

Beacon of Light

September 2020 • Volume 3 • Issue 3

"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



“What a Friend We Have in Jesus”

“What a friend we have in Jesus, all our sins and griefs to bear! What a privilege to carry everything to God in prayer.” These were the

very first words I recall coming to mind the afternoon of August 3, 2020 as I transitioned from heavy sedation to consciousness following surgery to remove a benign brain tumor. I’m not quite sure if I sang these words in a dream, or if they were part of my first conscious thoughts as I began to awaken that afternoon in post-op.

The fact that I awakened and returned to consciousness that afternoon was something of a surprise in itself. According to the clock on the wall in post-op it was a little after 2 pm. The operating room where the surgery took place had been reserved for six and a half hours beginning early that morning. I was informed later, however, that my surgical procedure was able to be completed within four hours. Based on a previous procedure performed on a different part of my brain in 2015, I was told to expect to have a similar post-op experience. In 2015, after surgery performed in the early afternoon, I didn’t wake up and come into my consciousness until the morning of the next day. This time around, surgery was performed in the morning and I was awake and aware of my surroundings early that afternoon.

The entire experience to first identify and then remove this benign brain tumor, known as a “meningioma”, has been marked by God’s grace. Since my tumor has always been asymptomatic, I would not have known it existed except that it was first discovered in a battery of tests done for another brain ailment affecting a different part of my brain in 2015. Relative to the more serious brain arteriovenous malformation (or brain avm) I was diagnosed with on the stem of my brain in 2015, the meningioma was noted but not treated at that time. Instead, in late fall of every year since 2015 I have had an MRI performed to monitor its growth.

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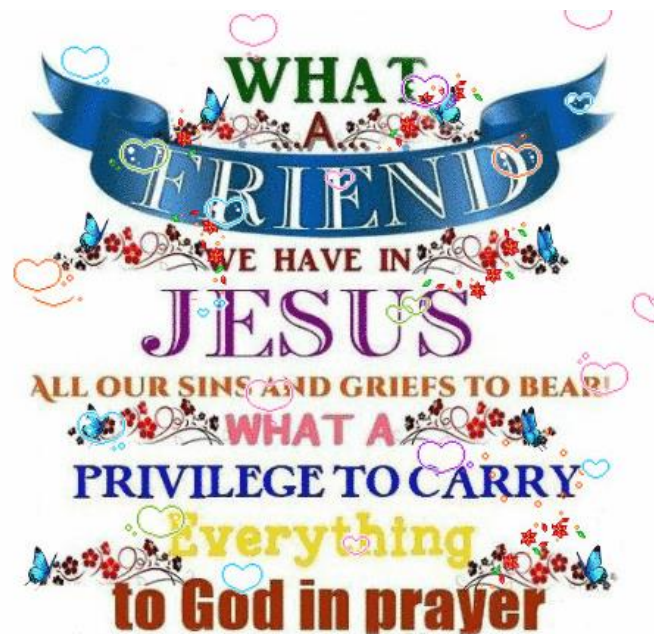
Pastor's Corner (continued)

My hope was that its growth would stabilize before it either required treatment or became symptomatic. Each year, however, an MRI revealed slow but steady growth. So, in December of 2019 my neurosurgeon and I concluded it was now time to move on it before it became symptomatic. Estimating that I would need approximately a month for recovery, and recognizing that we still had some wiggle room with time, we scheduled surgery for the first day of my summer break in August.

I had earlier this year shared this information with my District Superintendent. In mid-July, I informed our church's Pastor-Parish Relations Committee and the church office of my plans while on summer break. I also kept them informed and appreciated their prayers throughout my recovery period.

Those very first words that came to mind during post-op, "What a friend we have in Jesus...", were a reminder of what Jesus has been for me from start to finish throughout this entire process: a faithful companion, guide, and friend. Following surgery, I am now tumor free, and no longer have to live with the year to year uncertainty of how a brain tumor might one day affect my health. To God be the glory!

Rev. Mark D. Venson



Inspirational Thoughts and Encouragement

Real Faith is More than Just Believing

“You say you have faith, for you believe that there is one God. Good for you! Even the demons believe this, and they tremble in terror. How foolish! Can’t you see that faith without good deeds is useless?” James 2:19-20 (NLT)

Did you know the Devil believes in Jesus? So do the demons. But you will not find any of them in heaven.

Why? Because saying you believe in Jesus does not mean you have faith in him. It also does not mean you trust him to fulfill his promises.

James says faith is more than just intellectual knowledge. Faith is something you do. It is active, not passive. Real faith involves making a commitment to trust in Jesus.

Now this does not mean we can earn our salvation. The Bible says, *“For it is by grace [we] have been saved, through faith . . . not by works, so that no one can boast”* (Ephesians 2:8-9 NIV).

What James is saying is that our belief and commitment to Jesus is reflected in the things we do. Our good deeds are evidence of our real and trusting faith.

Maybe you are struggling to make sense of why your relationship with Jesus does not seem to be working. Could it be you are not putting your faith into practice?

The Bible says, *“Anyone who doesn’t breathe is dead, and faith that doesn’t do anything is just as dead!”* (James 2:26 CEV). The word you see James use over and over is “do.” His message is very clear: real faith shows up in your lifestyle. Your faith should change you and the things you do.

