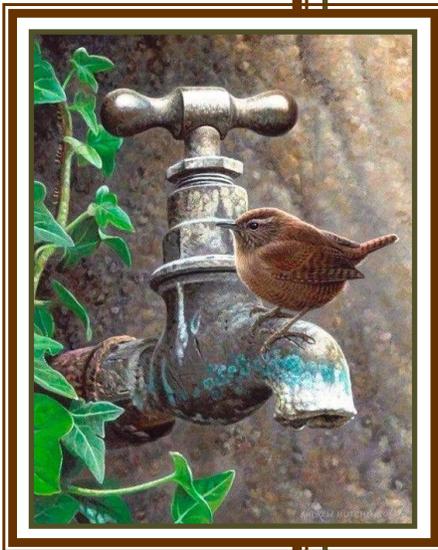




# LUTHER HOUSE GAZETTE

VOLUME 20, ISSUE 9

September 2022



September, 1819

*By William Wordsworth*

Departing summer hath assumed  
An aspect tenderly illumed,  
The gentlest look of spring;  
That calls from yonder leafy shade  
Unfaded, yet prepared to fade,  
A timely carolling.  
No faint and hesitating trill,  
Such tribute as to winter chill  
The lonely redbreast pays!  
Clear, loud, and lively is the din,  
From social warblers gathering in  
Their harvest of sweet lays ...

## September Activities:

**Hymn Sing** sponsored by Toughkenamon Church every 2nd & 4th Thursday at 2pm LH III lower level.

**Bingo** every Thursday in LH II activity room from 6 to 8pm.

**Bingo** every Friday in LH III lower level activity room from 6 to 8pm.

**Arm chair exercises** every Tuesday & Thursday in LH IV activity room from 11 am to 12 noon.

**Communion** is offered Sunday mornings in all buildings sponsored by Assumption BVM Church.

**Flu Vaccination Clinic** for buildings I & II to take place on September 27th in Luther House II activity room between 10am and 1pm.

**Flu Vaccination Clinic** for buildings III & IV to take place on September 29th in Luther House II activity room between 10am and 1pm.



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### **Helen Hunt Jackson, 'September'**

The golden-rod is yellow; the corn is turning brown;  
The trees in apple orchards with fruit are bending down.  
The gentian's bluest fringes are curling in the sun;  
In dusty pods the milkweed, its hidden silk has spun.  
The sedges flaunt their harvest, in every meadow nook;  
And asters by the brook-side make asters in the brook ...



### **Lucy Maud Montgomery, 'September'**

Lo! a ripe sheaf of many golden days gleaned by the year in autumn's harvest ways,  
With here and there, blood-tinted as an ember, some crimson poppy of a late delight  
Atoning in its splendor for the flight of summer blooms and joys- this is September.



### **Sara Teasdale, 'September Midnight'**

Lyric night of the lingering Indian Summer, shadowy fields that are scentless but full of singing,  
Never a bird, but the passionless chant of insects, ceaseless, insistent.  
The grasshopper's horn, and far-off, high in the maples,  
the wheel of a locust leisurely grinding the silence  
Under a moon waning and worn, broken, tired with summer...

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## **Rent Payments Made Easy**

Did you know you don't need to write out a check for your rent every month? Luther House makes it very easy to sign up for monthly auto debit. You would just need to complete a form available at Luther House 2. It is taken out on the 4<sup>th</sup> of the month, unless that is a weekend, then it would be the next business day. There is no fee and you can stop it at any time. This is a very convenient service, especially if you will be on vacation or away from your home for medical or other reasons. Please contact Ted, Laura, or Katie if you are interested.

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## **Pest Control August Schedule**

9/1 - 3rd floor Bldg. 1, 9/9 - 3rd floor Bldg. 2, 9/16 - 3rd floor Bldg. 3, 9/23 - 3rd floor Bldg. 4

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## What is Glaucoma?

