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# UP front

*Technically, summer is a week or so away. But it feels like it has begun already. Hot, bright mornings followed by booming thunderstorms almost every afternoon.*

I'm teaching a form of summer school – working with middle-school-age youngsters – and it's exhausting. Which is a feeling I associate with summer since my first day in the classroom last May. I don't sleep more than four or five hours a night before I reluctantly limp to the shower and tumble back out to dry off and struggle into shorts, a purple t-shirt and running shoes – our daily uniform.

As I write this, it's Friday afternoon at the end of my first teaching week. Deadline looms, and I'm ill-prepared to conjure a compelling thought. So, I beg your understanding and indulgence: Let's call this installment of my column a "pre-summer summer vacation," and

cut it off here. There's a bunch of interesting health-related content in the pages that follow, as this is a special issue with a health-and-wellness theme. Enjoy and learn from it.

I promise to return to more verbose form in two weeks. Happy Father's Day and enjoy the change of the seasons as we institutionalize the swelter that will remain in place for four months or so.

*Scott A. Lawrence*



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Our annual focus on healthcare and medicine begins on the very next page

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Physical trainer Avery Anderson uses a variety of techniques, including a sled pull (top) and a treadmill (above) to help Bill Stallings and other clients achieve their fitness goals.

# Getting PHYSICAL

By Philip Schweier

In February, a woman visiting the Landings from Pennsylvania came to the Oakridge Wellness Center to consult with personal trainer Avery Anderson. The woman had a cane and a leg brace due to two knee replacements, and her tibia (the bone below the knee) was fractured.

"I'm told I will need another surgery when I go home," the woman explained to Anderson. "I want to avoid that. What can you do to help me?"

For the next four months, Anderson had her on a workout program with thrice-weekly sessions. The woman returned to Pennsylvania in May. She visited her doctor; then she called Anderson to report that surgery was no longer in the cards. A call like that is the reason Anderson loves his work as a personal trainer.

"It blows me away," Anderson says earnestly. "It's such a rewarding job, knowing you can help people so much. I got her off the cane, fixed her gait pattern to alleviate risk of stumbling, and she was perfect when we finished."

Many of Anderson's clients have high praise for his abilities. "Avery is really terrific," says Skidaway resident Bill Stallings. "He encourages me to improve my effort and to push myself to reach new goals. At the same time, we exchange banter with each other keeping the workouts lively and fun. I am looking forward to exercising under his coaching for years to come."

Stallings adds that Anderson genuinely cares about his clients, asking about glucose readings each day, ensuring they drink enough water, and following up on any issues during workouts.

Anderson stresses the importance of recog-

nizing that each person is anatomically different. He assesses each client to learn his or her unique concerns. He then custom crafts an exercise program, targeting the client's specific goals.

"My clientele is very wide-ranging," Anderson explains. "I've worked with kids as young as 5, and up to 80-somethings. Some come to me and say, 'This seems to be bothering me,' and we work on mobility, stability, strength, and get them to their optimal performance."

Anderson stresses muscle development work near problem areas. "If you want to walk a mile, pain free, we're going to walk. We're also going to do squats, farmer's walks, and other exercises to build muscle on the quads. And add weight to it so that muscles are more developed so we can progress into just walking."

Anderson encourages people to set simple, attainable weekly goals. "Start off once a week, maybe walk 15 minutes. That's nothing," he says. "The next week, maybe add five minutes to your walk."

Physical therapy has always been one of Anderson's passions. Following an injury related to baseball, he realized what it felt like to wonder if returning to a sport was achievable. "I thought, 'Man, what's going to happen to me now?' But once I went through physical therapy, it broadened my knowledge and I realized what a wonderful field it is. It's so rewarding."

Originally from Warner Robins, Anderson started at Abraham Baldwin Agriculture College in Tifton, then transferred to Armstrong (now Georgia Southern). As an undergrad, he worked with the masters' program, co-authoring and publishing a thesis on foam-roller studies. He worked for Ledesma Sports

Medicine as a paid intern, gaining valuable physical therapy experience. He earned his bachelor's degree in rehabilitation science in 2020, and is now a personal trainer at Oakridge.

Anderson has earned two valuable certifications. In addition to the National Academy of Sports Medicine, he also trained in Atlanta for a pain-free performance specialist certification (PPSC). "We learn about the body and how to put ourselves in certain situations to promote optimal muscle growth and take certain pressures away from joints that are bothersome," he explains, regarding the discipline.

## THE BIG LEAGUES

Last year, Anderson earned a paid internship to West Palm Beach, working under Eric Cressey, the head director of strength and conditioning for the New York Yankees. Anderson's baseball background made him ideal for working with professional players, knowing exactly what they struggle with on the field.

He trained alongside the team's therapy and strength conditioning staffs, and with Major League Baseball physical therapists



Physical trainer Avery Anderson

like Tanner Allen and Eric Schoenburg. "The first day I was there, I was working with Justin Verlander, the pitcher for the Houston Astros, and he is the bomb-diggity. He's the real deal."

In the summer, Anderson worked with

baseball players from the Collegiate League of the Palm Beaches. Back home, he works at Savannah Baseball Academy, a youth program operated by Ross Howard.

