

Beacon of Light

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"I am the light of the world. Whoever follows me will never walk in the darkness but will have the light of life." John 8:12



Pastor's Corner

Pentecost: A Promise Fulfilled (Part II)

We, as United Methodists, are part of the Church Universal. As such, we are no strangers to crisis, challenge, and change. In 1845 the Methodist Episcopal Church, South broke off from the mainline Methodist Church over the issue of slavery. In 1939 several different branches of the Church, including the Methodist Episcopal Church, South merged to form "The Methodist Church". In order for this merger to occur the issues of racism and segregation were patched

over by clustering all remaining Black churches in something called "Central Jurisdiction."

In 1968 "The United Methodist Church" was formed when "The Methodist Church" merged with another Wesleyan offshoot, "The Evangelical United Brethren". This merger abolished the formerly segregated Central Jurisdiction and sought to bring about the full structural integration and inclusion of Black congregations and people as part of a newly configured denomination.

Today, once again, we stand at a crossroads within The United Methodist Church; this time over principles and practices pertaining to an evolving discussion and understanding of human sexuality. It's unclear, at this point, what the future course of the current United Methodist Church will be. A definitive General Conference, necessary for legislating on these issues, has been postponed until 2024 due to COVID and global travel restrictions.

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Pastor's Corner (continued from page 1)

The Baltimore Washington Annual Conference during its most recent session held June 1st – June 3rd, did not formally or significantly address issues of human sexuality, but did make a formal recommendation for structural realignment of the global Methodist Church into equitable Regional Conferences; with each Regional Conference empowered to make its own decisions with respect to Church polity on matters of human sexuality. This recommendation of structural realignment of the global Methodist Church, referred to as “The Christmas Covenant,” would organize the Church in the United States as one Regional Conference, among others. Similarly, five African Conferences representing five different African geographical areas, as well as other geographical areas of the global Methodist Church, would be organized regionally. Each Regional Conference, again, would be semi-autonomous in the sense of having jurisdiction over Church polity in matters pertaining to human sexuality within their own regional context.

It remains to be seen whether this model of reorganization will be adopted at General Conference in 2024. But regardless of what happens two years from now, the one thing we can be sure of is that the same Holy Spirit that gave birth to the Church on the day of Pentecost, and equipped Her to withstand any and all challenges in over 2,000 years of history, will continue to comfort, guide, and lead Her, just as Jesus promised, in the days and years ahead.

*“Though with a scornful wonder, we see her sore oppressed,
by schisms rent asunder, by heresies distressed,
yet saints their watch are keeping; their cry goes up, “How long?
And soon the night of weeping shall be the morn of song.”*

(BOH #545, v. 3)

Pastor Mark D. Venson



Inspirational Thoughts and Encouragement

Know What Counts—and What Doesn't

Source: *Daily Hope*



“Everything else is worthless when compared with the infinite value of knowing Christ Jesus my Lord.”-Philippians 3:8 (NLT)

Every day when you wake up, you need to remind yourself of what counts and what doesn't count. Don't be distracted by things that are insignificant and petty.

Why is it important to remind yourself of what matters? It's easy to lose your joy over some small thing. In fact, it's usually the small irritations—not the big issues—that cause you to lose your happiness. Somebody cuts you off when you're trying to make a turn, and you lose your

happiness. The clothes you put on don't fit anymore, and you lose your happiness. It's the little things that sometimes affect people the most, and yet they don't really matter.

Paul said in Philippians 3:7, *“I once thought these things were valuable, but now I consider them worthless because of what Christ has done”* (NLT).

What was the most important thing in your life before you met Jesus Christ? Was it your career? Making money? Maybe it was getting a date or being popular.

Paul said all those things are *“worthless when compared with the infinite value of knowing Christ Jesus my Lord”* (Philippians 3:8 NLT).

Here's a good question to ask when you're distracted by worthless things: How much will this matter in 100 years? Many things won't even matter tomorrow, much less for eternity. All the things you used to care about don't even compare to the joy that comes from having a relationship with Jesus.

When you become a Christian, Jesus changes your values. You no longer want to do the things you used to do. He changes your “wants.”

When God comes into your life, you learn the joy of knowing Jesus. And that's what really counts.

Talk It Over

- What small things have you been worrying about that are robbing you of your happiness?
- What are some practical ways you can turn your focus to God and keep an eternal perspective?
- What was the most important thing to you before you believed in Jesus Christ? How do you feel about it now?



Celebrating the Gifts and Talents of Two of Ebenezer's Sons

FSU Alumni Spotlight - Aaron Ware '14



eNews Alumni Spotlight highlights alumni who give back to Frostburg in some way – time, talent, treasure or any combination. This edition of eNews features **Aaron Ware '14**, the new Alumni Relations and Events Specialist at Frostburg State University.

Current City: Hagerstown, MD

Current Occupation: Alumni Relations & Events Specialist, Frostburg State University

Why do you love FSU?

FSU gave me some of the most fun years of my life! I got to discover and practice my love of writing at *The Bottom Line*, grow in my faith and serve as a leader at United Campus Ministries, get in front of the cameras at TV3

and so much more! FSU even gave me my beautiful fiancée, Veronica Morris '15.

Why do you give back (time, talent and/or treasure) to FSU?

I want to see this school prosper. I would not be where I am today if I didn't decide to make FSU my home, and I want to make it possible for future prospective students to have those same opportunities. Frostburg did so much for me, so I am more than willing to do the same for it.