Glaucoma is a group of eye diseases that can cause vision loss and blindness by damaging a nerve in the back of your eye called the optic nerve. The symptoms can start so slowly that you may not notice them. The only way to find out if you have glaucoma is to get a comprehensive dilated eye exam. There's no cure for glaucoma, but early treatment can often stop the damage and protect your vision.

What are the types of glaucoma? There are many different types of glaucoma, but the most common type in the United States is called open-angle glaucoma — that's what most people mean when they talk about glaucoma. Other types are less common, like angle-closure glaucoma and congenital glaucoma.

What are the symptoms of glaucoma? At first, glaucoma doesn't usually have any symptoms. That's why half of people with glaucoma don't even know they have it. Over time, you may slowly lose vision, usually starting with your side (peripheral) vision — especially the part of your vision that's closest to your nose. Because it happens so slowly, many people can't tell that their vision is changing at first. But as the disease gets worse, you may start to notice that you can't see things off to the side anymore. Without treatment, glaucoma can eventually cause blindness.

Am I at risk for glaucoma? Anyone can get glaucoma, but some people are at higher risk. You're at higher risk if you: are over age 60, especially if you're Hispanic/Latino, are African American and over age 40, or have a family history of glaucoma. Talk with your doctor about your risk for glaucoma, and ask how often you need to get checked. If you're at higher risk, you need to get a comprehensive dilated eye exam every 1 to 2 years. Angle-closure glaucoma can cause these sudden symptoms: intense eye pain, upset stomach (nausea), red eye, or blurry vision. If you have any of these symptoms, go to your doctor or an emergency room immediately.

How will my eye doctor check for glaucoma? Eye doctors can check for glaucoma as part of a comprehensive dilated eye exam. The exam is simple and painless — your doctor will give you some eye drops to dilate (widen) your pupil and then check your eyes for glaucoma and other eye problems. The exam includes a visual field test to check your side vision.

What's the treatment for glaucoma? Doctors use different types of treatment for glaucoma, including medicines (usually eye drops), laser treatment, and surgery. If you have glaucoma, it's important to start treatment right away. Treatment won't undo any damage to your vision, but it can stop it from getting worse. Prescription eye drops are the most common treatment. They lower the pressure in your eye and prevent damage to your optic nerve. To lower your eye pressure, doctors can use lasers to help the fluid drain out of your eye. It's a simple procedure that your doctor can do in the office. If medicines and laser treatment don't work, your doctor might suggest surgery. There are several different types of surgery that can help the fluid drain out of your eye. Talk over your options with your doctor. While glaucoma is a serious disease, treatment works well.

Remember these tips: if your doctor prescribes medicine, be sure to take it every day, tell your doctor if your treatment causes side effects, see your doctor for regular check-ups. If you're having trouble with everyday activities because of your vision loss, ask your doctor about vision rehabilitation services or devices that could help. Encourage family members to get checked for glaucoma, since it can run in families.

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## When Siblings Become Estranged

Sibling relationships are our longest, but it's also an accident by birth. There are no guarantees that the siblings will grow up with similar personalities, interests or like each other. Family dynamics play a role in fueling family alienation. When one sibling is the clear parental favorite, it can cause resentment that festers over years. Physical abuse and bullying between siblings can create deep-rooted fissures and scars, contributing to eventual separation. Personal problems can cause familial woes. If a family member is mired in drug and alcohol addiction, without getting help, sometimes you can't be dragged down to the morass.

### Facing Sibling Estrangement

Sibling estrangement is an outgrowth of drifting apart and taking different paths. The more painful (break-up) is when it comes out of a conflict or many conflicts. Often cutting off the relationship arises when one sibling finds it toxic to have that person in their life. When one sibling crosses the line and the other sibling can't tolerate the offense, the relationship sunders. And that line can be crossed in a variety of ways, ranging from especially cruel remarks, being nasty to a sibling's spouse or children, going off psychiatric medication (again) or bringing unsavory people into a sibling's home. Life is complicated. But it doesn't need to reach the point of totally cutting off the sibling. Many sibling relationships are fraught with conflict, but most can be negotiated and worked out to each sibling's satisfaction.