What can you do today to show others your faith in Jesus? How can you serve them, support them, encourage them, and even show them how your faith is changing you?

There is no better time than right now to take a stand for Jesus Christ and demonstrate your faith. As 1 Corinthians 16:13-14 says, *“Stand firm in the faith. Be courageous. Be strong. And do everything with love”* (NLT).



Lewis, Vivian Proved Faith Can Change A Nation

By Kathy L. Gilbert, July 21, 2020 | UM News



Congressman John Lewis speaks during a 2009 worship service at the historic Brown Chapel African Methodist Episcopal Church in Selma, Alabama, during the 44th anniversary of Bloody Sunday, the 1965 Selma-Montgomery Voting Rights March. “We were prepared to walk from here to Montgomery,” he said. “We were prepared to take a beating, to give a little blood. Selma, Selma, Selma helped liberate all of us.” File photo by Kathy L. Gilbert, UM News.

The Revs. John Lewis and Cordy Tindell “C.T.” Vivian were models of authentic religion who proved that people of faith can change a nation, said the Rev. James Lawson, a United Methodist pastor who worked side-by-side with both men in the early days of the civil rights movement.

Lewis and Vivian both died on July 17.

Lawson said the news stories that have followed — while mentioning the two men were clergy — leave out that important religious component and the true impact of both men’s lives.

“They don’t lift up John Lewis and C.T. Vivian as models of what authentic religion is about,” he said. “Authentic religion enables a country to view these issues without a spirit of revenge or hatred.” Leaving that out “creates in me spiritual, moral grief and agony,” he said.

Congressman Lewis, an ordained Baptist preacher, died at the age of 80. Lewis represented Georgia's 5th District, which comprises most of Atlanta. He had announced in December 2019 that he been diagnosed with pancreatic cancer.

Vivian, who was 95, died of natural causes. Vivian's social justice work preceded that of the Rev. Martin Luther King Jr. He nonviolently and successfully protested segregated lunch counters in Peoria, Illinois, in 1947. He later became part of King's executive staff at the Southern Christian Leadership Conference in Atlanta.

As Freedom Riders, Lawson, Lewis and Vivian were arrested and spent time in jails including the infamous Parchment Prison —The Mississippi State Penitentiary. "Parchment torture chamber is what I called it," Lawson said. In his training of pastors, Lawson said, "Gandhi was not our major teacher, Jesus was."

Retired Bishop Woodie White said Vivian and Lewis and other disciples of King saw nonviolent resistance as a principle.

"They lived it out and never strayed from it, no matter how difficult the resistance was," he said. "It was faith-based and that is why they were able to go the distance."

The Rev. Gil Caldwell, a retired United Methodist pastor and veteran of the civil rights movement, wrote a commentary for the weekly newspaper in Asbury Park, New Jersey, reflecting on the passing of Lewis and Vivian and the death earlier this year of the Rev. Joseph Lowery.

"Rev. Joseph Lowery, Rev. C. T. Vivian, and Congressman John Lewis, were persons who gave their blood, sweat and tears to dismantle and transform the racial inequalities of our nation. May their lives and deaths, motivate us to make of 2020 the year that a Reconstruction of America began," he wrote.

The Rev. Jasmine R. Smothers, pastor of Atlanta First United Methodist Church, grew up in Atlanta. She said Lewis and Vivian "weren't just people you read about in history books or saw on the news."

"Regardless of what they were doing or where they were headed, they always stopped to remind us (especially the children) who we are, whose we are, and our responsibility to fight for equity and justice," she wrote in a Facebook post.

She, too, remembered Lowery as one of the "giants." "Thank you, Lord, for allowing these giants to forge the way. Thank you for their impact on my life. Give us the strength to continue the work. There is no time to be weary."

In his 1998 memoir "Walking with the Wind," Lewis wrote of his hopes for the new generations of young activists.

"What I tell them is that the best way to help themselves is to help each other. To work for each other. To *push* for each other. To *pull* for each other. Yes, it is a different setting, a different situation, a different world we live in today than the one in which I came of age. ... It was easier for us to stand up and confront blatant segregation than

than it is for young people today to deal with the more insidious and subtly deep-seated dynamics of racism, or sexism, or greed and exclusion. But that does not mean they cannot do it. In fact, I tell them, they must. They have a moral obligation and mandate and mission to do it.”

Taylor Hall, a 19-year-old United Methodist activist in Indianapolis, said she takes inspiration from Lewis who, like her, started his work for change as a young adult.

Lewis’ first of more than 40 arrests came when he joined in a lunch counter sit-in at Woolworth’s in Nashville, Tennessee in 1961. He was hit during the sit-in but never raised his hand in retaliation.

“What makes me want to start activism is that I see how many people started at a young age in the civil rights movement,” Hall said. “If they can go do it, I can go do it too. You don’t have to be 40 or 50 to take a leadership position.”

She is part of the new group Black Women in Charge that works for racial equality through peaceful demonstrations and meeting with Indianapolis leaders. Hall also has used her voice in another way, releasing the song [“I Can’t Breathe”](https://www.wthr.com/article/news/local/young-indy-activist-sparks-change-with-new-song/531-2c0cddc0-1322-4f89-9766-9bc691f420d3)
<https://www.wthr.com/article/news/local/young-indy-activist-sparks-change-with-new-song/531-2c0cddc0-1322-4f89-9766-9bc691f420d3>.