What do you do for fun?

I enjoy reading – I'm currently working through Coach John Thompson's autobiography, *I Came As a Shadow* – watching sports, attending sporting events and collecting sports memorabilia.

Tell us about a class or activity at FSU that has had a surprising effect on your life.

English 101 and American Literature would be those classes. I had never considered doing anything with journalism or that I'd even had a talent for writing until I got into those particular courses. I ended up writing for *The Bottom Line*, *The Gazette* (Prince George's County) and a few sports websites as well!

Favorite movie?

My favorite movie is *Coach Carter*! Great soundtrack and a great story as well.

What is your favorite memory of your time as a Frostburg student?

It has to be when I made the front page of *The Bottom Line*, FSU Newspaper for the first time. I still have a few copies of that issue at home.

What is a cause dear to your heart?

Anything working towards preventing bullying. It's something I went through and absolutely do not stand for now. You never get to truly see how or how long it can affect a person.

Tell us about a person or persons from FSU who had an impact on your life.

Chaplain Cindy Zirlott oversaw my spiritual growth, guided me towards leadership within United Campus Ministries and beyond, always made sure I had snacks and still checks in to make sure I'm OK. My time here wouldn't have been anywhere near as prosperous without her love and care.

Favorite comfort food?

Baked mac and cheese and my mother's caramel cake.

Favorite vacation spot?

Ocean City is always fantastic, but my world changed when my family visited San Diego.

Who is your doppelganger (famous person you resemble)?

Future baseball Hall of Famer David Ortiz. I'm a Red Sox fan, and I've been stopped while out and about sometimes when I wear my gear because folks think I'm him!

What profession other than your own would you like to attempt?

I would love to either be the sports information director at a university or open a sports memorabilia/bookstore.



Submitted by Sis. Terri Ware



Latest Masterpiece by Jeffery Miles, Jr.

This is a must see in person! If you are ever at a FedEx event, be sure to visit the Gate “G” ramp to see my son’s latest masterpiece, “Sounds of the DMV,” where Marvin Gye, Wale, Chuck Brown, and Duke Ellington are honored. The Washington Commanders selected Jeffery as one of the artists for their “Command the Canvas” project, displaying art throughout the stadium. This is the first of 3 other art pieces he will have displayed. I’m sooooo proud of him. He is making the most of his talent and sharing with the community.

You can check out more of Jeffery’s work at www.themilescollective.com. Thanks to all who support him.



Submitted by Bro. Jeffery Miles, Sr.



Test and Testimony—Bro. Howard Branch



The DC HBCU Alliance consists of alumni chapters of Historically Black Colleges and Universities (HBCUs) in the metro area, including my Mississippi Valley State University alumni chapter. The ‘Alliance’ has been hosting the 5K run/walk for several years. While I generally registered for the race annually, I had not attended the event.

Due to COVID, the event was canceled in 2020. In 2021 the run/walk went virtual. Participants could do their run/walk wherever it was safe to do so and report their time. This was a sweet sound to my ears. I was already walking for exercise since my gym was closed. However, the devil had a different plan. Medical setbacks forced me to miss the 2021 virtual run/walk and knocked me out of commission for several months. It was a challenge to walk from the bed to the bathroom. Yet, slowly but surely, God began to restore me. It is often said, without a ‘test’ there can be no ‘testimony’.

God worked it all out in his own time.

As 2021 gave way to 2022, my thoughts turned to the 5K run/walk. As the weather permitted, I began walking on the neighborhood track. Each week I increased the length and duration of the walking. The 2022 hybrid run/walk was scheduled for June 25. Since I was not beholden to the day/time of the in-person run/walk, I completed mine one day early. Take that devil! For the record, it took me 61 minutes. Nowhere near Olympic speed, but just as rewarding as taking the gold medal. To God be the glory for the things he has done.

Submitted by Bro. Howard Branch



Keeping You Informed



United
Women
in Faith

On March 23, 1869, eight women gathered at a church in Boston to organize the Woman's Foreign Missionary Society. That society soon grew into the largest denominational organization of women.

We are a sisterhood acting in faith to tackle the hard work of the world without hesitation. We connect spiritual women to act boldly for justice and to transform communities. Over the years, we experienced several name changes, becoming United Methodist Women in 1972. However, in early 2022, we became United Women in Faith with a new logo. Our new name is part of a refreshment of our organization that includes new and improved programs designed to better nurture current members and welcome new women into our sisterhood. An analogy has been made with Jesus' parable in Mark 2 about pouring new wine into new wineskins. The new symbol refers to our Christian roots, the multicolored pieces of the cross coming together represent the diversity we aim for and the inward and outward reflection we engage in as women of faith.

This is what Ainise Isamau, our United Women in Faith national president says, "a name change is a part of how we answer God's call to grow, change, lead, include and uplift." Our new name does not mean our focus has changed; as always, we remain devoted to women, children and youth. Come join us and experience an enrichment you never imagined.

Submitted by Sis. Bernadette Bailey, President, United Women in Faith



What Are the Side Effects of Booster Shots?

What symptoms to expect after getting boosted with the new omicron vaccines

by Rachel Nania, AARP, Updated September 13, 2022

A new batch of COVID-19 booster shots is now available, and these latest vaccines — from Pfizer-BioNTech and Moderna — have been reformulated to better target the coronavirus variants that are currently circulating and will likely keep spreading this fall and winter.