### Tips for Dealing with Sibling Challenges

Show compassion for your brother or sister and strive to see things from the sibling's viewpoint alongside your own. People who are prone to anger assume the other person is doing something out of a deliberate meanness and that's usually not the case. Tell your sibling exactly what you want from him or her moving forward. Don't just vent. Ask your brother or sister to please stop doing something or explain exactly what actions you want. Cut back on the relationship, without ending it. Negotiate a streamlined relationship that entails occasional emails or telephone calls and a once-a-year family gathering, which may be preferable to fully ending it.

### The Price of Ending a Sibling Relationship

Before cutting off a sibling relationship, ask yourself, what kind of narrative do you want to write about your life? Do you want to see yourself as someone who has cut off your family, or do you need to cut off dealings to protect yourself from pain and anguish? Greif reminds us that people who establish strong social networks of friends and family, on the whole, live longer. So think twice before precipitously cutting off brotherly or sisterly alliances. Given the entangled, long-lasting bond, what's the price paid for suspending or ending it? Does the sibling have other brothers or sisters whose relationships are satisfying? If they have no contact with a sibling, it's losing a shared history and there can be a sense of guilt.

But many siblings who are estranged from torturous brother or sisterly entanglements express a sense of relief. They don't have to deal with a relationship that is emotionally very costly. Cutting off is the extreme answer. Sibling estrangement is always sad, even when it brings relief. It's not what anyone hoped for, but sometimes it's the wise and necessary choice.

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## **To Watch Live Service at St. Michael Lutheran Church:**

1. Go to [www.stmichaelpa.com](http://www.stmichaelpa.com)
  2. At top of the page, go to 'CLICK FOR A LIVESTREAM OF OUR 9:30 AM WORSHIP' (This time will change in the Fall)
  3. Click on the date of service you would like to watch
  4. To make screen bigger, press "enlarge" button on bottom right of screen
  5. Click X in top right corner when finished
- 

## **CMS Announces 2 New Scams**

Beneficiaries are receiving text messages saying they are approved for genetic testing covered by Medicare and to follow a link to register.

Genetic Testing Fraud - Scammers are offering Medicare beneficiaries cheek swabs for genetic testing to obtain their Medicare information for fraudulent billing purposes or possibly medical identity theft. Genetic testing fraud occurs when Medicare is billed for a test or screening that was not medically necessary and/or was not ordered by a beneficiary's treating physician.

Here are several ways genetic testing is advertised: Cancer screening/test, DNA screening/test, Hereditary cancer screening/test, Dementia screening/test, Pharmacogenetics (medication metabolization), Parkinson's screening/test.

Report potential genetic testing fraud, errors, or abuse if: A company offers you "free" or "at no cost to you" testing without a treating physician's order and then bills Medicare, A company uses "telemedicine" to offer testing to you over the phone and arranges for an unrelated physician or "teledoc" to order the test, You see on your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB): Charges for a broad range of genetic tests that you did not request or possibly even receive, Charges for pharmacogenomic tests for drugs that do not apply to you.

Cardiovascular Genetic Testing Fraud - Cardiovascular genetic testing fraud occurs when Medicare is billed for a cardio type of test or screening that was not medically necessary and/or was not ordered by a beneficiary's treating physician.

Here are several ways cardiovascular genetic testing is advertised: Cardio/cardiac genetic screening/test, Cardiovascular genetic screening/test, Comprehensive cardiovascular panel, Comprehensive cardiomyopathy NSG, Cardiovascular disease genetic kit, Hereditary cardiovascular profile.

Report potential cardiovascular genetic testing fraud, errors, or abuse if: A company offers you "free" or "at no cost to you" testing without a treating physician's order and then bills Medicare, A company uses "telemedicine" to offer testing to you over the phone and arranges for an unrelated physician or "teledoc" to order the tests, Medicare is billed (usually thousands of dollars) for a broad range of cardiac genetic tests that you did not request or possibly even receive, A company calls you stating your doctor or cardiologist requested that you have the testing done and they will send you a testing kit.

