Angolan authorities have never called her to appear in court, and that neither she nor her lawyers have received any documents relating to the charges. She also declared that they have not received any documents from the Interpol database. She

added that her address is not a secret – she lives in London, and does not live in hiding.

When asked if she is ready to stand trial for the crimes of which she is accused, she replied that whenever she is summoned, she has no problem attending court and presenting evidence that will convince the justice system she did not steal the country's wealth. She went on to say that the charges against her are politically motivated and that the regime in Angola considers her a threat because she may stand in future presidential elections.

"I have intelligence services against me, a public prosecutor against me, a president against me, a state against me – in an unjust attack," dos Santos told *Deutsche Welle* on November 24.

José Filomeno dos Santos, Isabel dos Santos' brother, was found guilty in 2020 of the embezzlement of \$500 million from Angola's sovereign fund. He remains free while the case is being appealed.

In 2013, *Forbes* declared Isabel dos Santos the richest woman in Africa, with an estimated net worth of \$3.5 billion. She was dropped from the list in 2020, with *Forbes* estimating that \$1.6 billion in assets are frozen in Angola and Portugal. However, she was still believed to be worth over \$2 billion in January 2020.

In 2021, the U.S. State Department announced that Isabel dos Santos is not allowed to travel to the United States because of the accusations of corruption and the misuse of the resources of the Angolan state for herself.

## Uganda's last Ebola patient discharged from hospital

Health authorities in Uganda have announced that the last person being treated for the recent Sudan Ebola viral outbreak in Uganda has been discharged from hospital.

"Happy to announce that we discharged the last Ebola patient ... God has seen us through this epidemic," Permanent Secretary for Uganda's Ministry of Health Diana Atwine tweeted on December 2.

The World Health Organization (WHO) declared the outbreak in Uganda on September 20, 2022. As of November 22, 142 people had been declared infected with Ebola and 56 people had died. Of those, 19 were healthcare workers; seven of them died. Nine Ugandan districts, including Jinja, Kampala, Kassanda, Kyegegwa, Masaka, Mubende, Wakiso, Bunyangabu, and Kagadi, were the most affected by the outbreak.

WHO warns that although the last patient with Ebola has recovered, the country must wait 42 days to be certified free of Ebola. Health authorities will continue to monitor people who have been in contact with the last Ebola patient for up to 21 days.

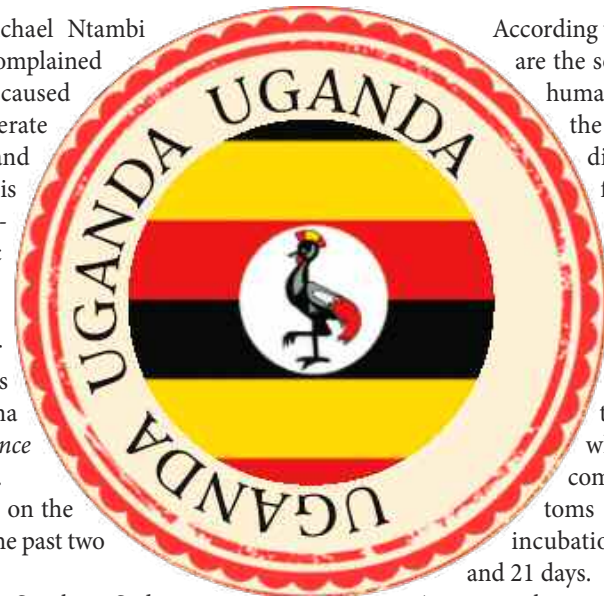
Severe restrictions on movement of the population have been

in place since mid-October. Mayor Michael Ntambi Muhereze of the district of Mubende has complained that the extended lockdown period has caused hunger for many, especially those who operate businesses such as markets, bars, temples, and schools. However, the Ugandan government is maintaining some restrictions for now, especially night travel and gatherings in public places.

WHO Director General Tedros Adhanom Ghebreyesus announced in early October that vaccine development for Sudan Ebola is underway, and Director of Operations Fiona Braka at the WHO Africa Division told *Agence France-Presse* that trials are progressing well.

"The outbreak has allowed us to advance on the vaccine front with significant progress over the past two months," Braka said.

The Sudan Ebola virus was first reported in Southern Sudan in 1976. Although several outbreaks have been reported since then in both Uganda and Sudan, the deadliest outbreak in Uganda was in 2000, and claimed more than 200 lives. Uganda's last Ebola outbreak, in 2019, was confirmed to be the Zaire Ebola virus.



According to the WHO, wild animals are the source of viral infection in humans, which then spreads in the human population after direct contact with bodily fluids and contaminated environments. The main symptoms are fever, vomiting, bleeding, and diarrhea. Funerals can spread disease if mourners have any direct contact with the body. People who are infected do not become contagious until symptoms appear, which is after an incubation period of between two and 21 days.

At present there is no licensed medication to prevent or treat illness caused by Sudan Ebola, although a range of experimental drugs are in development. However, two vaccines do protect against Zaire Ebola – the much more deadly of the two strains. One of these has received approval from the U.S. Food and Drug Administration.

## World's longest-serving president wins sixth term

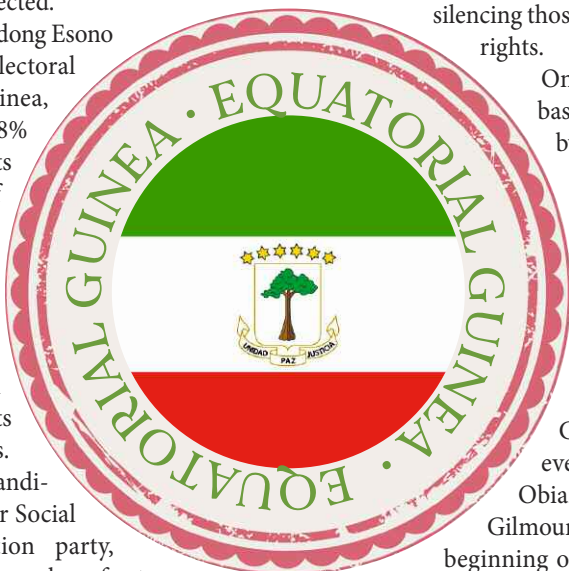
Teodoro Obiang Nguema Mbasogo, age 80, has been the president of Equatorial Guinea since August 1979. After 43 years in power, he was just re-elected.

According to Faustino Ndong Esono Ayang, president of the electoral council of Equatorial Guinea, Obiang was elected with 98% of the votes, and represents the Democratic Party of Equatorial Guinea (DPGE) and a coalition of 15 other parties. Ayang also noted that Obiang won all 588 local government seats, all 55 seats in the senate, and all 100 seats in the chamber of deputies.

Andrés Esono Ondó, candidate from Convergence for Social Democracy, an opposition party, earned the second highest number of votes, and Buenaventura Monsuy Asumu of the Social Democratic Coalition Party (PCSD) came in third.

Cheers broke out in the hall where members of Obiang's party had assembled to receive news of the outcome of the elections. However, others in the capital city of Malabo showed little interest in the announcement, according to *Agence France-Presse*.

Teodoro Nguema Obiang Mangue, known as Teodorin, is vice president of Equatorial Guinea, and also the son of the president. Following the announcement of the election outcome, he tweeted his belief that the votes confirmed the su-



premacry of the Democratic Party of Equatorial Guinea across the country.

Obiang took power in August 1979 in a coup d'état against his uncle Francisco Macias Nguema. Human Rights Watch accused Obiang of corruption and the misappropriation of national resources in August 2019. They also accused him of silencing those who oppose his regime, and of violating human rights.

On December 5, 2022, Obiang met with U.S. Ambassador David Roy Gilmour to discuss issues raised by the recent elections. Some voices from the U.S. had questioned the results of the elections, since

no American observers were invited, according to the press service of Equatorial Guinea. However, apparently Obiang told Gilmour that from the beginning of the elections season to the end, there was no dissent and no problems, and none of the defeated candidates had filed a complaint in court.

According to the World Bank, Equatorial Guinea has been the third largest producer of oil in sub-Saharan Africa since 1990, however despite prodigious natural resources, nearly 80% of

Equatorial Guinea's population lives below the poverty line, according to the Bretton Woods Institute.

Justo Bolekia, a writer and professor at the University of Salamanca told *Agence France-Presse* that "the history of Equatorial Guinea has been repeating itself for 43 years and is still going on."

The oil resources in Equatorial Guinea are managed by soldiers – primarily Israeli – who are loyal to the president, according to *Le Monde*. The president's personal security is managed by Zimbabwean and Ugandan soldiers.

Obiang claims to have foiled more than 10 assassination attempts and coups against his government during his 43 years in power.

Bienvenue dans notre communauté de personnes qui aident les gens! Devenez membre dès aujourd'hui!  
Welcome to our Community of people helping people! Become a member today!

Christine Jarrad Ruth

**Community Credit Union**  
www.communitycreditunion.com 207.783.2096

This Credit Union is federally insured by NCUA.

# Refugees start programs to help others heal from depression

| By Violet Ikong



Tahirih Preschool students

People from conflict-torn regions of the world who flee their homes face numerous challenges as they rebuild their lives in new environments. Among the many issues they face, such as poverty, hunger, and homelessness, mental health is one of the most neglected, least talked about, and serious problems. The United Nations refugee agency (UNHCR) estimates that there are over 32.5 million refugees and 4.9 million asylum seekers in the world.

According to the American Psychiatric Association, one out of three asylum seekers or refugees suffers from depression, anxiety, and post-traumatic stress disorders. This is usually due to several reasons. First, most refugees live with memories of the war and conflict that they experienced in their respective countries. While escaping, they face numerous challenges, and even after they arrive at their new home, they suffer from poverty, hunger, and difficulties integrating into their new community. Depression and other mental health problems are common outcomes of these experiences and problems.

Globally, effective treatment coverage for those suffering from mental health conditions is extremely low, according to the World Health Organization (WHO). Many refugees struggle with undiagnosed mental health problems. Others who want mental health services lack access to them, and so are left with no choice but to try and manage their own depression. Others resort to suicide. A 2021 article in *Oxford Textbook of Migrant Psychiatry* revealed that suicidal behavior among refugees has a prevalence of 3.4% to 40%.

## Integrating into a new community

When Raphael Akonkwa arrived in Uganda from the Democratic Republic of the



Poetherapy's founder Raphael Akonkwa

Congo (DR Congo) in 2010, things were tough for him and his father. He could not get along easily with the new people he was living amongst in the Kyaka II refugee camp located in Western Uganda's Kyegegwa District. Age 8 at the time, he couldn't communicate with people there due to language and cultural differences, and he missed his family and friends back home. Above all, he missed DR Congo.

"I found myself in a new community where everything felt different, and the people spoke in languages I did not understand. Each time I heard them talking, I felt like they were talking about me and mocking me for being a refugee, so I began to judge myself and told myself that I was hopeless," Akonkwa said.

He began to suffer from depression, which he battled until he was about 16 years old, and even though he tried to seek help, finding any was difficult. About 80% of refugee children around the world, ages 8 and under, suffer mental health problems including depression, anxiety, and behavioral problems.

Jerome Rwankuba, another refugee from DR Congo who also lives in a refugee camp in Uganda said, "I arrived here when I was 15, and it was hard adapting to everything that was going on. I felt like being alone and pushed myself away from everything – no friends, no connection, just me."

Some refugees are temperamentally similar to Akonkwa, and continually seek help; others are more like Rwankuba, and refuse to tell anyone about their mental health issues. They prefer to deal with the issues alone.

"Depression doesn't happen to a specific group of people; anyone can be affected. A lot of young people in refugee camps are victims of depression, but find it difficult to tell anyone," Akonkwa said.

## Why refugees are afraid to talk about their mental health

While Akonkwa was searching for help to improve his mental health, he realized it was, in effect, forbidden to talk about mental health and depression – and he understood there were many misconceptions, myths, and stigmas surrounding the topic.

One such very common misconception is that people with mental health issues are insane. Because of this, when refugees talk with others about the issues that affect their mental health, some people stigmatize them.

"The thought of being stigmatized makes them unable to tell anyone what they are going through. Staying silent is their way of defending themselves and ensuring that nobody judges them for having mental health issues," said Rwankuba.

When he couldn't get help from anyone,

Akonkwa sought out ways to help himself. He started reading poems and listening to music, and according to him, these activities gave him relief and happiness.

The more he listened to music and read poems, the easier it was for him to express himself and talk about the issues that were affecting him without fear of stigma. So he decided he would start a group to help other young refugees like himself overcome depression and other mental health issues: "I wanted to build a platform where young refugees could socialize, learn, discuss mental health, and get help without fear of being stigmatized."

## Building a mental health safe space

In 2020, with the support of a few friends, Akonkwa founded Poetherapy, a youth-led mental health-focused group. Akonkwa and his friends started leading activities and projects to create awareness about mental health and encourage refugees to seek help for their mental health challenges.

The group runs its programs using three modules, or approaches. In the first module, the group organizes social events at which music, poetry, and comedy are used to entertain young people and create awareness about mental health. For the second module, Poetherapy visits schools and refugee learning centers to encourage mental health discussions and to teach students how and where to seek help.

The third module is where the actual intervention takes place. During this module, young refugees receive one-on-one counseling from experts. The counseling takes place both virtually and in person. So far, Poetherapy has connected over 100 refugees to online and in-person mental health experts. Since its founding, the group has also reached over 500 refugees in Uganda with talks and discussions on depression and mental health.



Poetherapy's team members with refugee students during an awareness visit.

Rwankuba joined Poetherapy in 2020 and participated in the first and third modules of the group. Attending the music, comedy, and poetry events as well as connecting with other refugees who are members of the group helped him heal from the depression he had battled for about five years.

"It feels good hearing other refugees at Poetherapy share their stories and realizing that you're not the only one with mental health issues," he said. "I have learned from them that instead of worrying about the challenges we face as refugees, we should rather be thankful that we have a place to stay."

The group carries out at least one activity every month under the first and second modules of the program, while the third module is always running. People can call and text at any time to get counseling services.

## Even children need help

Of the various issues that Lyama Amadi witnessed during his first six years at the Kakuma refugee camp in Kenya, what worried him the most was how the environment

could affect the mental health and development of children. Having experienced depression himself when he arrived at the camp, he thought of how much worse it could be for children.

"Most of the children were born here in the camp, while others came here as infants. They do not have access to education, and they miss out on fun things that children outside the camp do," he said.

So Amadi started Tahirih Preschool in 2018 for children ages 2 to 6, to not only teach them to read and write, but also to engage them in fun activities that would help improve their mental health. Tahirih Preschool currently has over 250 kids in its art and gardening programs, which use fun activities to help the children stay happy. In the art program, the children learn to draw, paint, and design, while the gardening program teaches them to grow vegetables.

According to Amadi, "Teaching them art and gardening improves social and emotional learning and gives them hope, thereby reducing mental health issues." The activities benefit not just the children, but also their parents. "The children teach gardening to their parents from the lessons they learn at school. Sometimes parents visit the school for meetings and they share ideas, build friendships, and are happy," he said.

Hunger is a major problem for kids at the camp, so Amadi and his team give the children free lunch every day at school. The kids are excited by the free meals and, as a result, are always eager to go to school. Permaculture for Sustainable Communities, a non-profit organization led by an Australian named Dave Harris, provides most of the financial support for Tahirih Preschool.

Despite the success of Poetherapy in improving the mental health of the children it serves, the program suffers from challenges. Finances are tight, and the organization does

not yet have nonprofit status. Also, teachers and students at the school must walk long distances to get there because no school bus is available to transport them. The organization hopes to purchase a school bus in the future and build a better structure for the preschool, but this is not yet possible.

## Akonkwa and Amadi

Poetherapy and Tahirih Preschool are both unique in that they were started by refugees living in a refugee camp, who had first-hand experience of what being displaced and depressed feels like. To reach either program founder, email: amjamboafrika@gmail.com

Violet Ikong is a freelance journalist based in Nigeria who reports on social issues in sub-Saharan Africa. Her stories have been published in Prime Progress and Nigeria Health Watch, in addition to Amjambo Africa.

**AMJAMBO AFRICA**

Ladder to the Moon Network  
PO BOX 10379, Portland ME 04104

**Publisher**

Georges Budagu Makoko  
amjamboafrika1@gmail.com

**Editor in Chief**

Kathreen (Kit) Harrison  
amjamboafrika@gmail.com

**Graphic Designer**

Stacey Warner, Warner Graphics

**Deputy Editor & Amjambo Time Host**

Jean D. Hakuzimana

**Translators**

Nathalie Gorey | Joseph Semajambi  
Jean Noël Mugabo | Kheyro Jama  
Elisabeth Yala | Francisca Smith

**Reporters**

Abdirahman Hassan Abdi | Violet Ikong  
Olive Mukahirwa | Amy Harris  
Vincent Kende Niebede | Jean Noël Mugabo

**Copy Editor**

Stephanie Harp

**Poetry Editor**

Gary Lawless

**Photographers**

John Ochira | Liany Media  
Laura deDoes | Mark Mattos

**Platinum Partners**  
cPort Credit Union  
Allagash

**Silver Partners**

Coffee by Design

**Bronze Partners**

Portland Food Co-op  
Northern Light Mercy Hospital

**Page Sponsors**

Maine Arts Commission  
MEMIC

Amjambo Africa welcomes letters to the editor, notices of local events, photographs, and suggestions for future stories.

Contributions are published at the discretion

of the editor and as space allows.

Email: amjamboafrika@gmail.com

**amjamboafrika.com**

All contents copyright 2022. All rights reserved.  
Printed in Maine.



Amjambo Africa does not take positions in support of or in opposition to candidates, political parties, or legislation. We rely on factual reporting and our mission is to educate the public.



# Editorial

## The chronic war in the DRC continues

by Georges Budagu Makoko

The people of the Democratic Republic of Congo (DR Congo) continue to suffer from chronic wars and conflicts that have lasted decades. Hundreds of armed groups have devastated the country; millions of people have lost their lives; millions more live in desperate circumstances; still more millions wander the world looking for a safe place to call home. For those of us whose lives have been directly touched – as well as others who empathize with our pain – the lack of political will to protect the innocent on the part of people in power is devastating.

I was invited to participate in the third Inter-Congolese Peace Consultation in Nairobi, Kenya, from November 28-December 4, along with hundreds of participants from the eastern part of the Congo representing different armed groups, as well as civil society. We all gathered at the Safari Park High Hotel.

The initiative was sponsored by the East African Community under the mediation leadership of the former president of Kenya, Uhuru Kenyatta. I was filled with great anticipation and hope at the start of mediation, on behalf of my own people, and of all the people of DR Congo. I am from one of the minority tribes in DR Congo that has suffered tremendous loss as a result of the decades-long conflict.

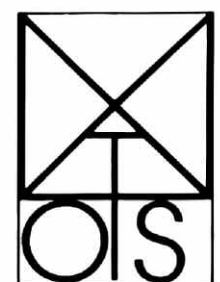
The opening words of the November 30 session by Kenyatta were inspirational as he called on all participants to come together and actively work to build up the country, as well as the entire beautiful African continent. Our common enemy is not any particular tribe, he said – it is poverty, problems with healthcare, and illiteracy. He noted that finding solutions to these issues is not possible when gunshots are constantly ringing out. In life we can make choices about who we take as our friends, he said, but the Lord has given us neighbors – we have to respect them despite our differences, and we are wrong to try and remove them from our neighborhoods.

President Felix Tshisekedi's Special Envoy Serge Tshibangu also spoke early on, encouraging armed groups who were not present at the mediation to join the talks. He said that any armed group that engaged in acts of violence during the negotiations would be immediately excluded from the peace talks, and prosecuted.

We were still in the early stages of the talks, and filled with optimism, when devastating news arrived: seven people had been killed, and 10 more wounded, in a Banyamulenge village, as a result of attacks conducted by some of the armed groups that were sitting right next to us during the peace talks. My tribe is the Banyamulenge, and our team decided to suspend participation, and demand that those responsible be excluded from the peace talks - as Tshisekedi's envoy had promised during his opening session. This demand was not granted. A second episode of violence also took place, resulting in the massacre of 300 residents of Gishihe village of eastern Congo. The Tshisekedi government alleged that M23, a rebel militia group

that had not been invited to participate in the talks, was behind the massacre. M23 denies the allegations.

The international community, led by the United Nations, should conduct investigations of these atrocities, and all those perpetrated against innocent people. My hope is that peace talks will continue and will bring about a durable peace in DR Congo. But this can only happen when the political will is there, not only from all the armed groups, but also from the Congolese government, and the international community. Meanwhile, innocent people continue to suffer while the world watches. I call on those invested with power and influence to support the process of peace in DR Congo.



**mark mattos**  
photography

8A merrill st.  
portland me 04101  
207.409.0165

markmattos@icloud.com



**HARPWORKS**  
WRITING

STEPHANIE HARP

HarpWorksWriting@outlook.com  
www.HarpWorksWriting.com

Facebook: HarpWorksWriting  
Twitter: @HarpWorks  
207.852.6746

Writing | Editing | Grant Writing  
Publicity | Research

GOOD WRITING IS GOOD BUSINESS

**LIANY MEDIA LLC**

**LIANY MEDIA**  
Photography & Audiovisual  
Photo / Video / Sound system

**Aimable Nduwayezu**

Photographer / Videographer

22 Monument square  
Suite: 508  
Portland, Maine 04101

+1 (207) 210 8729  
lianymedia@gmail.com  
www.lianymedia.com

# AMJAMBO ARTS

Brought to you by:



## Phuc Tran: author, teacher, tattoo artist

By Stephanie Harp

### *Ars longa, vita brevis (Art is eternal, life is fleeting)*

– logo, Tsunami Tattoo

Phuc Tran is a busy man. After more than two decades of teaching classical languages, while owning a tattoo shop, he has made another name for himself – as a writer. *Sigh, Gone: A Misfit's Memoir of Great Books, Punk Rock, and the Fight to Fit In* was first published in 2020 and is now in paperback. And as primary tattooer at Tsunami Tattoo, the shop he and his wife Sue opened in Portland in 2003, he has a waiting list that is a year long. “There are more people who want to get tattoos than there are of me, I guess,” he said.

In 2022, *Sigh, Gone* was chosen for the Maine Humanities Council's ReadMe campaign, and was Maine's adult selection for the Library of Congress National Book Festival. “That was an incredible honor and privilege. I'm delighted, and humbled,” he said. In his new role as author, he makes an average of one or two appearances a week for readings, conversations, and workshops. “It's been pretty amazing to see how people can see the humanity of [the book], which is what I think happens when we really see and hear each other's stories,” he said. When juggling teaching, tattooing, writing, and

family became too much, he stepped away from teaching.

Tran arrived in the U.S. with his family as refugees from Vietnam in 1975, when he was less than 2 years old. *Sigh, Gone* – the title is a play on Sài Gòn (Saigon), where he was born – is the tale of his difficult transition to American life in central Pennsylvania, from the time he was a toddler until he finished high school. This included choosing an Americanized way to say his name, pronouncing “Phuc” like “Luke,” which is not how it sounds in Vietnamese.

He credits both punk rock and literature with saving him – the first as a means to finding friendships and a niche, and the second as a window into the larger world. In college, he majored in classical languages and literature, and taught both middle and high school in New York City and in Maine. “Mostly Latin, a little Greek, sometimes German,” he said. “Occasionally I would be an interloper in the English department.” When he taught at Portland's Waynflete School from 2003 to 2019, Latin was required in sixth grade. He taught independent studies in German, and once or twice



Phuc Tran

even taught Sanskrit. “It's so hard that only the most ambitious students really want to take it. The grammar and all of it – it's a very quirky, Byzantine language.”

And Tran certainly understands how words impact communication (he knows a total of six languages, including English and Vietnamese) especially between people speaking different ones. Growing up, he would run into difficulties explaining to his parents some English-language ideas that are not really translatable into Vietnamese. “When you're young, you can see those abstract concepts that are baked into language. Your brain is much more elastic and readily adaptable. As you're older, especially as you're acquiring more and more languages, the barrier is much higher,” he said, describing this as another cultural gap that develops between first and second generation immigrants and refugees. The fissures, as he called them, are part of the loss inherent in leaving a home country and moving to a different one. “Parents and kids need to work hard to make sure that the gaps are bridged,” said Tran.

He believes that how well people adapt depends on the community where they live. “My situation growing up in Pennsylvania was distinct. Specifically because of the federal government, my brother and I and our family were isolated from other Vietnamese,” he said. This was due to a policy of refugee dispersion, which hindered the ability to form communities among those from the same background, leading to language attrition. “I don't think that's the policy or the mindset now, which is great. ... Maybe

we would benefit from expanding what it means to preserve a culture, or to maintain a connection to two cultures. I bristle a little bit when people say, ‘It's really nice that you've kept up with your culture,’ – meaning the culture of Vietnam – “as if American culture can't include Viet culture or any aspect of it.”

In Maine today, things seem different to him. “My sense is that the Somali and Sudanese and the other communities of New Mainers that are here are able to organize and connect in a way that we weren't,” he said. “I think that every sort of community and generation has different needs. ... Above all else, people having a sense of space and community is really important, and I think that was something that was missing for my family.”

Being Asian American in Maine does not feel as isolating for him as people might assume. “I grew up in a place that was also 90% white, so I feel quite comfortable in Maine. And I felt comfortable in New York City also. I think when you grow up in a marginalized space, and your early area of expertise is navigating dominant culture, you become really good at it,” he said. “I don't know if that's good or bad.” While he is comfortable here, Tran acknowledges that different people need different things. “I think Maine is incredibly diverse. Beneath the apparent homogeneity of race, it is a diverse and rich state with lots of different backgrounds and stories.”

When his parents – resourceful as immigrants need to be – met his wife's resourceful Maine parents, they connected. “It's sort of only a half joke. Refugees are the original DIYers,” he said. “You don't get anything as it is, out of the box. You're constantly jury-rigging stuff – from the washer/dryer that kind of works but doesn't work, to forming a community, a DIY community.”

His two daughters are 9 and 12. “They have such a deep sense of place that I'll never have,” he said. “They were born here, my wife was born here, she is a Mainer. They have this unassailable sense of who they are and of belonging here. Which broadens the idea of who is a Mainer. That's a longstanding conversation. I think my daughters are part of that.”

Meanwhile, Tran will continue to make his art – on paper and in tattoos – and will continue to craft the many identities of his life.



Sue and Phuc Tran in the studio



Your Agent  
Your Community  
Your Neighbor

[clarkinsurance.com/community](http://clarkinsurance.com/community)

Learn About Car Insurance, Home Insurance, & Renters Insurance!