Anderson modified his baseball strategies to meet the needs of the Landings' passionate golfers. "I've directly transitioned from baseball to a golf perspective, or tennis, or any rotational sport. Anyone who is looking to get more yardage on their drive, I can work with them on that, too."

## NO PAIN...

While motivational posters may claim "Pain is weakness leaving the body," another school of thought is that pain is the body's way of saying, "Don't do that." Anderson agrees – up to a point. "If you're performing a squat and it's painful, you don't need to be doing squats."

But there's a difference between legitimate pain and mere muscle soreness.

"Everyone doing a new exercise it going to have some soreness for the first 48 hours," he explains. "It's almost a surprise to the muscles."

# 30 Years

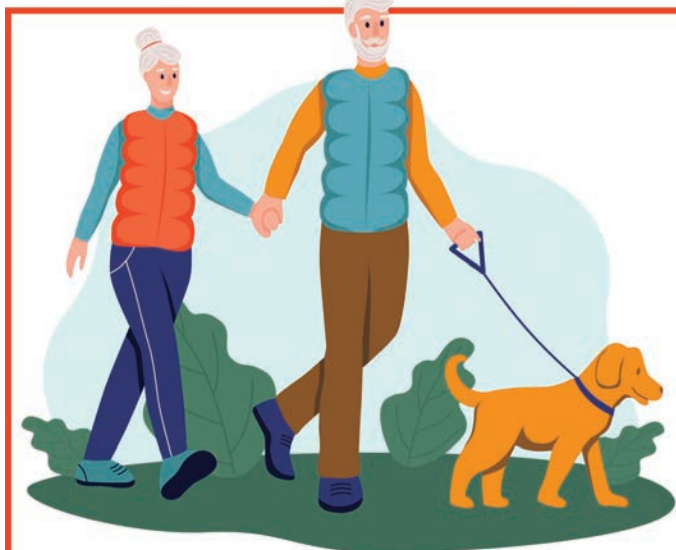
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As children to our aging population, we desire to have them around for as long as possible. Avery Anderson recommends grown children with senior parents observe two key physical traits in their parents. The first is gait pattern. If they typically walk fast, it's a common indicator of vitality, suggesting they have a good chance of outliving slower walkers. The other factor is grip strength: The stronger, the better. Good grip strength often indicates overall robust health and potential longevity.

As muscles become accustomed to the new strains, discomfort will fade. "So, if the soreness is in the muscle, I think you're okay," Anderson says.

The trainer has made a big difference in relieving Ilene Schnabel's chronic knee pain. "I have been very impressed with his PT experience, knowledge, and desire to improve my quality of life," Schnabel says. "I'm so grateful he's here at the Landings."

"It's all about form," Anderson says. "I can make quick adjustments and have you squatting pain-free."

If someone experiences pain when walking, it may be weight-related, or maybe they're putting more pressure on a particular joint – possibly the knee or hip – which would require some adjustment. Anderson employs squats and lunges to build strength in the quads and the core.

#### THE FUTURE

Anderson hopes to continue working with pro athletes. Cressey Sports Performance offered him the opportunity to return and continue working with the Yankees organization. But Anderson wants to pursue a doctoral degree in physical therapy. "I would love to stay here and go to GSU," he says, "because I've really grown with connections here."

Opening his own clinic is another ambition. "To me, I was placed on this earth, and I want to help as many people as I can while I'm here."



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# NOW HEAR THIS!

*Is your hearing loss just a nuisance or  
an indication of a greater health problem?*

By Susan Timna, AuD., CCC-A

Medical checks enable you to catch issues before they cause greater damage to your health and well-being. Why would a hearing test be on the list? Your hearing system doesn't seem to be as important as other body area since hearing loss is just a nuisance, right? Wrong!

It's commonly known that hearing loss can be a result of aging, extended exposure to loud noises, and heredity. People with medical conditions like diabetes, hypertension, and smokers also are at risk. In addition, a small benign cyst on the hearing nerve can develop, causing hearing loss. Hearing loss can indicate more than the obvious challenge it poses to communication. Documentation continues to emerge, confirming the long-term effects of untreated hearing loss, which can be detrimental to your health in ways most people don't realize.

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Hearing loss can contribute to cognitive decline, memory loss, depression, and an increased risk of falls. The auditory system directly impacts balance, helping to keep you in proper spatial orientation. A higher risk of falls linked to hearing loss is a very real potential problem - one I became very familiar with years ago when my husband fell from a ladder to his death. He had hearing loss and experienced imbalance at times.

Most people don't realize how significant the risk of death due to falls is for people over 65. Healthy Hearing cites a report from the Centers for Disease Control and Prevention (CDC): "For older people, falls are a big fear. As we age, our hearing and balance naturally decline. More than one in four Americans 65 or older falls every year."