Report fraud directly to the OIG Hotline: 1-800-447-8477.

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## What Is Depression?

Most people feel sad or depressed at times. It's a normal reaction to loss or life's challenges. But when intense sadness including feeling helpless, hopeless, and worthless lasts for many days to weeks and keeps you from living your life, it may be something more than sadness. You could have clinical depression, a treatable medical condition. There's no cure for depression. Your symptoms may go away over time, but the condition won't. But with care and treatment, you can reach remission and enjoy a long, healthy life.

According to the DSM-5, a manual doctors use to diagnose mental disorders, you have depression when you have five or more of these symptoms for at least 2 weeks: your mood is depressed for most of the day, especially in the morning, you feel tired or have a lack of energy almost every day, you feel worthless or guilty almost every day, you feel hopeless or pessimistic, you have a hard time focusing, remembering details, and making decisions, you can't sleep, or you sleep too much, almost every day, you have almost no interest or pleasure in many activities nearly every day, you think often about death or suicide (not just a fear of death), you feel restless or slowed down, you've lost or gained weight.

You may also: feel cranky and restless, lose pleasure in life, overeat or stop feeling hungry, have aches, pains, headaches, cramps, or digestive problems that don't go away or get better with treatment, have sad, anxious, or "empty" feelings. While these symptoms are common, not everyone with depression will have the same ones. How severe they are, how often they happen, and how long they last can vary. Your symptoms may also happen in patterns. For example, depression may come with a change in seasons (a condition formerly called seasonal affective disorder).

It's not uncommon for people with depression to have physical signs of the condition. They may include joint pain, back pain, digestive problems, sleep trouble, and appetite changes. You might have slowed speech and movements, too. The reason is that brain chemicals linked to depression, specifically serotonin and norepinephrine, play a role in both mood and pain.

Doctors haven't pinpointed exact causes for depression. They think it may be a combination of things, including brain structure. People with depression seem to have physical differences in their brains from people who don't have depression. Chemicals in your brain called neurotransmitters play a part in your mood. When you have depression, it could be because these chemicals aren't working the way they should. Your hormone levels change because of pregnancy, postpartum issues, thyroid problems, menopause, or other reasons. That can set off depression symptoms.

There are a few types of depressive disorders that doctors can diagnose, including: unipolar major depression, persistent depressive disorder, also called dysthymia, when depression lasts for at least 2 years, disruptive mood dysregulation disorder, when children and teens get very cranky, angry, and often have intense outbursts that are more severe than a child's typical reaction, premenstrual dysphoric disorder, when a woman has severe mood problems before her period, more intense than typical premenstrual syndrome (PMS), substance-induced mood disorder (SIMD), when symptoms happen while you're taking a drug or drinking alcohol or after you stop, depressive disorder due to another medical condition, other depressive disorders, such as minor depression

Your depression may have other specific features, such as: anxious distress - you worry a lot about

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things that might happen or about losing control, mixed features - you have both depression and mania -- periods of high energy, talking too much, and high self-esteem, atypical features - you can feel good after happy events, but you also feel hungrier, need to sleep a lot, and are sensitive to rejection, psychotic features - you believe things that aren't true, or see and hear things that aren't there, catatonia - you can't move your body normally - you might be still and unresponsive or have uncontrollable movements, peripartum depression - our symptoms begin during pregnancy or after giving birth, seasonal pattern - your symptoms get worse with changes in the seasons, especially the colder, darker months.

It's common for people to have other medical or mental health problems along with depression, such as anxiety, obsessive compulsive disorder, panic disorder, phobias, substance use disorders, and eating disorders. If you or a loved one has symptoms of depression or another mental illness, talk to your doctor.