(207) 774-6257

## New Voices - Advice from an asylum seeker in Maine

### Someone to trust

By Rosamour

In this world, here is something that is a must: having somebody who knows you so well that if something bad happens, that person can sense you are in danger or need. Let me explain with this short story.

I have a friend I visit every week. I help her with lots of things, as she is disabled. I drive her to appointments, to buy groceries, to attend parties. I do her laundry, and clean her house, too. She is active, but has limited mobility. So, most of the time, she is at home, and usually I can be sure to find her there without calling to check in first. She loves people and she is always on her phone – chatting with family and friends, or on Zoom meetings. The people who know her know she will answer her phone right away – if not, it's because she is in a meeting, and will text back.



*This country keeps us so busy that many people live practically alone, so they are lonely, focused only on their jobs. Find a way to stay connected to someone special.*

Three weeks ago, my friend's phone seemed to be working – but she did not reply when it rang. She also didn't respond to text messages and WhatsApp messages. Silence. People started to worry, because she always replies quickly. Her mother reached out to me and said, "She is not answering any calls – that is not like her – what is going on?" Well, it turned out that from 4 a.m. to 7 p.m., she was in her apartment alone, fighting for her life.

I had spoken to her just the day before, and she had said she was not feeling very well. I had asked her to call me back if it got worse. But, unfortunately, she did not have time to do so. I drove straight to my friend's house after her mother's call. The light was off; there was no sign of activity. I broke part of the window so I could see inside, but I saw nothing. I went to different emergency rooms to look for her – still nothing. Because we knew her well, we were scared. Her mother insisted that I go back and check again. This time, I had a friend sneak in through a window. And there she was, on the floor. We called 911, and she was taken to the hospital. It turned out she had suffered a stroke. Thankfully, she is recovering well now, but the worst could easily have happened.

So, I am here to remind you to please take time to connect with people, answer your phone calls or messages, and try hard to have somebody that you can trust with your life. This country keeps us so busy that many people live practically alone, so they are lonely, focused only on their jobs. Find a way to stay connected to someone special. Even if you have a different schedule from your friend, and live in a different town, keep in touch. If my friend had been a person who kept to herself a lot, we might have just assumed that she was OK, that nothing new was going on, that she never answers calls or messages quickly anyhow – so she must be fine. We might have said, we will wait, and try to connect again tomorrow – God forbid.

Especially at this time of year, with the snow, and the cold, there is so much anxiety and depression. Let's reach out to each other. Just a short message could save someone's day. Do not be that person about whom people will say, "Oh, she is just like that – so that's not new." People are very important. You are not required to make everybody your friend, but at least have somebody who can feel when you are weak, or lost. Let's share love and attention. We do not know the time and the day when we will need help. God bless you, and have a happy and safe winter!

### — ESPAÑOL —

**Alguien en quien confiar**  
Por Rosamour

En este mundo, aquí hay algo que es imprescindible: tener a alguien que te conozca tan bien que si algo malo sucede, esa persona pueda sentir que estás en peligro o en necesidad. Déjame explicar con esta breve historia.

Tengo una amiga a la que visito todas las semanas. La ayudo con muchas cosas, ya que ella es discapacitada. La llevo a citas, a comprar víveres, a asistir a fiestas. Lavo su ropa y también limpio su casa. Es activa, pero tiene movilidad limitada. Por lo tanto, la

mayor parte del tiempo, ella está en casa y, por lo general, puedo estar seguro de encontrarla allí sin llamar primero para registrarme. Le encanta la gente y siempre está en su teléfono, chateando con familiares y amigos, o en reuniones de Zoom. Las personas que la conocen saben que contestará su teléfono de inmediato; si no, es porque está en una reunión y les responderá después.

Hace tres semanas, el teléfono de mi amiga parecía funcionar, pero no respondió cuando sonó. Tampoco respondió a los mensajes de texto y mensajes de WhatsApp. Silencio. La gente comenzó a preocuparse, porque ella siempre responde rápidamente.

Su madre se acercó a mí y me dijo: "Ella no responde ninguna llamada – eso no es como ella – ¿qué está pasando?" Bueno, resultó que desde las 4 a. m. hasta las 7 p. m. estuvo sola en su apartamento, luchando por su vida.

Había hablado con ella el día anterior y me había dicho que no se sentía muy bien. Le había pedido que me devolviera la llamada si empeoraba. Pero, desafortunadamente, no tuvo tiempo de hacerlo. Conduje directamente a la casa de mi amiga después de la llamada de su madre. La luz estaba apagada; no había señales de actividad. Rompí parte de la ventana para poder ver el interior, pero no vi nada. Fui a diferentes salas de emergencia a buscarla, todavía nada. Como la conocíamos bien, teníamos miedo. Su madre insistió en que volviera y comprobara de nuevo. Esta vez, un amigo se coló por una ventana. Y allí estaba ella, en el suelo. Llamamos al 911 y la llevaron al hospital. Resultó que había sufrido un derrame cerebral. Afortunadamente, ahora se está recuperando bien, pero lo peor podría haber sucedido fácilmente.

Por lo tanto, estoy aquí para recordarle que se tome el tiempo para conectarse con las personas, responder sus llamadas telefónicas o mensajes, y esforzarse por tener a alguien en quien



*Este país nos mantiene tan ocupados que muchas personas viven prácticamente solas, por lo que están solas, enfocadas solo en sus trabajos. Encuentre una manera de mantenerse conectado con alguien especial.*

pueda confiar con su vida. Este país nos mantiene tan ocupados que muchas personas viven prácticamente solas, por lo que están solas, enfocadas solo en sus trabajos. Encuentre una manera de mantenerse conectado con alguien especial. Incluso si tiene un horario diferente al de su amigo y vive en una ciudad diferente, manténgase en contacto. Si mi amiga hubiera sido una persona muy reservada, podríamos haber asumido que estaba bien, que no pasaba nada nuevo, que de todos modos nunca contesta llamadas o mensajes rápidamente – así que debe estar bien. Podríamos haber dicho, esperaremos e intentaremos conectarnos nuevamente mañana – Dios no lo quiera.

Especialmente en esta época del año, con la nieve y el frío, hay tanta ansiedad y depresión. Acerquémonos unos a otros. Solo un mensaje corto podría salvarle el día a alguien. No seas esa persona de la que la gente dirá: "Oh, ella es así, así que eso no es nuevo". Las personas son muy importantes. No está obligado a hacer de todos sus amigos, pero al menos tenga a alguien que pueda sentir cuando es débil o está perdido. Compartamos amor y atención. No sabemos la hora y el día en que necesitaremos ayuda. ¡Que Dios los bendiga y que tengan un invierno feliz y seguro!

### — KISWAHILI —

**Mtu wa kumwamini**  
Por Rosamour

Katika ulimwengu huu, hapa kuna jambo ambalo ni la lazima: kuwa na mtu anayekujua vizuri sana kwamba ikiwa jambo baya linatokea, mtu huyo anaweza kuhisi uko hatarini au unahitaji. Hebu nielezee na hadithi hii fupi.

Nina rafiki ninayemtembelea kila wiki. Ninamsaidia kwa mambo mengi, kwani yeye ni mlemavu. Ninampeleka kwenye miadi, kununua mboga, kuhudhuria karamu. Ninafua nguo zake, na kusafisha nyumba yake pia. Yeye ni hai, lakini ana uhamaji mdogo. Kwa hivyo, mara nyingi, yuko nyumbani, na kwa kawaida ninaweza kuwa na uhakika wa kumpata hapo bila kupiga simu ili kuangalia kwanza. Anapenda watu na huwa kwenye simu yake kila wakati – anazungumza na familia na marafiki, au kwenye mikutano ya Zoom. Watu wanaomfahamu, wanajua atajibu simu yake mara moja – ikiwa sivyo, ni kwa sababu yuko kwenye mku-

tano, na atamjibu.

Wiki tatu zilizopita, simu ya rafiki yangu ilionekana kufanya kazi – lakini hakujibu ilipoita. Pia hakujibu meseji na meseji za WhatsApp. Kimya. Watu walianza kuwa na wasiwasi, kwa sababu yeye hujibu haraka. Mama yake alinifikia na kusema, "Hapokei simu zozote – sio kama yeye – ni nini kinaendelea?" Kweli, ikawa kwamba kutoka 4 asubuhi hadi 7 p.m., alikuwa katika nyumba yake peke yake, akipigania maisha yake.

Nilikuwa nimezungumza naye siku moja tu iliyopita, na alikuwa amesema hajisikii vizuri sana. Nilikuwa nimekwamba anipigie tena ikiwa ni mbaya zaidi. Lakini, kwa bahati mbaya, hakuwa na wakati wa kufanya hivyo. Niliendesha gari moja kwa moja hadi nyumbani kwa rafiki yangu baada ya simu ya mama yake. Nuru ilikuwa imezimwa; hakukuwa na dalili ya shughuli. Nilivunja se-



*Nchi hii inatuweka busy kiasi kwamba watu wengi wanaishi kivitendo peke yao, kwa hiyo wanakuwa wapweke, wanazingatia kazi zao tu. Tafuta njia ya kuendelea kuwasiliana na mtu maalum.*

hemu ya dirisha ili niweze kuona ndani, lakini sikuona chochote. Nilienda kwenye vyumba tofauti vya dharura kumtafuta – bado hakuna kitu. Kwa sababu tulimjua vizuri, tuliogopa. Mama yake alisisitiza kwamba nirudi na kuangalia tena. Wakati huu, nilikuwa na rafiki yangu aliyeingia kupitia dirishani. Na huyo hapo, saka-funi. Tulipiga simu 911, naye akapelekwa hospitalini. Ilibainika kuwa alikuwa amepatwa na kiharusi. Kwa bahati nzuri, anapata nafuu sasa, lakini mbaya zaidi inaweza kutokea kwa urahisi.

Kwa hivyo, niko hapa kukukumbusha tafadhali chukua muda kuwasiliana na watu, kujibu simu au ujumbe wako, na ujaribu sana kuwa na mtu ambaye unaweza kumwamini katika maisha yako. Nchi hii inatuweka busy kiasi kwamba watu wengi wanaishi kivitendo peke yao, kwa hiyo wanakuwa wapweke, wanazingatia kazi zao tu. Tafuta njia ya kuendelea kuwasiliana na mtu maalum. Hata kama una ratiba tofauti na rafiki yako, na unaishi katika mji tofauti, wasiliana. Iwapo rafiki yangu angekuwa mtu aliyejificha sana, tungedhania tu kwamba yuko sawa, kwamba hakuna jipya lililokuwa likiendelea, kwamba hajibu simu au jumbe kwa haraka hata hivyo – kwa hivyo lazima awe sawa. Huenda tukasema, tuta-subiri, na kujaribu kuunganisha tena kesho – Mungu apishe mbali.

Hasa wakati huu wa mwaka, na theluji, na baridi, kuna wasiwasi mwingi na unyogovu. Hebu tufikie kila mmoja. Ujumbe mfupi tu unaweza kuokoa siku ya mtu. Usiwe mtu ambaye watu watasema juu yake, "Loo, yuko hivyo – kwa hivyo hiyo sio mpya." Watu ni muhimu sana. Hutakiwi kumfanya kila mtu kuwa rafiki yako, lakini angalau uwe na mtu ambaye anaweza kuhisi unapokuwa dhaifu, au umepotea. Wacha tushiriki upendo na umakini. Hatujui saa na siku ambayo tutahitaji msaada. Mungu akubariki, na uwe na msimu wa baridi wenye furaha na salama!

### — IKINYARWANDA —

**Umuntu wo kwizerwa**  
Yanditswe na Rosamour

Muri ino si, hari ibintu biba ari nk'itegeko: kugira umuntu ukuzi neza cyane kuburyo igihe hari ikintu kibi kikubayeho, uwo muni ahita abona ko uri mu kaga cyangwa se ukeneye ubufasha. Reka ibi mbisobanure nifashishije iyi nkuru ngufi.

Mfite inshuti nsura buri cyumweru. Mufasha ibintu byinshi, kuko yamugaye. Mutwara muri gahunda zo kwa muganga, guhaha ibyo kurya, kujya mu birori. Mufasha kandi kumesa, no gusukura inzu ye. Aba aho ari ariko hari ibyo adashobora gukora. Ubwo rero, akenshi aba ari murugo, kandi akenshi mba nizeye ko musanga murugo ntirive mbanza kumuhamagara ngo mubaze. Akunda abantu kandi akenshi aba ari kuri telefone ye – yandikirana n'inshuti n'abagize umuryango we, cyangwa se ari mu nama zo kuri zoom. Abantu bamuzi, bazi ko iteka yitaba telefone ye ako kanya – iyo atari uko, biba bivuze ko ari munama, kandi ko ari bugusubize.

Mu byumweru bitatu bishize, telefone y'inshuti yanjye yarakoraga rwose – gusa ntiyasubizaga ubwo yasonaga. Nta n'ubwo yasubizaga ubutumwa bwanjye bwanditse bwo kuri Whatsapp. Yaracecetse. Abantu batangiye guhangayika, kuko ubusanze asubiza yihuse. Umubyeyi we yaranyegereye arambwira ati "nta muntu n'umwe ari kwitaba – ubundi ntawo ari ko asanzwe – ni iki cyabaye?" icyabaye ni uko kuva saa kumi z'igitondo kugeza saa moya z'ijoro yari ari iwe, amerewe nabi.

Nari navuganye nawe umunsi wabanje, maze ambwira ko yumvaga atameze neza. Namusabye ko yampamagara aramutse yumvise arembye. Gusa, ku bw'amahirwe make, ntawo yigize abona umwanya wo kumpamagara. Nahise ngenda njya iwe nyuma y'uko mama we ampamagaye. Amatara yari azimije; nta



kintu na kimwe cyerekanaga ko hari umuntu. Namenye igice cy'idirishya kugirango mbashe kureba mo imbere, gusa ntakintu nahise mbona. Naragiye njya ahantu henshi havurirwa abakeneye ubuvuzi bw'ingoboka ariko sinamubona. Kuko tumuzi neza, twari dufite ubwoba. Mama we yansabye ko nasubiraye nkongera ngashaka. Kuri iyi nshuro, nari kumwe n'inshuti maze inyura mu idirishya maze asanga aryamye kubutaka. Twahamagaye 911, maze ajyanwa kwa muganga. Twaje gusanga yaragize ikibazo cy'iturika ry'imitsi yo mumutwe. Ku bw'amahirwe, ari koroherwa, cyakora byarashobokaga ko twumva inkuru mbi.



*Iki gihugu gituma duhora duhuze kuburyo bamwe babaho bonyine, bakagira irungu mbese ikintu bitaho ari akazi kabo gusa. Shaka uburyo wagirana umubano n'umuntu ku buryo budasanze.*

Ni yo mpamvu nje kubibutsa gufata umwanya mukamenyana n'abantu, mukitaba ababahamagaye kuri telefone cyangwa mu gasubiza ubutumwa bwabo bwanditse, ukagerageza kugira umuntu wagirira ikizere kinshi mu buzima bwawe. Iki gihugu gituma duhora duhuze kuburyo bamwe babaho bonyine, bakagira irungu mbese ikintu bitaho ari akazi kabo gusa. Shaka uburyo wagirana umubano n'umuntu ku buryo budasanze. Kabone n'ubwo mwaba mudahuye gahunda, cyangwa mutuyeye mu mijyi itandukanye, mukomeze muvugane. Iyo inshuti yanjye iza kuba ari wa muntu wigumanira ibye wenyine, twashoboraga gukuka ko nta kibazo afite, ko nta kidasanze kiri kuba bitewe n'uko n'ubusanze adasanze asubiza abamuhamagaye cyangwa ubutumwa bugufi mu buryo bworoshye – tukavugaga tuti ameze neza. Twashoboraga kuvugaga tuti tuzategereza wenda twongere tumugerageze ejo – Imana ikinga ukuboko.

Cyane cyane muri ibi bihe by'umwaka, haba hari urubura rwishyirirwaho ndetse n'imbeho, abantu benshi bibasirwa n'agahinda ndetse n'ubwoba bwinshi. Mureke tuvugishe bagenzi bacu. Ubutumwa bugufi buto gusa bushobora kurokora umuntu. Ntuzabere wamuntu abantu bavugaga bati "ni kuriya yimereye, nta kidasanze." Abantu ni ngombwa cyane. Ntabwo utegetswe kugira inshuri abantu bose, ariko byibura gusa umuntu ushobora kumenya ko wacitse intege, cyangwa se washobewe. Mureke dusakaze urukundo kandi buri wese yite ku wundi. Ntabwo twamenya umunsi n'isaha tuzakenereraho ubufasha. Imana ibahe umugisha, kandi mugire ibihe by'ubukonje bishimishije kandi byuzuye umutekano.

## — FRANÇAIS —

### Quelqu'un à qui faire confiance Par Rosamour

Dans ce monde, il y a une chose qui est indispensable : avoir quelqu'un qui vous connaît si bien qu'en cas de problème, cette personne peut sentir que vous êtes en danger ou dans le besoin. Laissez-moi vous expliquer avec cette petite histoire.

J'ai une amie à qui je rends visite toutes les semaines. Je l'aide à faire beaucoup de choses, car elle est handicapée. Je la conduis à des rendez-vous, à l'épicerie, à des fêtes. Je fais sa lessive et je nettoie aussi sa maison. Elle est active, mais sa mobilité est limitée. Donc, la plupart du temps, elle est à la maison, et je suis généralement sûre de la trouver là sans avoir à appeler pour vérifier d'abord. Elle aime les gens et elle est toujours au téléphone - à bavarder avec sa famille et ses amis, ou à participer à des réunions sur Zoom. Les personnes qui la connaissent savent qu'elle répond immédiatement au téléphone. Si elle n'y répond pas, c'est qu'elle est en réunion, et elle répondra par texto.



*Ce pays nous tient tellement occupés que beaucoup de gens vivent pratiquement seuls, donc ils sont solitaires, concentrés uniquement sur leur travail.*

Il y a trois semaines, le téléphone de mon amie semblait fonctionner, mais elle ne répondait pas lorsqu'il sonnait. Elle n'a pas non plus répondu aux SMS et aux messages WhatsApp. Le silence. Les gens ont commencé à s'inquiéter, car elle répond toujours rapidement. Sa mère m'a contacté et m'a dit : "Elle ne répond à aucun appel, ça ne lui ressemble pas, que se passe-t-il ?". Eh bien, il s'est avéré que de 4 heures du matin à 7 heures du soir, elle était seule dans son appartement, luttant pour sa vie.

Je lui avais parlé la veille, et elle m'avait dit qu'elle ne se sentait pas très bien. Je lui avais demandé de me rappeler si cela empirait. Mais, malheureusement, elle n'a pas eu le temps de le faire. Je me suis rendue directement chez mon amie après l'appel de sa mère. La lumière était éteinte, il n'y avait aucun signe d'activité. J'ai cassé une partie de la fenêtre pour pouvoir voir à l'intérieur, mais je n'ai

rien vu. Je suis allée dans différentes salles d'urgence pour la chercher - toujours rien. Comme nous la connaissions bien, nous avons eu peur. Sa mère a insisté pour que j'y retourne et que je vérifie à nouveau. Cette fois, j'ai demandé à un ami de se faufiler par la fenêtre. Et elle était là, sur le sol. Nous avons appelé le 911, et elle a été emmenée à l'hôpital. Il s'est avéré qu'elle avait eu une attaque. Heureusement, elle se remet bien maintenant, mais le pire aurait pu facilement arriver.

Je suis donc ici pour vous rappeler de prendre le temps d'entrer en contact avec les gens, de répondre à vos appels téléphoniques ou à vos messages, et de faire tout votre possible pour avoir quelqu'un à qui vous pouvez confier votre vie. Ce pays nous tient tellement occupés que beaucoup de gens vivent pratiquement seuls, donc ils sont solitaires, concentrés uniquement sur leur travail. Trouvez un moyen de rester en contact avec quelqu'un de spécial. Même si vous avez un horaire différent de celui de votre ami, et que vous vivez dans une autre ville, restez en contact. Si mon amie avait été une personne très réservée, nous aurions pu supposer qu'elle allait bien, qu'il ne se passait rien de nouveau, qu'elle ne répond jamais aux appels ou aux messages rapidement, et qu'elle devait donc aller bien. Nous aurions pu nous dire que nous allions attendre et essayer de reprendre contact demain - Dieu nous en préserve.

Surtout à cette époque de l'année, avec la neige et le froid, il y a tant d'anxiété et de dépression. Tendons la main les uns aux autres. Un simple message peut sauver la journée de quelqu'un. Ne soyez pas cette personne dont les gens diront : "Oh, elle est comme ça - donc ce n'est pas nouveau". Les gens sont très importants. Vous n'êtes pas obligé de faire de tout le monde votre ami, mais ayez au moins quelqu'un qui puisse sentir quand vous êtes faible, ou perdu. Partageons l'amour et l'attention. Nous ne savons pas quand et comment nous aurons besoin d'aide. Que Dieu vous bénisse, et passez un hiver heureux et sûr !

## — SOMALI —

### Qof la aamino

#### Waxaa qoray Rosamour

Adduunyadu, halkan waxaa ah shay waajib ah: inaad haysato qof si fiican kuu yaqaan oo haddii ay wax xun dhacaan, qofkaasi wuxuu dareemi karaa inaad khatar ku jirto ama u baahan tahay. Aan ku macneeyo sheeko gaaban.

Waxaan leeyahay saaxiib aan booqdo toddobaad kasta. Waxaan ka caawiyaa waxyaabo badan, madama ay naafo tahay. Waxaan u kaxeeyaa ballamaha, si ay u iibsadaan raashinka, si ay uga qaybgalaan xafladaha. Waxaan sameeyaa dharkeeda, oo aan nadiifiyaa gurigeeda, sidoo kale. Way firfircoon tahay, laakiin dhaqdhaqaaq xaddidan ay leedahay. Marka, inta badan, waxay joogtaa guriga, sida caadiga ah waxaan hubaa inaan ka heli karo iyada oo aan wacin si aan marka hore u hubiyo. Waxay jeceshahay dadka oo had iyo jeer waxay joogtaa taleefankeeda - la sheekaysiga qoyska iyo asxaabta, ama shirarka Zoom. Dadka yaqaana, way ogyihiin inay isla markiiba ka jawaabi doonto telefoonkeeda - haddii kale, sababtoo ah waxay ku jirtaa shir, oo ay dib u soo diri doonto fariin qoraal ah.

Saddex toddobaad ka hor, telefoonka saaxiibkay waxa uu u ekaa



*Dalkani waxa uu nagu hayaa mashquul aad u badan oo dad badani si dhab ah ugu nool yihiin keligood, sidaa darteed waa cidlo, oo diiradda saaraya kaliya shaqadooda*

mid shaqaynaya - laakiin may jawaabin markii uu soo dhacay. Sidoo kale kama aysan jawaabin fariimaha qoraalka ah iyo fariimaha WhatsApp-ka. Aamusaanta Dadku waxay bilaabeen inay walwalaan, sababtoo ah had iyo jeer waxay u jawaabtaa si degdeg ah. Hooyadeed ayaa isoo gaadhay oo igu tidhi, "wax taleefoon ah kama jawaabayso - taas iyada oo kale maaha - maxaa jira?" Hagaag, waxa soo baxday in laga bilaabo 4 subaxnimo ilaa 7 galabnimo, ay ku jirtay gurigeeda kaligeed, iyada oo u dagaalamaysa nolosheda.

Maalin ka hor ayaan la hadlay, waxayna ii sheegtay in aanay aad u wanaagsanayn. Waxaan ka codsaday inay dib ii soo wacdo haddii ay ka sii xumaatay. Laakiin, nasiib darro, ma ay helin wakhti ay sidaas ku samayso. Si toos ah ayaan u kaxaystay guriga saaxiibkay ka dib markii ay hooyadeed ii yeedhay. Iftiinku wuu damay; ma jirin wax dhaqdhaqaaq ah. Waxaan jabiyay qayb ka mid ah daaqada si aan wax ugu arko gudaha, laakiin waxba ma arag. Waxaan aaday qolalka xaaladaha degdegga ah ee kala duwan si aan iyada u raadiyo - wali waxba. Sababtoo ah si fiican ayaan u naqaannay, waan ka cabsannay. Hooyadeed waxa ay ku adkaysatay in aan dib ugu noqdo oo aan mar kale hubiyo. Markan, waxaan lahaa saaxiib daaqad ka soo dhuuntay. Oo halkaasay joogtay, dhulka. Waxaan wacnay 911, waxaana loo qaaday isbitaalka. Waxaa soo baxday in uu ku dhacay istaroog. Mahadsanid, hadda si wanaagsan ayay u soo kabanaysaa, laakiin tii ugu xumayd si fudud ayay u dhici lahayd.

Markaa, waxaan halkan ku xasuusinayaa inaad fadlan wakhti

geliso si aad dadka ula xidhiidho, uga jawaabto taleefoonkaaga ama fariimahaaga, oo aad isku daydo inaad hesho qof aad noloshada ku aamini karto. Dalkani waxa uu nagu hayaa mashquul aad u badan oo dad badani si dhab ah ugu nool yihiin keligood, sidaa darteed waa cidlo, oo diiradda saaraya kaliya shaqadooda. Raadi hab aad ku xidhiidhayso qof gaar ah. Xitaa haddii aad leedahay jadwal ka duwan saaxiibka, oo aad ku nooshahay magaalo kale, la xirii. Haddii saaxiibkay ay ahaan lahayd qof nafteeda dhawra, waxa laga yaabaa inaan u qaadannay inay OK tahay, in aanay wax cusub jirin, oo aanay waligeed si degdeg ah uga jawaabin taleefoonnada ama fariimaha - marka waa inay fiican tahay. Waxaa laga yaabaa inaan niraahno, waan sugi doonnaa, oo aan isku dayno inaan mar kale isku xirno berri

- Alla ha xafido. Gaar ahaan wakhtigan oo kale, oo leh baraf, iyo qabow, waxaa jira walaac badan iyo niyad-jab. Aan is gaarno. Kaliya fariin gaaban ayaa badbaadin karta maalinta qof. Ha noqon qofkaas ay dadku ku odhan doonaan, "Oh, iyadu waa sidaas oo kale - markaa taasi wax cusub maaha." Dadku aad bay muhiim u yihiin. Looma baahna inaad qof walba saaxiib ka dhigto, laakiin ugu yaraan waxaad leedahay qof dareemi kara markaad daciif tahay, ama luntay. Aan wadaagno jacaylka iyo dareenka. Ma garanayno wakhtiga iyo maalinta aan caawin doono. Ilaah ha ku barakeeyo, oo hel jiilaal faraxsan oo ammaan ah!