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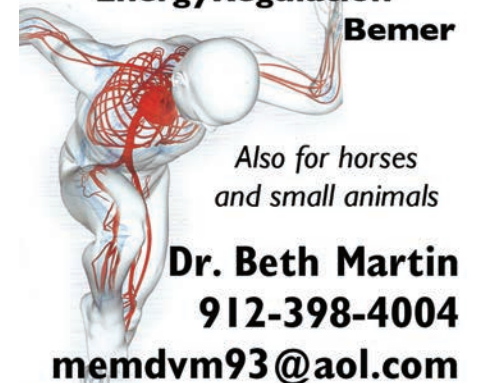
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Dr. Frank Lin of Johns Hopkins University, have confirmed the link between a higher risk of falls with hearing loss. He says, "According to a study of people aged 40 to 69, research indicates that a mere 25-decibel hearing loss – which is equivalent to going from normal audible condition to mild hearing loss – triples your chance of falling. That's when hearing loss often first develops and you're less likely to guard against falls."

A team at the University of Michigan analyzed data on nearly 115,000 seniors newly diagnosed with hearing loss, but otherwise healthy. It was revealed that 13 percent had an injury from a fall within three years, compared to 7.5 percent of the general population their age. Even if you're not injured, a tumble can be frightening. People tend to retreat to their chairs, setting off an unhealthy cycle: You move less, become weaker, and are more likely to fall again.

Doctors of audiology are trained to identify medical conditions of the auditory and balance systems, not just address hearing loss with listening devices. Once I rule out a medical problem, I monitor how much the loss is interrupting communication at home until it



Dr. Susan Timna

hearing loss is left untreated, over time it can cause cognitive problems, earlier dementia, and associated feelings of isolation and depression.

Hearing is typically taken for granted until you start to lose it, and you are usually not the first to notice it. That is why it is so important that when you suspect you or a loved is experiencing hearing loss, seek out a doctor of audiology or an ear/nose/throat physician. They understand that hearing loss can be much more than a nuisance. It can be lethal.

Dr. Susan Timna is a doctor of audiology at Audiology and Hearing Associates of Savannah.

becomes a significant problem.

Just as we are told to eat healthy and exercise to maintain cardiovascular health, we need to monitor the auditory system to maintain cognitive health. Patients should understand that if mild



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## Understanding Uterine Fibroids

If you are a woman, there is a good chance you will develop uterine fibroids. But there's no need to panic. Nearly 99 percent of the time, fibroids are harmless and treatable, but they can cause symptoms that you don't want to ignore.

Fibroids, also known as leiomyomas, are benign growths of the fibromuscular tissue of the uterus, explains. They come in all shapes and sizes, some as small as a pea and others as large as a grapefruit. Just as important as knowing what fibroids are, is knowing what they are not.

"They are not a type of cancer and do not increase the risk for cancer," explains Dr. Katherine Bebeau, OB/GYN with St. Joseph's/Candler Physician Network. "If removed surgically and analyzed, they have about a 0.25 percent chance of being a rare cancer."

What's not rare, however, is the occurrence of uterine fibroids. Most are found in the uterine cavity, within the muscle of the uterus or outside the uterus. Where the fibroid

is located can impact your symptoms and help with staging – typically between a stage 1 to 7 – and determining the best course of treatment.

Bebeau says, "Nearly 50 percent of women don't have symptoms and may not even realize they have them. It's estimated that between 20 and 50 percent of woman of reproductive age have undiagnosed fibroids."

Because they are not cancerous, uterine fibroids are not life threatening. However, they can cause a variety of symptoms that can impact your quality of life and your ability to get pregnant or maintain a healthy pregnancy. These challenges are all manageable with several treatment options.

There is no clear cause for fibroids. Hormones, such as estrogen and progesterone, play a role, as fibroids usually appear after a woman has started menstruating. They typically stop growing following menopause. Genetics and environmental factors, including increased weight and alcohol consumption, also likely play a role in their development. African-American women and women who have not had any children also have an increased likelihood of developing fibroids.

There are a variety of symptoms that can occur when someone has fibroids, including:

- Heavy menstrual cycles
- Pelvic pain
- Painful intercourse
- Infertility
- Pregnancy issues, such as pre-term labor and birth, growth restrictions or a breech baby
- If the fibroid is pressing nearby organs like the bowel and bladder, symptoms can include constipation, frequent urination or urinary urgency.

Fibroids can be detected during a pelvic exam but are usually diagnosed with imaging. If you see your doctor for any of the symptoms mentioned above – and you should – a pelvic ultrasound might be ordered. MRI occasionally may be necessary. Fibroids can be found incidentally at the time of imaging or surgery for another reason.

Treatment depends on the symptoms you are having and the location of the fibroids. For example, if the main symptom is heavy and long periods, your doctor may recom-