Depression and Suicide: Anybody who thinks or talks about harming themselves should be taken very seriously. Do not hesitate to call your local suicide hotline right away. Call 800-SUICIDE (800-784-2433); 800-273-TALK (800-273-8255); or, for the hotline for the hearing impaired, call 800-799-4889. Or contact a mental health professional ASAP. If you intend or have a plan to commit suicide, go to the emergency room right away. Warning signs include: thoughts or talk of death or suicide, thoughts or talk of self-harm or harm to others, aggressive behavior or impulsiveness. Watch for these signs if a child or teen starts taking antidepressants. In some cases, people under 25 may have more suicidal thoughts in the first weeks of taking these medicines or when they take a different dose.

Depression Diagnosis: In order to diagnose you with depression, your doctor will use several methods, including: physical exam. Your doctor will check on your overall health to see if you might be dealing with another condition, lab tests such as bloodwork to check on certain hormone levels, psychiatric evaluation and will ask about your thoughts, feelings, and behavior patterns.

Depression Treatment: If you or someone you know has symptoms of the condition, talk to your doctor. They can evaluate you and offer you treatment or refer you to a mental health professional. The type of treatment your doctor recommends will depend on your symptoms and how severe they are. You may need one or more of the following: antidepressant medications (in combination with therapy), your doctor may also prescribe another type of medication to help your antidepressant work best, such as a mood stabilizer, antipsychotic, anti-anxiety medication, or stimulant medication,. Talking to a mental health professional on a regular basis about your depression and other issues can help treat the symptoms. Different methods are available, including cognitive behavioral therapy (CBT) and talk therapy.

For more information, call your doctor.

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### **September Kindness Counts - Be Kind to Yourself**

You wouldn't worry so much about what others think of you if you realized how seldom they do.  
– Eleanor Roosevelt

Be kind to yourself so that you can be happy enough to be kind to the world.— Misha Collins

What we say to ourselves in the privacy of our own minds matters. — Marie Forleo

Be nice to yourself. It's hard to be happy when someone is always mean to you all the time.  
– Christine Arylo

Life is too short to spend it at war with yourself.

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## The Garden Gate - Who knew???

The dandelion is the only flower that represents the 3 celestial bodies of the sun, moon and stars. The yellow flower resembles the sun, the puff ball resembles the moon and the dispersing seeds resemble the stars.

The dandelion flower opens to greet the morning and closes in the evening to go to sleep.

Every part of the dandelion is useful: root, leaves, flower. It can be used for food, medicine and dye for coloring.

Up until the 1800s people would pull grass out of their lawns to make room for dandelions and other useful “weeds” like chickweed, malva, and chamomile.

The name dandelion is taken from the French word “dent de lion” meaning lion’s tooth, referring to the coarsely-toothed leaves.

Dandelions have one of the longest flowering seasons of any plant.

Dandelion seeds are often transported away by a gust of wind and they travel like tiny parachutes. Seeds are often carried as many as 5 miles from their origin!

Animals such as birds, insects and butterflies consume nectar or seed of dandelion.

Dandelion flowers do not need to be pollinated to form seed.

Dandelion can be used in the production of wine and root beer. Root of dandelion can be used as a substitute for coffee.

Dandelions have sunk their roots deep into history. They were well known to ancient Egyptians, Greeks and Romans, and have been used in Chinese traditional medicine for over a thousand years.

Dandelion is used in folk medicine to treat infections and liver disorders. Tea made of dandelion act as diuretic.

If you mow dandelions, they’ll grow shorter stalks to spite you.

Dandelions are, quite possibly, the most successful plants that exist, masters of survival worldwide.

A not so fun fact: Every year countries spend millions on lawn pesticides to have uniform lawns of non-native grasses, and we use 30% of the country’s water supply to keep them green.

Bee Happy Gardens

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Garden spaces are available each year in our Luther House Friendship Garden located behind Luther House II - behind the Gazebo, call 620-869-4240 x. 111. Each garden donation is \$10. Donation proceeds go toward garden up-keep, infrastructure and improvements.