## — PORTUGUÊS —

### Alguém em quem confia Por Rosamour

Neste mundo, aqui está algo que é obrigatório: ter alguém que te conhece tão bem que se algo de mau acontecer, essa pessoa pode sentir que estás em perigo ou precisa. Deixe-me explicar com este conto.

Tenho um amigo que visito todas as semanas. Ajudo-a com muitas coisas, já que está incapacitada. Eu a levava a consultas, para comprar mantimentos, para ir a festas. Lavei-lhe a roupa e



*Este país mantém-nos tão ocupados que muitas pessoas vivem praticamente sozinhas, por isso estão sozinhas, focadas apenas nos seus empregos. Encontre uma maneira de ficar ligado a alguém especial.*

limpo-lhe a casa também. Está ativa, mas tem mobilidade limitada. Então, a maior parte do tempo, ela está em casa, e normalmente posso ter a certeza de encontrá-la lá sem ligar para verificar primeiro. Ela ama as pessoas e está sempre ao telefone - a conversar com a família e amigos, ou em reuniões do Zoom. As pessoas que a conhecem sabem que vai atender o telemóvel imediatamente - se não, é porque ela está numa reunião, e vai mandar uma mensagem de volta.

Há três semanas, o telemóvel da minha amiga parecia estar a funcionar - mas ela não respondeu quando tocou. Também não respondeu a mensagens de texto e mensagens do WhatsApp. Silêncio, silêncio. As pessoas começaram a preocupar-se porque ela responde sempre rapidamente. A mãe dela contactou-me e disse: "Ela não está a atender nenhuma chamada - que não é como ela - o que se passa?" Bem, acontece que das 4:00 às 19:00, ela estava sozinha no apartamento, a lutar pela sua vida.

Tinha falado com ela no dia anterior, e ela disse que não se estava a sentir muito bem. Pedi-lhe que me ligasse se piorasse. Mas, infelizmente, não teve tempo de o fazer. Fui direto à casa da minha amiga depois da chamada da mãe. A luz estava desligada; não havia sinal de atividade. Parti parte da janela para poder ver lá dentro, mas não vi nada. Fui a diferentes salas de emergência à procura dela - ainda nada. Porque a conhecíamos bem, estávamos com medo. A mãe dela insistiu para que eu voltasse a verificar. Desta vez, um amigo entrou pela janela. E lá estava ela, no chão. Ligámos para o 112 e ela foi levada para o hospital. Acontece que ela tinha sofrido um derrame. Felizmente, ela está a recuperar bem agora, mas o pior podia facilmente ter acontecido.

Então, estou aqui para lembrá-lo de, por favor, ter tempo para se conectar com as pessoas, atender as suas chamadas ou mensagens, e tentar muito ter alguém em quem possa confiar com a sua vida. Este país mantém-nos tão ocupados que muitas pessoas vivem praticamente sozinhas, por isso estão sozinhas, focadas apenas nos seus empregos. Encontre uma maneira de ficar ligado a alguém especial. Mesmo que tenha um horário diferente do seu amigo, e viva numa cidade diferente, mantenha-se em contacto. Se a minha amiga tivesse sido uma pessoa que guardava muito para si mesma, podíamos ter assumido que estava bem, que não se passava nada de novo, que nunca respondia a chamadas ou mensagens rapidamente - por isso deve estar bem. Poderíamos ter dito, vamos esperar, e tentar ligar novamente amanhã - Deus nos livre.



Photo Mark Mattos

*Pious Ali welcomes Regina Phillips to the Portland City Council following their swearing-in ceremony on Monday, December 5. Ali is the currently longest-serving member of the City Council and Phillips is the most recently elected.*



Photo Jean D. Hakuzimana

## Portland City Council increases representation, passes DEIJ resolution

By Jean D. Hakuzimana

Members of an increasingly diverse Portland City Council were inaugurated on December 5, and on the docket right away was a resolution to support diversity, equity, inclusion, and justice (DEIJ).

The resolution instructs the city to address issues of justice, diversity, equity, and inclusion in policy development, and to seek to create a safer, more welcoming, and more equitable community for all.

City Councilor Victoria Pelletier introduced the DEIJ resolution. “We will explore the creation of a committee dedicated to the development of policies that promote justice, diversity, equity, and inclusion in the City of Portland, while pursuing the recommendations from the Racial Equity Steering Committee,” Pelletier said.

BIPOC council members who were candidates in 2022 include Pious Ali, who won a third term as Councilor-at-Large, and Regina Phillips, who represents District 3 in her first term. Among items on the agenda was the appointment of Ali as Mayor Pro Tempore, which invests him with power to conduct mayoral functions when Mayor Kate Snyder cannot. The council also voted to appoint standing committees, and approved council procedural rules for 2022-23.

The city of Portland is in the midst of creating a department dedicated to policies relating to diversity, equity, inclusion, and justice. “We want to make sure that councilors and staff of the city understand DEIJ notions. A committee of councilors and staff will be formed to support this DEIJ department,” Pelletier said.

Ali, a member of the city’s Racial Equity Steering Committee, noted that the committee has developed many recommendations to improve Portland’s performance in relation to DEIJ concerns. He welcomed passage of the resolution as one item to cross off the recommendation list.

According to 2021 U.S. Census Bureau estimates, about 9% of Portland’s population is Black or African American, 4% is Asian, 2.4% is Hispanic or Latino, 2% is American Indian and Alaska Native, and 3.1% is two or more races. The white population is 81.7%.

## Maine’s new Speaker of the House Rachel Talbot Ross

December 7 was an historic day for Maine, as the Maine Legislature formally elected its new speaker of the house – Rep. Rachel Talbot Ross (D-Dist. 40). In her remarks she noted, “We are here to shine a light on the problems facing our state and to seek solutions. We are also here to realize opportunity and to put our value for the common good into action – illuminating the best path forward toward a just, healthy, and equitable society.



“And like those who came before us, we will do it the same way my people did it for centuries: by locating our true north – symbolized by the North Star at the top of our state seal – and by tirelessly following it toward our collective liberation and wellbeing.” Ross is a ninth-generation Mainer. As a lawmaker, she has worked extensively on justice reform and equity. She has sponsored successful legislation that created Maine’s Permanent Commission on the Status of Racial, Indigenous and Tribal Populations (which she now co-chairs), and has also secured passage of bills to include racial impact analysis in the legislative process and expand tribal legal authority over domestic violence against Indigenous people.

KATE SNYDER (MAYOR)  
PIOUS ALI (A/L)  
APRIL D. FOURNIER(A/L)  
ROBERTO RODRÍGUEZ (A/L)

**CITY OF PORTLAND**  
IN THE CITY COUNCIL

ANNA TREVORROW (1)  
VICTORIA L. PELLETIER (2)  
REGINA L. PHILLIPS (3)  
ANDREW ZARRO (4)  
MARK DION (5)

### RESOLUTION SUPPORTING JUSTICE, DIVERSITY, EQUITY, AND INCLUSION

**WHEREAS**, the mission of the City of Portland is to maintain a community where all people can live, work, and play in an environment that is safe, just, and vibrant; and

**WHEREAS**, we recognize and uphold the inherent dignity of and right for all to equitable access, opportunity, and participation; and

**WHEREAS**, we reaffirm Portland’s commitment to building an inclusive environment that values the diversity of cultures and backgrounds; and

**WHEREAS**, we strive to ensure that every person living and working in our community is treated with fairness, and has access to equitable services and opportunities; and

**WHEREAS**, as it is our duty to confront systemic racism, discrimination, and inequities that have been created and sustained over time, the Council has taken and will continue to take meaningful action in support of justice, diversity, equity, and inclusion in order to dismantle these barriers; and

**WHEREAS**, in acknowledgment of the brutal consequences of systemic discrimination, namely that opportunities for employment, housing, health care, safety, wealth, and education are denied or diminished, the Council created the Racial Equity Steering Committee on July 13, 2020 to enable the examination of City systems, policies, and procedures and make recommendations to address and respond to systemic racism; and

**WHEREAS**, the Council has strongly advocated for and anticipates the hiring of a Justice, Diversity, Equity, and Inclusion Director to assist in a coordinated response to systemic racism and discrimination by leading the city’s very first Office of Justice, Diversity, Equity and Inclusion;

**NOW, THEREFORE, BE IT RESOLVED**, that while developing its annual goals, the City Council shall emphasize issues of justice, diversity, equity, and inclusion in policy development, seeking opportunities to create a safer, more welcoming, and more equitable community for all; and

**BE IT FURTHER RESOLVED**, that the Council will explore the creation of a committee dedicated to the development of policies that promote justice, diversity, equity, and inclusion in the City of Portland, while also pursuing the recommendations from the Racial Equity Steering Committee, further advancing these values that are critical to the success of our City.



The Portland Board of Public Education voted unanimously to elect District 1 member Abusana “Micky” Bondo as vice chair for 2022-23. At-large board member Sarah Lentz will serve as chair. Bondo is serving her second term as the District 1 representative on the board. She was first elected in 2018 and was the first Congolese American elected to public office in Maine. With Claudette Ndayininahaze, Bondo co-founded In Her Presence, a nonprofit focused on helping immigrant women succeed in Maine. She is also an advisor to Ladder to the Moon Network, the parent organization of *Amjambo Africa*.



## How are we connected to coastal resilience?

By Mia Ambroiggio



Maine is known for its expansive coast, stretching over 200 miles and showcasing beautiful coastal bluffs, sandy beaches, mudflats, saltmarshes, rocky cliffs, lakes, forests, rivers, and islands. These beaches, marshes, and bluffs provide habitats for wildlife and offer a space for Maine residents and tourists to enjoy. Due to climate change, our coastlines are at risk of impacts such as flooding, sea level rise, and eroding shorelines. In order to effectively prepare for these inevitable impacts, we must build coastal resilience.

But why does making our coasts resilient matter to us? What does a resilient coast look like? This month, we are breaking down coastal resilience: what it is, why it is important, and the projects currently happening in our region.

### Coastal resilience 101

Coastal resilience is the capacity of our natural coastal environments to withstand the effects of weather events and other disturbances. When we say building coastal resilience, we mean planning and preparing for the climate impacts we know are coming, so we are more resilient to change.

Building coastal resilience can mean a lot of different things: planting vegetation along a shoreline to reduce the impacts of flooding and storm surge; preserving land to protect key habitats; creating maps to better understand future risk; designing and installing evacuation signage to escape a severe storm; and public education of coastal climate risks. Any action that makes us more prepared for coastal climate hazards is a step towards our coasts becoming resilient to climate change.

### Why does this matter?

In Maine, we are dependent on our coastline. Even those who live inland benefit from the environmental, economic, and cultural benefits of our coasts. When we build coastal resilience we are protecting our communities. A healthy, resilient coast means seafood on our dinner tables, family and friends with aquaculture jobs, the tourism industry, heating fuel and goods transport, and more.

Coastal climate hazards will not impact all Mainers equally. Due to conscious decision-making or neglect as a result of institutional

racism, low-income communities of color experience climate hazards first and worst. Additionally, because of these same reasons, these communities have less access to resources to remain resilient in the face of these hazards. This makes coastal resilience not only an environmental issue, but an equity issue (as all environmental issues are).

### Climate Ready Casco Bay

The Greater Portland Council of Governments (GPCOG) and Gulf of Maine Research Institute (GMRI) are in the initial phases of their Climate Ready Casco Bay project, a two-year project to build coastal resilience through nature-based solutions. Nature-based solutions use natural resources and systems – such as salt marshes, rain gardens, open space, rocks, seagrass, and more – to mitigate the effects of climate change. This natural infrastructure will help protect our coastal communities from climate threats, while also expanding and enhancing our natural spaces.

This project involves 11 Casco Bay communities – Brunswick, Cape Elizabeth, Chebeague Island, Cumberland, Falmouth, Freeport, Long Island, Portland, Scarborough, South Portland, and Yarmouth – to develop a regional coastal resilience plan. This plan will provide coastal communities with the tools and knowledge to prepare for the impacts of climate change. To learn more about Climate Ready Casco Bay, visit [gpcog.org](http://gpcog.org).

### Get Involved

The state of our coasts impact us, and our actions can impact the state of our coasts! Here are some opportunities to get involved building coastal resilience:

**Coastal Flooding Community Science Project** – Through the Gulf of Maine Research Institute’s Community Science project, anyone can visit coastal sites, take photos of the site, and post their findings to the GMRI Ecosystem Investigation Network dashboard. While data can be collected from anywhere in the Gulf of Maine, there are currently four participating communities with designated monitoring sites: Portland, Belfast, South Portland, and Vinalhaven. To learn more about the citizen science project and begin posting photos, visit [investigate.gmri.org](http://investigate.gmri.org).

**Coffee & Climate** – The Sustainability Offices of Portland and South Portland host a monthly virtual event exploring sustainability topics with the help of guest experts. This month, we’re talking about the Climate Ready Casco Bay project with the help of GPCOG and GMRI. Build your coastal resilience knowledge with us! To register for this online event, visit [oneclimatefuture.org/events](http://oneclimatefuture.org/events).



# 5 steps to take after a car accident:

- 1 Stop and call the police**  
Take safety precautions to prevent further accidents or injuries.
- 2 Seek medical attention**  
If you or anyone involved has been injured, seek medical attention immediately. This protects your health and documents the injury.
- 3 Identify other drivers and witnesses**  
Exchange important information including name, address, phone number, license plate, and insurance information.
- 4 Take photographs**  
Document the accident scene and all injuries sustained including property damage to the vehicles. Make note of the time, weather, and road and lighting conditions.
- 5 Contact your insurance company and then dial 207-CALL-JOE.**  
The call is free and confidential, and there’s never a fee unless you win your case.



**Injured?  
CALL  
JOE**  
Free Case Evaluation

Get the help you need and the justice you deserve.



Joe's Immigrant Family from Riga, Latvia  
Arrived in Portland, Maine - 1890

Proudly supporting the  
Immigrant Legal Advocacy Project

If you or a loved one has been injured in an accident, get our team of expert attorneys and experienced case managers working for you today.



**207-CALL-JOE**

[joebornstein.com](http://joebornstein.com)

# All about the Workforce

Brought to you by

**MEMIC**

## Unemployment insurance

By Angelina Klouthis

Unemployment insurance is available to help some people who are not working, but many out-of-work people are unaware of this benefit. If you or someone you know has lost their job, unemployment benefits may be available. The program is available for workers regardless of immigration status, as long as the person has a work permit. As a result of recent updates to the process, applying for unemployment is now easier than it used to be. We sat down with Suzan McKechnie, Deputy Bureau Director of the Bureau of Unemployment Compensation, to learn a



little more about applying for unemployment.

### 1. What information is necessary to file for unemployment?

When you apply, you will need:

- Your Social Security Number
- The business name, address, and telephone number of each place you worked during the past 18 months
- The jobs you held and the dates you worked (for each employer)
- Dependent Information: Social Security number(s) of children for whom you are responsible for providing some level of support
- Immigration documentation (if applicable)

### 2. How do I file my weekly unemployment claim in Maine?

You can apply online ([maine.gov/reemploye](http://maine.gov/reemploye)) or by telephone (800) 593-7660). The fastest way to file an unemployment claim is online, as there can be high call volumes during certain times of the year. Wait times are typically shorter on Wednesdays and Thursdays, and in the afternoon.

### 3. How long will I receive unemployment benefits in Maine?

Someone can collect unemployment in Maine for up to 26 weeks. Not everyone qualifies for the full 26 weeks – this depends on your work history. If you work part-time while you are receiving unemployment, you still may be eligible to collect partial benefits. In this case, your partial unemployment benefit may extend to longer than 26 weeks of benefits.

Unemployment insurance is meant to be a temporary, partial wage replacement while someone is searching for their next job, and replaces around 50% of a person's normal income.

### 4. Is it better to quit or be terminated?

If you quit a job, you will need to show that it was for good reason; if you are terminated, your employer has to show that it was for good reason. In either case, you could be allowed unemployment benefits. The Maine Department of Labor will review your case and make a decision. There is no reason not to apply.

### 5. Can I collect unemployment if I quit my job due to stress?

It depends. There are situations where benefits can be allowed if you quit your job

due to illness or for medical reasons. However, certain criteria have to be met, such as receiving medical care, being under doctor's orders, and trying to work with your employer to accommodate your medical needs prior to quitting. It is best to apply, and then work with the Department to see if you are eligible for benefits. We also recommend reaching out to our partners at the Maine CareerCenters – ideally before leaving your employment – so they can help you connect with a job that is a better fit for your needs.

### 6. Can immigrants file for unemployment?

Yes. Immigrants can absolutely file for unemployment. In order to collect benefits, you do need to have worked in Maine and you must be legally able and available to work in the U.S. (or Canada, per certain exceptions). If you didn't work in Maine, but worked in another state, you may still be able to receive benefits from the state where you worked.

## Financial Literacy - preparing for the new year



### Preparation pays off for a job interview

Many people look to improve their finances at the beginning of the



year. While some try to pay off debt and reduce expenses, others focus on increasing their income by changing jobs. One of the most critical pieces of landing a great new job is interviewing with potential employers.

Understanding what to expect during an interview is important. Preparation will reduce anxiety and help the job seeker present themselves in the best light possible so the prospective employer can understand the candidate's capabilities and personality. When a company advertises an available position, they interview several people, or candidates, to find an individual who they think will be the best fit for the company, and the person they believe is capable of handling the job responsibilities.

One of the most common questions an interviewer will ask is, "Tell me about yourself." While this may seem like a simple question to answer, some candidates are not prepared to answer. But those candidates who consider this question beforehand will be ready to give excellent examples of their most significant accomplishments, or what makes them unique. Having a solid answer prepared helps put the interviewer at ease and gives them a better sense of what the person being interviewed is like.

The recruiter will also want to see specific examples of experience and skills that match what they are looking for in an employee. A prepared person has thought about which of their skills are most applicable to the job for which they are interviewing. They will have practiced describing these examples out loud, so they sound natural and confident when it comes time to answer questions in an interview setting.

Interviewees should ask questions about the company, and the team they will work with. Asking questions about these topics shows that the candidate is committed to finding a good match between their personal goals and how a particular company operates.

It's common for more than one person to conduct an interview, and knowing who will be in the room will help the interviewee prepare. Take time to research the company ahead of time and ask informed questions to each interviewer about their own career, to help make connections on a personal level. Everyone involved in the interview could be potential future colleagues.

Whether an interview takes place through a video chat service like Zoom or Microsoft Teams, or an in-person meeting, arriving on time or a little early is essential. Being late could signal a lack of reliability and respect for other people's time. So be sure you are clear on when and where the interview will take place and allow plenty of time beforehand. It's better to be a few minutes early than even one minute late. If the interview is being held through a video chat service, test the connection ahead of time to ensure that all audio and video equipment is working. It's essential for the job seeker to be in a quiet environment with minimal distractions.

First impressions matter, and what a person wears to an interview is a big part of that first impression. Job candidates should dress professionally and appropriately for the position for which they are interviewing. It shows they're serious about the position and understand what is expected of them.

These simple tips on interview etiquette will help anyone interviewing for a job. Remembering to arrive early, dress professionally, and be prepared to answer questions makes the process more enjoyable and promising.

### How to reduce energy costs in the new year

At the beginning of 2022, Maine citizens saw a sizable increase in the cost of electricity. In 2023, Mainers who will be getting their electricity from one of the state's two major distributors will see yet another increase in their monthly electric bills. Customers of Central Maine Power will see a 49% rate increase and customers of Versant Power will see a 34% increase. Along with electricity rates, the prices of goods and services seem to have been increasing across the board. To help offset the price hikes, here are five tips that can help people reduce their energy usage:



#### Change light bulbs

According to the U.S. Department of Energy, LED light bulbs use at least 75% less energy and last up to 25 times longer than incandescent lighting, or traditional light bulbs. Many LEDs can last an average of 25,000 hours before they need to be replaced, while incandescent bulbs only last 750 hours. LED light bulbs usually cost more to purchase, but make up that difference in savings. And sometimes their cost is lowered by subsidies from agencies, such as Efficiency Maine. In terms of energy usage, it would cost approximately \$240 to light an incandescent bulb for 25,000 hours, but only \$40 for an LED.

#### Unplug what's not in use

Some electronic gadgets never truly power off. Instead, they sit in a standby mode that uses small amounts of power at all times. This includes gadgets with digital displays, clocks, timers, or lights, such as microwaves, televisions, or coffee makers. Consider unplugging them when they're not in use to save power. To avoid the hassle of plugging and unplugging a gadget with each use, consider investing in a smart power strip. These strips cut off the electrical current to devices when they aren't in use. While the upfront cost is around \$25, the savings will add up over time and the power strip will pay for itself.

#### Only run appliances when they're full

Whether it's a washing machine, clothes dryer, or dishwasher, only running the appliance when it's full will save on the electric bill. The more an appliance is used,

the more energy is being used – ultimately increasing the power bill. To save even more energy during appliance use, can set the washing machine to wash with cold water instead of hot. Heating up that water draws a lot of energy. People could even opt to not run the dryer, but air dry clothing on a line instead.

#### Weatherize homes

It's no secret that energy costs can become very expensive when the temperatures drop. Investing in home improvements now can save a lot of money in the long run. Around 25% of the warm air in a house or apartment is lost due to leaks and holes. For every \$1,000 spent on heating, that's like having \$250 escape out of the drafty areas of the home. Consider caulking around windows, door frames, and electrical outlets – wherever a draft may be. While caulk may cost upwards of \$10 now, it can save much more than that over time. Also, according to the U.S. Department of Energy, turning the thermostat down 10 degrees overnight, while sleeping, can save 10% on electric heating bills. Because people are curled up in bed with their blankets, their body heat may keep them warm enough to justify turning down the heat. Another option is to turn down the heat in rooms that aren't often used, such as guest rooms and storage areas.

#### Reverse ceiling fan operation

While many people think ceiling fans are only used to make rooms cooler, they can also be used for heat. Most fans are set to spin in a counterclockwise rotation, which forces the room air down quickly and gives a cooling effect. However, the direction of ceiling fans can be reversed. Because heat rises, the air around the ceiling is typically warmer than the air closer to the floor. While in reverse mode, letting the fan run on low will gently draw the room air up towards the ceiling, which slowly forces the warm air down. The minimal cost to run a ceiling fan is much lower than the cost of generating extra heat to warm a home or apartment.

To ask questions about the costs of electricity or for assistance, visit the Maine Public Utilities Commission's website at [www.maine.gov/mpuc/consumer-assistance/electricityhelp](http://www.maine.gov/mpuc/consumer-assistance/electricityhelp). better sense of the true cost.

# Legislative Updates

By Rebecca Scarborough

*Amjambo* will be covering bills of particular importance to BIPOC communities in Maine throughout the 131st Maine Legislative session. Cloture – the deadline for legislators to submit bills they are sponsoring – is December 30. Once bills are sponsored, the legislative wheels begin to turn.

Our democratic process provides opportunities for individuals to advocate for and against bills throughout the session. Each bill is required to have a public hearing, where people can either speak or submit written testimony. Those whose English skills are still developing can share their thoughts in the language most comfortable for them.

Some of the bills that advocates expect will be introduced this session would have positive impacts for immigrant and Indigenous communities in Maine if passed into law. For example, one creates a pathway for undocumented immigrants to get drivers' licenses, and another allows farmworkers to unionize. But some – such as tightening voter ID laws, or requiring local police departments to assist federal immigration agencies – could be disadvantageous for BIPOC communities.

Sometimes bills do not make it all the way into law during a particular session for a variety of reasons, but might then reappear in a different form in subsequent sessions. For example, to address Maine's housing crisis, former Rep. Victoria Morales sponsored LD 473 last session. Passage would have created a Maine Rental Assistance and Voucher Guarantee Program. But although the bill passed, it then stalled on the appropriations table for budget reasons. This session, more housing bills will undoubtedly be on the table.

This session, health insurance coverage for adults – regardless of immigration status – will almost definitely be a priority for advocacy groups such as Maine Equal Justice, Maine Immigrants' Rights Coalition, Maine AFL-CIO, and



others. Last session, LD 718 “An Act to Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program and the Children’s Health Insurance Program” was introduced by Rep. Rachel Talbot Ross (D-Dist. 40), who will be serving as the Speaker of the Maine House of Representatives this session. That bill did not pass, but some of what the bill would have done was eventually funded in the budget, giving children under 21 and pregnant people – but not other adults – insurance cov-

erage regardless of immigration status. The public turned out in large numbers to support LD 718, which likely played a role in getting that coverage for children and pregnant mothers.

Keep an eye on this column and our social media platforms, as well as *amjamboafrika.com*, to follow legislative developments and learn of opportunities for speaking about bills that will impact BIPOC communities. As the session progresses, the legislative calendar fills with activity. *Amjambo* will publish and post on our website materials designed by partner organizations to help members of the public know how to participate in the legislative process.

**Amjambo is Hiring!**

*Join our fantastic team!*

see the jobs board at:

[amjamboafrika.com](http://amjamboafrika.com)

**Injured by a dangerous or defective product?**

*We're here to help.*

- Experienced personal injury and medical malpractice lawyers.
- Serving the people of Maine for over 100 years.
- Qualified translators and interpreters provided.
- Free case review.

**Call (207) 784-3576**

**BERMAN & SIMMONS**  
TRIAL ATTORNEYS

PORTLAND LEWISTON BANGOR  
[bermansimmons.com](http://bermansimmons.com)

# SAVE AND SPEND SECURELY

CHOOSE FROM OUR EXCLUSIVE ACCOUNT OPTIONS



GSB checking accounts give you convenient banking options, in person, online and at our large network of ATMs and video tellers.

**Smart Start Checking<sup>SM</sup>**

Manage your finances securely with no overdraft fee or minimum daily balance.\* Free money orders, plus ATM and our foreign wire transfer fees reimbursed.

**Make Change<sup>SM</sup> Checking**

For each qualified purchase\*\* made with your Make Change debit card, we'll donate 10 cents to support underrepresented businesses in Maine, at no cost to you.

**Make Cents<sup>SM</sup> Checking**

Get rewarded for using your debit card by earning 10 cents per purchase.\*\*



Visit a convenient branch location or open an account online at:

[GorhamSavings.Bank](http://GorhamSavings.Bank)

Member FDIC

\*If you do not have available funds in your account to cover a transaction when it is presented to us for payment or authorization, we will attempt to return the transaction. Certain transactions or account activity may result in a negative balance.

\*\*On all debit card purchases that post and clear.



# Education

Sponsored by



**UNIVERSITY OF SOUTHERN MAINE**

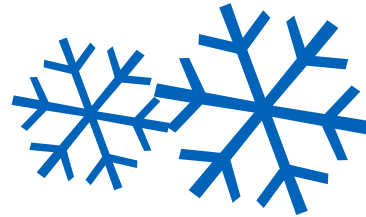
## Maine Children's Alliance Giraffe Awards

Story & Photos by Mark Mattos

The Maine Children's Alliance has announced its 2022 Giraffe Awards, which honor community heroes who "stick out their necks" for Maine children, youth, and families. The awards were presented at MCA's annual Champions for Children event in Hallowell on Thursday, December 1, 2022.