## Telfair Baby App For New and Expectant Moms

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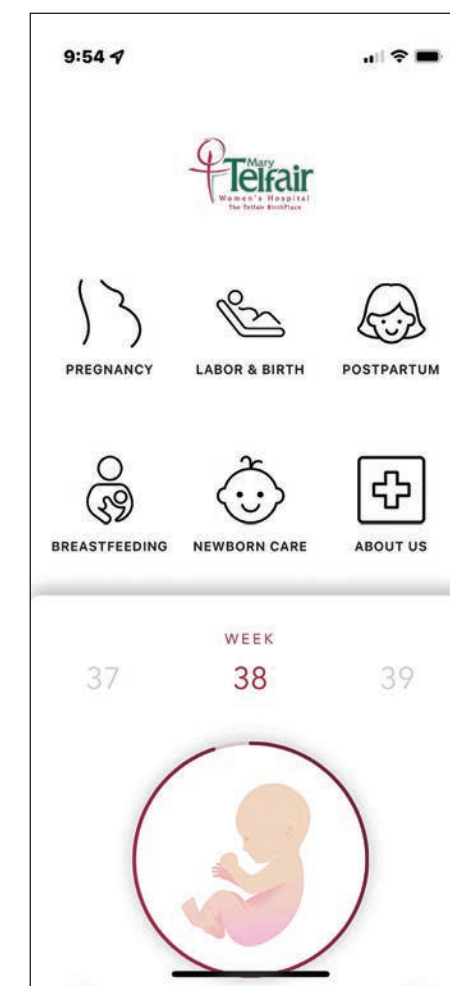
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ment medication to control and regulate them. If medical therapy fails or the fibroid is too large, surgery is discussed. Fibroids may be removed, by a process known as a myomectomy, or the entire uterus can be removed. The ovaries are typically unaffected. Another way to help shrink the size of the fibroids and control any symptoms is through a procedure called uterine artery embolization. This is performed by an interventional radiologist who stops blood flow to the uterus through important arteries.

"Based on your symptoms and goals, your physician can help you

find the right treatment," says Bebeau. "The important thing is if you are having any of the symptoms discussed, contact your doctor or practitioner. Fibroids are often underdiagnosed, but there are ways you can get help."

Unfortunately, there is no clear evidence that there is a way to prevent fibroids. As with general health maintenance, you're advised to eat a healthy and balanced diet, especially limiting red meat; avoid smoking; limit alcohol consumption; and, control your blood pressure.

Dr. Katherine Bebeau, OB/GYN

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One-story, 3BR, 2.5BA, home, situated on a large lot w/privacy & fenced backyard. Spacious home w/ family room, temperature controlled sun rm/patio, DR, office, large LR w/FP, KIT w/walk-in pantry. Hardwood floors throughout, & tons of storage. \$719,000.

Jorgenson, Novack  
Home Team



#### 3 OYSTERWOOD LANE

Charming 3BR, 2.5BA home with delightful floorplan. Spacious, new KIT w/pantry, large LR w/gas FP, DR, & family rm w/access to patio. MBR w/2 closets, guest BRS w/J&J BA. 2-car garage w/golf cart parking. Newer roof (2017) and smooth ceilings everywhere. \$729,000.

Jorgenson, Novack  
Home Team



#### 207 PETTIGREW DRIVE

Enjoy one-level living in this updated, 4BR, 2.5BA home. Large Living room with soaring ceilings, separate Dining room, walls of windows and lots of natural light. You'll love relaxing on your deck, overlooking your private back yard. \$799,000.

Novack, Jorgenson  
Home Team



#### 4 AMBERLY COURT

Hard coat stucco, 3 bedroom, 2.5 bath, patio home, with western marsh views in desirable Delegal Creek area. Open floor plan, master on main with his and hers closets. Bonus Room, 2-car garage with golf cart door. \$849,000.

David Helmreich



#### 5 PRIORY ROAD

Beautiful home on a quiet cul de sac. Enjoy 1-level living in this 3BR, 4BA home. Split bedroom plan, office & bonus room. KIT w/stainless appliances & 5-burner cooktop. Great room opens to oversized sunporch & large private back yard. \$850,000.

Novack, Jorgenson  
Home Team



#### 10 PEREGRINE CROSSING

One-of-a-kind, 4BR, 4.5BA home on 2 wooded lots. Fine finishes throughout, spacious LR, sep, DR, lg KIT is open to Fam. rm., MBR w/study on main. 3BRs w/ensuites up. extensive storage, 3-car garage, "X" zoned. An outstanding setting. Well priced at \$998,500.

Carroll, Brooks, Ewaldsen  
The CBE Group



#### 19 MAGNOLIA CROSSING

Beautiful 4BR, 3.5BA home on Eastern marsh. Brand new kitchen remodel. Meticulously cared for home. Spacious rooms, amazing natural light, & many upgrades. Kayak or paddle board right out your back door. Enjoy low country living at its very best. Newly priced at \$1,399,000.

Stephanie Giorgio



#### 4 SHADY OAK LANE

Rare opportunity to purchase this custom, 5BR, 3.5BA home on the MidPoint rookery. Panoramic water views, meticulous updates, open floorplan, hardwoods, French doors, and so much more. This property must be seen. An amazing opportunity at \$1,490,000.

Liz Giddens  
Home Team

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# TO SEE or not to see

## June is Cataract Awareness Month

Without a doubt, cataracts are among the leading causes of deteriorating vision. They develop slowly and may not affect eyesight at first, but will progress and interfere with vision, leading to blindness if untreated. Cataracts can't spread from one eye to another, but many people do get them in both eyes.

While most people experience cataracts at some point, they often know little about what they are. In healthy eyes, light passes through the lens – like a camera – projecting a clear perceived image on the retina in the back of the eye. With cataracts, the proteins that make up the normally clear lens of your eye clump together, causing the lens to become increasingly cloudy or opaque. In its early stages, the cloudiness may not cause a problem, affecting only a small part of the lens, and may or may not be visible to the naked eye. However, it will most likely grow larger over time, and affect more of the lens. As cataracts' impact increases, light fails to pass through the lens properly, becoming scattered and diffused. This leads to blurred vision, light sensitivity, and difficulty seeing in low-contrast situations. Cataracts do not usually hurt, although the resultant eyestrain may cause discomfort.