**Luther House have a Community Garden which provide free produce and herbs.  
Help yourself and enjoy!**

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## Spotlight on Resources -

### **Emergency Services are available in Chester County.**

There are two ways to call 9-1-1. The fastest and most direct way to get help in an emergency is to call 9-1-1 on a landline or cell phone. If you are unable to call 9-1-1, you may text 9-1-1 on your cell phone. Note: Emergency operators request that you be brief, do not use abbreviations or "texting" language when using this service. Text 9-1-1 calls do not have the same location accuracy as voice calls. Texting is not a replacement for voice calls but it is an alternative if you need one.

Smart 9-1-1 is another services available in Chester County when you call 9-1-1. Once you have signed up, first responders will be aware of important information you have provided that will help them address your emergency. This information including: medical issues, current location and even pets, can help Police, Fire and EMS locate and help you in times of emergency - when seconds count. Register your personal information at [www.SMART911.com](http://www.SMART911.com)

### **Estate Planning:**

**Will** is a legally-binding statement directing who will receive your property at your death and appoints a legal executor to carry out your wishes. If you have minor children it allows you to name a guardian for the children.

**Trust** is a legal arrangement through which one person called a "trustee," holds legal title to property for another person, called a "beneficiary." Trusts have one set of beneficiaries who begin to benefit only after the first group has died. Unlike wills, trusts are private documents and only those individuals with a direct interest in the trust need know of trust assets and distribution.

**Power of attorney** allows a person you appoint to act in your place for financial purposes when and if you ever become incapacitated. In that case, the person you choose will be able to step in and take care of your financial affairs.

**Medical directive** may encompass a number of different documents, including a health care proxy, a durable power of attorney for health care, a living will, and medical instructions. Both a health care proxy and a durable power of attorney for health care designate someone you choose to make health care decisions for you if you are unable to do so yourself. A living will instructs your health care provider to withdraw life support if you are terminally ill or in a vegetative state. A broader medical directive may include the terms of a living will, but will also provide instructions if you are in a less serious state of health, but are still unable to direct your health care yourself.

**Identification cards** are similar in appearance to a PA driver's license. It can be obtained by non-drivers at the Pennsylvania Department of Transportation Drivers License Centers. Any PA driver who voluntarily surrenders his/her driver's license for medical reasons can obtain this ID for free. All others, including those who have never had a drivers license, must pay a \$30.50 fee. Complete and mail in Form DL-54A "Application for Initial Photo Identification Card" along with proper ID, mail to DOT or visit your local Driver License Center. A center staff member will direct you to the Photo Center to have your photo taken for your Photo ID card or, if your photo image is already on file, a Photo ID card may be issued without requiring you to take a new photo.

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## The History Page - Early America (part fourteen)

1877 Crazy Horse finally surrenders to General George Crook at Fort Robinson, Nebraska, having received assurances that he and his followers will be permitted to settle in the Powder River country of Montana. Defiant even in defeat, Crazy Horse arrives with a band of 800 warriors, all brandishing weapons and chanting songs of war. By late summer, there are rumors that Crazy Horse is planning a return to battle, and on September 5 he is arrested and brought back to Fort Robinson, where, when he resists being jailed, he is held by an Indian guard and killed by a bayonet thrust from a soldier.

1877 Congress votes to repeal the 1868 Fort Laramie Treaty and take back the Black Hills, along with 40 million more acres of Lakota land.

1877 With the threat of Indian attack removed, mining camps and boom towns - French Creek, White-wood Gulch, Black Tail Gulch - crowd the Black Hills.

1877 John D. Lee is brought to trial for the Mountain Meadows Massacre of 1857, but Mormon loyalty to one of their own leads to a hung jury. The national outcry at this result persuades Mormon leaders to withdraw their support for Lee, and in a second trial he is convicted by an all-Mormon jury. On March 23 he is executed by firing squad at the site of the massacre.