Maine Children's Alliance 2022 Emerging Leader Award recipient Charles Mugabe



Maine Children's Alliance 2022 Youth Award presenter Swathi Sivasubramanian (L) with recipient Zubeyda Shute (R)

Among the individuals and organizations receiving awards were the Emerging Leader Award to Charles Mugabe who serves as the Program Co-Director of Refugee and Immigration Services at Catholic Charities of Maine, and the Youth Award to Zubeyda Shute who has been a youth leader of the Young People's Caucus for the past three years. She is an alumnus of Westbrook High School, and a current college student.

**Whether you are seeking a degree, professional development, or a career opportunity, the University of Southern Maine offers an environment from which you can excel.**



Si vous recherchez un diplôme, un développement professionnel ou une opportunité de carrière, l'Université du sud du Maine (USM) offre un environnement dans lequel vous pouvez exceller.



Ikiwa unatafuta digrii, ukuzaji wa kitaalam, au fursa ya kazi, Chuo Kikuu cha Kusini mwa Maine (USM) kinatoa mazingira ambayo unaweza kustawi.



Quer esteja à procura de uma licenciatura, um desenvolvimento profissional ou uma oportunidade de carreira, a Universidade do Sul do Maine oferece um ambiente do qual se pode destacar.



Haddii aad raadinayso shahaado, horumarin xirfadeed, ama fursad shaqo, Jaamacadda Koonfurta Maine waxay bixisaa jawi aad heer sare ka gaari karto.



**Learn more today:**

Admissions: [usm.maine.edu/admissions](http://usm.maine.edu/admissions)  
 Professional Development: [usm.maine.edu/pd](http://usm.maine.edu/pd)  
 Job Opportunities: [usm.maine.edu/hr](http://usm.maine.edu/hr)





Tips & info

This page brought to you in part by:



## Respite for ME – New state-funded grant for caregivers

*Citizenship status does not determine eligibility*

By Becky Hadiaris, Family Caregiver Support Program Coordinator

In the fall of 2022, Maine's Office of Aging and Disability Services at the Department of Health and Human Services began implementing a new program called Respite for ME. The program will give \$2,000 to caregivers to access respite care or other services not currently covered by existing programs. The funds will be available for 2 years – from October 1, 2022, through September 30, 2024. This means that eligible caregivers could receive \$2,000 per year, or a total of \$4,000.

Like every state-funded program, Respite for ME has eligibility requirements. These requirements do not include income level and citizenship status.

**To be eligible:**

- You, as a caregiver, must be an informal and unpaid care provider.
- Both the caregiver and the person who receives care must be residents of Maine.
- The person you care for must not live in an assisted living facility or nursing home. However, you can apply for Respite for ME if they are on the waitlist for one of these kinds of homes.

**As a caregiver you must meet of the following criteria:**

- You are at least 18 years old and you provide unpaid care for somebody who is 60 years or older, or
- You are at least 18 years old and you provide unpaid care to somebody with dementia, or
- You are 55 and older and you provide unpaid care to children under 18 years and you are not their parent, or
- You are 55 years or older and you care for an adult with disabilities who is between 18 and 59 years old.
- The caregiver must show evidence that they were negatively impacted financially and/or suffered economic hardship due to the COVID-19 pandemic after January 2020.

**Examples of a negative impact include:**

- Job loss
- Reduction in household income/loss of hours or wages
- Incurring significant costs for healthcare, child-care, or dependent care
- Increased cost of grocery delivery
- Other financial hardships related to the pandemic/loss of supplemental income

You can apply for the grant if you or the person you care for is on MaineCare, as long as they do not receive services through state-funded programs such as Respite Care, Home Modifications or Repairs, or Assistive Technology and Devices.

If you share caregiving responsibilities with somebody else in the household, only one of you can apply for Respite for ME. For example, if your 19-year-old child lives with you and you both take care of your father, who is 80 and cannot care for himself, either you or your child can apply for the \$2,000 Respite for ME grant, but not both of you.

If you care for more than one person in the household, you can apply for only one Respite for ME grant per year per household.

You will not get the \$2,000 up front, but will need to provide receipts proving that you spent \$2,000 on qualifying expenses before you can be reimbursed.

The Agency on Aging that serves the area where you live can work with you to assess your needs and develop a tailored care plan to determine what covered services will best assist you and the person in your care.

**For more information or to apply, contact your local agency on aging's Family Caregiver program:**

- Aroostook AAA (207) 764-3396
  - Eastern AAA (207) 941-2865
  - SeniorsPlus (207) 795-4010
  - Southern Maine AAA (207) 396-6500 (language line available by request)
  - Spectrum Generations (207) 622-9212
- If you don't know which agency serves your area, call (877) 353-3711 to be connected to your local area agency on aging or visit [www.maine.gov/givecare](http://www.maine.gov/givecare).




The Greater Portland Immigrant Welcome Center is collecting photographs showcasing the lives of Maine's immigrants of African origin, prior to their coming to America.

Pictures may include snapshots of family events, weddings, sports teams, school graduations, religious services and celebrations, picnics and anything that represents the communities that Maine's immigrants have left behind. The submissions can be anonymous, if needed, to protect the privacy of those photographed.

Selected photos will be digitally copied and exhibited in Portland in 2023. Public events to provide for community conversations and presentations by those whose submitted photos were selected will be organized. Contributors will be paid a stipend for their participation.

PLEASE CONTACT BAU GRAVES AT THE IMMIGRANT WELCOME CENTER 24 PREBLE STREET, PORTLAND, 207-517-3401 OR 312-351-3027.





**The Department of Homeland Security has posted a Federal Register notice on Temporary Protected Status (TPS) for Ethiopia. The registration process for TPS under Ethiopia's designation began on December 12. All individuals who want to request TPS under the designation of Ethiopia must file an application. To be eligible for TPS under Ethiopia's designation, individuals must demonstrate their continuous residence in the United States since October 20, 2022, and continuous physical presence in the United States since December 12, 2022. Individuals arriving in the United States after October 20, 2022, are not eligible for TPS under this designation and may be subject to removal if they have no other authorization to be in the United States. U.S. Citizenship and Immigration Services (USCIS) estimates that about 26,700 individuals may be eligible for TPS under Ethiopia's designation. Form I-821 must be submitted during the 18-month initial registration period that runs from December 12, 2022, through June 12, 2024. Ethiopia TPS applicants are eligible to file Form I-821 online. When filing, applicants can also request an Employment Authorization Document by submitting a completed Form I-765.**



Open Every Day: 8AM-9PM

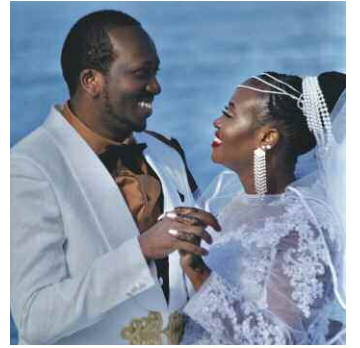
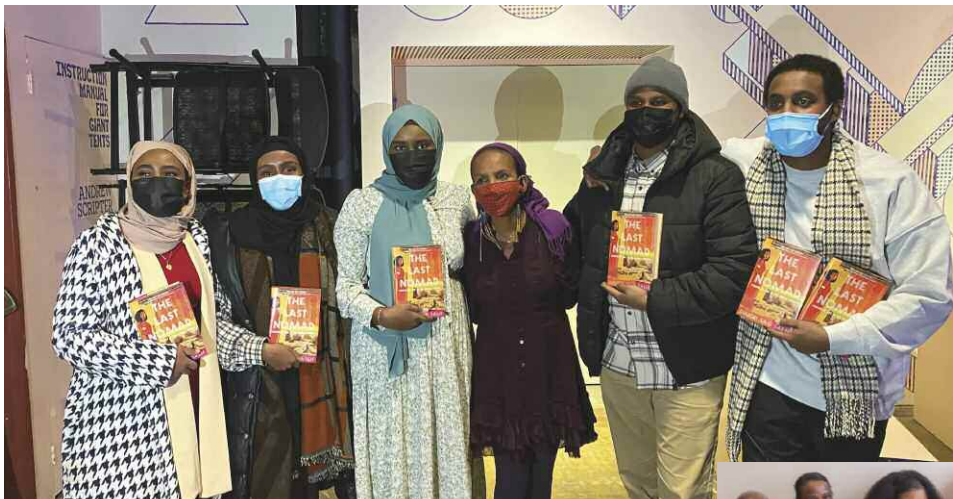
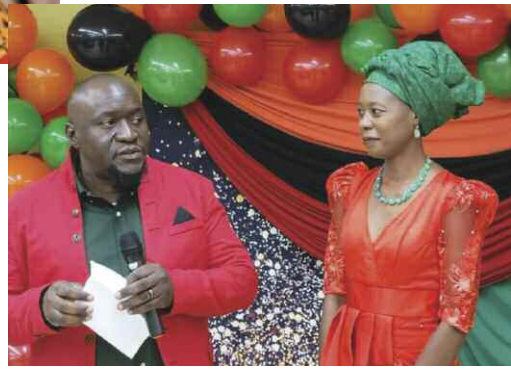
290 Congress Street  
Portland, ME 04101

207-805-1599

**STAY HEALTHY  
KEEP WARM  
EAT LOCAL**

The year in review. Our photographic team is Laura deDoe, Liany Media, Mark Mattos, and John Ochira.

2022



2022



2022







2022



2022





# Health & Wellness

This page brought to you in part by:

*Maine*  
Cumberland County

Welcome to Amjambo Africa's Health & Wellness section, devoted to important health-related topics that heavily impact the lives of Black and Brown people. All content is fully translated.

## Protecting vision: a window on health

By Amy Harris

Regular eye exams can protect eyesight and prevent vision problems, and a comprehensive dilated eye exam is the only way to check for eye diseases like glaucoma and diabetic retinopathy when they are still at a treatable stage. But unfortunately, many Mainers – both those new to Maine, and those born here – do not have access to vision-saving, preventive eye exams.

According to the U.S. Centers for Disease Control and Prevention (CDC), of the estimated 93 million U.S. adults at high risk for vision loss, only half visited an eye doctor in the past 12 months. The persistence of preventable blindness, especially in underserved populations, is a symptom of more significant systemic gaps in the public preventative healthcare system.

Vision loss can affect people of all ages, but most people who suffer from vision impairment and blindness are over the age of 50. Globally, the leading causes of vision impairment are age-related macular degeneration, cataracts, diabetic retinopathy, glaucoma, and uncorrected refractive errors, according to the World Health Organization (WHO). In the U.S., the two major preventable causes of blindness are glaucoma and diabetic retinopathy. The U.S. National Eye Institute named January as National Glaucoma Awareness month because more than half of people with glaucoma do not know that they have it.

Glaucoma is a group of eye diseases that damage the optic nerve in the back of the eye. There is no cure for glaucoma, but early treatment with medications (usually eye drops) can prevent blindness. People at higher risk for glaucoma include those older than 60, especially Latinos, African Americans, and people with a family history of glaucoma.

Sérafine, an asylum seeker from DR Congo, has all three risk factors: age, race, and family history. She was diagnosed with glaucoma in DR Congo, but since arriving in the U.S. several years ago, has become increasingly anxious. The reason? Healthcare. "I am not going anymore for regular check-ups. I do not have the eye insurance coverage anymore. That's bringing a lot of fear because, you know, I may become blind without knowing, just because I cannot access the services," she said.

People do not always know they have glaucoma because it does not cause symptoms early in the disease, and can only be diagnosed with a comprehensive eye exam by an optometrist or ophthalmologist. This exam also diagnoses other causes of blindness and vision problems. The exam is quick (about 15 minutes) and painless. During the exam, the healthcare provider uses eye drops to dilate (widen) the pupils to check for eye diseases. After a dilated eye exam, vision may be blurry and the client may be more sensitive to light, but this only lasts a few hours.

Dr. Irwin Brodsky, an endocrinologist at Maine Medical Center's Department of Diabetes, Endocrinology, and Metabolism, worries that many people don't get a comprehensive eye exam as often as they need to. "When I ask my diabetic patients when their last eye exam was, many of them tell me they have perfect 20/20 vision and that it was checked at the Department of Motor Vehicles. Unfortunately, too many people don't know that you can still have 20/20 vision but have glaucoma or diabetic retinopathy."

A comprehensive eye exam is not the same as a visual acuity test. A visual acuity test determines if there is a need for glasses, and records perfect vision as 20/20. Only a dilated comprehensive eye exam can look for diabetic retinopathy. Diabetic retinopathy refers to changes in the blood vessels and light-sensitive lining of the eye (retina) caused by untreated diabetes. People incorrectly assume that because their vision is fine, they don't have diabetic retinopathy and don't need regular eye exams, according to Brodsky. Late-

Continued on page 20

## Proteger a visão: uma janela para a saúde

Por Amy Harris

Os exames oculares regulares podem proteger a visão e prevenir problemas de visão, e um exame abrangente dilatado dos olhos é a única maneira de verificar doenças oculares como glaucoma e retinopatia diabética quando ainda estão numa fase tratável. Mas, infelizmente, muitos Mainers – tanto os novos no Maine, como os que aqui nasceram – não têm acesso a exames oculares preventivos e economizadores de visão.

De acordo com o U.S. Centers for Disease Control and Prevention (CDC), dos cerca de 93 milhões de adultos americanos com elevado risco de perda de visão, apenas metade visitou um oftalmologista nos últimos 12 meses. A persistência da cegueira evitável, especialmente nas populações desfavorecidas, é um sintoma de lacunas sistêmicas mais significativas no sistema público de saúde preventivo.

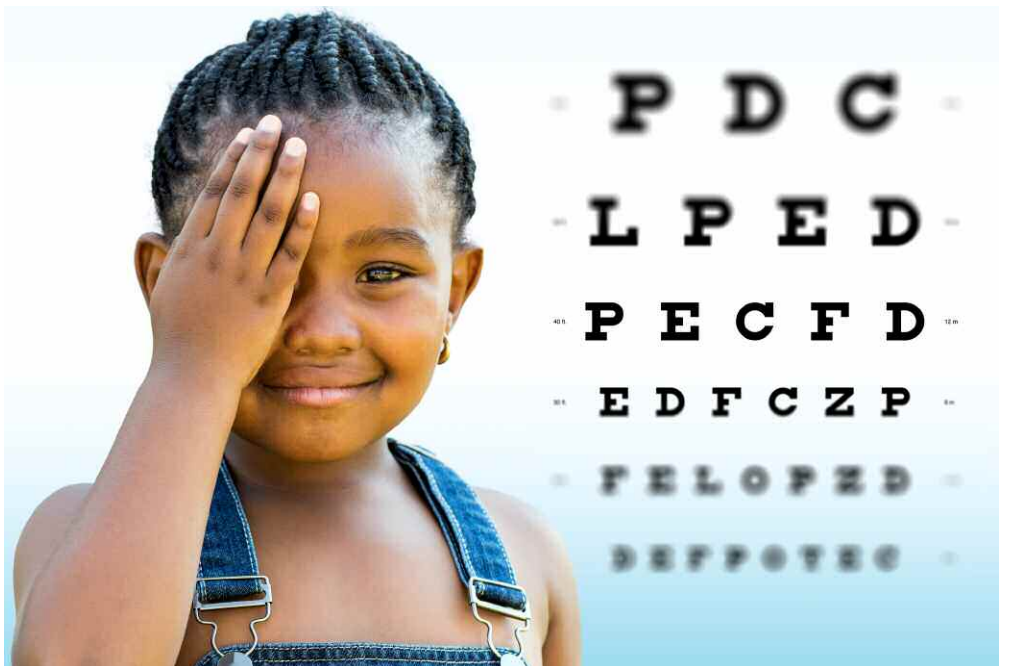
A perda de visão pode afetar pessoas de todas as idades, mas a maioria das pessoas que sofrem de deficiência visual e cegueira têm mais de 50 anos. A nível global, as principais causas de deficiência visual são a degeneração macular relacionada com a idade, as cataratas, a retinopatia diabética, o glaucoma e os erros refrativos não corrigidos, segundo a Organização Mundial da Saúde (OMS). Nos EUA, as duas principais causas evitáveis de cegueira são o glaucoma e a retinopatia diabética. O Instituto Nacional do Olho dos EUA nomeou janeiro como mês de consciencialização nacional do Glaucoma porque mais de metade das pessoas com glaucoma não sabem que o têm.

Glaucoma é um grupo de doenças oculares que danificam o nervo ótico na parte de trás do olho. Não há cura para o glaucoma, mas o tratamento precoce com medicamentos (geralmente gotas para os olhos) pode prevenir a cegueira. As pessoas com maior risco de glaucoma incluem pessoas com mais de 60 anos, especialmente latinos, afro-americanos e pessoas com histórico familiar de glaucoma.

Sérafine, um requerente de asilo da RD Congo, tem os três fatores de risco: idade, raça e história familiar. Foi diagnosticada com glaucoma na RD Congo, mas desde que chegou aos EUA há vários anos, tornou-se cada vez mais ansiosa. A razão? Cuidados de saúde. "Não vou mais fazer check-ups regulares. Já não tenho cobertura do seguro ocular. Isso é trazer muito medo porque, sabes, posso ficar cego sem saber, só porque não consigo aceder aos serviços", disse.

As pessoas nem sempre sabem que têm glaucoma porque não causa sintomas precocemente na doença e só podem ser diagnosticadas com um exame ocular abrangente por um optometrista ou oftalmologista. Este exame também diagnostica outras causas de cegueira e problemas de visão. O exame é rápido (cerca de 15 minutos) e indolor. Durante o exame, o prestador de cuidados de saúde usa gotas oculares para dilatar (alargar) os alunos para verificar se há doenças oculares. Depois de um exame dilatado dos olhos, a visão pode estar turva e o cliente pode ser mais sensível à luz, mas isso dura apenas algumas horas.

O Dr. Irwin Brodsky, endocrinologista do Departamento



continua na página 20

## Protéger la vision : une fenêtre sur la santé

Par Amy Harris

Des examens oculaires réguliers peuvent protéger la vue et prévenir les problèmes de vision, et un examen oculaire complet avec dilatation est le seul moyen de vérifier les maladies oculaires comme le glaucome et la rétinopathie diabétique lorsqu'elles sont encore à un stade traitable. Malheureusement, de nombreux habitants du Maine, qu'ils y soient nés ou nouvellement arrivés, n'ont pas accès aux examens oculaires préventifs qui permettent de sauver la vue.

Selon les Centres américains de contrôle et de prévention des maladies (CDC), sur les quelque 93 millions d'adultes

américains présentant un risque élevé de perte de vision, seule la moitié a consulté un ophtalmologue au cours des 12 derniers mois. La persistance de la cécité évitable, en particulier dans les populations mal desservies, est un symptôme de lacunes systémiques plus importantes dans le système public de soins de santé préventifs.

La perte de vision peut toucher des personnes de tout âge, mais la plupart des personnes qui souffrent de déficience visuelle et de cécité ont plus de 50 ans. Selon l'Organisation mondiale de la santé (OMS), les principales causes de déficience visuelle sont la dégénérescence maculaire liée à l'âge, la cataracte, la rétinopathie diabétique, le glaucome et les défauts de réfraction non corrigés. Aux États-Unis, les deux principales causes évitables de cécité sont le glaucome et la rétinopathie diabétique. Le U.S. National Eye Institute a désigné le mois de janvier comme le mois national de sensibilisation au glaucome, car plus de la moitié des personnes atteintes de glaucome ne le savent pas.

Le glaucome est un groupe de maladies oculaires qui endommagent le nerf optique à l'arrière de l'œil. Il n'existe aucun remède contre le glaucome, mais un traitement précoce à l'aide de médicaments (généralement des gouttes ophtalmiques) peut prévenir la cécité. Les personnes les plus exposées au glaucome sont les personnes âgées de plus de 60 ans, en particulier les Latinos, les Afro-Américains et les personnes ayant des antécédents familiaux de glaucome.

Sérafine, une demandeuse d'asile de la République Démocratique du Congo, présente les trois facteurs de risque : l'âge, la race et les antécédents familiaux. On lui a diagnostiqué un glaucome en RD Congo, mais depuis son arrivée aux États-Unis il y a plusieurs années, elle est de plus en plus anxieuse. La raison ? Les soins de santé. "Je ne vais plus faire de contrôles réguliers. Je n'ai plus de couverture d'assurance pour les yeux. Cela m'inspire beaucoup de craintes car, vous savez, je pourrais devenir aveugle sans le savoir, simplement

Suite sur la page 20

## Ilaalinta aragga: daaqad xagga caafimaadka ah

Waxaa qoray Amy Harris

Baaritaannada indhaha ee joogtada ah waxay ilaalin karaan aragga waxayna ka hortagi karaan dhibaatooyinka aragga, iyo baaritaanka indhaha oo ballaaran ayaa ah habka kaliya ee lagu hubin karo cudurada indhaha sida glaucoma iyo cudurka macaanka marka ay weli ku jiraan marxalad la daweyn karo. Laakiin nasiib darro, qaar badan oo Main ah - labadaba kuwa ku cusub Maine, iyo kuwa halkan ku dhashay - ma helaan fursad badbaado-aragti ah, baaritaannada indhaha ee ka hortagga ah.

Sida laga soo xigtay Xarumaha Xakamaynta iyo Kahortagga Cudurrada ee Maraykanka (CDC), oo lagu qiyaasay 93 milyan oo Maraykan ah oo qaangaar ah oo halis sare ugu jira luminta aragga, kaliya kala badh ayaa boqday dhakhtarka indhaha 12 bilood ee la soo dhaafay. Joogitaanka indho la'aanta laga hortagi karo, gaar ahaan dadka aan la daboolin, waa calaamad muujinaysa nusqaano badan oo habaysan oo ku jira nidaamka daryeelka caafimaadka ka hortagga dadweynaha.

Lumitaanka aragga wuxuu saameyn karaa dadka da' kasta leh, laakiin inta badan dadka qaba cillad aragga iyo indho la'aanta waxay ka weyn yihiin da'da 50. Caalam ahaan, sababaha ugu waaweyn ee aragga daciifka ah waa da'da la xiriirta macular degeneration, cataracts, retinopathy sonkorowga, glaucoma, iyo cillad la'aanta. khaladaadka dib-u-celinta, sida laga soo xigtay Ururka Caafimaadka Adduunka (WHO). Dalka Maraykanka, labada sababood ee ugu waaweyn ee lagaga hortagi karo indho la'aanta waa glaucoma iyo retinopathy. Machadka Indhaha Qaranka ee Maraykanka ayaa January u magacaabay bisha wacyigalinta Glaucoma Qaranka sababtoo ah in ka badan kala badh dadka qaba glaucoma ma oga inay qabaan.

Glaucoma waa koox cuduro ah oo indhaha ah oo waxyeelada dareemaha indhaha ee dhawrka isha. Ma jirto daawo loogu talagalay glaucoma, laakiin daawaynta hore ee daawooyinka (sida caadiga ah dhibcaha indhaha) waxay ka hortagi kartaa indho la'aanta. Dadka khatarta sare ugu jira glaucoma waxaa ka mid ah kuwa ka weyn 60, gaar ahaan Latinos, African Americans, iyo dadka leh taariikhda qoyska ee glaucoma.

Sérafine, magangelyo-doon ka yimid DR Congo, waxay leedahay dhammaan sad-dexda arrimood ee khatarta ah: da'da, jinsiga, iyo taariikhda qoyska. Waxaa laga helay glaucoma DR Congo, laakiin tan iyo markii ay timid Maraykanka dhowr sano ka hor, waxay noqotay mid welwelaya. Sababta? Daryeelka caafimaadka. "Mar dambe uma soconayo baaritaanno joogto ah. Ma haysto caymiska indhaha. Taasi waxay keenaysaa cabsi badan sababtoo ah, waad ogtahay, waxaa laga yaabaa inaan indho la'aano anigoo ogeyn, sababtoo ah ma heli karo adeegyada," ayay tiri.

Dadku had iyo jeer ma yaqaaniin inay qabaan glaucoma sababtoo ah ma keento calaamad hore ee cudurka, waxaana lagu ogaan karaa oo kaliya baadhista indhaha oo dhamaystiran dhakhtarka indhaha ama dhakhtarka indhaha. Baaritaankaan ayaa sidoo kale lagu ogaanayaa sababaha kale ee indho la'aanta iyo dhibaatooyinka aragga. Imtixaanku waa degdeg (qiyaastii 15 daqiiqo) oo aan xanuun lahayn. Inta lagu jiro baaritaanka, bixiyaha xanaanada caafimaadka wuxuu isticmaalaa dhibcaha indhaha si uu u kala saaro (ballaariyo) ardayda si loo eego cudurrada indhaha. Baaritaanka

Ku sii soconaya bogga 21

## Kulinda maono: dirisha juu ya afya

Na Amy Harris

Uchunguzi wa macho wa mara kwa mara unaweza kulinda macho na kuzuia matatizo ya kuona, na uchunguzi wa kina wa macho uliopianuwa ndiyo njia pekee ya kuangalia magonjwa ya macho kama vile glakoma na retinopathy ya kisukari yakiwa bado katika hatua ya kutibika. Lakini kwa bahati mbaya, wakazi wengi wa Maine - wale wapya jimboni Maine, na wale waliozaliwa hapa - hawana uwezo wa kuokoa maono, uchunguzi wa kuzuia macho.

Kulingana na Vituo vya Marekani vya Kudhibiti na Kuzuia Magonjwa (CDC), kati ya wastani wa watu wazima milioni 93 wa Marekani walio katika hatari kubwa ya kupoteza uwezo wa kuona, ni nusu tu waliotembelea daktari wa macho katika miezi 12 iliyopita. Kuendelea kwa upofu unaoweza kuzuilika, haswa katika idadi ya watu ambao hawajahudumiwa, ni dalili ya mapungufu makubwa zaidi ya kimfumo katika mfumo wa huduma ya afya ya kinga ya umma.

Kupoteza uwezo wa kuona kunaweza kuathiri watu wa rika zote, lakini watu wengi ambao wana matatizo ya kuona na upofu wana umri wa zaidi ya miaka 50. Ulimwenguni kote, sababu kuu za ulemavu wa kuona ni kuzorota kwa macular, cataracts, retinopathy ya kisukari, glaucoma na kutorekebishwa. makosa ya refractive, kulingana na Shirika la Afya Duniani (WHO). Nchini Marekani, sababu kuu mbili zinazoweza kuzuilika za upofu ni glakoma na retinopathy ya kisukari. Taasisi ya Kitaifa ya Macho ya Marekani iliutaja Januari kuwa mwezi wa Kitaifa wa Uelimishaji wa Glaucoma kwa sababu zaidi ya nusu ya watu walio na glakoma hawajui kuwa wanayo.