While cataracts manifest with recognizable symptoms, there are different types. Some people are born with congenital cataracts. They can be genetic or occur due to intra-uterine infections and trauma. They often re-

solve once the causative factors are removed. Secondary cataracts are usually caused by another affliction, such as diabetes, and have also been linked to steroid use. Traumatic cataracts are the result of an injury to one or both eyes. This can happen immediately after the accident or several years later.

### RISK FACTORS

There is no single cause for cataract formation. Most cataracts are due to age-related changes in the lens, which makes them more common among older adults. However, the condition can affect anyone at any age. Everyone will develop a cataract if they live long enough, and one in six people over the age of 40 in the U.S. has a cataract. Several factors can lead you to higher-than-average risk. Studies show that people who live in high altitudes are at greater risk, as well as people who spend considerable time in the sun. Anti-glare sunglasses with a UV filter and at least a 70-percent tint will diminish glare when you're outside.

There are several ways to mitigate risk factors, and regular eye exams are important.

- Wear protective lenses when there is risk of potential eye injury, like during sports or other physical activities.
- Use improved lighting to reduce glare. Ensure light is shining from behind you, not directly into your eyes.
- Quit smoking.
- Treat diseases such as diabetes and hypothyroidism.

- Exercise, improve your diet, and consider vitamin supplements.
- Avoid certain diuretics, steroids and tranquilizers.

### SYMPTOMS

Often in the disease's early stages, changes in vision may not be noticeable. Cataracts tend to grow slowly, so deteriorating vision may resemble other eye conditions. Specific signs of possible cataracts include:

- Blurred vision is among the first symptoms. Patients report that their eyes do not focus well, and vision appears cloudy. Reading or watching TV may become less enjoyable, even with the use of glasses or contacts.
- Sensitivity to bright lights, or difficulty seeing in poor or dim light.
- Poor night vision. Driving may be uncomfortable, with glare and halos around lights, making clear perception challenging, because cataracts dim and darken vision. Such changes might not be noticed during the day at the early stages, but become increasingly apparent at night.
- Dull, faded colors. Cataracts cloud the eyes, interfering with normal color perception.
- Double vision. Diffraction from the lens affected by clouding may make you perceive two or more images of the same object. However, other causes may be multiple sclerosis, stroke, brain tumor or corneal swelling.
- Mobility can be challenging, as limited depth perception and blurry vision increase the risk of falls.

- Quality of life decreases as deteriorating vision contributes to withdrawal from hobbies and other leisure activities.

### TREATMENT

If you have increasing vision problems, consult an ophthalmologist for an accurate diagnosis. Treatment choices depend on your symptoms, their severity, and your age and general health. Adjusting the prescription of eyeglasses, wearing polarized lenses, or using dilating drops can help; but, eventually, the cataract will mature enough to impede daily life and vision will continue to deteriorate. Your doctor will likely recommend cataract surgery, which is very safe and effective.

The most common form of cataract removal surgery is called phacoemulsification. A small incision is made on the edge of the cornea (the clear, dome-shaped surface on the front of the eye). A tiny probe emits ultrasound waves to break up the cloudy center of the lens. The natural lens containing the cataract is then removed through the incision, and an intraocular lens (IOL) is implanted in its place. It is typically a same-day procedure; but, if you have cataracts in both eyes, the surgeon will usually perform separate procedures. It is best to space the surgeries about one or two weeks apart. Although surgery is very safe, the minute risk of infection inside the eye dictates that surgery is staggered.

### TYPES OF IOLs

Modern IOLs replace the natural lens' functions and can correct nearsightedness, farsightedness, and astigmatism. Vision in the post-surgical eye is greatly improved, sometimes eliminating the need for glasses and contacts. Several different types of IOLs are available, depending on a patient's individual circumstances.

- A monofocal lens is the standard correcting for nearsightedness or farsightedness. Most insurance plans only cover the cost of a monofocal lens.
- A toric lens can correct for corneal astigmatism, offering better visual acuity for astigmatic patients, but is not likely to be covered by insurance.
- A multifocal lens is a premium IOL that might eliminate the need for eyeglasses after surgery.

Is cataract surgery a viable solution for a patient who has undergone LASIK surgery? The short answer is – yes. But It's more complicated than that. LASIK surgery reshapes