She sees Lewis and other civil rights leaders as exemplars of what people can accomplish through nonviolent protest. “They can overcome that adversity with nonviolence,” she said. “They showed it works. And should be able to do that going forward to make a difference today.”

The Rev. Dawn M. Hand, Pittsburgh District superintendent in the Western Pennsylvania Conference, met Lewis years ago through Marian Wright Edelman, another legendary civil rights icon.

“Congressman Lewis exuded humility. I was struck when he asked about my work as a pastor. It was a holy time to be in the presence of those extraordinary faithful public servants,” she said. Lewis modeled the life of Jesus, she added.

“The image of the brutal beatings on the Edmund Pettus Bridge is forever etched in my mind,” she said. “Congressman Lewis modeled for us how to turn tragedy into triumph. Living his life in such a way to affect monumental change in voting rights for Black people and justice for all people.”

Lewis ended his memoir by referencing Ecclesiastes 3:1-8.

“As a nation, if we care for the Beloved Community, we must move our feet, our hands, our hearts, our resources to build and not to tear down, to reconcile and not to divide, to love and not to hate, to heal and not to kill.”

Gilbert is a news writer for United Methodist News Service. Heather Hahn, also United Methodist news writer, contributed to this story.



Kidz Corner!!

CHILDREN'S NIGHT OUT

Each year, one of the best Children's Ministry activities is the annual Christmas Parent's Night out. This outing gives time for parents to relax and for the children to come together to share their holiday cheer!

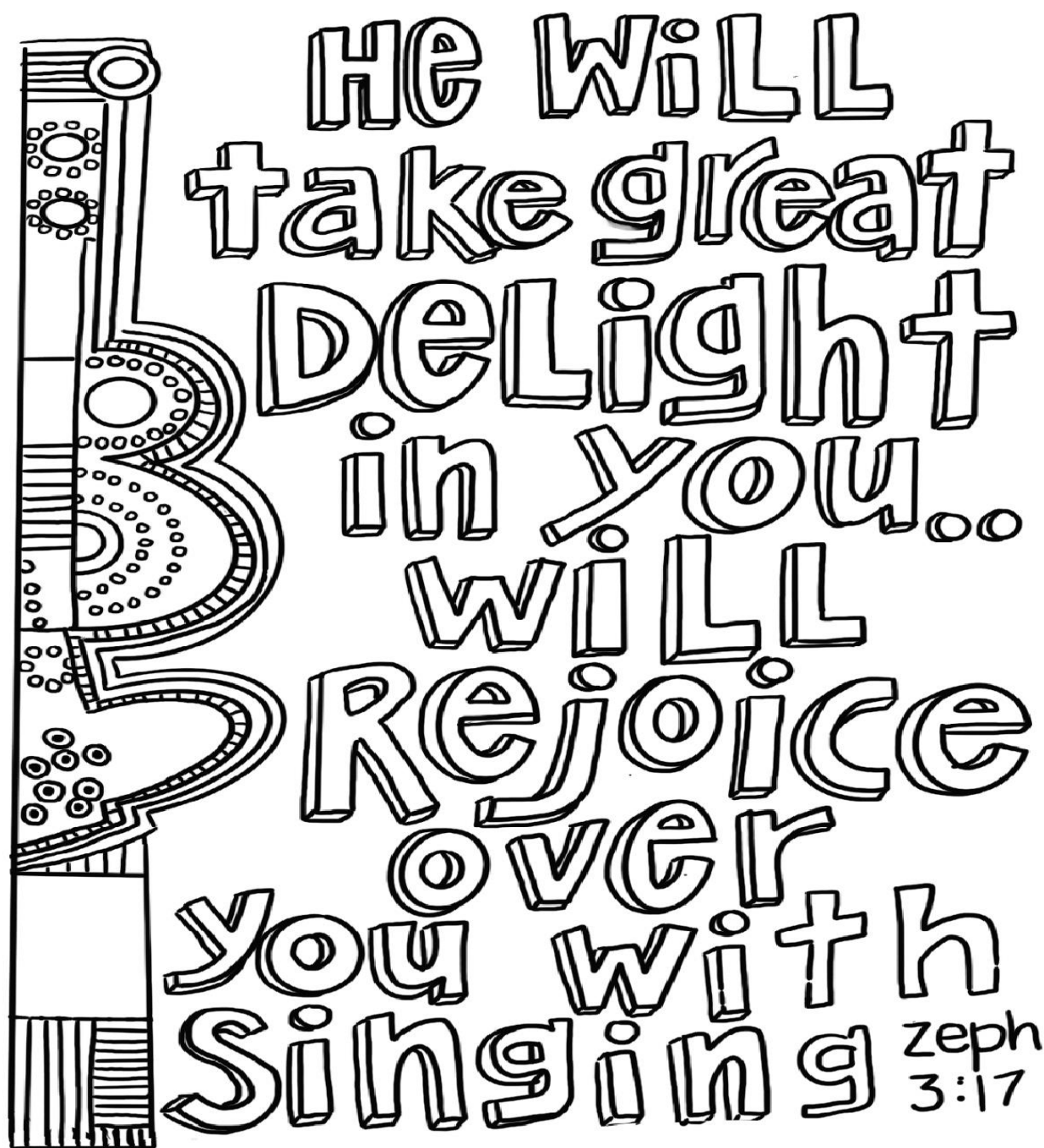
In December 2019, we came together on a Saturday night to learn about the birth of Christ, sing Christmas carols and enjoy the friendly faces of our church family. The highlight of the event was the outing at the Watkins Park Festival of Lights! We were amazed at the sight of fairy tale princesses, dancing reindeer and even a basketball playing Santa Clause. When we returned from our light-filled evening, we also played bingo for fun prizes- everyone was a winner!