Glaucoma ni kundi la magonjwa ya macho ambayo huaribu ujasiri wa optic nyuma ya jicho. Hakuna tiba ya glakoma, lakini matibabu ya mapema kwa dawa (kawaida matone ya jicho) yanaweza kuzuia upofu. Watu walio katika hatari kubwa ya glakoma ni pamoja na wale walio na umri zaidi ya miaka 60, hasa Walatino, Wamarekani wenye asili ya Afrika, na watu walio na historia ya familia ya glakoma.

Sérafine, mtafuta hifadhi kutoka DR Congo, ana mambo yote matatu ya hatari: umri, rangi, na historia ya familia. Aligunduliwa na ugonjwa wa glakoma nchini DR Congo, lakini tangu awasili Marekani miaka kadhaa iliyopita, amekuwa na wasiwasi zaidi. Sababu? Huduma ya afya. "Siendi tena kwa uchunguzi wa kawaida. Sina bima ya macho tena. Hiyo inaleta hofu kubwa kwa sababu, unajua, naweza kuwa kipofu bila kujua, kwa sababu tu siwezi kupata huduma," alisema.

Watu hawajui kila mara wana glakoma kwa sababu haisababishi dalili za ugonjwa huo mapema, na inaweza tu kutambuliwa kwa uchunguzi wa kina wa macho na daktari wa macho au ophthalmologist. Mtihani huu pia hugundua sababu zingine za upofu na shida za kuona. Mtihani ni wa haraka (kama dakika 15) na hauna maumivu. Wakati wa mtihani, mhudumu wa afya hutumia matone ya macho kupanua (kupanua) wanafunzi kuangalia magonjwa ya macho. Baada ya uchunguzi wa macho uliopianuka, kuona kunaweza kuwa na ukungu na mteja anaweza kuwa nyeti zaidi kwa mwanga, lakini hii hudumu saa chache tu.

Dk. Irwin Brodsky, mtaalamu wa endocrinologist katika Idara ya Kisukari, Endocrinology, na Metabolism ya Maine Medical Center, ana wasiwasi kwamba watu wengi hawapati uchunguzi wa macho wa kina mara nyingi wanavyohitaji. "Ni-

Inaendelea kwenye ukurasa 21

## Rinda amaso: idirishya ry'ubuzima

Yanditswe na Amy Harris

Gukoresha isuzuma ry'amaso kandi ku buryo buhoraho bishobora kukurinda indwara z'amaso, ndetse n'ikizami cyuzuye cy'uburyo ijisho rirambukirwa (comprehensive dilated eye exam) ni uburyo bwonyine bwo gusuzuma indwara z'amaso zirimu n'izikomoka ku kurwara diyabete (glaucoma and diabetic retinopathy) zikaba zagaragara zikiri ku rwego zishobora kuvurwa zigakira. Ikibabaje, benshi mu batuye Maine haba abashya muri Maine ndetse n'abahavukiye ntabwo babasha kubona uburyo bwo gusuzumisha amaso yabo.

Nk'uko bitangazwa n'ikigo cya Amerika gishinzwe kugenzura no gukumira indwara (CDC), mu bazuze batuye Amerika babarirwa muri miliyoni 93 bafite ibyago byinshi byo guhuma, icyakabiri gusa nibo babashije kujya kwisuzumisha mu mezi 12 ashize. Gukomeza kugaragara k'ubuhumyi bwashoboraga kwirindwa cyane cyane mu baturage batabona serivisi zihagije, ni ikimenyetso kimwe muri byinshi by'ibitagenda mu rwego rw'ubuvuzi rusange rushinzwe gukumira indwara.

Ubuhumyi bushobora kwibasira abantu ku myaka yose, cyakora benshi mu barwara indwara zo kutabona neza ndetse no guhuma ni abarengaje imyaka 50. Ku rwego rw'isi, ku isonga ry'ibitera indwara zo kutabona neza harimo nko gusaza kw'imikaya, ishaza, indwara y'amaso ituruka kuri diyabete, indwara ya glaucoma, ndetse n'indwara zituruka ku busembwa bw'amaso butakosowe kare, nk'uko bitangazwa n'urwego rw'isi rushinzwe ubuzima (WHO). Muri Amerika, indwara ebyiri zishobora kwirindwa ziza ku isonga mu gutera ubuhumyi ni Glaucoma n'indwara y'amaso ikomoka kuri diyabete. Muri U.S, ikigo cy'igihugu gishinzwe kwita ku maso cyise ukwezi kwa mbere ukwezi kwahariwe kumenyekanisha indwara ya Glaucoma bitewe n'uko abarenga icyakabiri cy'abantu bose bafite iyi ndwara batazi ko bayifite.

Claucoma ni uruhurirane rw'indwara zangiza imboni ahagana inyuma mu jisho. Nta muti uriho uvura izi ndwara, gusa kuzivuzi hakiri kare ukoresheje imiti, akenshi usanga ari ibitonyanga bikoreshwa bishobora kurinda umuntu ubuhumyi. Benshi mu bafite ibyago byinshi byo kwibasirwa n'izi ndwara ni abarengaje imyaka 60, cyane cyane abakomoka muri Amerika y'epfo (latinos), abirabura ndetse n'abantu bafite mu muryango wabo abigeze kuzirwara.

Sérafine, uri gusaba ubuhunzi akaba akomoka muri DR Congo, afite bya byago bitatu byo kwibasirwa: imyaka, ibara ry'uruhu ndetse no mu muryango we iyi ndwara irimo. Yasuzumwe indwara yibasira imboni ari muri DR Congo, nyamara kuva yagera muri U.S mu myaka myinshi ishize, iyi ndwara yarushijeho kumuhangayikisha. Ni iyihe mpamvu? Ubuvuzi. Agira ati "ntabwo nkijya kwisuzumisha mu buryo buhoraho. Ntabwo mfite ubwishingizi bw'amaso ngo nkoreshe isuzuma rihoraho. Ntabwo ngifite ubwishingizi. Ibi bintera ubwoba kuko bishobora kuzantera ubuhumyi ntabwo bitewe n'uko ntabushobozi bwo kwivuzi mfite".

Akenshi abantu ntabwo bamenya ko bafite iyi ndwara bitewe n'uko itagaragaza ibimenyetso hakiri kare, ahubwo ikaba yagaragara ari uko hakozwe ikizamini gisesuye cy'ijisho gikozwe n'umuganga wabyigiyeye. Iki kizami kandi gisuzuma izindi ndwara zishobora gutera ubuhumyi n'ibibazo byo kutabona neza. Iki kizami kirihuta (iminota nka 15) kandi nta bubabare umuntu agira.

komereza ku ipaji 21

## Proteger la visión: una ventana a la salud | Por Amy Harris

Los exámenes de la vista regulares pueden proteger la vista y prevenir problemas de la vista, y un examen completo de la vista con dilatación de las pupilas es la única forma de detectar enfermedades oculares como el glaucoma y la retinopatía diabética cuando aún se encuentran en una etapa tratable. Pero desafortunadamente, muchos habitantes de Maine, tanto los nuevos en Maine como los nacidos aquí, no tienen acceso a exámenes oculares preventivos para salvar la vista.

Según los Centros para el Control y la Prevención de Enfermedades (CDC) de EE. UU., de los aproximadamente 93 millones de adultos estadounidenses con alto riesgo de pérdida de la visión, solo la mitad visitó a un oftalmólogo en los últimos 12 meses. La persistencia de la ceguera evitable, especialmente en poblaciones desatendidas, es un síntoma de brechas sistémicas más significativas en el sistema público de salud preventiva.

La pérdida de visión puede afectar a personas de todas las edades, pero la mayoría de las personas que sufren de discapacidad visual y ceguera tienen más de 50 años. A nivel mundial, las principales causas de discapacidad visual son la degeneración macular relacionada con la edad, las cataratas, la retinopatía diabética, el glaucoma y la falta de corrección. errores de refracción, según la Organización Mundial de la Salud (OMS). En los Estados Unidos, las dos principales causas prevenibles de ceguera son el glaucoma y la retinopatía diabética. El Instituto Nacional del Ojo de EE. UU. nombró a enero como el Mes Nacional de Concientización sobre el Glaucoma porque más de la mitad de las personas con glaucoma no saben que lo tienen.

El glaucoma es un grupo de enfermedades oculares que dañan el nervio óptico en la parte posterior del ojo. No existe cura para el glaucoma, pero el tratamiento temprano con medicamentos (generalmente gotas para los ojos) puede prevenir la ceguera. Las personas con mayor riesgo de glaucoma incluyen a las personas mayores de 60 años, especialmente los latinos, los afroamericanos y las personas con antecedentes familiares de glaucoma.

Sérafine, una solicitante de asilo de la República Democrática del Congo, tiene todos los tres factores de riesgo: edad, raza y antecedentes familiares. Le diagnosticaron glaucoma en la República Democrática del Congo, pero desde que llegó a los EE. UU. hace varios años, se ha vuelto cada vez más ansiosa. ¿La razón? Cuidado de la salud. "Ya no voy a hacerme chequeos regulares. Ya no tengo la cobertura de seguro ocular. Eso genera mucho miedo porque, ya sabes, puedo quedarme ciega sin saberlo, solo porque no puedo acceder a los servicios", dijo.

Las personas no siempre saben que tienen glaucoma porque no causa síntomas en las primeras etapas de la enfermedad y solo se puede diagnosticar con un examen ocular completo realizado por un optometrista u oftalmólogo. Este examen también diagnostica otras causas de ceguera y problemas de visión. El examen es rápido (alrededor de 15 minutos) y no es doloroso. Durante el examen, el proveedor de atención médica usa gotas para los ojos para dilatar (ensanchar) las pupilas y detectar enfermedades oculares. Después de un examen de los ojos con dilatación de las pupilas, la visión puede ser borrosa y el cliente puede ser más sensible a la luz, pero esto solo dura unas pocas horas.

Continúa en la página 21

stage symptoms of diabetic retinopathy, such as floating spots, cloudy vision, and blindness, usually happen when it is too late for medical treatment.

According to the National Eye Institute, people with diabetes are two to five times more likely to develop cataracts. They are also at higher risk for glaucoma than people without diabetes. Therefore, people with diabetes (Type 1 or Type 2) should have a comprehensive dilated eye exam once a year. Managing diabetes – by staying physically active, eating healthfully, and taking medicine prescribed for their conditions – will also help prevent or delay vision loss.

Over time, untreated high blood pressure also damages the blood vessels, the optic nerve, and the retina, impacting vision. People with high blood pressure should have annual eye exams. Adults ages 20 to 39 should have a complete eye exam every two to three years. African Americans are at higher risk of vision loss at younger ages, so they should schedule exams every one to two years.

But the reality is that many Mainers can't access regular, comprehensive eye exams. MaineCare covers limited eye exams and some of the cost of eyeglasses and contact lenses, as well as annual eye exams for those at high risk for glaucoma and for people with diabetes – but not for asylum seekers or undocumented residents. And not all eye doctors accept MaineCare. Furthermore, much of Maine is rural, and rural areas have fewer optometrists and ophthalmologists.

Because accessing vision care services is “such a challenging system to navigate ... Community Health Workers (CHOWs) are critical for connecting people to affordable vision care in a culturally-sensitive way,” said Cassie Grantham, Chief Operating Officer of Greater Portland Health (GPH). All the qualifying paperwork that must be filled out to receive services is a barrier few people with developing English, limited access to technology, and a lack of familiarity with the U.S. healthcare system could overcome alone. Reaching out to a community health worker for assistance makes sense.

Renee Fay-LeBlanc, Chief Medical Officer for GPH, lamented that eye care is “one area where people without MaineCare really do not have access to care. We have identified this as a really big need.” GPH is pursuing grant funding to provide vision care services at their practices, hopefully sometime in the near future.

For those who need help accessing eye care services, several national programs offer free or discounted glasses and eye exams to people and children who can't afford them, such as Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare America (for qualifying seniors), New Eyes (glasses), and the Lions Club.

Additionally, some eye centers in Maine offer free or discounted rates. For example, MaineHealth's CarePartners covers certain services related to diabetes care and prevention for patients. Also, MaineHealth's MedAccess can provide help paying for prescriptions. Patients worried about their ability to pay for eye exams and diabetes-related care can contact MaineHealth Access to Care (877) 626-1684 to learn more about their options. General practitioners should also have suggestions for their patients who need assistance paying for eye care.

de Diabetes, Endocrinologia e Metabolismo do Maine Medical Center, preocupa-se com o facto de muitas pessoas não terem um exame ocular tão completo quanto precisam. “Quando pergunto aos meus doentes diabéticos quando foi o último exame ocular, muitos deles dizem-me que têm uma visão perfeita 20/20 e que foi verificada no Departamento de Veículos Motorizados. Infelizmente, muitas pessoas não sabem que ainda se pode ter visão 20/20, mas ter glaucoma ou retinopatia diabética.”

Um exame ocular abrangente não é o mesmo que um teste de acuidade visual. Um teste de acuidade visual determina se há necessidade de óculos, e regista a visão perfeita como 20/20. Só um exame dilatado e abrangente pode procurar retinopatia diabética. A retinopatia diabética refere-se a alterações nos vasos sanguíneos e ao revestimento sensível à luz do olho (retina) causado por diabetes não tratada. As pessoas assumem incorretamente que, como a sua visão está bem, não têm retinopatia diabética e não precisam de exames oculares regulares, de acordo com Brodsky. Sintomas tardios de retinopatia diabética, tais como manchas flutuantes, visão turva e cegueira, geralmente acontecem quando é tarde demais para o tratamento médico.

De acordo com o Instituto Nacional do Olho, as pessoas com diabetes têm duas a cinco vezes mais probabilidades de desenvolver cataratas. Também estão em maior risco de glaucoma do que pessoas sem diabetes. Por isso, as pessoas com diabetes (Tipo 1 ou Tipo 2) devem ter um exame ocular dilatado abrangente por ano. Gerir a diabetes – mantendo-se fisicamente ativo, alimentando-se de forma saudável e tomando medicamentos prescritos para as suas condições – também ajudará a prevenir ou atrasar a perda de visão.

Com o tempo, a pressão alta não tratada também danifica os vasos sanguíneos, o nervo ótico e a retina, impactando a visão. Pessoas com pressão arterial alta devem fazer exames anuais aos olhos. Adultos dos 20 aos 39 anos devem fazer um exame completo aos olhos a cada dois ou três anos. Os afro-americanos estão em maior risco de perda de visão em idades mais jovens, por isso devem marcar exames de um a dois anos.

Mas a realidade é que muitos Mainers não conseguem aceder a exames oculares regulares e abrangentes. O MaineCare abrange exames oculares limitados e parte do custo dos óculos e lentes de contacto, bem como exames oculares anuais para pessoas com alto risco de glaucoma e para pessoas com diabetes – mas não para requerentes de asilo ou residentes não documentados. E nem todos os médicos oculares aceitam o MaineCare. Além disso, grande parte do Maine é rural, e as áreas rurais têm menos optometristas e oftalmologistas.

Porque aceder aos serviços de cuidados de visão é “um sistema tão desafiante para navegar ... Os trabalhadores comunitários de saúde (CHOWs) são cruciais para ligar as pessoas a cuidados de visão acessíveis de uma forma culturalmente sensível”, disse Cassie Grantham, Chief Operating Officer da Greater Portland Health (GPH). Toda a papelada qualificada que deve ser preenchida para receber serviços é uma barreira que poucas pessoas com o desenvolvimento inglês, acesso limitado à tecnologia, e uma falta de familiaridade com o sistema de saúde dos EUA poderia superar sozinho. Procurar ajuda a um trabalhador da saúde comunitária faz sentido.

Renee Fay-LeBlanc, Diretora Médica da GPH, lamentou que os cuidados oculares são “uma área em que as pessoas sem MaineCare realmente não têm acesso a cuidados. Identificamos isto como uma necessidade muito grande.” A GPH está a prosseguir o financiamento de subvenções para prestar serviços de cuidados de visão nas suas práticas, esperemos que num futuro próximo.

Para aqueles que precisam de ajuda para aceder a serviços de cuidados oculares, vários programas nacionais oferecem óculos e exames oculares gratuitos ou descontados a pessoas e crianças que não podem pagar, como Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare America (para idosos qualificados), New Eyes (óculos) e o Lions Club.

Além disso, alguns centros oculares no Maine oferecem tarifas gratuitas ou com desconto. Por exemplo, os CarePartners da MaineHealth cobrem certos serviços relacionados com os cuidados com diabetes e prevenção para os pacientes. Além disso, o MedAccess da MaineHealth pode fornecer ajuda para pagar as receitas. Os pacientes preocupados com a sua capacidade de pagar por exames oculares e cuidados relacionados com diabetes podem contactar maineHealth Access to Care (877) 626-1684 para saber mais sobre as suas opções. Os médicos gerais também devem ter sugestões para os seus pacientes que precisam de assistência que pague por cuidados oculares.

parce que je ne peux pas accéder aux services”, a-t-elle déclaré.

Les gens ne savent pas toujours qu'ils ont un glaucome parce que celui-ci ne provoque pas de symptômes à un stade précoce de la maladie et qu'il ne peut être diagnostiqué qu'au moyen d'un examen oculaire complet effectué par un optométriste ou un ophtalmologue. Cet examen permet également de diagnostiquer d'autres causes de cécité et de problèmes de vision. L'examen est rapide (environ 15 minutes) et indolore. Pendant l'examen, le docteur utilise des gouttes ophtalmiques pour dilater (élargir) les pupilles afin de vérifier la présence de maladies oculaires. Après un examen de dilatation des pupilles, la vision peut être floue et le client peut être plus sensible à la lumière, mais cela ne dure que quelques heures.

Le Dr Irwin Brodsky, endocrinologue au département du diabète, de l'endocrinologie et du métabolisme du Maine Medical Center, s'inquiète du fait que de nombreuses personnes ne passent pas un examen oculaire complet aussi souvent qu'elles le devraient. “Lorsque je demande à mes patients diabétiques à quand remonte leur dernier examen de la vue, beaucoup d'entre eux me disent qu'ils ont une vision parfaite de 20/20 et qu'elle a été vérifiée au département des véhicules à moteur. Malheureusement, trop de gens ne savent pas qu'on peut avoir une vision de 20/20 mais souffrir d'un glaucome ou d'une rétinopathie diabétique.”

Un examen oculaire complet n'est pas la même chose qu'un test d'acuité visuelle. Un test d'acuité visuelle détermine s'il est nécessaire de porter des lunettes et enregistre une vision parfaite de 20/20. Seul un examen complet des yeux avec dilatation permet de détecter une rétinopathie diabétique. La rétinopathie diabétique désigne les modifications des vaisseaux sanguins et de la muqueuse photosensible de l'œil (rétine) causées par un diabète non traité. Selon Dr Brodsky, les gens pensent à tort que si leur vision est bonne, ils n'ont pas de rétinopathie diabétique et n'ont pas besoin d'examen régulier de la vue. Les symptômes tardifs de la rétinopathie diabétique, tels que les taches flottantes, la vision trouble et la cécité, surviennent généralement lorsqu'il est trop tard pour un traitement médical.

Selon le National Eye Institute, les personnes diabétiques sont deux à cinq fois plus susceptibles de développer des cataractes. Elles présentent également un risque plus élevé de glaucome que les personnes non diabétiques. Par conséquent, les personnes atteintes de diabète (de type 1 ou de type 2) devraient subir un examen complet de la vue par dilatation une fois par an. La prise en charge du diabète - en restant physiquement actif, en mangeant sainement et en prenant les médicaments prescrits pour son état - contribuera également à prévenir ou à retarder la perte de vision.

Avec le temps, l'hypertension non traitée endommage également les vaisseaux sanguins, le nerf optique et la rétine, ce qui a un impact sur la vision. Les personnes souffrant d'hypertension artérielle devraient passer un examen annuel de la vue. Les adultes âgés de 20 à 39 ans devraient passer un examen complet de la vue tous les deux ou trois ans. Les Afro-Américains présentent un risque plus élevé de perte de vision à un âge plus jeune, ils devraient donc prévoir des examens tous les un à deux ans.

Mais la réalité est que beaucoup de Mainers ne peuvent pas avoir accès à des examens réguliers et complets de la vue. MaineCare couvre des examens oculaires limités et une partie du coût des lunettes et des lentilles de contact, ainsi que des examens oculaires annuels pour les personnes présentant un risque élevé de glaucome et pour les personnes diabétiques - mais pas pour les demandeurs d'asile ou les résidents sans papiers. Et pas tous les ophtalmologistes acceptent l'assurance MaineCare. De plus, une grande partie du Maine est rurale, et les zones rurales comptent moins d'optométristes et d'ophtalmologistes.

Parce que l'accès aux services de soins oculaires est “un système si difficile à naviguer ... Les agents de santé communautaires (CHOW) sont essentiels pour mettre les gens en contact avec des soins de la vue abordables et adaptés à leur culture”, a déclaré Cassie Grantham, Directrice de Greater Portland Health (GPH). Tous les documents à remplir pour bénéficier des services sont un obstacle que peu de personnes ayant un niveau d'anglais faible, un accès limité à la technologie et un manque de familiarité avec le système de santé américain pourraient surmonter seules. Il est donc logique de demander de l'aide à un agent de santé communautaire.

Renee Fay-LeBlanc, médecin en chef de GPH, a déploré que les soins ophtalmologiques soient “un domaine dans lequel les personnes ne bénéficiant pas de MaineCare n'ont vraiment pas accès aux soins. Nous avons identifié ce besoin comme étant très important”. GPH cherche à obtenir des subventions pour offrir des services de soins oculaires dans ses cabinets, dans un avenir proche, espérons-le.

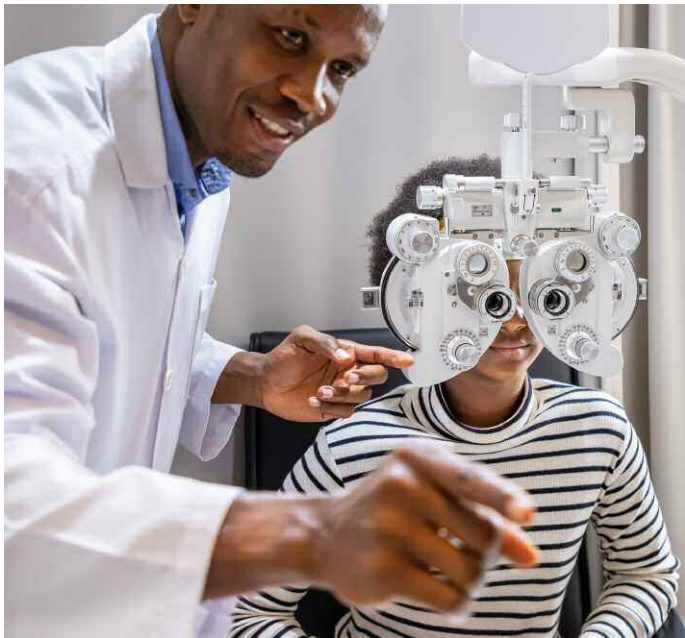
Pour ceux qui ont besoin d'aide pour accéder aux services de soins oculaires, plusieurs programmes nationaux offrent des lunettes et des examens oculaires gratuits ou à prix réduit aux personnes et aux enfants qui ne peuvent pas se les payer, comme Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare America (pour les personnes âgées admissibles), New Eyes (lunettes) et le Lions Club.

De plus, certains centres ophtalmologiques du Maine proposent des tarifs gratuits ou réduits. Par exemple, Care Partners de Maine Health couvre certains services liés aux soins et à la prévention du diabète pour les patients. De même, le programme MedAccess de MaineHealth peut aider à payer les ordonnances. Les patients inquiets de leur capacité à payer les examens de la vue et les soins liés au diabète peuvent contacter Maine Health Access to Care (877) 626-1684 pour en savoir plus sur leurs options. Les médecins généralistes devraient également avoir des suggestions pour leurs patients qui ont besoin d'aide pour payer leurs soins oculaires.

## Laga sii waday bogga 19

indhaha ee la fidiyay ka dib, aragga ayaa laga yaabaa inuu blushto oo macmiilka ayaa laga yaabaa inuu u nugul yahay iftiinka, laakiin tani waxay socotaa oo kaliya dhowr saacood.

Dr. Irwin Brodsky, oo ah khabiir ku taqasusay xanuunka endocrinologist ee Xarunta Caafimaadka Maine ee Waaxda Sonkorowga, Endocrinology, iyo Metabolism, waxa uu ka walaacsan yahay in dad badan aanay helin baadhista indhaha oo dhamaystiran inta badan ee ay u baahan yihiin. "Markii aan weydiiyo bukaanada aan qabo cudurka macaanka markii baaritaankoodii ugu dambeeyay ee isha, qaar badan oo ka mid ah waxay ii sheegaan inay leeyihiin



aragti 20/20 oo qumman iyo in lagu baaro Waaxda Gaadiidka. Nasiib darro, dad badan ayaan ogeyn inaad awood u yeelan karto. weli waxay leeyihiin 20/20 aragga laakiin waxay leeyihiin glaucoma ama retinopathy sonkorowga."

Baaritaanka indhaha oo dhameystiran lama mid aha baaritaanka acuity-ka aragga. Tijaabada miyir-qabka aragga ayaa go'aamisa haddii ay jirto baahi loo qabo mu'aayadaha, waxayna diiwaan gelisaa aragga qumman sida 20/20. Baadhistaan indhohuran oo dhamaystiran oo keliya aaya raadin kara cudurka 'diabetic retinopathy'. Cudurka 'diabetic retinopathy' waxa loola jeedaa isbeddellada ku yimaada xididada dhiigga iyo dahaarka iftiinka-iftiinka ee isha (retina) ee uu keeno sonkorowga aan la daweyn. Dadku waxay si khalidan u qaataan in aragoodu wanaagsan yahay, aanay qabin xanuunka kaadi-macaanka oo aanay u baahnayn baadhistaan indho-sarcaad ah, sida uu qabo Brodsky. Calaamadaha xilliga dambe ee cudurka macaanka, sida dhibco sabeynaya, aragga daruuriga ah, iyo indho la'aanta, badanaa waxay dhacaan marka ay aad uga daahdo daaweynta.