1877 Chief Joseph, leader of the Nez Percé, surrenders to General Oliver Howard, bringing to an end his four-month-long circuitous retreat from the Wallowa Valley in eastern Oregon toward Sitting Bull's encampment in Canada - one of the most remarkable military feats of the Indian Wars. Eluding or defeating army troops at every turn, Joseph and a band of fewer than 200 warriors bring nearly 500 women and children over 1,500 miles of mountainous terrain to within forty miles of the border before they are finally stopped by a force of 500 troopers led by Colonel Nelson A. Miles. "I am tired of fighting. I want to have time to look for my children and see how many of them I can find. Hear me, my chiefs! I am tired. From where the sun now stands I will fight no more forever."

1877 Congress passes the Desert Land Act, which permits settlers to purchase up to 640 acres of public land at 25¢ per acre in areas where the arid climate requires large-scale farming, if they irrigate the land.

1877 The last Federal troops withdraw from the South, bringing the Reconstruction era to an end.

1878 With racial discrimination on the rise in the post-Reconstruction South, an estimated 40,000 African Americans begin to migrate from the former slave states into Kansas. Many of these so-called Exodusters answer the call of Benjamin "Pap" Singleton, a land speculator with a vision of establishing independent black communities across the state.

1879 At the urging of John Wesley Powell and others, Congress creates the United States Geological Survey to coordinate the many independent survey projects it has funded since army surveyors first charted potential routes for a transcontinental railroad in the 1850s. Under Powell's direction beginning in 1881, the USGS expands its focus beyond mineral resources and geological formations to include study of the potential for irrigating the West's arid lands and the selection of suitable sites for dams and reservoirs.

1879 To complete its consolidation of federally-funded scientific exploration in the West, Congress creates the United States Bureau of Ethnology to coordinate study of the region's native peoples and complete a record of their cultures before they vanish under the pressure of expanding white settlement.

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## The Origin of Phrases

**Flak** - The term originates from WWI and a German gun called a Fliegerabwehrkanone. The gun just shot bullets to high-altitudes at our aircraft. The pilots shortened the name of this gun to "flak." Later on, society changed the bullets to verbal criticism, when someone had to take flak.

**Sleazy** - Years ago, there was a linen cloth that didn't hold up well sold in the German Silesian area and purchased by London merchants and sold for a very low price to buyers. Soon, they realized that this cloth didn't really hold up and they called it "Sleasie." The name soon became synonymous with anything that was of low-quality and didn't hold up.



Please **REMEMBER OUR TROOPS**

in your thoughts and prayers, and especially:

- Bryan Hammell, grandson of Mary Hammell (LH I)
- Jason Sunderland, son of Phyllis Sunderland (LHI)
- Jonathan Shavor, grandson of Nancy & Bob Brynildsen (LH II) & Joan & Don Shavor, Sr. (LH II)
- Gregory Shaneman, grandson of Hilda Shaneman (LH I)
- William W. Farmer III, grandson of Al Watson (LH IV)
- James Markus Gary, grandson of Dell Gary (LH III)



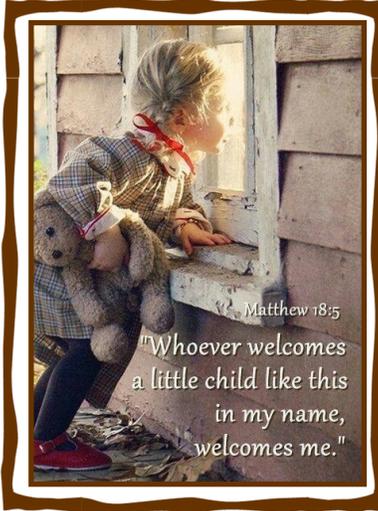
**Grandparent's Corner ~**  
Something magical happens when parents  
turns into a grand parents .