The revised boosters are similar to their now-retired predecessors, which were first made available about a year ago. However, instead of delivering a single set of instructions (called mRNA) that the body uses to build its own defense against the virus that causes COVID-19, they pass along two sets: one specific to the original strain of the coronavirus and one specific to subvariants of omicron (BA.4 and BA.5) that are behind nearly all new infections in the U.S.

Health officials are recommending that everyone ages 12 and older roll up their sleeves this fall for the added dose of protection against the illness that has taken more than a million American lives. Still, some people have questions about the new omicron boosters, including the side effects they can cause. Here's what to expect if you go in for the jab.

No surprises from common side effects

Health officials approached the approvals for the retooled omicron boosters a bit differently this time around since clinical trials testing the BA.4 and BA.5-specific shots are ongoing. (This is not an uncommon process for vaccines that need a strain update, much like the annual flu shot.)

Instead, they relied on data from the first round of booster shots and from a very similar bivalent COVID-19 vaccine — one that targets the original coronavirus strain and also BA.1, an omicron subvariant that “only differs slightly from BA.4 and BA.5,” said Peter Marks, M.D., director of the Center for Biologics Evaluation and Research at the U.S. Food and Drug Administration (FDA). Experts don't expect these minor mutations will have any effect on the vaccine's safety profile.

Looking at the side effects of boosters in these trials, there were no surprises. “All of the side effects from a bivalent booster were very similar to what we saw with the regular booster, and even going back to the initial vaccination,” said Andrew Pekosz, a virologist at Johns Hopkins Bloomberg School of Public Health.

• Moderna booster side effects

Pain at the injection site was the most commonly reported side effect among people vaccinated with Moderna's bivalent omicron booster, CDC data show. About 80 percent of trial participants reported it, followed by fatigue, headache, muscle and joint pain, chills, nausea and vomiting, and fever. No severe adverse events were seen.

For comparison's sake, the five most commonly reported side effects following a dose of Moderna's original COVID-19 booster were injection site pain, fatigue, headache, muscle pain and joint pain.

• Pfizer booster side effects

Pain at the injection site was also the most common complaint among people boosted with Pfizer's updated vaccine; about 60 percent of trial participants reported it. Other typical side effects included fatigue, headache, muscle pain, chills, joint pain, diarrhea, fever and vomiting — all were seen with Pfizer's original COVID-19 booster too.

And just like with Moderna's bivalent booster trial, no adverse events were reported in the Pfizer trial, though experts say they will continue to keep an eye on the rare risk of myocarditis in both Pfizer and Moderna booster recipients. This condition — an

inflammation of the heart muscle that can weaken the heart — has occurred mostly in teens and younger adults.

One thing to note: Pfizer and Moderna are the only COVID-19 vaccine makers in the U.S. with these new bivalent boosters, however, not everyone is eligible for them at this time. Currently, Pfizer's booster is authorized for people 12 and older; adults 18 and up can get the Moderna booster. Health officials have said that they will work quickly to evaluate the data on the updated boosters for younger populations as it comes in.

Johnson & Johnson's booster hasn't been retooled to target omicron, and the CDC continues to recommend the Pfizer and Moderna options over a J&J vaccine, due to a rare but serious complication involving a blood clotting disorder.

Novavax, another company that brought its two-shot COVID-19 vaccine to the market in June, has said it's in the process of testing an omicron version of its vaccine; initial results could be available this fall. But for now, the Pfizer and Moderna boosters are the only updated booster options available, and it's recommended that all fully vaccinated adults get one, as long as it's been at least two months since your last COVID-19 vaccine or booster. (And it doesn't matter what brand you had before.)

COVID-19 is still sending more than 4,000 Americans to the hospital each day, and experts expect the new boosters will help prevent that number from spiking during a time of year when respiratory illnesses tend to thrive. In fact, projections show that if the same number of people who get the annual flu shot get an updated COVID-19 booster this fall; it could prevent as many as 100,000 hospitalizations and 9,000 deaths.

Alleviating booster side effects

The good news: If you've been vaccinated and boosted with an mRNA vaccine (and millions of Americans have), you likely already know what to expect and how your body may react.

"I think people also understand how to manage the side effects better in terms of drinking plenty of water prior to getting a vaccine, drinking plenty of water after you get the vaccine, taking it easy the next day," Robert Weber, administrator for pharmacy services at the Ohio State University Wexner Medical Center and assistant dean for medical center affairs at the Ohio State University College of Pharmacy, told AARP in a previous interview.



Polio Is Back. Do You Need a Vaccine?

The virus has popped up again in the U.S., and experts are keeping a close eye on its potential spread.—By Rachel Nania

Polio has practically been relegated to history books since 1979, when the virus that can sometimes cause permanent paralysis and death was wiped out from the U.S., thanks to highly successful vaccines.

But the poliovirus has reared its head again. Most recently, health officials noticed it in wastewater in New York City, suggesting that it's likely circulating in the area. And in July, the first case of polio in nearly a decade, and one that caused paralysis, was

identified in an unvaccinated man in a community just north of the city, along the Hudson River.

New York State Health Commissioner Mary T. Bassett, M.D, called the findings “alarming,” since “for every one case of paralytic polio identified, hundreds more may be undetected.”

That’s because most people who get infected with poliovirus do not have visible symptoms; about 1 in 4 experience flu-like illness. A much smaller proportion of people with a poliovirus infection develop more serious symptoms that affect the brain and spinal cord and can lead to paralysis and death, the Centers for Disease Control and Prevention (CDC) says.