Sida laga soo xigtay Machadka Indhaha Waxanka, dadka qaba cudurka macaanku waxay laba ilaa shan jeer uga dhow yihiin inay ku dhacaan indhaha indhaha. Waxay sidoo kale halis sare ugu jiraan glaucoma marka loo eego dadka aan lahayn sonkorowga. Sidaa darteed, dadka qaba xanuunka macaanka (Nooca 1 ama Nooca 2) waa in sannadkiiba hal mar laga baaro indhaha oo ballaaran. Maareynta cudurka macaanka - iyadoo la joogteeyo firfircoonida jirka, cunista caafimaadka leh, iyo qaadashada daawada loo qoray xaaladaha - waxay sidoo kale kaa caawin doontaa ka hortagga ama dib u dhigista luminta aragga.

Muddo ka dib, dhiig karka oo aan la daweyn ayaa sidoo kale waxyeelaya xididada dhiigga, neerfaha indhaha, iyo retina, taas oo saameynaysa aragga. Dadka qaba dhiigkarka waa in sanadkiiba mar la baaro indhaha. Dadka qaangaarka ah ee da'doodu u dhaxayso 20 ilaa 39 waa in ay maraan baaris dhamaystiran oo bishah labadii ilaa

## Iiendelea kutoka ukurasa 19

napowauliza wagonjwa wangu wa kisukari lini mtihani wao wa mwisho wa macho ulikuwa, wengi wao huniambia wana uwezo wa kuona 20/20 na kwamba iliingaliwa katika Idara ya Magari. Kwa bahati mbaya, watu wengi hawajui kuwa bado unaweza kuwa na maono 20/20 lakini uwe na glakoma au retinopathy ya kisukari."

Uchunguzi wa kina wa macho sio sawa na uchunguzi wa kutoona vizuri. Uchunguzi wa uwezo wa kuona huamua kama kuna hitaji la miwani, na hurekodi maono kamili kama 20/20. Uchunguzi wa kina wa macho pekee unaweza kutafuta ugonjwa wa retinopathy ya kisukari. Ugonjwa wa kisukari retinopathy inarejelea mabadiliko katika mishipa ya damu na utando wa jicho unaohisi mwanga (retina) unaosababishwa na ugonjwa wa kisukari usitibiwa. Watu hufikiri kimakosa kwamba kwa sababu maono yao ni sawa, hawana ugonjwa wa kisukari wa kisukari na hawana haja ya mitihani ya macho ya mara kwa mara, kulingana na Brodsky. Dalili za hatua ya marehemu za retinopathy ya kisukari, kama vile madoa yanayoelea, uoni wa mawingu, na upofu, kwa kawaida hutokea wakati umechelewa sana kwa matibabu.

Kulingana na Taasisi ya Kitaifa ya Macho, watu wenye ugonjwa wa kisukari wana uwezekano wa mara mbili hadi tano zaidi wa kupata mtoto wa jicho. Pia wako katika hatari kubwa ya glaucoma kuliko watu wasio na kisukari. Kwa hiyo, watu wenye ugonjwa wa kisukari (Aina ya 1 au Aina ya 2) wana paswa kuwa na uchunguzi wa kina wa macho mara moja kwa mwaka. Kudhibiti ugonjwa wa kisukari - kwa kuwa na shughuli za kimwili, kula vizuri, na kutumia dawa kulingana na hali zao - pia itasaidia kuzuia au kuchelewesha kupoteza maono.

Baada ya muda, shinikizo la damu lisilotiwiwa pia huaribu mishipa ya damu, neva ya macho, na retina, na kuathiri maono. Watu wenye shinikizo la damu wanapaswa kupimwa macho kila mwaka. Watu wazima wenye umri wa miaka 20 hadi 39 wanapaswa kupimwa macho kila baada ya miaka miwili hadi mitatu. Wamarekani Waafrika wako katika hatari kubwa ya kupoteza uwezo wa kuona wakiwa na umri mdogo, kwa hivyo wanapaswa kupanga mitihani kila baada ya mwaka mmoja hadi miwili.

Lakini ukweli ni kwamba wakazi wengi wa Maine hawawezi kupata uchunguzi wa macho wa kawaida na wa kina. MaineCare inashughulikia uchunguzi mdogo wa macho na baadhi ya gharama ya miwani ya macho na lenzi, pamoja na mitihani ya macho ya kila mwaka kwa wale walio katika hatari kubwa ya glakoma na kwa watu wenye ugonjwa wa kisukari - lakini si kwa wanaotafuta hifadhi au wakazi wasio na hati. Na sio madaktari wote wa macho wanakubali MaineCare. Zaidi ya hayo, sehemu kubwa ya Maine ni ya mashambani, na maeneo ya vijijini yana madaktari wa macho na madaktari wachache wa macho.

Kwa sababu kupata huduma za maono ni "mfumo mgumu sana wa kuzunguka ... Wafanyakazi wa Afya ya Jamii (CHOWs) ni muhimu kwa kuunganisha watu kwa huduma ya maono ya bei nafuu kwa njia inayozingatia kitamaduni," Cassie Grantham, Afisa Mkuu wa Uendeshaji wa Greater Portland Health alisema. (GPH). Hati zote zina-zostahiki ambazo lazima zijazwe ili kupokea

## ibikurikira ipaji 19

Mu gihe k'ikizami, umuganga akoresha ibitonyanga byo mujisho kugirango uruhu rutwikira ijisho rubashe kwigirayo ngo harebwe ko nta burwayi umuntu afite. Nyuma y'icyo kizami, umuntu ashobora kubona ibihu mumaso ndetse urumuri rukamubabaza cyane cyakora ibi bimara amasaha make.

Dr. Irwin Brodsky, umuganga uvura indwara ziterwa n'ibibazo by'imiseburo ukorera ku kigo nderabuzima cya Maine mu ishambi rishinzwe diyabete, imiseburo n'imikorere y'umubiri, ahangayikishijwe no kuba abantu benshi badakoresha ikizimini gisesuye cy'amaso kenshi gashoboka. "Iyo mbajije abarwayi banjye ba diyabete igihe baherukira gukoresha ikizimini cy'amaso, benshi bambwira ko babona neza ku rugero rwa 20/20 kandi ibyo nibyo birebwoho ku rwego rushinzwe ibinyabiziga. Ikibabaje, benshi ntibazi ko ushobora kuguma ufite 20/20 mu kubona nyamara ufite indwara yibasira imboni ya Glaucoma cyangwa iterwa na diyabete yitwa diabetic retinopathy."

Ikizimini gisesuye ntabwo ari kimwe n'ikindi kizimini cyo kureba uburyo ijisho rirwayemo. Iki cyo kiba kigamije kureba niba umuntu akeneye indorerwamo cyangwa se afite ukubona gukiye kuri ku kigero cya 20/20. Ikizimini cy'ijisho gisesuye nicyo gishobora kubona indwara z'imboni ziterwa na diyabete. Iyi ndwara iterwa n'impinduka mu mitsi ndetse no kubabazwa n'izuba cyane kw'ijisho guterwa na diyabete iba itaravuwe. Abantu baribeshya cyane bakavuga ko ubwo babona neza badafite indwara y'amaso ikomoka kuri diyabete ko badakeneye isuzuma rihoraho ry'amaso nk'uko bisobanurwa na Brodsky. Ibi menyetso byerekana ko umuntu afite indwara y'amaso iterwa na diyabete igize kure harimo nko gukuba amaso, kubona ibihu n'ubuhumyi. Akenshi ibi bibaho iyi ndwara itakibashije kuvurwa.

Nk'uko bivugwa n'ikigo cy'igihugu kita ku maso, abantu bafite diyabete bafite ibyago byikubye kabiri kugeza kuri gatanu byo kurwara indwara y'ishaza. Bafite kandi ibyago byinshi byo kurwara glaucoma kurusha abatarwaye iyi ndwara. Niyo mpamvu, abantu barwaye diyabete (iy'ubwoko bwa mbere n'ubwa kabiri) bakwiye gukoresha ikizimini gisesuye cy'ijisho byibura rimwe mu mwaka. Kwivuzwa diyabete nko gukora siporo, kurya indyo nziza, ndetse no gufata imiti bandikiwe y'ubwo burwayi bizafasha nabyo gukumira cyangwa ubuhumyi.

Iyo hashize igihe, umuvuduko w'amaraso utaravuwe nawo wangiza imiyoboro y'amaraso, imitsi y'ijisho ndetse n'imboni, bikagira ingaruka ku kubona. Abantu bafite indwara y'umuvuduko w'amaraso bakwiye gukoresha ikizami cy'amaso buri muwaka. Abantu bakuru bari hagati y'imyaka 20 na 39 bakwiye gukoresha iki kizimini byibura buri myaka 2 cyangwa itatu. Abirabura muri Amerika bafite ibyago byinshi byo kwibasirwa n'ubuhumyi ku myaka mike, niyo mpamvu bakwiye gufata gahunda bakajya kwisuzumisha byibura rumwe mwaka umwe cyangwa ibiri.

Nyamara ukuri ni uko benshi mu batuye Maine badashobora kubona ubushobozi bwo gukoresha ikizimini gisesuye cy'amaso ku buryo buhoraho. Ubwishingizi MaineCare bwishingira bimwe mu bizamini by'amaso kuri babandi bafite ibyago byinshi byo kurwara glaucoma ndetse n'abafite diyabete - hatarimo abari gusaba ubuhungiro n'abafite ibyangombwa. Ikindi kandi ntabwo ari abaganga bose bemera MaineCare. Ikindi kandi, byinshi mu bice bigize Maine ni ibyaro, kandi ibyaro usanga bifite umubare muto w'abaganga b'amaso.

Bitewe n'uko kubona serivisi z'ubuvuzi bw'amaso "ari sisiteme iruhije cyane ....

## Continuación de la página 19

Al Dr. Irwin Brodsky, endocrinólogo del Departamento de Diabetes, Endocrinología y Metabolismo del Centro Médico de Maine, le preocupa que muchas personas no se hagan un examen completo de la vista con la frecuencia necesaria. "Cuando les pregunto a mis pacientes diabéticos cuándo fue su último examen de la vista, muchos me dicen que tienen una visión perfecta 20/20 y que se la revisaron en el Departamento de Vehículos Motorizados. Desafortunadamente, demasiadas personas no saben que todavía se puede tener una visión 20/20 pero tener glaucoma o retinopatía diabética."

No es lo mismo un examen completo de la vista que una prueba de agudeza visual. Una prueba de agudeza visual determina si se necesitan anteojos y registra una visión perfecta como 20/20. Solo un examen completo de los ojos con dilatación de las pupilas puede detectar la retinopatía diabética. La retinopatía diabética se refiere a los cambios en los vasos sanguíneos y el revestimiento del ojo (retina) sensible a la luz causados por la diabetes no tratada. Las personas asumen incorrectamente que debido a que su visión está bien, no tienen retinopatía diabética y no necesitan exámenes oculares regulares, según Brodsky. Los síntomas de la última etapa de la retinopatía diabética, como manchas flotantes, visión nublada y ceguera, generalmente ocurren cuando ya es demasiado tarde para recibir tratamiento médico.

Según el Instituto Nacional del Ojo, las personas con diabetes tienen de dos a cinco veces más probabilidades de desarrollar cataratas. También tienen un mayor riesgo de glaucoma que las personas sin diabetes. Por lo tanto, las personas con diabetes (tipo 1 o tipo 2) deben hacerse un examen completo de los ojos con dilatación de pupilas una vez al año. Manejar la diabetes, manteniéndose físicamente activo, comiendo de manera saludable y tomando los medicamentos recetados para sus afecciones, también ayudará a prevenir o retrasar la pérdida de la visión.

Con el tiempo, la presión arterial alta no tratada también daña los vasos sanguíneos, el nervio óptico y la retina, lo que afecta la visión. Las personas con presión arterial alta deben hacerse exámenes oculares anuales. Los adultos de 20 a 39 años deben hacerse un examen completo de la vista cada dos o tres años. Los afroamericanos corren un mayor riesgo de pérdida de la visión a edades más tempranas, por lo que deben programar exámenes cada uno o dos años.

Pero la realidad es que muchos residentes de Maine no pueden acceder a exámenes de la vista regulares y completos. MaineCare cubre exámenes de la vista limitados y parte del costo de anteojos y lentes de contacto, así como exámenes de la vista anuales para personas con alto riesgo de glaucoma y personas con diabetes, pero no para solicitantes de asilo o residentes indocumentados. Y no todos los oftalmólogos aceptan MaineCare. Además, gran parte de Maine es rural y las áreas rurales tienen menos optometristas y oftalmólogos.

Debido a que acceder a los servicios de cuidado de la vista es "un sistema tan desafiante para navegar... Los trabajadores de salud comunitarios (CHOW) son fundamentales para conectar a las personas con un cuidado de la vista accesible de una manera culturalmente sensible", dijo Cassie Grantham, directora de operaciones de Greater Salud de Portland (GPH). Todo el papeleo de calificación que se debe completar para recibir servicios es una barrera que pocas personas con dominio del inglés, acceso limitado a la tecnología y falta de familiaridad con el sistema de atención médica de los EE. UU. podrían superar por sí solas. Llegar a un trabajador de salud comunitario

# Stay Healthy This Winter

## Stay healthy this winter |

By Amy Harris

Public health experts are wondering whether this winter will bring a repeat of winter 2021-22's deadly spike in COVID-19 cases. Several factors make a winter spike seem likely.

First, while 82% of Mainers are fully vaccinated, less than half have received the newer bivalent COVID-19 booster shot. And people have waning immunity from vaccines and/or prior infections, leaving them vulnerable to the newer, more contagious sub-variants.

Maine's pediatric intensive care units are already filled with children infected with flu and respiratory syncytial virus (RSV).

According to Dr. Dora Anne Mills in her December 3 "View from Maine" post on her Facebook page, "The vast majority of influenza this season is Type A H3N2, which is an especially virulent strain that hits children under 5 and older adults (65+) the hardest. We're still seeing fairly high levels of RSV, COVID, and other viral respiratory illnesses. It looks like a challenging viral cold/flu/COVID season!"

Pediatricians and hospitals are concerned about a potential lack of capacity to treat children in hospitals if there is a winter COVID-19 surge in Maine's children. Nationally, only 10% of kids 5 and older have been boosted with the newest bivalent vaccine.

Globally, the number of new COVID-19 cases increased in November for the first time in four months. And the new omicron BQ.1.1 and BQ.1 sub-variants are definitely in the U.S. – by the end of November, they were causing nearly half of all U.S. COVID-19 cases. Scientists are hoping the newest booster (everyone older than 6 months is eligible) will be effective against these variants. They don't know yet if the newer variants will be more or less dangerous than previous ones.

With so much uncertainty, returning to proven methods of infection control (vaccines, boosters, masking, and washing hands) remain the best ways to avoid becoming one of this winter's COVID-19 cases.

## Mantenha-se saudável neste inverno |

Por Amy Harris

Os especialistas em saúde pública perguntam-se se este inverno trará uma repetição do pico mortal de inverno 2021-22 nos casos do COVID-19. Vários fatores fazem com que um pico de inverno pareça provável.

Em primeiro lugar, enquanto 82% dos Mainers estão totalmente vacinados, menos de metade recebeu a nova injeção de reforço bivalent COVID-19. E as pessoas têm imunidade diminuída de vacinas e/ou infecções anteriores, deixando-as vulneráveis às sub-variantes mais recentes e contagiosas.

As unidades de cuidados intensivos pediátricos do Maine já estão repletas de crianças infectadas com vírus da gripe e do vírus síncitia respiratório (RSV).

De acordo com a Dr.ª Dora Anne Mills na sua publicação de 3 de dezembro "View from Maine" na sua página de Facebook, "A grande maioria da gripe nesta temporada é o Tipo A H3N2, que é uma estirpe especialmente virulenta que atinge crianças com menos de 5 anos e idosos (65+) a mais difícil. Ainda estamos a ver níveis bastante elevados de RSV, COVID e outras doenças respiratórias virais. Parece uma desafiante temporada de frio/gripe/COVID!"

Pediatros e os hospitais estão preocupados com uma potencial falta de capacidade de tratamento de crianças nos hospitais se houver um surto de IN-

## Restez en bonne santé cet hiver |

Par Amy Harris

Les experts de la santé publique se demandent si cet hiver sera une répétition du pic mortal de cas de COVID-19 de l'hiver 2021-22. Plusieurs facteurs rendent probable un pic hivernal.

Tout d'abord, alors que 82 % des habitants du Maine sont complètement vaccinés, moins de la moitié ont reçu la nouvelle injection de rappel bivalente du COVID-19. De plus, l'immunité des personnes vaccinées ou ayant déjà été infectées diminue, ce qui les rend vulnérables aux nouvelles sous-variantes plus contagieuses.



VERNO COVID-19 nas crianças do Maine. A nível nacional, apenas 10% das crianças com 5 ou mais anos foram impulsionadas com a mais recente vacina bivalent.

A nível mundial, o número de novos casos COVID-19 aumentou em novembro pela primeira vez em quatro meses. E as novas sub-variantes de Omicron BQ.1.1 e BQ.1 estão definitivamente nos EUA – no final de novembro, estavam a causar quase metade de todos os casos do COVID-19 dos EUA. Os cientistas esperam que o mais recente impulsionador (todos os maiores de 6 meses são elegíveis) seja eficaz contra estas variantes. Ainda não sabem se as variantes mais recentes serão mais ou menos perigosas do que as anteriores.

Com tanta incerteza, o regresso aos métodos comprovados de controlo de infeções (vacinas, estimuladores, máscaras e mãos lavadas) continuam a ser as melhores formas de evitar tornar-se um dos casos covid-19 deste inverno.

Les unités de soins intensifs pédiatriques du Maine sont déjà remplies d'enfants infectés par la grippe et le virus respiratoire syncytial (VRS).

Selon le Dr Dora Anne Mills, dans son message "View from Maine" publié le 3 décembre sur sa page Facebook, "la grande majorité des cas de grippe cette saison sont de type A H3N2, une souche particulièrement virulente qui frappe le plus durement les enfants de moins de 5 ans et les personnes âgées (65 ans et plus). Nous observons encore des niveaux assez élevés de VRS, de COVID et d'autres maladies respiratoires virales. La saison du rhume, de la grippe et du COVID s'annonce difficile !"

Les pédiatres et les hôpitaux sont préoccupés par un manque potentiel de capacité à traiter les enfants dans les hôpitaux s'il y a une poussée hivernale de COVID-19 chez les enfants du Maine. Au niveau national, seuls 10 % des enfants de 5 ans et plus ont reçu le dernier vaccin bivalent.

Au niveau mondial, le nombre de nouveaux cas de COVID-19 a augmenté en novembre pour la première fois en quatre mois. Et les nouvelles variantes omicron BQ.1.1 et BQ.1 sont bien présentes aux États-Unis : fin novembre, elles étaient à l'origine de près de la moitié des cas de COVID-19 dans ce pays. Les scientifiques espèrent que le tout dernier rappel (toute personne âgée de plus de 6 mois est éligible) sera efficace contre ces variantes. Ils ne savent pas encore si les nouvelles variantes seront plus ou moins dangereuses que les précédentes.



MAINE MADE US CARING

## YOUR WELLNESS IS OUR PRIMARY FOCUS

**NOW'S THE TIME TO MAKE SAFE, ACCESSIBLE PRIMARY CARE A PART OF YOUR ROUTINE.**

At Northern Light Mercy Primary Care, we're making it easy for you to connect with a full range of services and benefits such as routine checkups, early detection of health issues, and more. That way you can worry less about your wellness and focus more on the things you love.

Connect with a primary care provider at [MaineMadeUs.com/MercyPrimaryCare](https://MaineMadeUs.com/MercyPrimaryCare)



Northern Light  
Mercy Hospital

**Laga sii waday bogga 21**

saddexdii sanoba mar. Afrikaan Ameerikaanka waxay halis sare ugu jiraan luminta aragga da'da yar, marka waa inay jadwalka imtixaanka hal ilaa laba sanoba mar.

Laakiin xaqiiqada waxay tahay in qatar badan oo ka mid ah Mainers aysan heli karin imtixaannada indhaha ee caadiga ah, oo dhamaystiran. MaineCare waxay dabooshaa imtixaannada indhaha oo xadidan iyo qaar ka mid ah kharashka mu-raayadaha indhaha iyo lenses-ka indhaha, iyo sidoo kale baadhista indhaha ee sannadlaha ah ee kuwa khatarta sare ugu jira glaucoma iyo dadka qaba sonkorowga - laakiin maaha magangalyo-doonka ama deganayaasha aan sharciiga haysan. Dhammaan dhakhaatiirta indhahana ma aqbalaan MaineCare. Intaa waxaa dheer, in badan oo ka mid ah Maine waa miyi, iyo meelaha miyiga ah waxaa ku yar dhakhaatiirta indhaha iyo dhakhaatiirta indhaha.

Sababtoo ah helitaanka adeegyada daryeelka aragga waa "nidaamka dhibka badan ee lagu socdo...Shaqaalaha Caafimaadka Bulshada (CHOWs) ayaa muhiim u ah isku xirka dadka daryeelka aragga la awoodi karo ee hab dhaqan xasaasi ah," ayuu yiri Cassie Grantham, Madaxa Hawlgelinta ee Caafimaadka Portland. (GPH) Dhammaan waraaqaha u-qalmi-taanka ee ay tahay in la buuxiyo si loo helo adeegyada ayaa caqabad ku ah dad yar oo horumarinaya Ingiriisiga, helitaanka tignoolajiyada xaddidan, iyo aqoon la'aanta nidaamka daryeelka caafimaadka Mareykanka ayaa keligood ka gudbi kara. La xiriirida shaqaalaha caafimaadka bulshada si ay u caawiyaan waa macno.

Renee Fay-LeBlanc, Madaxa Caafimaadka ee GPH, ayaa ku calaacalay in daryeelka indhaha uu yahay "meel ay dadka aan MaineCare haysan runtii aysan heli karin daryeel. Waxaan u aqoonsannay tan inay tahay baahi weyn." GPH waxay raadinaysaa deeq-lacageedka si ay u bixiso adeegyada daryeelka aragga ee dhaqamadda, iyadoo la rajaynayo mar uun mustaqbalka dhow.

Kuwa u baahan in laga caawiyo helitaanka adeegyada daryeelka indhaha, dhowr barnaamij oo qaran ayaa bixiya mu-raayado bilaash ah ama qiimo dhimis ah dadka iyo caruurta aan awoodin inay helaan, sida Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare America (waayeelka u qalma), New Eyes (marayada), iyo ah Lions Club.

Intaa waxaa dheer, xarumaha indhaha qaarkood ee Maine waxay bixiyaan qiimayaal bilaash ah ama qiimo dhimis ah. Tusaale ahaan, MaineHealth's CarePartners waxay dabooshaa adeegyada qaarkood ee la xiriira daryeelka sonkorowga iyo ka hortagga bukaannada. Sidoo kale, MaineHealth's MedAccess waxay ku siin kartaa caawimo bixinta kharashka daawada. Bukaannada ka welwelan awooddooda inay iska bixiyaan kharashka baarista indhaha iyo daryeelka la xiriira sokorowga waxay la xiriir karaan MaineHealth Access to Care ((877)626-1684 si ay wax badan uga ogaadaa ikhtiyaarkooda. Dhakhaatiirta guud waa inay sidoo kale talooyin u hayaan bukaankooda u baahan in laga caawiyo bixinta daryeelka indhaha.

**Iiendelea kutoka ukurasa 21**

huduma ni kikwazo cha watu wachache wenye kuendelea Kiingereza, ufikiaji mdogo wa teknolojia, na ukosefu wa ujuzi na mfumo wa afya wa Marekani unaweza kushinda peke yake. Kufikia mhudumu wa afya ya jamii kwa usaidizi kunaleta maana.

Renee Fay-LeBlanc, Afisa Mkuu wa Matibabu wa GPH, aliimboleza kwamba huduma ya macho ni "eneo moja ambalo watu wasio na MaineCare kwa kweli hawapati huduma. Tumetambua hili kama hitaji kubwa sana." GPH inafuutilia ufadhili wa ruzuku ili kutoa huduma za maono kwa desturi zao, tunatumi kuwa wakati fulani hivi kari-buni.

Kwa wale wanaohitaji usaidizi wa kupata huduma za utunzaji wa macho, programu kadhaa za kitaifa hutoa glasi na mitihani ya macho bila malipo au iliyopunguzwa bei kwa watu na watoto ambao hawawezi kumudu gharama hizo, kama vile Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare. Amerika (kwa wazee wanaohitimu), New Eyes (glasi), na Lions Club.

Zaidi ya hayo, baadhi ya vituo vya macho huko Maine vinatoa viwango vya bure au vilivyopunguzwa. Kwa mfano, MaineHealth'sCarePartners inashughulikia huduma fulani zina-zohusiana na utunzaji na kuzuia ugonjwa wa kisukari kwa wagonjwa. Pia, MaineHealth'sMedAccess inaweza kutoa usaidizi wa kulipia maa-gizo. Wagonjwa walio na wasiwasi kuhusu uwezo wao wa kulipia mitihani ya macho na utunzaji unaohusiana na kisukari wanaweza kuwasiliana na MaineHealth Access to Care (877) 626-1684 ili kupata maelezo zaidi kuhusu chaguo zao. Madaktari wa kawaida wanapaswa pia kuwa na mapendekezo kwa wagonjwa wao wanaohitaji msaada wa kulipia huduma ya macho.

**ibikurikira ipaji 21**

Abakangurambaga mu by'ubuzima (CHOWs) bakora umurimo mwiza wo guhuza abarwayi n'amavuriro avura amaso ku giciro kiza kandi hitabwa ku mico y'ababaganga," nk'uko bivugwa na Cassie Grantham, umuyobozi ushinzwe ibikorwa mu kigo Greater Portland Health (GPH). Za mpapuro zose umuntu asabwa kuzua ngo abe yahabwa serivisi ni imbogamizi kuri babandi barimo kwiga icyongereza, batabasha kubona ikoranabuhanga byoroshye ndetse no kutamenya uko ibintu bikorwa muri U.S. ibijyanye n'urwego rw'ubuvuzi muri Amerika ntabwo ari ibyo umuntu yakemura wenyine. Kwegera abakangurambaga mu by'ubuvuzi ni ingirakamaro.

Renee Fay-LeBlanc, umuyobozi ushinzwe ubuvuzi muri GPH, ababazwa n'uburyo ubuvuzi bw'amaso "ari imwe muri serivisi abantu badafite MaineCare batabasha kubona. Twabonye ko iki kintu gikenewe cyane." GPH iri gushakisha impano zafasha mu gutanga serivisi z'ubuvuzi bw'amaso aho bakorera, bakaba bizeye ko ibi bizagerwaho mu bihe byavuba biri imbere.