Although we cannot gather in person right now, we will be together again soon to create new memories. In the meantime, the Ebenezer UMC Children's Ministry encourages all of our wonderful kids, and their families to continue to pray, stay healthy, and to fellowship with each other virtually.

Stay Tuned for more Kidz activities and events!



COLORING FUN



Submitted by Sis. Terri and Sis. Taylor Ware



Celebrating the Accomplishments of One of Ebenezer's Sons

Jardea D. Jenkins, Senior Chief Navy Counselor, United States Navy



Senior Chief Jenkins was born on May 23, 1974, in Washington D.C. and grew up in Upper Marlboro, Maryland. In 1986, he and his mother, Mel Jenkins, joined Ebenezer United Methodist Church where he served as an Acolyte, in the Youth Choir, as a Youth Group member, as an Usher, and acted in several Christmas plays directed by the late great Mrs. Agnes Miller! Senior Chief Jenkins attended Bishop McNamara High School and graduated in 1992.

In February 1994, he enlisted in the United States Navy and reported to Recruit Training Command at Great Lakes, Illinois for Basic Training. Following graduation from Basic Training he was assigned to Naval Training Command in Great Lakes for Seaman Apprenticeship Training and upon completion he attended the Stinger Missile school in Fort Bliss, TX. In July of 1994, he reported to his first duty station onboard USS CORONADO (AGF-11) in San Diego, CA. While onboard he successfully applied for the job of Interior Communications Electrician. In May of 1996, Senior Chief Jenkins returned to Naval Training Command in Great Lakes for Interior Communications Electrician "A" school. Following "A" school, in May 1997, he reported to USS VALLEY FORGE (CG-50) where he was advanced to Petty Officer Third Class and subsequently Petty Officer Second Class. In June 2000, Senior Chief Jenkins reported to Shore Intermediate Maintenance Activity where he changed jobs to Navy Counselor and was advanced to Petty Officer First Class. He reported to USS OGDEN (LPD-5) in April 2003 and was promoted to Chief Petty Officer in September 2006.

In March of 2007, OGDEN was decommissioned, and Senior Chief Jenkins reported to Naval Special Warfare Group THREE where he served as the Career Counselor Immediate Supervisor In Charge for SEAL Delivery Vehicles ONE and TWO. While there he earned his Associate Science in General Studies from Vincennes University and his Bachelor of Science in Workforce Education and Development from Southern Illinois University. In February 2011, he reported to Fleet Air Reconnaissance Squadron (VQ-2) in Whidbey Island, WA. but after 11 months VQ-2 decommissioned. Senior Chief Jenkins reported to his first east coast assignment onboard USS HARRY S TRUMAN (CVN-75) in February 2012 based out of Norfolk, VA. In July of 2014, he was promoted to Senior Chief Petty Officer. He then transferred to Navy Region Southwest, San Diego, CA. as Region Career Counselor in November 2015 and earned his Master of Arts in Organizational Leadership in October 2019. On February 29, 2020 he will officially retire from the military after serving 26 years of active service.

Senior Chief Jenkins' personal qualifications and awards include: the Enlisted Surface Warfare Specialist, Enlisted Aviation Warfare Specialist, Enlisted Information Dominance Warfare Specialist, Navy and Marine Corps Commendation Medal (three awards), Navy and Marine Corps Achievement Medal (five awards), Good Conduct Medal (eight awards), and various service and unit awards. Senior Chief Jenkins, his wife Samantha, and his son Jacari reside in San Diego, CA.

Submitted by Bro Jardea Jenkins and Sis. Mel Jenkins



Notable Event

United Methodist Women Donate to Promise Place

God has blessed us beyond measure; and in our continued efforts to reach out to the surrounding community, especially at this critical time, the United Methodist Women donated much needed items to Promise Place, a local non-profit.

Promise Place is an emergency youth shelter that provides homeless, abandoned, abused, neglected and runaway youth a compassionate alternative to the dangers of the streets and/or unstable housing. Operated in partnership with the Prince George's County Department of Social Services, Promise Place is open 24 hours a day and serves up to 20 youth at one time. By providing a safe place to stay and intensive counseling services, Promise Place helps most youth reunite with their families and works to return all young people to stable and safe environments. On-site services include crisis intervention; individual, group and family counseling; case management, support for shelter graduates, and temporary respite care.



PHOTO: Eddie Hall, Youth Engagement Coordinator at Promise Place, along with several youth, receiving donations at Ebenezer on June 30.



AMERICAN HISTORY MADE BY BLACK PEOPLE

This new segment, American History Made by Black People, will be featuring articles related to black history. These articles will be provided by Sis. Barbara McIntosh. The first story is about Ellen Craft's Escape to Freedom.