The good news is, if you’ve been vaccinated — even if it was decades ago — you don’t have much to fear when it comes to these latest discoveries, says Svea Closser, an associate professor in international health at the Johns Hopkins Bloomberg School of Public Health. The vaccine is highly effective in fully vaccinated people, providing at least 99 percent protection against polio. And experts expect the effects to be long-lasting.

“We have not had a case in an adult vaccinated person in the United States for many decades,” Closser says. “If you were fully vaccinated as a kid, there’s not really any reason to worry about it at this point.”

The CDC says most adults in the U.S. were vaccinated as children (the vaccine first became available in 1955), and that continues to be the case. Federal data shows that nearly 93 percent of kids are vaccinated against polio by the age of 2. Still, a share of the population remains vulnerable to a viral illness that at one point paralyzed more than 15,000 Americans each year.

How do you know if you’re protected?

People who are fully vaccinated have received four doses of the vaccine, which was once given orally; now it’s a shot. If you are partially vaccinated, meaning you’ve only had one or two doses, health officials say you should get the remaining doses, no matter how much time has elapsed.

And if you haven’t been immunized, go get the polio vaccine, experts urge. You need only three shots if you are starting the series as an adult.

Unsure of your vaccination status? Unfortunately, there isn’t a national organization that maintains these records. The CDC suggests asking family members for your vaccine history or checking baby books or other saved documents. Some doctor’s offices hold on to this information if you know where you were taken as a child — same with some state health departments.

If you still can’t track down your vaccine records and are concerned, the CDC says it’s safe to repeat vaccines, and the one for polio comes with **minimal side effects**, such as soreness and redness at the injection site. There is a polio booster, but only fully vaccinated adults at increased risk of encountering the poliovirus need the onetime shot. Eligible individuals include:

- People who are traveling to a country where the risk of getting polio is greater
- Laboratory workers who may be exposed to samples of polioviruses
- Health care workers treating patients who have or could have polio

Talk to your primary care physician if you fall into one of these categories and are interested in getting boosted.

Older adults have an important role to play

While there's no need for most older adults to stress over the latest news involving polio, Closser says they're not fully off the hook. Knowing firsthand the dangers of polio, "they have a really important role to play in terms of making sure that grandchildren are vaccinated" so that more widespread circulation doesn't come back.

"I don't remember polio from my childhood. I don't have an emotional connection to it. But you know, older people in our country remember it and grew up with it. They remember how terrifying it can be and how awful it can be. And so, they have a unique role in terms of talking to other people about how important it is to be vaccinated against polio," Closser says.

According to the CDC, children should start the polio vaccine series when they are 2 months old and go back for the other three shots when they are 4 months, 6 through 18 months, and 4 through 6 years old.

The virus — which takes hold in the throat and intestines and can also invade the nervous system — is highly contagious and is "really good at finding pockets of unvaccinated people," Closser says. Evidence of the virus circulating in some New York neighborhoods means the vaccination rates in that area aren't quite high enough to stop transmission, she says.

Roughly 86 percent of children between the ages of 6 months and 5 years in New York City have received three doses of the polio vaccines, though that number is lower in certain neighborhoods. And in the New York county where the one case was identified, the polio vaccination rate hovers around 60 percent, according to New York City's health department.

Poliovirus still circulates in two countries, Afghanistan and Pakistan, though cases have been popping up in other areas of the world. There is no cure for polio and no specific treatment.

"Polio is entirely preventable and its reappearance should be a call to action for all of us," said New York City Health Commissioner Ashwin Vasana, M.D.

Rachel Nania writes about health care and health policy for AARP. Previously she was a reporter and editor for WTOP Radio in Washington, D.C. A recipient of a Gracie Award and a regional Edward R. Murrow Award, she also participated in a dementia fellowship with the National Press Foundation.



Myths and Facts About Depression

Medically Reviewed by Jennifer Casarella, MD, January 2022

Myth: Hard Work Beats Depression. Depression affects nearly one in six people at some point in their lives, so folk remedies and half-truths about this common illness abound. One such idea: throw yourself into work and you'll feel better. For a mild case of the blues, this may indeed help, but depression is a different animal. Overworking can actually be a sign of clinical depression, especially in men.

Myth: It's Not a Real Illness. Depression is a serious medical condition -- and the top cause of disability in American adults. But it's still confused with ordinary sadness. Biological evidence of the illness comes from studies of genetics, hormones, nerve cell receptors, and brain functioning. Nerve circuits in brain areas that regulate mood appear to function abnormally in depression.

Fact: Men Fly Under the Radar. A depressed man, their loved ones, and even their doctor may not recognize depression. That's because men are less likely than women to talk about their feelings -- and some depressed men don't appear sad or down. Instead, men may be irritable, angry, or restless. They may even lash out at others. Some men try to cope with depression through reckless behavior, drinking, or drugs.

Myth: Depression Is Just Self-Pity. Our culture admires will power and mental toughness and is quick to label anyone who falls back as a whiner. But people who have clinical depression are not lazy or simply feeling sorry for themselves. Nor can they "will" depression to go away. Depression is a medical illness -- a health problem related to changes in the brain. Like other illnesses, it usually improves with appropriate treatment.