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**FOR RECORDER'S COURT**

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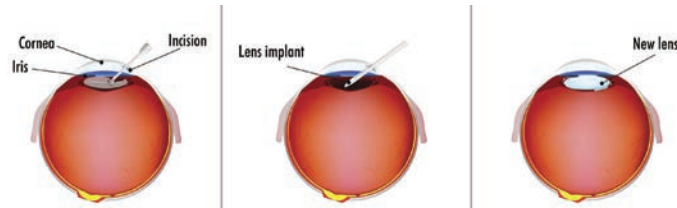
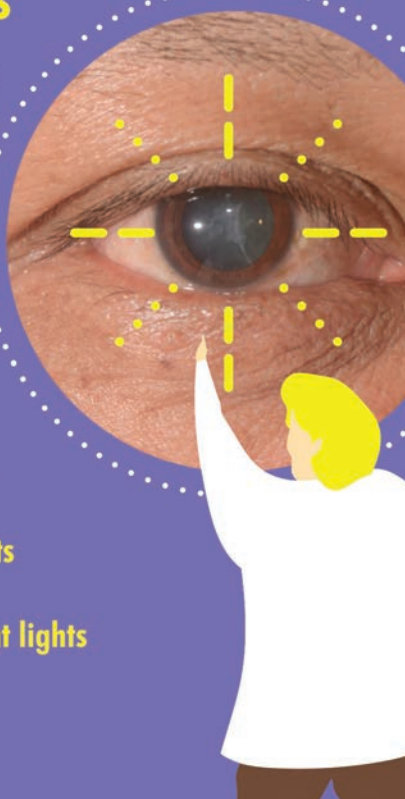
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**★ VOTE JUNE 21 IN THE RUN OFF ★**

**By Julie Duncan**

## 6 Early Signs of Cataracts

- Blurred vision
- Double vision
- Poor night vision
- Dull, faded colors
- Halos around lights
- Sensitivity to bright lights



In cataract surgery, an incision is made in the eye to remove the diseased lens and replace it with an intraocular lens.

the cornea to correct nearsightedness, farsightedness and astigmatism. Cataract surgery treats the lens of the eye. Treating one doesn't inhibit treating the other, meaning that you can have cataract surgery after LASIK – or LASIK after cataract surgery, an unlikely scenario given advancements in IOL technology. It's helpful for your surgeon to have access to your pre-LASIK vision records. LASIK often requires a much narrower margin for error with some types of IOLs, so this information will help determine which option is best for you. Otherwise, the selection process may not be quite as precise as for a patient that has not undergone LASIK.

### POST-OP

After cataract surgery, the eye is gently covered with an eye pad for the first 24 hours. Patients can expect to return to normal activity the next day. Once the eye pad is removed, the patient should already have very good vision, as long as the retina is healthy. Vision in the surgical eye will change in the weeks to come as the eye adjusts to the IOL. Some sensitivity to light and scratchiness is normal and can last several weeks. This is addressed through prescription eye drops.

Quality sunglasses are required. The majority of artificial lenses have a UV filter but will not protect the front of your eye or surrounding skin from UV damage. Although cataracts will not recur, wearing UV-blocking sunglasses when outdoors remains essential for your eye health.

Also, a possible complication of cataract surgery is an after-cataract, when part of the natural lens that is purposely not taken out during cataract surgery becomes cloudy and blurs your eyesight. Unlike a cataract, an after-cataract can be treated using a laser beam to make a tiny hole in the cloudy membrane behind the lens to let the light pass through. After-cataracts may occur months, possibly years, after surgery – or not at all.

Many people – cataracts or not – experience dry eyes. To maintain healthy eyes, experts recommend blinking around 15 times per minute, allowing the body's natural mechanism to wipe away body oils and other debris. Blinking activates the Meibomian glands in our eyelids to release and spread protective oils across the surface of the eye. However, partial and infrequent blinking is a common result of living in the 21st century. Extended periods spent staring at a computer screen or mobile device often results in only six to eight blinks per minute. Warm compresses and eye drops – preferably free of preservatives – are recommended.

The potential for vision loss is higher than ever and protecting one's eyesight has become critical to maintaining a healthy, happy lifestyle, for ourselves and our loved ones.



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Lizabeth Rosoff (American, b. 1973); 5 XI'AN AMERICAN WARRIORS, 2019; nylon fabric, electric fans. Sharon Engelstein (Canadian, b. 1965); Seeker, 2012; nylon fabric, electric fan. BLOW UP: Inflatable Contemporary Art was organized by Bedford Gallery at the Leshner Center for the Arts, Walnut Creek, CA

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# The History and Science Behind Fireworks

Around 200 BC, the Chinese unintentionally invented fireworks by tossing pieces of bamboo into a fire. In 800 AD, an alchemist mixed sulfur, charcoal and potassium nitrate. The mixture caught fire and gunpowder was born. That powder was packed into bamboo tubes and lit, creating the first intentional fireworks.

The first aerial fireworks were only in orange. By 1600, fireworks were, still in orange, used the world over for military victories, royal celebrations, and religious events.

On July 2nd, 1776, John Adams wrote: "This day will be most memorable in the history of America. I am apt to believe that it will be celebrated by succeeding generations as the great anniversary festival. It ought to be solemnized with pomp and parade: bonfires and illuminations (fireworks) from one end of the continent to the other, from this day forward."

And so it was. On July 4th, 1777, to celebrate our county's birth, there were fireworks as there have been for 245 years.

This coming Independence Day, we will be celebrating our 245th birthday as a Nation. The Landings will have its annual fireworks display and the Kiwanis Club of Skidaway will be "Lighting Up" the Island with over 1450 of our flag displays in the island's common areas, homes and apartment hallways.

In September 2021, Kiwanis awarded \$72,500 in grants to agencies serving at-risk children in Chatham County. The Kiwanis Flag Program contributed \$50,000 to this effort.