Ellen Craft (Number 1)

Ellen Craft was born into slavery to her African mother and white slaveowner in Clinton, Georgia; and was often mistaken as an immediate member of the master's family. She met her husband, William Craft after being given away to a family in Macon, Georgia. Together, the couple pulled off one of the most daring escapes from slavery ever recorded. Ellen posed as a young, white sickly male slaveowner traveling with "his" slave. The mere thought of bearing children into slavery and having them possibly separated from her was Ellen Craft's strength and determination. Ellen's role was made increasingly difficult because she had to pose first as a white man, and second, as an educated one.

Their plan was to travel by train and steamer from Georgia to Philadelphia. Close calls and quick thinking by Ellen helped them throughout the eight-day ordeal. One event saw her play deaf and answer with only one word to avoid recognition by a man who knew her and her slaveowners. High profile because of their extraordinary escape, and the passage of the Fugitive Slave Law of 1850 (The law allowing slavecatchers to return runaway slaves to their owners), the couple left Boston upon hearing their former owners had hired slavecatchers to return them.

Successful in a second escape, they went to England. The Crafts spent 19 years in England, where they had five children together. Ellen participated in reform organizations such as the London Emancipation Committee, the Women's Suffrage Organization, and the British and Foreign Freedmen's Society.^[2] They earned speaking fees by public lectures about slavery in the US and their escape. William Craft set up a business again, but they still struggled financially. For most of their time in England, the Craft family lived in Hammersmith. After the end of the Civil War and emancipation of slaves, Ellen located her mother Maria in Georgia; she paid for her passage to England, so they were reunited.

In 1868, after the [American Civil War](#) and passage of constitutional amendments granting [emancipation](#), citizenship and rights to [freedmen](#), the Crafts returned with three of their children to the United States. The Crafts eventually returned to America and told their remarkable story in detail in a book called, "Running A Thousand Miles for Freedom".

Reference: From Wikipedia, the free encyclopedia



Keeping You Informed

CDC Expands List of Underlying Conditions for Severe COVID-19

Agency also removes 65-plus age threshold for risk of serious illness
by Rachel Nania, AARP, June 25, 2020

The Centers for Disease Control and Prevention (CDC) on Thursday updated its warning of who is most at risk for severe illness from a coronavirus infection, adding to the list of conditions that could lead to a severe case of COVID-19.

Older adults and people with underlying health conditions remain the primary high-risk populations. However, the CDC has removed its specific age threshold (65 and older) for risk, and is now cautioning that “among adults, risk increases steadily as you age, and it's not just those over the age of 65 who are at increased risk for severe illness.”

“To put it another way: There's not an exact cutoff of age at which people should or should not be concerned,” Jay C. Butler, CDC deputy director of infectious diseases and COVID-19 response incident manager, said in a media briefing on the update.

Part of the reason risk increases with age is because people are more likely to have more health issues later in life, Butler explained. And underlying health conditions are a huge driver of complications that arise from COVID-19.

Chronic kidney disease, chronic obstructive pulmonary disease (COPD), obesity (BMI of 30 or higher), a weakened immune system, type 2 diabetes, sickle cell disease and heart conditions, such as heart failure, coronary artery disease or cardiomyopathies, have been shown to increase a person's risk of severe illness the most, the CDC said in its update.

Additionally, asthma, high blood pressure, pregnancy, cerebrovascular disease, and neurologic conditions such as dementia were added to the CDC's list of conditions that might put someone at an increased risk for severe illness from COVID-19. Others include liver disease, smoking and type 1 diabetes.

CDC Director Robert Redfield on Thursday emphasized “that as your numbers of underlying medical conditions increase, your risk of severe illness from COVID also increases.” An estimated 60 percent of American adults have at least one chronic medical condition, the CDC notes; about 40 percent have two or more.

The CDC's risk update came a day after the U.S. reported more than 38,000 new cases of COVID-19; six states set record highs, including California, Florida, and Texas, according to the COVID Tracking Project.

"[A]s your numbers of underlying medical conditions increase, your risk of severe illness from COVID also increases."

-CDC Director Robert Redfield

Knowing if you are at increased risk for severe illness can help people make more informed decisions about "which activities to resume and what level of risk you will accept," especially as more communities begin to loosen restrictions, the CDC says.

"While we are all at risk for COVID-19, we need to be aware of who is susceptible to severe complications so that we take appropriate measures to protect their health and well-being," Redfield added.

COVID-19 and Underlying Medical Conditions

Source: CDC

These conditions put people at increased risk of severe illness.

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Obesity (body mass index of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes
- Weakened immune system (immunocompromised state) from solid organ transplant

These conditions might put people at increased risk of severe illness.

- Asthma (moderate to severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Dementia and other neurological conditions
- High blood pressure (hypertension)
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes
- Weakened immune system (immunocompromised state) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune-weakening medicines



COVID-19 CORONAVIRUS DISEASE

BE INFORMED:

Know Your Risk During COVID-19

On a scale of 1 to 10,
how risky is...

Ranked by physicians from
the TMA COVID-19 Task Force
and the TMA Committee on
Infectious Diseases



How to Regain Strength After COVID-19

Doctors and physical therapists share how to rebuild muscle and cardiovascular endurance—

by Stacey Colino, AARP, July 1, 2020

As more people recover from COVID-19 across the country, many are facing another uphill challenge: rebuilding the physical strength and cardiorespiratory endurance lost during long hospital stays or weeks in bed.