Fact: Anyone Can Get Depressed. Poet or linebacker, shy or outgoing, anyone from any ethnic background can develop depression. The illness is twice as common in women as in men, but it may be that women are more likely to seek help. It's often first noticed in the late teens or 20s, but an episode can develop at any age. Tough personal experiences can sometimes trigger depression in people who are at risk for the illness. Or it may develop out of the blue.

Fact: It Can Sneak Up Slowly. Depression can creep up gradually, which makes it harder to identify than a sudden illness. A bad day turns into a rut and you start skipping work, school, or social occasions. One type, called dysthymia, can last for years as a chronic, low-level illness—a malaise that silently undermines your career and relationships. Or depression can become a severe, disabling condition. With treatment, many feel substantial relief in 4-6 weeks.

Myth: Help Means Drugs for Life. Despite the buzz about a "Prozac Nation," medication is only one of the tools used to lift depression. Asking for help doesn't necessarily mean your doctor will advise medications, although medicines can often be very helpful for significant forms of depression. Studies suggest, though, that "talk" therapy works as well as drugs for mild to moderate depression. Even if you do use antidepressants, it probably won't be for life. Your doctor will help you determine the right time to stop your medication.

Myth: Depressed People Cry a Lot. Not always. Some people don't cry or even act terribly sad when they're depressed. Instead they may appear emotionally "blank" and may feel worthless or useless. Even without dramatic symptoms, untreated depression prevents people from living life to its fullest—and takes a toll on families.

Fact: Family History Is Not Destiny. If depression appears in your family tree, you're more likely to experience it, too. But chances are you won't. People with a family history can watch for early symptoms of depression and take positive action promptly—whether that means reducing stress, getting more exercise, counseling, or other professional treatment.

Myth: Depression Is Part of Aging. Most people navigate the challenges of aging without becoming depressed. But when it does occur, it may be overlooked. Older people may hide their sadness or have different, vague symptoms: food just doesn't taste good anymore, aches and pains worsen, or sleep patterns change. Medical problems can trigger depression in seniors -- and depression can slow recovery from a heart attack or surgery.

Fact: Depression Imitates Dementia. In seniors, depression can be the root cause of memory problems, confusion, and in some cases, delusions. Caregivers and doctors may mistake these problems for signs of dementia, or an age-related decline in memory. Getting treatment lifts the cloud for the majority of older people with depression. Psychotherapy can also be a useful part of treatment for older adults with depression who may be coping with loss, medical illnesses, or other life changes.

Myth: Talking Makes Things Worse. People were once advised not to "dwell on" problems by talking about them. Today, there's evidence that guided discussions with a professional can make things much better. Different types of psychotherapy help treat depression by addressing negative thought patterns, unconscious feelings, or relationship troubles. The first step is to talk to a mental health professional.

Fact: Positive Thinking May Help. The old advice to "accentuate the positive" has advanced into a practice that can ease depression. It's called cognitive behavioral therapy (CBT). People learn new ways of thinking and behaving. Distorted negative self-talk and behavior is identified and replaced with more accurate and balanced ways of thinking about yourself and the world. Used alone or with medication, CBT works for many people.

Myth: Teens Are Unhappy by Nature. Although many teens are moody, argumentative, and intrigued by "the dark side," prolonged sadness or irritability is not normal for teens. When unhappiness lasts more than two weeks, it may be a sign of depression -- which develops in about one in 11 teens. Other signs a teen may need help include: being constantly sad or irritable even with friends, taking no pleasure in favorite activities, or a sudden drop in grades.

Fact: Exercise Is Good Medicine. Very good studies now show that regular, moderately intense exercise can improve symptoms of depression and work as well as some medicines for people with mild to moderate depression. Exercising with a group or a good friend adds social support, another mood booster.

Myth: Depression Is Tough to Treat. The reality is most people who take action to lift their depression do get better. In a large study by the National Institute of Mental Health, 70% of people became symptom-free through medications -- though not always with the first medicine. Studies show that the best treatment is often a combination of medication and talk therapy.

Fact: It's Not Always Depression. Some life events cause sadness or disappointment, but do not become clinical depression. Grief is normal after a death, divorce, loss of a job, or diagnosis with a serious health problem. One clue of a need for treatment: the sadness is constant every day, most of the day. When people are weathering difficult times appropriately, they can usually be distracted or cheered up for short periods of time.

Fact: Hope for Better Days Is Real. In the depths of depression, people may think there's no hope for a better life. This hopelessness is part of the illness, not a reality. With treatment, positive thinking gradually replaces negative thoughts. Sleep and appetite improve as the depressed mood lifts. And people who've seen a counselor for talk therapy are equipped with better coping skills to deal with the stresses in life that can get you down.



Warning Signs of Cataracts

WebMD, Medically reviewed by Whitney Seltman, OD

What Are Cataracts?

A cataract is a progressive, painless clouding of the natural, internal lens of the eye. Cataracts block light, making it difficult to see clearly. Over an extended period of time, cataracts can cause blindness. They're often related to growing older, but sometimes they can develop in younger people

How Cataracts Affect Your Vision

In a normal eye, light enters and passes through the lens. The lens focuses that light into a sharp image on the retina, which relays messages through the optic nerve to the brain. If the lens is cloudy from a cataract, the image you see will be blurry. Other eye conditions, such as myopia, cause blurry vision, too, but cataracts produce some distinctive signs and symptoms.