To join in the celebration and become a member of the Flag Program for \$50/year, call 912-388-6070 or email [kiwanisflags31411@gmail.com](mailto:kiwanisflags31411@gmail.com)



# A BRIDGE OVER TROUBLED WATERS

BY RON LAURETTI

There are plenty of world-famous bridges in the U.S., like Skidaway Island pioneer Robert Roebling's Brooklyn Bridge and San Francisco's Golden Gate. There are 42 bridges along the 113 miles of scenic tropical highway from Key Largo to Key West, Florida. But few spans are as significant in world history as the Ludendorff Bridge at Remagen, Germany, spanning the Rhine River, midway between Bonn and Koblenz.

After pushing the German army back during the Battle of the Bulge in 1945, Allied forces advanced east towards the Rhine. Since the time of the Roman Empire, the deep and fast-flowing river served as a barrier to invasion into Germany from the west. To impede Allied advancement, Adolf Hitler ordered the 25 bridges crossing the Rhine to be destroyed. However, when the U.S. Army's 9th

Armored Division arrived at the river, American soldiers were surprised and relieved to see a sturdy railroad bridge still standing. It was the last remaining (relatively) easy entry into Germany.

The Ludendorff Bridge was built by Russian prisoners of war during World War I to help transport supplies to France. The bridge was 400 meters (1,300 feet) in length, featuring two rail lines with pedestrian walks on either side. A reinforced railroad tunnel led to the bridge from the German side. From October of 1944 to March of 1945, Allied bombers attempted to destroy the Ludendorff to disrupt German efforts to resupply their forces in the west. But numerous near misses caused only minimal damage, which was quickly repaired. A welcome failure, as it would turn out.

As American troops advanced, the Fuhrer ordered his men to hold off on blowing the bridge, hoping to ensnare American fighters in a trap as they attempted to cross. Hitler's orders contravened and confused his field generals, and the Germans neither detonated the bridge nor tricked the Yanks.

At 3:15 p.m., March 7, 1945, an American combat group of infantry and tanks, commanded by Lt. Karl Zimmerman, approached the Ludendorff. As the troops charged dodging machine gun fire, defending Germans set off two charges. The explosives blew, but the force of the blast wasn't enough to topple the grand structure. American troops continued across the Rhine, but the crossing would not be without strife.

Sgt. Alexander A. Drabik is credited as the first American to cross to the eastern bank. He did not realize it at the time, but he was the first enemy fighter since the Napoleonic Wars to cross the Rhine and capture German territory.

Temporary repairs were quickly made to the damaged areas of the bridge and American tanks, armor and trucks rolled across. Company A, 14th Tank Battalion, 4th Infantry Division was the first American tank battalion to reach the German side. The unit helped seize the connecting railroad tunnel and established the first Allied battle position on a ridge overlooking the Rhine crossing.

Hitler did not take kindly to battlefield



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defeats, blunders or - even worse - failure to obey his every order. Learning of the mix-ups at the Ludendorff that led to safe Allied passage into Germany, he was enraged. He immediately court martialed five officers - from captain to general - involved with the loss and sentenced them to death. The men were not afforded German military justice in its codified form. These harsh and hasty executions, coupled with mounting battlefield losses, decimated German morale.

Meanwhile, Allied forces were celebrating. The capture of the bridge shortened the European war and saved thousands of lives, American and German. Allied forces, from the Supreme Allied Commander, Gen. Dwight D. Eisenhower, to the lowest private, were grateful for the use of the bridge for rapid entry into the vital Ruhr area of western Germany. The 9th Military Police Company was positioned at the bridge to manage the steady flow of vehicles and troops, as well as captured Germans headed behind the lines. The MPs manned aid stations and POW cages on both shores, and installed and maintained communications across the bridge, all while under German long-range artillery fire. The company was recognized with a Meritorious Unit Citation and other prestigious awards.

In addition to Drabik, 13 soldiers were awarded Distinguished Service Crosses and/or Silver Star medals for their success in capturing the bridge and related action. Three more earned Distinguished Service Crosses for removing live demolition charges while under fire.

Ten days after the American capture of the Ludendorff Bridge, the span collapsed from repeated German aerial and artillery attacks. But no matter. American military engineers had already built two sturdy



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On March 17, 1945, the German army finally succeeded in destroying Ludendorff Bridge, but by then, Allied forces had invaded deep into the Third Reich, and victory was only months away.

pontoon bridges nearby. Allied forces and equipment roared across the Rhine, bound for Berlin.

The rapid sweep into enemy territory was a welcome boost to American spirits and had the opposite effect on beleaguered German troops, who continued to retreat. The 1,000-year Third Reich that Hitler promised came to an end in little more than a decade: German high command was forced to surrender just two months later, on May 7, 1945.



  
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There's a lot of military service among our readers, active and retired, from all branches of the Armed Forces, as well as police, fire and other first responders. Help us recognize their service by nominating them to be featured in an upcoming **He Served**.

**Send your nominee's name and contact info to [ronl35@comcast.net](mailto:ronl35@comcast.net)**



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# Congratulations Class of 2022



Send us those high school senior photos and a sentence or two about your plans for the future, where you plan to attend college, what high school you are graduating from, and we will be happy to include them as part of our salute to the Class of 2022.