Depending on the severity of their illness, this can take weeks to months, says Anne Felicia Ambrose, M.D., an associate professor of physical medicine and rehabilitation, and director of research at the Montefiore Medical Center's Department of Physical Medicine and Rehabilitation in the Bronx, New York.

In many cases, those over 65 will be on the longer end of that time frame. "Older adults are different in many respects, compared with younger adults, and that affects recovery," Ambrose says. For one thing, the health and functionality of various organ systems — including the cardiovascular and respiratory systems — start to decline after age 35, and the rate of decline increases more in the 60s and 70s.

"So older adults are starting at a different baseline with COVID," she notes. In addition, the prevalence of hypertension and diabetes increases as people get older, and these conditions can both worsen COVID-19 and make recovery more challenging.

The prolonged inactivity that can occur with a severe illness such as COVID-19 can also accelerate the natural loss of muscle strength in older adults, Ambrose says. And "with prolonged bed rest, people can lose range of motion and their sense of balance."

The good news: With the right physical activities — and time — these abilities can be regained. While those coming back from the most severe cases will face rehabilitation in a care setting, others will be sent home to get stronger on their own. Here, doctors and physical therapists share what the process involves.

Start with breathing exercises

Many COVID-19 patients will need to start with breathing exercises, at least twice per day, before moving on to other types of exercise. The goal, Ambrose explains, is to strengthen the muscles involved in respiration, which COVID-19 has weakened.

Each session should include two minutes of deep-breathing exercises (slowly breathing in through your nose, allowing your belly to fill with air, then slowly exhaling through your nose) and two minutes of pursed-lip breathing (inhaling through your nose for two seconds with your mouth closed, then exhaling through pursed lips for four seconds, as if you were blowing out candles).

Once you've been fever-free and without shortness of breath or leg swelling for at least seven days, you can start with walking or using an exercise bike to strengthen your cardiorespiratory system, says Robert Gillanders, a physical therapist and spokesman for the American Physical Therapy Association who is based in the Washington, D.C., area.

Start with 10 minutes at a comfortable pace — so you are not out of breath, Ambrose advises — then gradually increase to 20, then 30 minutes at a time. Once you start feeling stronger, you can intersperse 30-second bouts of faster walking throughout your routine.

"When someone is really debilitated, it can be hard to see measurable changes from exercise," Gillanders says. "Keep an activity log — it helps you see incremental changes" that can help you stay motivated to continue the physical activity.

To rebuild physical strength and functionality, it is especially important to target the hips and legs, says Andrew DeLeon, a home health physical therapist with Stella Maris, a long-term care and nursing home facility in Timonium, Maryland. To do that, start with these exercises:

Ankle pumps: Lie on your back with your legs fully extended. Point your toes straight up toward the ceiling, then point them down so your toes are parallel to the floor or bed. Repeat, gradually building up to eight repetitions at a time.

Sit-to-stand: Start by sitting on the edge of a chair or bed, with your feet flat on the floor, and place the back of a sturdy chair in front of your knees. Stand up while reaching for the back of the chair, pause at the top, then sit down again. Start with two to three repetitions, gradually increasing to eight.

Bridges: Lie on your back on a bed or the floor, with your knees bent, your feet flat on the bed or floor and your arms by your sides. As you tighten your core, lift your hips off the floor until they are in line with your knees and shoulders; pause at the top, then lower your hips again. Start with two to three repetitions, gradually increasing to five.

Partial squats: Stand facing a countertop or the back of a sturdy chair, with your feet shoulder-width apart. Slowly bend both knees, pushing your hips back as if you were going to sit in a chair behind you, but stop when your butt gets halfway to knee level. (Use the counter or chair in front of you for balance if you need to.) Hold the squat for eight seconds, then slowly stand up again. Start with two to three repetitions, gradually increasing to eight.

Once these moves become easy for you, it's time to add more strengthening exercises that will support the activities you do in daily life. To help people improve their strength and functionality after having COVID-19, Ambrose and her colleagues created the free manual "Patient and Caregiver Guide to Managing COVID-19 Recovery at Home." This manual can be downloaded from the link:

https://www.montefiore.org/documents/rehab/COVID-19_AtHomeGuide_Web_061220.pdf



Ten Things You Should Know About Telehealth

Guest blogger Nikki Majewski is chief of health information technology at the Maryland Health Care Commission Center for Health Information Technology and Innovative Care Delivery.

Have you heard about telehealth? It is a great way to practice social distancing while still getting the care you need. More health care providers are offering the option of having a virtual video visit.

Here are 10 things you should know about telehealth:

1. **It is safe.** You meet with a provider through a secure video visit on your computer, tablet, or smartphone. Your provider must comply with the same requirements for patient privacy and confidentiality that apply for in-person visits.
2. **It is convenient.** You schedule a visit at a time that works for your schedule. Some online companies have a provider network available on-demand 24/7.
3. **You can receive a range of services for urgent, primary, and specialty care.** Telehealth treats a variety of medical conditions, including allergies, arthritis, asthma, colds/flu, headaches, insect bites, pink eye, rashes, sore throats, urinary tract infections, and sports and other physical injuries.
4. **Emergencies are still emergencies.** Not all care can be delivered using telehealth. It is important to go to the nearest emergency room or call 911 if you have a life-threatening injury, illness, or major trauma.
5. **Medication can be prescribed or refilled.** Providers can electronically prescribe or refill your medication. Some restrictions and limitations may apply.
6. **It reduces your risk of exposure to illness like COVID-19.** Telehealth protects you from possibly spreading or getting an illness from sitting in a waiting room. This is important if you are at higher risk due to your age or an existing condition.
7. **You might use peripheral devices to help your provider diagnose or assess your medical condition.** Peripheral devices connect to your computer, tablet, or smartphone and are used to collect and transmit audio, video, images, and other health data (e.g., vitals, blood glucose levels, etc.) to your provider. Devices may be provided by your provider or purchased by you.
8. **Most health insurance plans cover telehealth.** Your health insurance plan will likely pay for telehealth services, though a copayment or deductible may apply.
9. **Prepare like you would for an in-person appointment.** Write down your symptoms and any questions you wish to discuss with your provider. Also be sure to have your medical history, medications and pharmacy, insurance, and emergency contact information available.
10. **It does not replace in-person care.** Providers are increasingly using technology to deliver care in the wake of social distancing guidelines. Certain medical conditions and services may require you to be seen in-person by a provider.



Andrew N. Pollak, MD
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

Telehealth

What it is, How it Works, and Getting Started

What is telehealth?

Telehealth is a great way to practice social distancing while still getting the health care you need. Telehealth allows you to receive “virtual care” from a health care provider located in a different location (such as a physician, nurse practitioner, behavioral health professional, clinical social worker, etc.). It’s a convenient and safe alternative to in-person care, eliminating the need to travel or sit in a waiting room.¹ All you need is a computer, tablet, or smartphone.



What types of care can I receive?

If you need care, telehealth is an option to get treatment for a wide variety of non-life threatening issues.² Some examples include:

- General health care, like wellness visits;
- Prescriptions for medicine;
- Specialty care;
- Nutrition counseling;
- Mental health counseling; and
- Urgent care conditions, such as sinusitis, back pain, urinary tract infections, common rashes, etc.³



Not all care can be delivered using telehealth. It’s important to call 911 or go to the nearest emergency room if you have a life-threatening injury, illness, or major trauma.⁴

What are the benefits?

Telehealth makes it easier to access care, especially in rural areas or during a public health emergency (e.g., COVID-19).⁵ It reduces the risk of illness by eliminating exposure to other sick people in a waiting room. This is beneficial if you are higher risk for severe illness due to age or an underlying medical condition.⁶ Virtual care can also relieve stress since you can talk to a provider in the comfort and safety of your home.⁷ It may be an option to discuss test results or progress after surgery with your provider.⁸ Just like in-person visits, your information is completely confidential.

¹ American Telemedicine Association (ATA), *Telehealth Basics*. Available at: www.americantelemed.org/resource/why-telemedicine/.
² The Conversation, *What can you use a telehealth consult for and when should you physically visit your GP?*, April 1, 2020. Available at: theconversation.com/what-can-you-use-a-telehealth-consult-for-and-when-should-you-physically-visit-your-gp-135046.
³ U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), *Understanding telehealth*. Available at: telehealth.hhs.gov/patients/understanding-telehealth/.
⁴ GoodRx, *What Is Telemedicine?*, April 3, 2020. Available at: www.goodrx.com/blog/what-is-telemedicine/.
⁵ ATA, *Telemedicine Benefits*. Available at: legacy.americantelemed.org/main/about/about-telemedicine/telemedicine-benefits.
⁶ Centers for Disease Control and Prevention, *People Who Are at Higher Risk for Severe Illness*. Available at: www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html.
⁷ Northwest Regional Telehealth Resource Center, *The Benefits of Telehealth*. Available at: ntrc.org/telehealth-topic-20.
⁸ TigerConnect, *14 Benefits of Telehealth: Why Telehealth is Transforming Healthcare*. Available at: tigerconnect.com/blog/14-benefits-of-telehealth-why-telehealth-is-transforming-healthcare/.

Andrew N. Pollak, MD
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

How does it work?

There are different ways to connect with your provider that does not require an in-person interaction. This includes:

- Scheduling a virtual visit using video (similar to Apple FaceTime or Facebook Messenger video chat);
- Sending and receiving messages from your provider (using secure email or text messaging); and
- Collecting and transmitting information (such as vitals, pulse oxygenation, and blood glucose) through a web-enabled device to be monitored remotely by a provider.⁹



You might need to download an application to your computer, tablet, or smartphone, and set up an account online. For virtual visits, you may be asked to wait in a virtual waiting room before connecting with your provider.¹⁰ It's a good idea to write down your symptoms and any questions you have for the provider. Similar to when you are seen in-person, have the following information available: medical history; medications and pharmacy; insurance; and emergency contact.¹¹

How do I get started?

Many providers now offer virtual care in response to the COVID-19 public health crisis. Most health insurance plans also sponsor their own telehealth program. As a first step, check with your health insurance plan – you most likely have coverage for telehealth, though you may need to pay for a portion of the cost through a copayment or deductible. Next, talk to your provider to see if telehealth is an option for you. Your provider may have select days and hours to schedule a virtual visit. If your provider does not offer telehealth, check out www.techhealthdirectory.com¹² for online companies that offer virtual care on-demand 24/7. These companies may accept insurance or charge a flat fee for a virtual visit.