Kuri babandi bakenera ubufasha kugirango babashe kwivuzama, hari gahunda zitandukanye z'igihugu zitanga indorerwamo hamwe n'ibizami by'amaso k'ubuntu cyangwa kuri make ku bantu cyangwa abana badashobora kubyiyishyurira, nka gahunda ya Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare America (ku bakuze bayemerewe), New Eyes (glasses), hamwe na gahunda yitwa Lions Club.

Ikindi kandi, hamwe mu havurirwa amaso muri Maine hashobora kuboneka serivisi z'ubuntu cyangwa se za make. Nk'urugero, Abafatanyabikorwa mu buvuzi b'ikigo MaineHealth bishyura zimwe muri serivisi zirebana n'ubuvuzi bwa diyabete ndetse n'izo kwirinda indwara ku babagana. Ikindi kandi, gahunda ya MedAccess ya MaineHealth itanga ubufasha mu kwishyura imiti. Abarwayi bafite impungenge z'uko bari bwishyure ibizami byo gusuzuma amaso ndetse n'ubuvuzi burebana na diyabete bashobora guhamgara Access to Care ya MaineHealth kuri (877) 626-1684 kugirango babone amakuru menshi y'uko babyitwaramo. Abaganga bakwiye nabo kuba bafite amakuru basangiza abarwayi babo bakeneye ubufasha mu kwishyura ubuvuzi bw'amaso.

**Continuación de la página 21**

para obtener ayuda tiene sentido.

Renee Fay-LeBlanc, directora médica de GPH, lamentó que la atención oftalmológica es "un área donde las personas sin MaineCare realmente no tienen acceso a la atención. Hemos identificado esto como una necesidad realmente grande". GPH está buscando subvenciones para brindar servicios de cuidado de la vista en sus prácticas, con suerte en un futuro cercano.

Para aquellos que necesitan ayuda para acceder a los servicios de atención de la vista, varios programas nacionales ofrecen anteojos y exámenes de la vista gratis o con descuento a personas y niños que no pueden pagarlos, como Vision Service Plan Eyes of Hope, Vision USA (800) 766-4466, EyeCare America (para personas mayores que califican), New Eyes (anteojos) y el Club de Leones.

Además, algunos centros oftalmológicos en Maine ofrecen tarifas gratuitas o con descuento. Por ejemplo, Care Partners de Maine Health cubre ciertos servicios relacionados con el cuidado y la prevención de la diabetes para los pacientes. Además, MedAccess de Maine Health puede brindar ayuda para pagar las recetas. Los pacientes preocupados por su capacidad para pagar los exámenes de la vista y la atención relacionada con la diabetes pueden comunicarse con Maine Health Access to Care (877) 626-1684 para obtener más información sobre sus opciones. Los médicos generales también deben tener sugerencias para sus pacientes que necesitan ayuda para pagar la atención oftalmológica.

**Caafimaad qabo jiilaalkan****Waxaa qoray Amy Harris**

Khubarada caafimaadka dadweynaha ayaa la yaaban in jiilaalkani uu soo celin doono jiilaalka 2021-22 ee dilaaga ah ee kiisaska COVID-19. Dhowr arrimood ayaa ka dhigaya kororka jiilaalka mid u muuqda mid macquul ah.

Marka hore, halka 82% ee Mainers si buuxda loo tallaalay, in ka yar kala badh ayaa helay tallaalka xoojinta ah ee COVID-19 ee cusub. Dadkuna waxay leeyihiin difaacii tallaalada iyo/ama infekshanadii hore oo sii yaraanaya, taasoo ka dhigaysa inay u nuglaadaan kuwa cusub, noocyada kala duwan ee faafa.

Qaybaha daryeelka degdega ah ee carruurta ee Maine waxaa durba ka buuxsamay carruur qaba hargab iyo fayraska syncytial neef-mareenka (RSV).

Sida ay Dr. Dora Anne Mills ku sheegtay 3-dii Diseembar "View from Maine" qoraal ay soo dhigtay boggeeda Facebook, "Inta badan hargabka xilli ciyaareedkan waa Nooca A H3N2, kaas oo ah nooc gaar ah oo fayrus ah oo ku dhaca carruurta ka yar 5 iyo dadka waaweyn ( 65+) kan ugu adag. Weli waxaan aragnaa heerar sare oo RSV ah,

**Ku sii soconaya bogga 25****Kuwa na afya msimu huu wa baridi****Na Amy Harris**

Wataalam wa afya ya umma wanashangaa ikiwa msimu huu wa baridi utaleta marudio ya msimu wa baridi wa 2021-22 katika kesi za COVID-19. Sababu kadhaa hufanya mwiba wa msimu wa baridi uonekane uwezekano.

Kwanza, wakati 82% ya wakazi wa Maine wamechanjwa kikamilifu, chini ya nusu wamepokea nyongeza mpya zaidi ya mbili ya COVID-19. Na watu wana kinga inayopungua dhidi ya chanjo na/au maambukizo ya awali, na kuwaacha katika hatari ya vibadala vipya zaidi, vinavyoambukiza zaidi.

Vitengo vya wagonjwa mahututi vya Maine tayari vimejazwa na watoto walioambukizwa homa na virusi vya kupumua vya syncytial (RSV).

Kulingana na Dk. Dora Anne Mills katika chapisho lake la Desemba 3 la "Tazama kutoka Maine" kwenye ukurasa wake wa Facebook, "Mafua mengi msimu huu ni Aina A H3N2, ambayo ni aina hatari sana ambayo huwapata watoto chini ya miaka 5 na watu

**Ilaendelea kwenye ukurasa 25****Gumana ubuzima buzira umuze muri ibi bihe by'ubukonje****Yanditswe Amy Harris**

Abahanga mu buzima rusange bari kwibaza niba ibi bihe by'ubukonje bizagarura umubare munini w'umubare bw'abicwa na COVID-19 nk'uko byagenze mu bihe by'ubukonje bya 2021 na 2022. Hari impamvu nyinshi zituma bishoboka ko iyi mibare yazamuka muri ibi bihe by'imbeho.

Icyambere, mu gihe 82% y'abatuye Maine bakingiwe byuzuye, abatagera ku cya kabiri ni bo bafashe urukingo rwo gushimangira rukingira virusi za COVID -19 zihurutse kwihinduranya mu bihe bya vuba. Ikindi kandi abantu bafite ubwirindi buri kugenda bugabanuka bitewe n'uko hashize igihe bafashe inkingo cyangwa ubwo bakuye ku kwandura iyi ndwara mu bihe byashize, bigatuma bashobora kuzahazwa n'ubwoko bushya bw'iyi ndwara, kuri ubu ifite ubwoko bushya bwandura cyane.

Ishami rishinzwe kuvura abana bakeneye kwitabwaho cyane muri Maine bamaze ku-

**komereza ku ipaji 25****Mantente salu-able este invierno****Por Amy Harris**

Los expertos en salud pública se preguntan si este invierno traerá una repetición del pico mortal del invierno 2021-22 en los casos de COVID-19. Varios factores hacen que parezca probable un pico de invierno.

Primero, mientras que el 82% de Mainers están completamente vacunados, menos de la mitad ha recibido la vacuna más nueva de refuerzo bivalente COVID-19 Y las personas tienen una inmunidad menguante de las vacunas y/o infecciones previas, lo que las hace vulnerables a las variantes más nuevas y más contagiosas.

Las unidades de cuidados intensivos pediátricos de Maine ya están llenas de niños infectados con gripe y virus respiratorio sincitial (RSV).

Según la Dra. Dora Anne Mills en su publicación del 3 de diciembre "Vista desde Maine" en su página de Facebook, "La gran mayoría de la influenza de esta temporada es del tipo A H3N2, que es una cepa especialmente virulenta que afecta a niños menores de 5 años y adultos mayores ( 65+) el más difícil. Todavía estamos viendo niveles bastante altos de RSV, COVID y otras enfer-

**Continúa en la página 25**

continued from page 1

Summit Guidance “is dedicated to providing culturally competent mental health and other social services to families, including refugees and immigrants with multiple layers of complex needs, exposure to violence and trauma both in their current environment and in their native countries, and weakening intergenerational relationships,” according to the website.

Ahmed Hassan’s practice centers on a belief that cultural understanding needs to be the bedrock on which mental health treatment strategies are built, and according to him, proverbs and metaphors can help bridge differences in culture regarding mental health treatment.

In the morning session, “Cultural Perceptions and Expressions of Mental Distress”, Hassan explained that in Somalia, folk healers – rather than therapists – are the ones who often provide mental health diagnoses. Folk healers use terms such as *jin* (demon or evil eye) or the stigmatizing *waali* (crazy).

“Somali Proverbs: Revelation of Culture and Attitudes” was the afternoon session, also led by Hassan. He discussed the difficulties in engaging Somali people in therapy and shared the story of an elderly Somali client who was referred to him for treatment. After his first hour-long counseling session, the client asked Hassan, “Where is my prescription?” Hassan explained that he did not prescribe medication, just talk therapy. The client replied, “Talk therapy? All you do is talk? You wasted your time. You should have gone to medical school!” Hassan explained to the audience that a large part of his therapeutic process is teaching clients that psychotherapy is a process. Through psychoeducation, he said, clients can learn to trust and heal. He proudly shared that the same man who was so skeptical went on to be his client for the next three years.



Traditional music was provided before and after the discussion program by Brian Shankar Adler (L) and Hadith Bani-Adam (R). | Photo Mark Mattos

Hassan, who was born in Somalia, said proverbs and metaphors are important in Somali culture, and can help with mental health treatment. Some proverbs relate specifically to thoughts, beliefs, and attitudes about mental health. He identified proverbs relating to some mental health concepts from Western cultures: post-traumatic stress and trauma, gambling addiction, substance use disorder, the development of personal identity, social support, mindfulness, and the mind-body connection.

*Fire and Ashes: An African Boy and a Proverb* is a book Hassan has written for children, ages 5 to 13. The book tells the story of Warfa, a Somali refugee who struggles to adapt to his new elementary school. Haunted by distressing memories, he turns to his grandmother, and the Somali proverb “One man fears fire; another man fears ashes.” This describes the concepts of rational fear (fire) and irrational fear (ashes), Hassan said. He explained that asking clients about their thoughts or feelings is challeng-

ing because these are abstract concepts, but using a proverb such as fire and ashes helps make those concepts concrete and accessible.

Hassan hopes to continue sharing proverbs in two more children’s books he is writing to help parents, teachers, and mental health providers teach social and emotional learning to immigrant and refugee children. Through his picture book series, he hopes to bring the relevance of African proverbs to the modern world, and help destigmatize mental illness in refugee, immigrant, and asylum-seeking communities.

Deqa Dhalac, Assistant Executive Director of the nonprofit arm of Gateway Community Services, said she believes it is critical to cre-

ate culturally and linguistically competent safe spaces for healing from mental health trauma. A Somali immigrant herself, Dhalac holds a master’s degree in social work (MSW) from the University of New England, and is the first Black mayor of South Portland.

Amran Osman, founder of Generation Noor, observed that “as a society, regardless of your culture, we need to learn to take mental health more seriously.” A Gateway em-

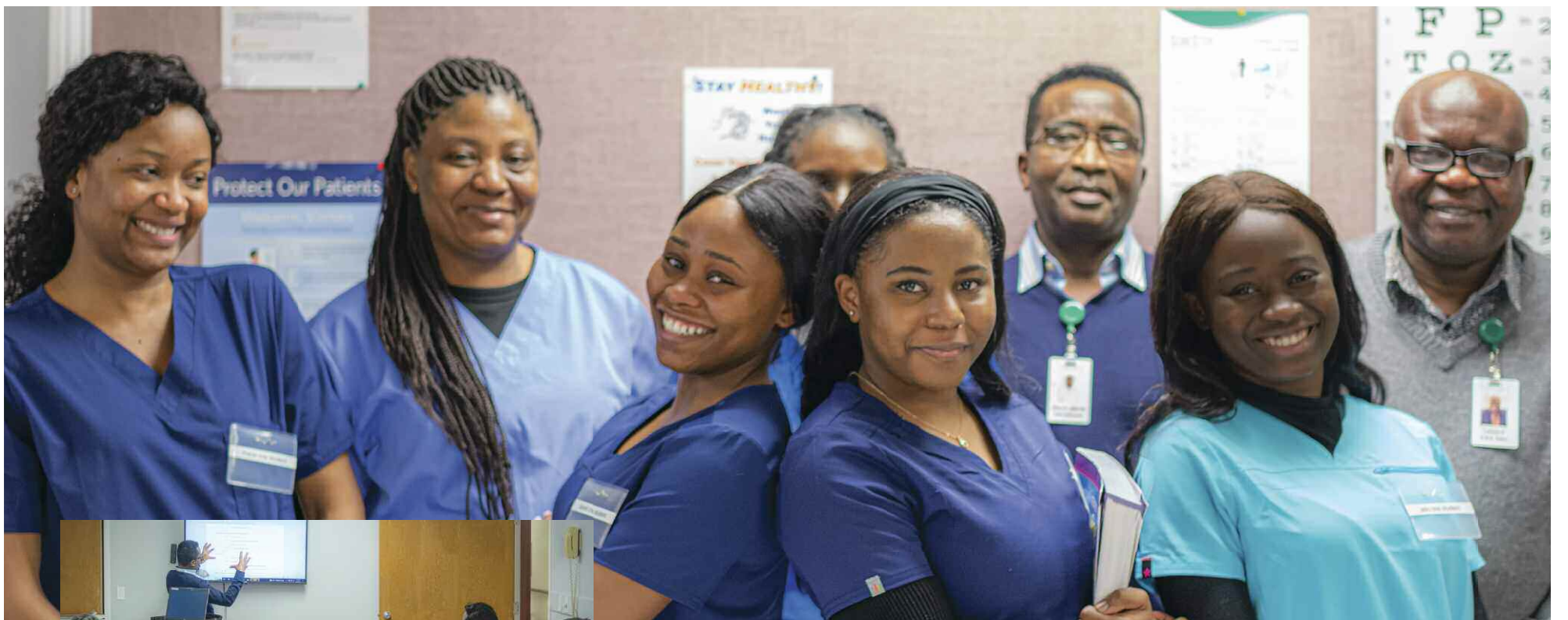
ployee, Noor started Generation Noor to destigmatize substance use disorder and mental health within refugee and immigrant communities.

Gateway Community Services has two service branches providing support and opportunities for immigrant, refugee, and asylee community members and their neighbors in greater Portland and Lewiston.

Training attendees included representatives of a number of organizations, including Hope Acts, Lewiston Public Schools, Maine Association for New Americans (MANA), MaineHealth, South Portland Schools, and the YWCA, according to organizer Krista Hall, Director of Clinical and Program Development at the for-profit branch of Gateway Community Services.



Amran Osman discussing mental health issues facing the immigrant and refugee communities. | Photo Mark Mattos



## Earn and Learn!

NOW YOU CAN BECOME A CERTIFIED NURSING ASSISTANT, CNA, with no cost to you. And you can get paid at other facility jobs while you’re enrolled at St. Joseph’s. All Classes are on-site, with meals provided and once you graduate they have immediate full time openings with sign-on bonuses. Start your career in the rewarding field of healthcare and take charge of your future.

**CONTACT:** Lawum Kayumba, CNA Tutor @ 207-317-7558  
**INSTRUCTOR,** Baba Dauoda, RN, CNA  
 1133 Washington Ave, Portland, ME 04103





**Laga sii waday bogga 21**

COVID, iyo cudurrada kale ee neef-mareenka ee fayraska

Dhakhaatiirta carruurta iyo isbitaallada ayaa ka walaacsan awood la'aanta suurtagalka ah ee lagu daweyn karo carruurta isbitaallada haddii ay jirto qalliinka qaboobaha COVID-19 ee carruurta Maine. Qaran ahaan, kaliya 10% carruurta 5 jir iyo ka weyn ayaa lagu xoojiyay tallaalka cusub ee bivalent.

Caalamka, tirada cusub ee COVID-19 ayaa kordhay bishii November markii ugu horeysay muddo afar bilood ah. Iyo omicron-ka cusub ee BQ.1.1 iyo BQ.1-hoosaadyada waxay xaqiiqdii ku sugan yihiin Mareykanka - dhammaadka Noofambar, waxay keeneen ku dhawaad kala bar dhammaan kiisaska COVID-19 ee Mareykanka. Saynis yahanadu waxa ay rajaynayaan xoojiye cusub (qof kasta oo ka weyn 6 bilood waa u qalmaa) in uu waxtar u yeesho noocyadan. Weli ma garanayaan in noocyada cusubi ay ka khatar badnaan doonaan ama ka yarayn doonaan kuwii hore.

Huban la'aan badan, ku noqoshada hababka la xaqiijiyay ee xakameynta caabuqa (talaalka, xoojinta, waji-xidhka, iyo gacmo-dhaqashada) ayaa ah hababka, ugu fiican ee looga fogaado ka mid noqoshada xaaladaha COVID-19 ee jilaalka.

**Iiendelea kutoka ukurasa 21**

wazima zaidi. 65+) ngumu zaidi. Bado tunaona viwango vya juu vya RSV, COVID, na magonjwa mengine ya kupumua ya virusi. Inaonekana kama msimu wa baridi wa virusi/mafua/COVID!"

Madaktari wa watoto na hospitali wana wasi-wasi juu ya ukosefu wa uwezo wa kutibu watoto hospitalini ikiwa kuna upasuaji wa msimu wa baridi wa COVID-19 kwa watoto wa Maine. Kitaifa, ni 10% tu ya watoto wenye umri wa miaka 5 na zaidi wameimarishwa na chanjo mpya zaidi ya bivalent.

Ulimwenguni kote, idadi ya kesi mpya za COVID-19 iliongezeka mnamo Novemba kwa mara ya kwanza katika miezi minne. Na vibadala vipya vya omicron BQ.1.1 na BQ.1 viko nchini Marekani - kufikia mwisho wa Novemba, vilikuwa vinasababisha karibu nusu ya visa vyote vya Marekani. COVID-19. Wanasayansi wanatumai nyongeza mpya zaidi (kila mtu aliye na umri wa zaidi ya miezi 6 anastahiki) itafanya kazi dhidi ya vibadala hivi. Bado hawajajua ikiwa vibadala vipya vitakuwa hatari zaidi au kidogo kuliko vilivyotangulia.

Pamoja na kutokuwa na uhakika mwingi, kuruudi kwenye mbinu zilizohitishwa za udhibiti wa maambukizi (chanjo, viboreshaji, kufunika uso, na kunawa mikono) zinasalia kuwa njia bora zaidi za kuzuia kuwa moja ya kesi za COVID-19 za msimu huu wa baridi.

**ibikurikira ipaji 21**

gira abarwayi beshi bafite indwara y'ibicurane hamwe n'indwara iterwa na virusi (RSV).

Nk'uko byatangajwe na Dr. Dora Anne Mills ku gitekerezo yatanze ku rukuta rwe rwa facebook kivuga ku buryo abona Maine, yagize ati "abeshi barwaye ibicurane muri ibi bihe bafite ibicurane byo mu bwoko A H3N2, iyi ikaba ari indwara izahaza cyane abana bari muni y'imyaka itanu ndetse n'abakuze barengeje imyaka 65. Turi kubona kandi beshi barwaye RSV, COVID ndetse n'izindi ndwara zandurira mu buhumekero ziterwa na virusi. Birasa nk'aho turi mu bihe bitoroshye by'uruhurirane rw'ibicurane na COVID!"

Abaganga bavura abana hamwe n'ibitaro batewe impungenge n'uko bashobora kuzakira umubare urenze ubushobozi bwabo mu bitaro niharamuka habonetse izamuka ry'abana banduye COVID-19 muri ibi bihe. Ku rwego rw'igihugu, 10% bonyine b'abana bafite imyaka itanu kuzamura nibo gusa bakiye urwo gushimangira rwo guhashya virusi nshya zihinduranyije.

Ku rwego rw'isi, umubare w'abashya bandura COVID-19 warazamutse mu kwezi kwa 11 ku nshuro ya mbere mu mezi ane yari ashize. Virusi nshya yitwa omicron BQ.1.1 n'iyikomokaho izwi nka BQ.1 rwose zageze muri U.S. - mbere y'uko ukwa 11 kurangira izi virusi zari ziri kugaragara mu benda kugera ku cya kabiri cy'abarwaye COVID bese muri U.S. Abahanga muri siyansi bavuga ko urwo gushimangira rushya (buri wese urengeje amezi atandatu ararwemerewe) ruzaba rufite ubushobozi bwo guhangana n'izi virusi nshya. Ntabwo baramenya niba izi virusi nshya zizakara cyane kurusha izabanje.

Mu gihe tutaramenya neza aho ibintu byerekeza, gusubira ku buryo bwemejwe bwo kwirinda kwandura (inkingo, izo gushimangira, udupfukamunwa, gukaraba intoki) biracyari uburyo bwonyine bwiza bwo kwirinda kuba muri bamwe banduye COVID-19 muri ibi bihe by'ubukonje.

**Continuación de la página 21**

medades respiratorias virales. ¿Parece una temporada desafiante de resfriado viral/gripe/COVID!"

Los pediatras y los hospitales están preocupados por la posible falta de capacidad para tratar a los niños en los hospitales si hay un aumento repentino de COVID-19 en los niños de Maine durante el invierno. A nivel nacional, solo el 10 % de los niños mayores de 5 años han recibido la vacuna bivalente más reciente.

A nivel mundial, el número de nuevos casos de COVID-19 aumentó en noviembre por primera vez en cuatro meses. Y las nuevas variantes omicron BQ.1.1 y BQ.1 definitivamente están en los EE. UU. A fines de noviembre, estaban causando casi la mitad de todos los casos de COVID-19 en los EE. UU. Los científicos esperan que el refuerzo más nuevo (cualquier persona mayor de 6 meses es elegible) sea efectivo contra estas variantes. Todavía no saben si las variantes más nuevas serán más o menos peligrosas que las anteriores.

Con tanta incertidumbre, volver a los métodos comprobados de control de infecciones (vacunas, refuerzos, tapabocas y lavado de manos) sigue siendo la mejor manera de evitar convertirse en uno de los casos de COVID-19 de este invierno.



## Do you have legal questions about the immigration process?

The Office of Maine Refugee Services funds programs through Catholic Charities Maine's Refugee and Immigration Services and Maine Immigrant and Refugee Services that provide **low-cost legal services to low-income refugees, asylees, and immigrants.**

Legal services that can help you include:

- Adjust status
- Apply for citizenship
- Apply for fiancé/fiancée Visas
- Apply for permanent residence (Green Card)
- Apply for employment authorization
- Apply for travel documents
- Complete immigration legal forms
- Petition for refugee/asylee relative
- Petition for alien relative
- Petition for family members and acquire affidavit of relationship (AOR)
- Help with congressional advocacy
- Review other immigration legal forms

Accredited representatives who can represent clients in immigration proceedings before the Department of Homeland Security are also available.

**Most services are available at low or no cost.**

*We are unable to assist with asylum applications, removals, and deportation defense, and cases requiring representation before Immigration Court. Clients seeking these services will be referred to an immigration attorney.*

**For information or to make an appointment:**

**Catholic Charities Maine Refugee and Immigration Services (RIS)**

80 Sherman Street, Portland, Maine 04101

Carolyn Graney, LMSW

Immigration Legal Services Manager

(207) 560-7280 or email [cgraney@ccmaine.org](mailto:cgraney@ccmaine.org)

**Maine Immigrant and Refugee Services (MEIRS)**

256 Bartlett Street, Lewiston, Maine 04240

Rilwan Osman

(207) 782-0260 or [info@meirs.org](mailto:info@meirs.org)

*Services are by appointment only.*

Catholic Charities  
**Refugee and  
Immigration Services**



Maine Immigrant & Refugee Services



# AFFORDABLE HEALTH INSURANCE IS HERE

Enrollment for 2023 health insurance plans is open now, and more Mainers than ever are qualifying for financial help to lower their monthly premiums.


Get free, local help applying for financial help to pay for health insurance. Applying will not impact your immigration status, or your family's.

Go to **CoverME.gov** and find a low-cost plan that fits your needs and budget.

**APPLY BY DEC. 15<sup>TH</sup> FOR INSURANCE THAT STARTS JAN. 1ST!**



 [CoverME.gov/localhelp](https://CoverME.gov/localhelp)

 (866) 636-0355; TTY 711

FOR LANGUAGES OTHER THAN ENGLISH, CHOOSE OPTION 4.

## 3Cs promote learning at PAE

By **Moira Taylor**, ESOL Department Chair, Portland Adult Education

My remote English for Speakers of Other Languages (ESOL) Level 5 class begins each night with a Google Slide that reads, “Welcome back to our community of curious and committed learners.” This alliteration is intentional, drawing on the core values – the 3Cs – of Portland Adult Education: Community, Commitment, and Curiosity. This one simple slide provides me, and the students, with a constant reminder of the 3Cs. By reviewing this slide at the start of each class, I am recommitting to the values of our school and ensuring that students know and understand the expectations I have for them (and that I hope they have for themselves) as they learn English at Portland Adult Education.

### Community

Building a classroom community is the foundation of a well functioning ESOL class. Community building activities at the start of class set students up for success with learning together. Language learning requires risk-taking, and students need to trust that they can do that in a safe environment. Recognizing this need for a trusting and safe classroom environment, during the first week of every class, I develop routines and activities that have multiple goals: help students get to know each other, set classroom expectations, and incorporate meaningful and authentic English language practice. But community building in my class doesn't end with the first week of class; it is an ongoing process for the whole of the semester. It is woven into the fabric of my curriculum, and it requires vigilance. The “magic” way that ESOL students work together at the end of a semester is not magic at all. It is the result of careful planning and execution of lessons that build community and foster interactive language learning that subordinates my teaching to their learning.

### Commitment

Committing to attending English class twice a week for 2.5 hours is not to be underestimated. My motto is to set students up for success, so that they feel this commitment is worthwhile. It is no secret that PAE ESOL students are juggling multiple responsibilities. They are also struggling with issues like housing and food insecurity, immigration issues, and chronic health conditions, to name but a few. And still, they commit to coming to class and working hard. And so do we. ESOL teachers at PAE draw on students' strengths while also acknowledging the challenges students face. In recent years – and as a result of the COVID-19 pandemic – the school has expanded its commitment to helping students attend classes by offering remote access. Almost half of our class offerings are online at ESOL Levels 3, 4, and 5. What's more, this commitment to studying remotely also means a commitment to learning digital skills.

### Curiosity

Which brings me to the third of the 3Cs: curiosity. Of course our PAE students are curious! They are curious to know about Portland, to know more English grammar, to build their vocabulary, to learn to write in more sophisticated ways, to read and discuss topics of interest, to know about ways in which they can further their education and get better jobs. Recently, PAE's Academic Advisor, Anja Hanson, came to my remote Level 5 class to speak to students about PAE's High School Diploma Program and College Transition Program. I invited Anja for a short visit, but it became clear, very quickly, that students were curious about the academic pathways that Anja was talking about. There were questions from almost every student, so the short visit turned into a much longer, but very rich question-and-answer session.