*My Favorite Recipe ...*

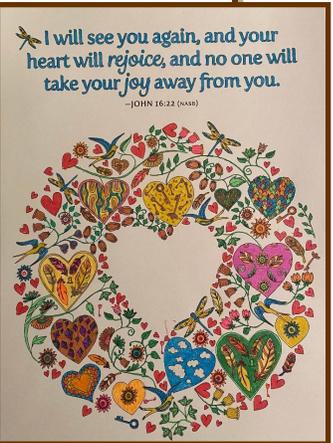
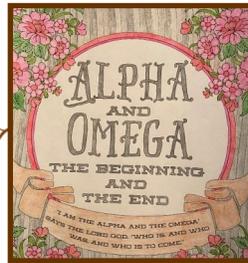
**Two-Cheese Squash Casserole**  
**Beverly Desanto**

- 4 lb yellow summer squash, sliced
  - 1 large sweet onion, finely chopped (1 cup)
  - 2 ½ cups soft bread crumbs
  - 1 ¼ cups freshly grated Parmesan cheese (5 oz)
  - 1 container (8 oz) sour cream
  - 1 cup shredded Cheddar cheese (4 oz)
  - ½ cup chopped fresh chives
  - 1 teaspoon garlic salt
  - 1 teaspoon freshly ground pepper
  - 2 eggs, slightly beaten
  - 2 tablespoons butter or margarine, melted
- Heat oven to 350°F. Spray 3-quart casserole with cooking spray. In Dutch oven, heat 4 quarts (16 cups) water to boiling. Add squash and onion; cook uncovered 8 minutes or just until tender. Drain well.
- In large bowl, stir together squash mixture, 1 cup of the bread crumbs, ¾ cup of the Parmesan cheese, the sour cream, Cheddar cheese, chives, garlic salt, pepper and eggs. Spoon into casserole.
- In small bowl, mix remaining 1 ½ cups bread crumbs and ½ cup Parmesan cheese with melted butter. Sprinkle over squash mixture.
- Bake uncovered 35 to 40 minutes or until set. Let stand 5 minutes before serving.



Matthew 18:5  
 "Whoever welcomes  
 a little child like this  
 in my name,  
 welcomes me."

Art Work by  
 Linda & Howard Minkler



## Happy Birthday

### Luther House Information

#### Office Hours:

Monday-Friday

8:00 A.M. to 5:00 P.M.

Telephone: 610-869-4240 or  
 TTY/TDD AT 7-1-1 to connect  
 through the PA Relay Service  
 for Hearing Impaired

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



After hour maintenance  
 emergencies, please dial:

610-869-4240 ext. 0

Luther House is an equal  
 housing opportunity  
 organization providing housing  
 regardless of race, color,  
 religion, sex, handicap  
 or national origins.

Articles are due by the 24th  
 for next month's publication.

Diane Berquist, *reporter and  
 layout*  
 Katie Parker, *activity calendar*

### September

- 1 - Nancy Olivere - I
- 2 - Dawn Moore - III
- 3 - Margaret Pennington - IV
- 8 - Mary Pridham - I  
     Robert Brynildsen - II
- 9 - Laurie Desind - II
- 13 - Linda Dugan - I  
     Jennifer Watson - III
- 16 - Patricia Dillow - II
- 18 - Barbara Miller - IV
- 19 - Virginia Ripka - IV
- 20 - Betty Cerrato - IV
- 25 - Jeannette Nunn - IV
- 27 - Grace Barnes - I
- 28 - Irene Hollywood - II  
     William Taggart - II
- 29 - Ruth Hall - IV

### October

- 5 - Patricia Rossbauer - II  
     James Cordivano - II
- 6 - Eleanor Habberset - I  
     Lewis McMillan - II  
     Constance Crissman - IV
- 10 - Rosa Soto - II  
     Carolyn Lawton - III
- 12 - Patricia Fitzpatrick - I
- 14 - Rosie Potter - III  
     Jack Gallagher - IV
- 17 - Marguerite Warren - III  
     Carol Lawrence - III
- 19 - Anne Tibbs - I  
     Janie Tink - III
- 21 - Pat McLaughlin - III
- 22 - Charlotte Fiske - I
- 25 - Mae Morrison - III
- 29 - Kathleen Ranck-Curtis - III
- 31 - Julia Roark - IV

### Old West Wisdom

- It's better to be a has-been than a never-was.
- Take no more on your heels than you can kick off with your toes.
- When you climb into the saddle, you'd better be prepared to ride.