Resources

US Department of Health and Human Services
telehealth.hhs.gov/patients/

American Telemedicine Association
www.americantelemed.org/resource/why-telemedicine/

Mayo Clinic
www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878

Questions?

Contact Justine Springer, MHCC
Program Manager at
justine.springer@maryland.gov



⁹ U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), *Understanding telehealth*. Available at: telehealth.hhs.gov/patients/understanding-telehealth/

¹⁰ HIMSS, *A Patient's Guide to Telemedicine: What to Do When Your Doctor Calls or Video-Chats with You*, March 25, 2020. Available at: www.himss.org/news/patients-guide-telemedicine

¹¹ WebMD. *How Does Telemedicine Work?* Available at: www.webmd.com/lung/how-does-telemedicine-work#2

¹² MHCC does not certify or endorse any telehealth technology, software, applications, or products.

The Maryland Health Care Commission (MHCC) is an independent regulatory agency whose responsibility includes planning for health system needs and promoting informed decision-making. The MHCC is committed to advancing use of telehealth statewide to improve patient health status, reduce health disparities, and create efficiencies in health care delivery.



Light Still Shines

By Sis Victoria Jones

**COVID-19, you are seeking any
and everything you can devour.**

Life means nothing to you.

**You are trying to extinguish the light of Christ
and create fear among God's people.**

But, I know a man named Jesus who died for our sins,

**Who rose from the dead, healed the sick,
and set the captives free.**

You are no match for my Jesus.

Even though you are creating havoc in the world,

Jesus' light still shines bright.

People are spending more quality time with loved ones.

People are banding together to help each other.

**People are seeking, knocking, and looking
for Jesus in this difficult time.**

Satan, you can't stop the light from shining through.

You can't extinguish the light no matter what you do.



BIRTHDAYS

July	
Naomi Jones	2
Curtis Bell	4
Harold Woodard	5
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
Monika Woodard	15
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

August	
Kevin Jackson	1
Gloria Pickett	4
Kendall Harris	6
Victoria Jones	7
James Stemley	10
Sean Bowman	10
Connie Thompson	19
Virginia Southall	25
Jeffrey Miles, Sr.	26
Alex Porter	28
Juanita Williams	30
Joan Brown	30

September	
Linda Jones	3
Mary Blackburn	3
Troy Booth	3
Brittani Walker	8
Edna Pittmon	9
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



Happy Anniversary

- ❖ Billy & Linda Porter—July 8, 1989 [31 years]
 - ❖ Elton & Angelene Sherard, July 10, 1970 [50 years]
 - ❖ James & Gloria Pickett—July 16, 1966 [54 years]
 - ❖ Leonard & Janet Sledge—July 17, 1965 [35 years]
 - ❖ Vernon & Jacqueline Bell—August 3, 1983 [37 years]
 - ❖ Wayne & Ina Fells—August 18, 1979 [41 years]
 - ❖ William & Emma Murdock—August 28, 1976 [44 years]
 - ❖ Curtis & Dottie Mitchell—August 31, 1956 [64 years]
 - ❖ Michelle & Gaston Finney—September 3, 1989 [31 years]
 - ❖ Andrew & Joyce Kamara—September 15, 1984 [36 years]
 - ❖ Reginald & Bernadette Miller—September 28, 1991 [29 years]
- 

From the Newsletter Coordinator

The Perfect Journey

Source: godlypost.blogspot.com

I went to **Genesis** hotel through **Exodus** road. On the way, I saw **Leviticus** recording the **Numbers** of people at **Deuteronomy**, while **Joshua** was waiting at the Beautiful gate for **Judges** to see **Ruth** calling loudly "**Samuel, Samuel**".

At a stage, the **first and second Kings** of **Chronicles** were coming to visit **Ezra**, **Nehemiah** and **Esther** for the misfortune of **Job** their brother. They started singing **Psalms** and teaching children **Proverbs** concerning **Ecclesiastes** and **Songs of Solomon**.

This coincided with the period that **Isaiah** was engaged in **Jeremiah's Lamentations** together with **Ezekiel** and **Daniel** their friends. By that time, **Amos** and **Obadiah** were not around. Three days later, **Hosea**, **Joel** and **Jonah** travelled in the same ship with **Micah** and **Nahum** to Jerusalem.

Habakkuk then visited **Zephaniah** who introduced him to **Haggai** a friend of **Zechariah** whose cousin is **Malachi**. Immediately after the tradition, **Matthew**, **Mark**, **Luke** and **John** got involved in **Acts** of the **Romans** who were behaving like the **1st Corinthians** group because the **2nd Corinthians** group were always at loggerheads with the **Galatians**.

At that time too they realized that the **Ephesians** and **Philippians** were close to the **Colossians**, suggested the **first Thessalonians** visit and that on **their second Thessalonians** visit they should first of all see the **first and second of Timothy** brothers who had gone to the house of **Titus** to teach **Philemon** his younger brother how to read and write in **Hebrew**.

On hearing this **James** asked **Peter** twice to explain to him how the **three Johns** have disclosed to **Jude** the **Revelations** of this journey.

Sis. Ellalene Barnaby





Ebenezer United Methodist Church
4912 Whitefield Chapel Road
Lanham, MD 20706
Phone: 301-577-0770
Email: church896@verizon.net
www.ebenezerunited.org

Faith isn't about
asking God to stop
the storm. Faith is
about trusting
God to help you
through the storm.
Just Believe!