Cataract Symptom: Blurry Vision

Blurry vision at any distance is the most common symptom of cataracts. Your view may look foggy, filmy, or cloudy. Over time, as the cataracts get worse, less light reaches the retina. People with cataracts may have an especially hard time seeing and driving at night.

Cataract Symptom: Glare

Another early symptom of cataracts is glare, or sensitivity to light. You may have trouble seeing in bright sunlight. Indoor lights that once didn't bother you now may seem too bright or have halos. Driving at night may become a problem because of the glare caused by streetlights and oncoming headlights.

Cataract Symptom: Double Vision

Sometimes, cataracts can cause double vision (also known as diplopia) when you look with one eye. This is different than the double vision that comes from the eyes not lining up properly, which would give you double vision when looking out of both eyes together. With cataracts, images can appear double even with just one eye open.

Cataract Symptom: Color Changes

Cataracts can affect your color vision, making some hues look faded. Your vision may gradually take on a brownish or yellowish tinge. At first, you may not notice this discoloration. But over time, it may make it harder to distinguish blues and purples.

Cataract Symptom: Second Sight

Sometimes, a cataract may temporarily improve a person's ability to see close-up, because the cataract acts as a stronger lens. This phenomenon is called second sight, because people who may have once needed reading glasses find that they don't need them anymore. As the cataract worsens however, this goes away and vision worsens again.

Cataract Symptom: New Prescription

Frequent changes to your eyeglass or contact lens prescription can be a sign of cataracts. This is because cataracts are usually progressive, meaning they get worse over time.

Who Gets Cataracts?

The majority of cataracts are related to aging. More than half of Americans over 65 have cataracts. Babies are sometimes born with cataracts, also called congenital cataracts, or children may develop them as a result of injury or illness. Exposure to Ultraviolet (UV) light can also increase the risk of cataract and other eye conditions.

What Causes Cataracts?

The exact cause of cataracts is unknown. While the risk grows as you get older, these factors may also contribute:

- Diabetes
- Smoking
- Excess alcohol use
- Eye Injury
- Prolonged use of corticosteroids
- Prolonged exposure to sunlight or radiation

How Are Cataracts Diagnosed?

Most cataracts can be diagnosed with an eye exam. Your eye doctor will test your vision and examine your eyes with a slit lamp microscope to look for problems with the lens and other parts of the eye. The pupils are dilated to better examine the back of the eye, where the retina and optic nerve lie.

Surgery for Cataracts

If you have vision loss caused by cataracts that can't be corrected with glasses or contact lenses, you may need surgery to remove the cataracts. In cataract surgery, the cloudy lens is removed and replaced with an artificial lens. The surgery, which is done on an outpatient basis, is safe and extremely effective at improving vision. If cataracts are present in both eyes, surgery will be done on one eye at a time.

Types of Cataract Surgery

There are 2 main types of cataract surgery. The more common type is called phacoemulsification (phaco) or "Ultrasonics." The doctor makes a tiny incision in the eye and breaks up the lens using ultrasonic waves. The lens is removed, and an intraocular lens (IOL) is put in its place. In most modern cataract surgeries the IOL eliminates the need for thick glasses or a contact lens after surgery.

Cataract Surgery Innovations

Recent developments in cataract surgery can correct both near and distance vision. They minimize or eliminate the need for reading glasses after surgery. Conventional "monofocal" lenses only correct for distance vision, meaning reading glasses are still needed after surgery. Multifocal IOLs (Intraocular Lens) can be an option in some patients to help improve both distance and near vision. "Toric" implants are available to correct astigmatism. A lens for better color vision is in development (shown here next to a dime).

What to Expect After Surgery

For a few days, your eye may be itchy and sensitive to light. You may be prescribed drops to aid healing and asked to wear an eye shield or glasses for protection. It'll take about eight weeks for your eye to heal completely, though your vision should begin to improve soon after surgery. You may still need glasses, at least occasionally, for distance or reading -- as well as a new prescription after healing is complete.

Cataract Surgery Risks

Complications from cataract surgery are rare. The most common risks are bleeding, infection, and changes in eye pressure, which are all treatable when caught early. Surgery slightly raises the risk of retinal detachment, which requires emergency treatment. Sometimes, lens tissue left after surgery and used to support the IOL can become cloudy, even years after surgery. This "after-cataract" is easily and permanently corrected with a laser.

Should You Have Cataract Surgery?

Whether or not to have cataract surgery is up to you and your doctor. Rarely cataracts need to be removed right away, but this isn't usually the case. Cataracts affect vision slowly over time, so many people wait to have surgery until glasses or contacts no longer improve their vision enough. If you don't feel that your cataracts are causing problems in your day-to-day life, you may choose to wait.

Tips to Prevent Cataracts

Things you can do that may lower your risk of developing cataracts:

- Don't smoke.
- Always wear a hat and sunglasses in the sun.
- Keep diabetes well controlled.
- Limit alcohol consumption.



12 Ways Too Much Sugar Harms Your Body

Source: WebMD; Medically Reviewed by Michael Dansinger, MD

The Bitter Side of Sugar

Sugar is sweet, but too much of it can sour your health. Whole foods like fruits, veggies, dairy, and grains have natural sugars. Your body digests those carbs slowly so your cells get a steady supply of energy. Added sugars, on the other hand, come in packaged foods and drinks. Your body does not need any added sugars.

How Much Is Too Much?