The 3Cs are in action every day (and night!) at PAE. We have ESOL students committing to classes from 9 a.m. to 8:30 p.m., Monday through Friday. Come visit our building and take a look around. As you walk the halls, visit an office, or peer into a classroom, listen closely for the voices that say, “Welcome to our community of curious and committed staff and students.”



## Maine Immigration: A History | By Andy O'Brien

### Portland's Black maritime workers and the abolitionist movement

In the first half of the 19th century, a thriving Black neighborhood existed near the docks at the base of Munjoy Hill in Portland. The majority of the residents were the descendants of formerly enslaved people. When slavery was abolished in much of New England during the late 18th century, many newly freed people flocked to seaport cities like Portland in search of work.



Other Black Portlanders came from the West Indies. They arrived in connection with the trade network that brought molasses to Portland to be distilled into rum. There was plenty of work to be had unloading shipments of molasses – Portland once had as many as seven distilleries running day and night, converting the thick, sweet syrup into rum. That was before Maine banned the manufacture and sale of liquor in 1851.

In those days, Black workers were banned from most trades. Often, the best-paying jobs Black people could find were loading and unloading ships or working as cooks, stewards, and porters on the many sailing vessels that came in and out of Portland's busy harbor. Most white Mainers did not want to work as longshoremen because the pay was so low for this hard, manual work. In the words of one African American sea shanty, “O rouse an' bust'er is the cry, a black man's wage is never high.”

In 1872, historian William Gould described what one might have seen near Portland's docks earlier in the century:

*Here in good weather ... were collected the stevedores, sailors, boarding-house keepers, and all who had an interest in the discharging and fitting away of West Indiamen, which was the principal ... trade of Portland. ... Conspicuous among the Sunday crowd was the black crew who discharged all the molasses by hoisting it out by hand, keeping time to their amusing songs while at work. They were sure to have a large audience to hear their singing. Many churchgoing people on coming out of meeting [church] ... then took Fore Street on their way home, no matter where they lived.*

Maine historian Michael C. Connolly noted that in the 1840s, Black residents represented a slightly higher percentage of the overall population in Portland than in Boston. The center of Black community was at Mountfort and Newbury (then named Sumner) Streets. White Portlanders called it “N— Hill,” which indicates just how deeply racist the climate was then.

The neighborhood was one of the poorest in the city, but maritime jobs allowed Black Portlanders to achieve a level of respectability and financial stability that was rare for free Black workers in northeastern cities at the time, noted Jeffrey Bolster in his book *Black Jacks: African American Seamen in the Age of Sail*.

These workers of color not only helped finance the construction of the Abyssinian Meeting House, a Black church on Newbury Street, but also founded a free Black school for their children in the same building.

As Bolster writes, Black seamen were politically engaged and culturally sophisticated as a result of traveling all over the world. They were also very influential in free Black communities throughout the African diaspora in the U.S. and the Caribbean – they carried news of the day from port to port as they traveled.

Before there was a Black press in the United States, this informal communications network was the main platform to dispense news about global events like the Haitian Revolution and the debate between abolitionists and those who wanted to send African Americans back to Africa. According to Bolster, the network of sailors helped forge a Black diasporic identity by integrating local communities into the larger community of color.

Black sailors frequently smuggled abolitionist literature from New England into southern ports. Black Bostonian David Walker encouraged Black sailors to smuggle his revolutionary pamphlet *Appeal to the Colored Citizens of the World* in their sea chests, or sewn into their clothes, to hand out to enslaved workers in southern ports.

In his fiery *Appeal*, Walker called for African Americans to unite and revolt against the slave masters, writing, “they want us for their slaves, and think nothing of murdering us ... therefore, if there is an attempt made by us, kill or be killed ... and believe this, that it is no more harm for you to kill a man who is trying to kill you, than it is for you to take a drink of water when thirsty.”

Southern elites grew alarmed after copies of the *Appeal* turned up around the South, and passed laws putting restrictions on Black sailors from entering their ports. Thousands of free Black seamen were arrested, jailed, beaten, and forced to perform hard labor for the crime of being Black in antebellum southern ports. Some were even kidnapped and sold into slavery, despite being legally free.

In spite of this repression, Black maritime workers remained a critical part of the abolitionist movement until the Civil War. Next month's column will cover the role these workers played in helping enslaved people escape to freedom on Maine's Underground Railroad.

*Andy O'Brien is a writer, historian, labor activist, and lifelong Mainer. He lives in Rockland.*

## Why all languages are similar by Dana McDaniel

People often find learning a new language difficult because the new one seems very different from the language they're used to. But people who study a lot of languages see that the languages are all similar to each other. This sense of similarity isn't just an illusion or a coincidence. Languages really are similar and there are three main reasons for it.



Some languages are similar to each other because they're related historically. Languages change and they change all the time, but they change slowly, so we often don't notice the changes. But as time goes by, languages change a lot – the English language of today is very different from the English of Shakespeare's time.

When a community separates into two or more communities, you end up with different languages. For example, Latin speakers invaded different regions during the Roman Empire and gradually the languages changed in different ways. These became the “Romance” languages – like French, Spanish, Italian, and Portuguese. These languages have very similar words and grammar because they all come from the same language.

Here's how to say *Fish swim in water* in different Romance languages: *Les poissons nagent dans l'eau* (French), *Los peces nadan en el agua* (Spanish), *I pesci nuotano nell'acqua* (Italian), *Peixes nadam na água* (Portuguese) – which are all also similar to their parent language, Latin: *Pisces in aqua natant*.

When two communities interact with each other, speakers “borrow” from one language into the other. Words and grammar from one language start being used in the other language. When French speakers invaded the British Isles in 1066 (the Norman Conquest), lots of French words were borrowed into English. Some examples are: accuse (*accuser*), beef (*boeuf*), error (*erreur*), liberty (*liberté*). So this is another reason languages are similar.

Lastly, the human brain is set up in a certain way for language, with centers that specifically function for language. This causes all human languages to have the same basic structure. For example, think about how to ask a question in different languages. In English, you usually put the verb, like is, at the beginning: *Is the child here?* In French and Lingala, you just say the sentence with a rising pitch, like this: *Lenfant est ici? Mwana azali awa?* In French, you can also start with a question marker, *est-ce que: Est-ce que l'enfant est ici?* All the languages in the world form questions in one of these general ways. No human language would form a question by saying the words in backward order, like this: *Here child the is?* or by moving the first word to the end, like this: *Child is here the?* That's because the language system in the human brain only handles certain kinds of rules.

*Dana McDaniel is Professor of Linguistics at the University of Southern Maine. Her research focuses on syntax/sentence structure and child language acquisition. She's most interested in the nature of language in the human mind.*



New Column!



# New Voices

Welcome to New Voices! If you are interested in becoming a columnist, please contact [amjamboafrika@gmail.com](mailto:amjamboafrika@gmail.com)

## The universe does not tolerate emptiness

By Daria Veligura

The universe does not tolerate emptiness; the law of the conservation of mass states that if something leaves somewhere, it does not disappear, but just moves to another place, sometimes changing its form.

For centuries, the Ukrainian nation has suffered from the aggression of its eastern neighbor. Under various flags and slogans, Russia has attacked Ukraine. This has been going on for 500 years, and it is still going on. People have been killed; some have been enslaved; others have been forced to pay tributes; many have resisted. And some Ukrainians left the country to seek a better fate in other countries. After the founding of the U.S., Ukrainians began to emigrate across the ocean.

I would like to dedicate my short story to two of my countrymen who became famous Americans. At the beginning of the 20th century, under the onslaught of another Russian attack, under the flags of Lenin and Communism, among thousands of Ukrainians, two families left the country. One was from Kyiv – Sikorsky family. The other family was from Lviv – the Cisyks.

Once my family visited a friend of my husband's in Lviv, a wonderful city in the western part of Ukraine. At the entrance of the house where we stayed, there was a memorial plaque that read: "Parents of the great American singer of Ukrainian origin – Kvitka 'Kasey' Cisyk – lived in this house before emigration."

Another time, while walking on the cozy streets of Kyiv, my husband showed me a courtyard in the center of the city, where Igor Sikorsky tested the world's first helicopter.

Kvitka "Kasey" Cisyk, was born in the U.S. and never returned to Ukraine, but her love for her country and its people never left her. As the voice of commercials for Ford and other American corporations, she became fabulously rich, and spent her royalty money on Ukrainian music – renting expensive concert halls, hiring professional musicians, and singing Ukrainian folk songs in Ukrainian. At the time, Cisyk's work was banned by the Soviets in Ukraine. But her talent did not disappear; its power was redoubled in the U.S. Sikorsky also left Ukraine,

and opened the world's first helicopter factory in the U.S. His helicopters are top-of-the-line – U.S. presidents fly on them.

There are hundreds of people like Cisyk and Sikorsky who came to the U.S. with empty pockets, fleeing death. All they had was God's spark of genius, the fruits of which they shared with the American people who had accepted them. By the combined efforts of a great nation and individual immigrants, the flames of science, culture, and medicine were kindled, lifting all of human civilization.

God's ways are mysterious. Listen to your inner voice – perhaps each one of you is a part of the great plot of the Almighty, and will change humanity. You are assigned one of thousands of the small roles, which cannot be comprehended in isolation.

It seems to me that all people fleeing war share one common feature. I am not talking about those who left their homeland for material gain or celebrity status, but those who fled from death. When such dire circumstances arise, a person either resigns or is reborn. Then changes occur at the genetic level, and the body – realizing that it might die without fulfilling its main function of reproduction and the transmission of genetic information – restarts, and begins to work on creating an additional source of energy. People grow spiritually, wanting to benefit those around them; women want to give new life through pregnancy. And those who find themselves far from home, bring with them thoughts, dreams, and the souls of all their friends, parents, and others who could not be saved.

I am sincerely confident that these bright individuals, who are still children now, or have not yet been born, will be of great help to the nation that sheltered them, and later will return with energy to aid their Ukraine, which for 1,000 years has been defending the ideas of Western democracy in the battle against tyranny.

*The author is living in Maine after having fled Ukraine in 2022.*

Всесвіт не терпить порожнечі. Закон сполучених посудин говорить, що коли десь щось зменшується, воно не зникає, а переміщується в інше місце, змінюючи іноді свою форму. Упродовж століть українська нація страждала від агресії жорстокого східного сусіда – Московії. Під різними прапорами, гаслами та приводами російські варвари нападали на українців. Це відбувалося 500 років і відбувається зараз. Частина людей вони вбивали, частину робили рабами та продавали. Інші платили данину, або намагалися чинити опір. А частина українців прийняла рішення залишити батьківщину та шукати кращої долі в інших країнах. Після заснування США багато українців почали емігрувати за океан. І мені здається, тут, у далекій чужині, Всесвіт, виконуючи свої закони, підставляв українцям своє плече.

Свою невелику розповідь я хочу присвятити двом моїм співвітчизникам, які стали знаменитими американцями та взяли участь у становленні США, як великої держави. На початку 20 століття під натиском чергового нападу росіян вже під прапорами Леніна і більшовиків серед тисяч українців країну залишили дві родини. Одна з Києва, родина Сікорських. Друга – зі Львова, родина Цісік. Колись ми гостювали у Львові – чудовому місті в західній частині України. У друга мого чоловіка на вході будинку, де ми жили, висіла меморіальна табличка, на яку я одразу звернула увагу. На ній було написано, що до еміграції в цьому будинку жили батьки великої американської співачки українського походження Квіткі Цісік. Колись прогулюючись затишними вулицями Києва, мій чоловік показав мені дворик у центрі міста, де початківцем авіаконструктором Ігорем Сікорським випробовувався перший у світі вертоліт. Розказав, що знайомий з його правником, розумним та шановним київським адвокатом. Він є один із тих адвокатів, у кого існує ген геніальності. Вже зараз, знаходячись восьмий місяць у США, я згадала ці дві історії.

Квітка Цісік народилася в США. В Україні вона так і не побувала. Але любов до країни та народу не залишала все її життя. Ставши голосом реклами Форда та інших американських корпорацій, вона казково розбагатила. І всі свої гонорари витратила на українську музику. Вона орендувала найдорожчі концерт-коли, наймала найпрофесійніших музикантів та співала українською мовою народні українські пісні при тому, що українська мова не була її рідною. В радянській Україні в той час її творчість була заборонена. Талант, якому Творець визначив місцем народження Україну, незважаючи на підступи Зла не зник, а з подвійною силою засяяв та залунав в Америці.

Сікорський також залишив Україну та відкрив перший у світі гелікоптерний завод у США. Його вертольоти найкрутіші у світі. Президенти США літають саме на них. Він прославив країну будучи українцем.

Таких людей сотні. Вони прибули до Вас із порожніми кишенями, тікаючи від смерті. І все що в них було, це Божя іскра геніальності, якою вони поділилися з американським народом, який їх прийняв. Спільними зусиллями великої нації та маленького іммігранта розгорілося полум'я науки, культури, медицини, що піднесло всю людську цивілізацію до небачених висот. Без розробок Сікорського, Корольова (українець, який створив першу ракету у світі), зараз би був неможливий Ілон Маск та Старлінк, Голівуд та концерн Форд. Хочеться до цього додати: шляхи Господні несповідні, слухайте свій внутрішній голос, можливо, кожен з Вас причетний до тих великих планів Всевишнього, які змінять людство та в яких Вам відведено одну з тисяч маленьких ролей, зрозуміти які неможливо окремо.

Також мені здається, всі люди, тікаючи від війни, мають одну особливість. Я кажу не про тих людей, що залишили свою Батьківщину, щоб заробити майно або славу, а саме про тих, хто тікав від смерті. При контакті з нею, людина або змиряється, або перероджується. На якомусь генному рівні відбуваються зміни. Організм, усвідомлюючи, що він може припинити своє біологічне існування, не виконавши своєї основної функції розмноження та передачі генної інформації, перезапускається і починає працювати на додатковому джерелі енергії. Жінки починають більше вагітніти, народжувати, люди починають проявляти більше жертвності, щоб прожити це життя з користю для оточуючих, рости духовно... І ті втікачі від смерті, які опиняються далеко від дому, привозять з собою думки, мрії, душу всіх своїх друзів, батьків, оточуючих, що не змогли врятуватися. Енергія народу творить в окремих особистостях. Я щиро впевнена, що всі яскраві постаті, які зараз ще діти, або ще не народились, стануть на добру допомогу нації, яка їх прихистила, а згодом повернуться енергією, допомогою своїй Україні, країні, що несе свій хрест в історії людства, і вже 1000 років захищає ідеї західної демократії в битві зі східною тиранією



# COFFEE BY DESIGN SMALL WORLD BIG DREAMS

At Coffee By Design, we honor the hopes and aspirations of the global community that provides our coffees, and customers near and far who enjoy their daily cup. In this new year of possibility, we wish you peace and prosperity, and encourage everyone to dream big of a better world we build together.



Visit our coffeehouses or shop online  
[coffeebydesign.com](http://coffeebydesign.com)



COFFEE BY DESIGN



Be informed.  
Connect with Maine.  
Read and watch on your time.



## maine public NEWS CONNECT

### Weekly News from Maine Public

Video News Pods in four languages:  
Português | Soomaali | Español | Français

Translated Newsletters in six languages:  
Português | Soomaali | Español | Français | عربي | ދިވެހި



Sign up for the Newsletters here:



Connect on What's App:



Watch videos here:

[www.mainepublic.org](http://www.mainepublic.org)

Facebook ([facebook.com/mainepublic](https://facebook.com/mainepublic))

YouTube ([youtube.com/mainepublic](https://youtube.com/mainepublic))



Koo and Patricia Yuen



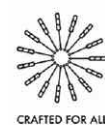


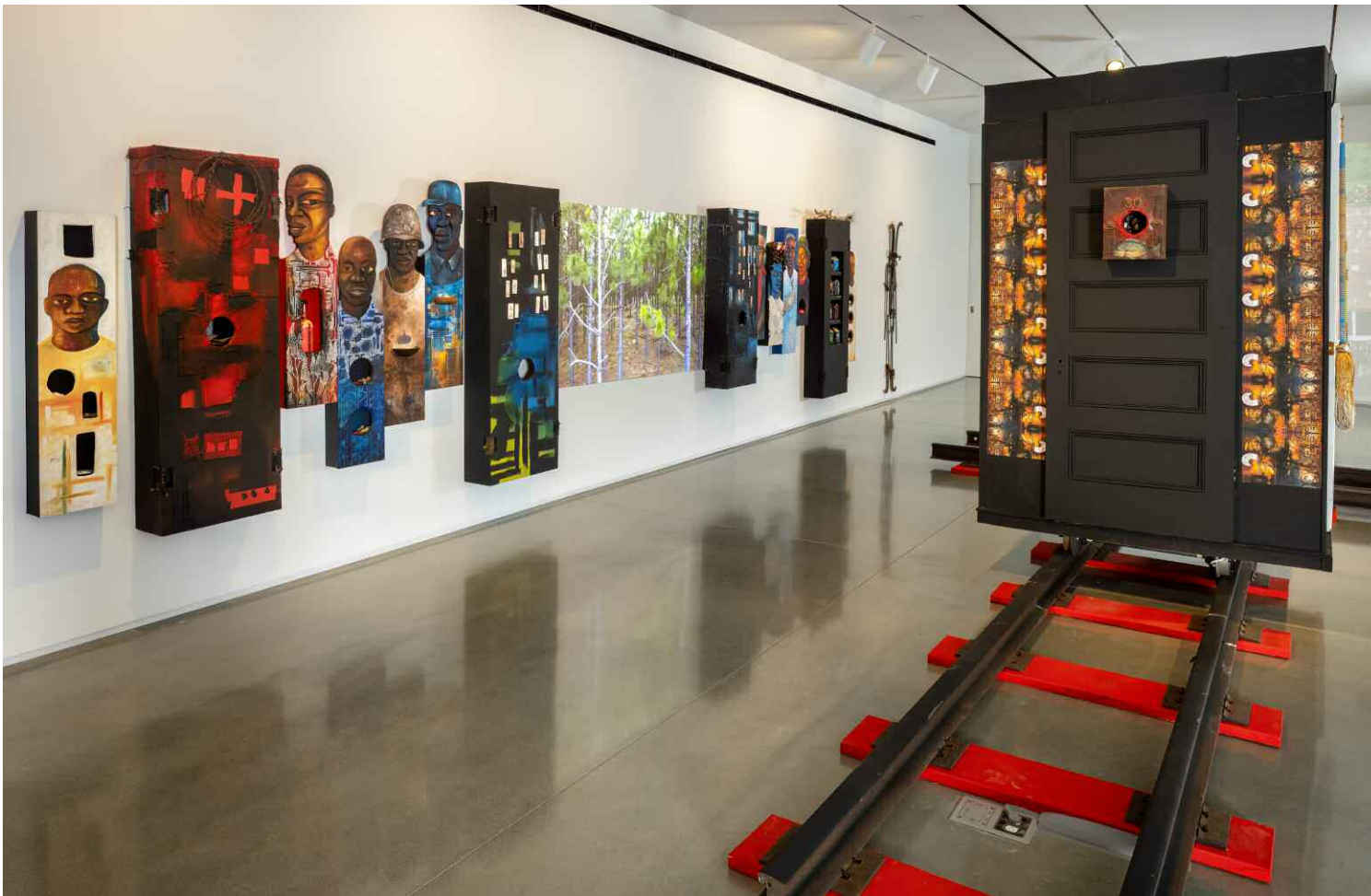
**Allagash Brewing Company Supports:**



We're lucky to be surrounded by inspiring organizations like In Her Presence. Since 2015, founders Claudette Ndayinshyamba and Abusana Micky Bondo, have led their organization in helping immigrant women find their voice, and find their place in Maine.

For more information, go to [inherpresence.org](http://inherpresence.org)





View of the exhibit including Daniel Minter's "Series: Root Work" and "A Path to Possible" | Photo by David Clough Photography

Brazil. On view through January 8 at the Center for Maine Contemporary Art (CMCA) in Rockland, the immersive, multimedia exhibit, according to the Center's statement, "explores the two artists' shared cultural histories as citizens of the African Diaspora in the United States and Brazil."

Featuring intricate etchings on copper and paper, painted relief wood carvings, assemblage, video projections, and, at center stage, a large-scale sculptural environment, the show draws its title – "through this to that" – from the last line of Lucille Clifton's poem "blessing the boats," which ends: "may you / open your eyes to water / water waving forever / and may you in your innocence / sail through this to that." In an artists' talk at CMCA, Minter explained why he finds Clifton's poem so inspiring: "We all have the ability to imagine a future, but a lot of times our imagination is constrained by our present situation. That is a lot of what this exhibit is about, not allowing the current place where you are to constrain you from imagining and getting to another place."

Transportation – including what the artists call the "mechanisms of movement that convey both involuntary and voluntary histories" – is a key theme of the exhibit. In her assemblage "Corpo Moeda / Flesh Currency" (the title alludes to the Atlantic slave trade), Sanches ingeniously evokes a pebble shore using pennies slotted horizontally into the paper casting shadows below and light

copper-colored reflections above like stones in shallow water. In the water conjured from the white emptiness above the shoreline floats a boat with a bathtub-shaped hull, and both the sail and the wind that fills it are portrayed by a burst of long, striped, paper feathers curling away from the copper mast.

In the first of a two-part series called "Speaking in Tongues," Sanches turns day to night, with the long paper feathers now representing the waves created by the advancing prow of a ship as it cuts through black water. The large gray stones scattered below on black cloth are a paradox: floating fragments from a wreck, or sudden landfall on scorched earth.

Trained first as an architect, Sanches studied the crafting of brass and copper Afro-Brazilian religious tools as an apprentice to the Bahian master metalsmith Gilmar Conceição. Since then, metal etchings have become her primary medium and the iconography of Candomblé ritual a large part of her artistic vocabulary. "In indigenous cultures, and in the cultures of Africa and the African Diaspora," said Sanches, "there is a connection between what I cook, how I dress, how I walk, how I think, and all these things are art. So it's not something that is separated, it's not something we have in different parts, but everything is very much integrated."

The human body, inseparable from spirit, is at the heart of creativity for both artists.

"Our bodies are understanding organs," said Sanches. In a striking sculpture titled "Viagem/Journey" that is a magnet for school groups visiting the exhibit, Sanches presents a surprisingly lifelike leg cut off above the knee and made of chocolate and paraffin wax, its cocoa bean toes adorned by bright red beads and a single white cowrie shell. The mottled, scuffed surface gives it both an antique and an enduring feel, as if the leg

red glow echoed in the red that peeks out from beneath her (real) lace blouse near her heart. A Cubist-style enlargement of one eye gives to a young boy's sidelong glance a sense of maturity beyond his years.

Everyday objects – carpenter's tools, a fiddle, a pile of nails or rice or black-eyed peas, etched on copper or paper or displayed in three dimensions in an assemblage – are a kind of lifeline throughout this extraordinary exhibit. As the artists' talk moderator Dr. Henry Drewal pointed out, when it comes to ordinary objects, Sanches and Minter are both keenly aware of their "sensory attributes of touch and temperature." Everyday objects, said Minter, are what "connect us with previous generations."

Following the spiral flow of the exhibit brings us finally to Minter's assemblage of iron, wood, and mixed media titled "A Path to Possible." Brilliantly complex and beautifully executed, a kind of station house perched on an intersection of train tracks presents us with four boldly colored doors that seem to invite our imaginations inside these artists' collaborative vision of the long cultural heritage of the African diaspora and the wisdom that can be gained from communication with nature. George Washington's ghostly visage from the dollar bill haunts the building's walls, alongside images of cotton scales, a slave market, police brutality, bandaged hammers hanging from a spray of nails, seed pods, fish, and an abacus. Daniel Minter's artwork, like that of Eneida Sanches, is symbolic but never dogmatic, encouraging meditation on the stories of suffering and hope that displaced people carry within their bodies and spirits.

The exhibition "through this to that" was organized by CMCA Executive Director and Chief Curator Timothy Peterson, in partner-



View of the exhibit including "A Path to Possible" and video projections  
Photo by David Clough Photography

represents not only one individual's journey but the journey of a people.

An ambition to expand our dimensions of perception – what Sanches calls "bringing in untamed spiritual entities to transform us" – also animates Minter's beautiful carvings of women and men, young and old, who look back at the viewer with sincerity, passion, and wisdom. Close observation of the intricate, often surreal details in these figures yield constant discoveries: lacelike patterns on shirts and dresses that reveal the ghostly shapes of okra pods and keys, an ax, or a guinea hen; alcoves and open cavities in chest and stomach that hold a heap of red beans, or a bottle of some mysterious liquid, or a handful of white rice. A woman with indigo skin and black walnuts for hair has what appears to be a bruise on one cheek, its

ship with Indigo Arts Alliance Executive Director and Curator Marcia Minter, in collaboration with the artists. For more information on the exhibit and the artists, visit: [cmcanow.org/event/minter-sanches-through-this-to-that/](http://cmcanow.org/event/minter-sanches-through-this-to-that/)

The exhibition "through this to that" was made possible by Indigo Arts Alliance, an arts incubator located in Portland, whose mission includes "build(ing) global connections by bringing together Black and Brown artists from diverse backgrounds." Daniel Minter and Marcia Minter are co-founders of Indigo Arts Alliance. For more information about Indigo Arts Alliance, please visit their website, [indigoartsalliance.me/](http://indigoartsalliance.me/)



View of the exhibit including Eneida Sanches' "Viagem/Journey" and other works  
Photo by David Clough Photography



# Immigrant Business Owners



**Take advantage of a low-rate loan opportunity designed to support Maine's Immigrant Business Community.**

Small business owners could qualify to borrow up to \$10,000. The Indus Fund's below-market interest rates are as low as 3.50% APR\* for up to five years. To be eligible, applicants must be a first-generation new Mainer.

**Example Indus Fund Uses:**

- ✓ Upgrade Equipment
- ✓ Invest in Training
- ✓ Increase Staff
- ✓ Marketing
- ✓ New Space
- ✓ Research/Development



**Below Market Rates**



**Borrow Up To 10K**



**Community Supported**



**First Generation New Mainers**



Federally Insured by the NCUA.  
\*APR - Annual Percentage Rate



**Contact Information**

**Honorine Uwishema**  
cPort Branch Manager  
285 Forest Ave, Portland  
(207) 253-4167  
[huwishema@cportcu.org](mailto:huwishema@cportcu.org)



Contact us for more information or visit [cportcu.org/loans](https://cportcu.org/loans)