The American Heart Association recommends no more than 6 teaspoons (25 grams) of added sugar a day for women and 9 teaspoons (36 grams) for men. But the average American gets way more: 22 teaspoons a day (88 grams). It's easy to overdo. Just one 12-ounce can of regular soda has 10 teaspoons of sugar -- and no nutritional benefit.

Harm: Weight Gain

Sugar-sweetened beverages are a big source of added sugars for Americans. If you drink a can of soda every day and don't trim calories elsewhere, in three years you'd be 15 pounds heavier. Putting on too much weight can lead to problems like diabetes and some cancers.

Harm: Heart Disease

One in 10 Americans gets 1/4 or more of their daily calories from added sugar. If you eat that much, one study found that you're more than twice as likely to die from heart disease than someone who gets less than half as much. It's not clear why. It could be that the extra sugar raises your blood pressure or releases more fats into the bloodstream. Both can lead to heart attack, stroke, and other heart diseases.

Harm: Diabetes

Sugary drinks in particular can boost your odds for type 2 diabetes. That can happen because when sugar stays in your blood, your body may react by making less of the hormone insulin, which converts the food you eat into energy. Or the insulin doesn't work as well. If you're overweight, dropping even 10-15 pounds can help you manage your blood sugar.

Harm: High Blood Pressure

Usually, salt gets the blame for this condition, also called hypertension. But some researchers say another white crystal -- sugar -- may be a more worrisome culprit. One way they believe sugar raises blood pressure is by making your insulin levels spike too high. That can make your blood vessels less flexible and cause your kidneys to hold onto water and sodium.

Harm: High Cholesterol

Sugary diets are bad for your heart, regardless of how much you weigh. They can:

- Raise your so-called "bad" (LDL) cholesterol and lower the "good" (HDL) kind.
- Hike blood fats called triglycerides and hinder the work of an enzyme that breaks them down.

Harm: Liver Disease

Most packaged foods, snacks, and drinks are sweetened with fructose, a simple sugar from fruits or veggies like corn. Your liver turns it into fat. If you regularly pump fructose into your body, tiny drops of fat build up in your liver. This is called non-alcoholic fatty liver disease. Early diet changes can reverse it. But over time, swelling and scarring can damage your liver.

Harm: Cavities

You know sugar rots your teeth. How? It feeds the bacteria in your mouth, which leave behind acid that wears away your tooth enamel. Sugary drinks, dried fruits, candy, and chocolate are common offenders. Sour candies are among the worst. They're almost as acidic as battery acid! If you eat tart treats, rinse your mouth with water afterward or drink some milk to neutralize the acid.

Harm: Poor Sleep

Too much sugar during the day can mess with your blood glucose levels and cause energy spikes and crashes. You may struggle to stay awake at work or doze off in class at school. In the evenings, a bowl of ice cream or cookies can pump you with sugar that can wake you up at night. It also can cut short the time you're in deep sleep. So you may not wake up feeling refreshed.

Possible Harm: ADHD

It's a common perception that sugar worsens the symptoms of attention deficit hyperactivity disorder. But the link is unproven. More studies knock down the theory that sugar causes or worsens ADHD than support it. We don't know exactly what leads to ADHD, but your genes probably play a large role.

Harm: Mood Problems

Feeling down? Your sweet tooth may be part of the problem. Several studies have linked sugar and mental health problems. One of the latest showed that men who ate more than 66 grams of sugar a day -- almost double what's recommended -- were 23% more likely to be diagnosed with anxiety or depression than men who ate 40 grams or less. Too much sugar could fuel depression through swelling, or inflammation, in your brain, which is more common in people with depression.

Harm: Gout

You may know that you can get this painful arthritis from eating too much red meat, organ meats, and lobster. The same goes for fructose. It can make uric acid build up in your blood, which in turn forms hard crystals in your big toe, knees, and other joints.

Harm: Kidney Stones

You get these when chemicals in your pee turn into solid crystals. Your body flushes out some kidney stones without much pain. Others can get stuck in your kidney or another part of your plumbing and block urine flow. Too much fructose -- from table sugar, high-fructose corn syrup, or processed foods -- raises your chances for kidney stones.

Harm: Aging

Sugary drinks may add years to your biological age. DNA called telomeres cap the end of your chromosomes to protect them from damage. Longer is better. Shortened telomeres may go hand in hand with age-related diseases like diabetes. One study found that people who drink 20 ounces of soda a day have shorter telomeres. Researchers figure that's like adding more than 4 years to the age of your cells.



"Am I Safe, Or Am I Being Scammed?" How To Avoid Scams

Know the red flags

The most common types of scams will target you through fake emails, text messages, voice calls, letters or even someone who shows up at your front door unexpectedly. No matter which technique the scammer uses, you may be:

- Instructed to not trust Bank of America, or to respond to questions in untruthful ways
- Pressured to send money
- Threatened with law enforcement action
- Told to purchase gift cards and provide codes as a form of payment
- Asked to cash a check for a stranger or send money via wire transfer or Zelle®
- Asked to deposit a check that overpays for something you're selling, then send the difference elsewhere

If you authorize a transfer or send money to a scammer, there's often little we can do to help get your money back.

Stay Secure From Trending Scams

Learn how to protect your personal information.

Scammers may pose as people or businesses you know and may appear to be your bank, a utility, a phone provider, or even a friend or relative.



Keep your codes and passwords private

Unsolicited requests are typically scams and we will never contact you to ask for these. Plus, don't trust caller ID — it's not always who it says it is.



Validate requests to transfer money

If you receive an unfamiliar call, computer message, text or email asking you to transfer money, beware. Verify you're sending to a trusted recipient by calling the number on your card, a recent bill or receipt, or by visiting an official website



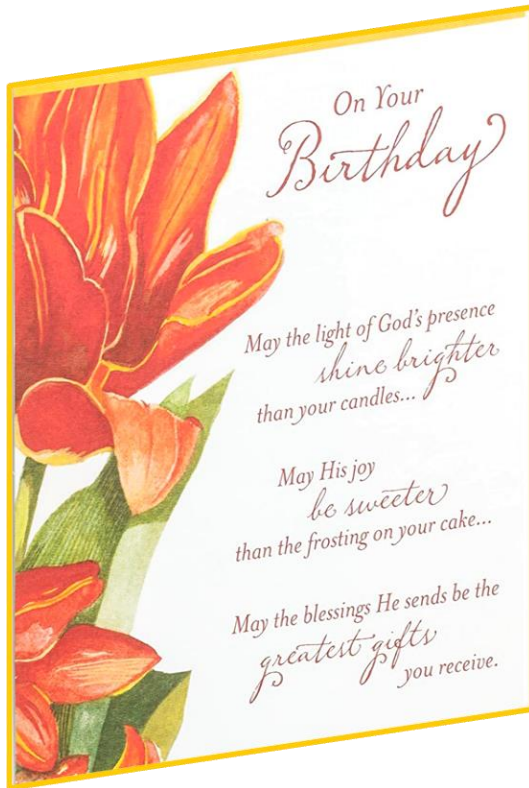
Beware of technology "fixes"

Be wary of unknown requests to download apps or messages claiming to "fix" issues. Apps can give scammers access to your personal information.

Source: Bank of America



BIRTHDAYS



August	
Kevin Jackson	1
Gloria Pickett	4
Kendall Harris	6
Victoria Jones	7
James Stemley	10
Sean Bowman	10
Jeffrey Miles, Sr.	26
Alex Porter	28
Juanita Williams	30
Joan Brown	30

July	
Naomi Jones	2
Curtis Bell	4
Melani Finney	6
Brandi Walker	6
Asahni Proctor	7
Deborah Brown	9
Barbara Ligon	9
Lillie Clark	9
Elton Sherard	10
Phyllis Bell	13
Bill Porter	14
Anne Seymour	16
Brianna Pickerall	17
Phyllis Bell	18
Rochelle Scott	18
Gaston Finney, Jr.	22
Allison Porter	23
James Pickett, Sr.	27
Wesley Brown	28
Rayonna Gibson	31
Corlissa Avery	31

September	
Linda Jones	3
Mary Blackburn	3
Troy Booth	3
Brittani Walker	8
Griselda Clemons	12
Matthew S. Brown	16
Stacey Montgomery	19
Michelle Dixon	21
Terri Ware	21
Gaston Finney, III	24
Howard Branch	24
Carolyn Jackson	25
Winnifred Butler	25
Joan Harris	26
Joyce Stokes	27
Treasa Harris	28



ANNIVERSARIES

Billy & Linda
Porter
July 8, 1989
[33 years]

Elton & Angelene
Sherard
July 10, 1970
[52 years]

James & Gloria
Pickett
July 16, 1966
[56 years]

Leonard & Janet
Sledge
July 17, 1965
[57 years]

Ronald & Peggy
Dearing
July 25, 1970
[52 years]

Vernon & Jacqueline
Bell
August 3, 1983
[39 years]

Wayne & Ina
Fells
August 18, 1979
[43 years]

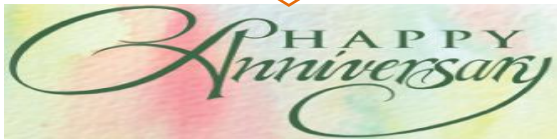
William & Emma
Murdoch
August 28, 1976
[46 years]

Michelle & Gaston
Finney
September 3, 1989
[33 years]

Andrew & Joyce
Kamara
September 15, 1984
[38 years]

Cleveland & Naomi
Jones
September 21, 1977
[45 years]

Reginald & Bernadette
Miller
September 28, 1991
[31 years]



From the Newsletter Editor

**Have You Earned
Your Tomorrow**

By Edgar Albert Guest



Is anybody happier because you passed his way?

Does anyone remember that you spoke to him today?

This day is almost over, and its toiling time is through;

Is there anyone to utter now a kindly word of you?

Did you give a cheerful greeting to the friend who came along?

Or a churlish sort of "Howdy" and then vanish in the throng?

Were you selfish pure and simple as you rushed along the way,

Or is someone mighty grateful for a deed you did today?

Can you say tonight, in parting with the day that's slipping fast,

that you helped a single brother of the many that you passed?

Is a single heart rejoicing over what you did or said;

Does a man whose hopes were fading now with courage look ahead?

Did you waste the day, or lose it, was it well or sorely spent?

Did you leave a trail of kindness or a scar of discontent?

As you close your eyes in slumber do you think that God would say,

You have earned one more tomorrow by the work you did today?

Sis. Ellalene Barnaby



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*"As for man, his days are like grass,
As a flower of the field, so he flourishes.
For the wind passes over it, and it is gone,
And its place remembers it no more."*

Psalm 103:15-16 (NKJV)

Like the flowers of the field, we have a season to bloom.
God has given us life and gifts to use for the benefit of others.
In serving we blossom.

Source: Morning Whispers