Email your submissions to [mail@theskinny.com](mailto:mail@theskinny.com) or drop them by our office:  
15 Lake Street, Suite 280, across from Publix.

## HURRY! DEADLINE IS JUNE 21!

## island hopping

Please email content to [mail@theskinny.com](mailto:mail@theskinny.com).  
Deadline is the Friday prior to publication.

### WHO NEW?

**WHAT:** New Neighbors  
**WHEN:** Visit [www.landingsnewneighbors.com](http://www.landingsnewneighbors.com) to see our calendar  
**CONTACT:** Visit our website or contact Jody at [nnnewmember@gmail.com](mailto:nnnewmember@gmail.com)  
**WHAT ELSE:** The club offers more than 250 different activities from biking, golf, pickleball, walking groups or fishing to Mahjong, Bridge, Needle-arts and Canasta. We have exciting military tours and special events for you to enjoy right here on Skidaway Island.

### GOTTA LOVE IT

**WHAT:** Landlovers membership / open to all Skidaway Islanders  
**HOW MUCH:** Each \$30 membership fee covers one household of one or two adults.  
**CONTACT:** Vicki Knapp at [landloversmembership@gmail.com](mailto:landloversmembership@gmail.com) or visit [www.landingslandlovers.com](http://www.landingslandlovers.com) for more information.  
**WHAT ELSE:** The membership year runs from September 1 through August 31. Landlovers is a philanthropic and social organization dedicated to enriching the Landings community and Skidaway Island at large. Landlovers sponsors year-round social activities and fundraising events to support student scholarships and multiple non-profit service organizations.

### SEA FOR YOURSELF

**WHAT:** Opening of "Rising to the Surface" exhibit on the Steamship *Pulaski*  
**WHEN:** Friday, June 17 at 6 p.m.  
**WHERE:** Ships of the Sea Museum, William Scarbrough House, 41 Martin Luther King, Jr. Blvd.  
**HOW MUCH:** Tickets - \$25 - can be ordered in advance via Eventbrite.  
**WHAT ELSE:** Best-selling author Patti Callahan and shipwreck hunter Micah Eldred will discuss the 1838 tragedy. Guests will enjoy a guided tour of the exhibition and a cash bar.

### NEWTON'S LAW

**WHAT:** Artwork of John Newton  
**WHEN:** Now through June 30  
**WHERE:** JEA, 5111 Abercorn St.  
**CONTACT:** Vicky Lunick, 912.355.8111  
**WHAT ELSE:** John Newton is a self-taught artist who lives in rural Effingham County. Fascinated by the vivid colors associated with Hispanic culture, Newton combines acrylic paints with aluminum cans and bottle caps to create his mixed media works.

[www.theskinny.com](http://www.theskinny.com)

### HAPPY HOUR

**WHAT:** Landlovers "Cocktails with Friends," open to all Skidaway Island residents  
**WHEN:** June 23; please RSVP by June 9  
**WHERE:** Members' homes  
**HOW MUCH:** Free  
**CONTACT:** Jeanette Graebener @ [jbg1972@comcast.net](mailto:jbg1972@comcast.net) or Kathy Powers @ [kopowers@gmail.com](mailto:kopowers@gmail.com)  
**WHAT ELSE:** Guests provide an appetizer to share and their own cocktails.

### GRAND OL' PARTY

**WHAT:** Skidaway Island Republican Club (SIRC) June "True Perspectives"  
**WHEN:** Monday, June 27 - cocktails and cash bar, 5 p.m.; program, 5:30 p.m.  
**WHERE:** Palmetto Club Ballroom, The Landings  
**HOW MUCH:** Free to attend; please register in advance  
**CONTACT:** For more info. contact [guyrandolph@hotmail.com](mailto:guyrandolph@hotmail.com) or visit [skidawayislandrepublicanclub.wildapricot.org](http://skidawayislandrepublicanclub.wildapricot.org)  
**WHAT ELSE:** Please join us for an update on the 2022 Georgia legislative session with Sen. Ben Watson and Rep. Jesse Petrea

### HOLMES IS WHERE THE ART IS

**WHAT:** Jim Holmes Photography Exhibit  
**WHEN:** July 1 through July 31; reception July 3, 2 to 6 p.m.  
**WHERE:** JEA Art Gallery, 5111 Abercorn St.  
**HOW MUCH:** Free and open to the public  
**CONTACT:** Vicky Lunick, 912-355-8111  
**WHAT ELSE:** Savannah native Jim Holmes received his BFA in photo design from the University of Georgia Lamar Dodd School of Art. He moved to San Francisco, living only a few blocks from the San Francisco Art Institute. He has had two well-received, grant-funded solo exhibitions and participated in many group shows. His work is widely published. Holmes also owned a gallery and commercial studio in Savannah, where he photographed more than 500 weddings over 20 years.

### READ ALL OVER

**WHAT:** Landlovers Singles Co-ed Book Club  
**WHEN:** 4th Thursday each month  
**WHERE:** Palmetto Clubhouse  
**CONTACT:** Ray Arnold, [rayjarnold@gmail.com](mailto:rayjarnold@gmail.com) or Marianne Claysmith, [claysmith2@aol.com](mailto:claysmith2@aol.com)



### STITCHIN' TIME

**WHAT:** Landlovers Stitch and Bead  
**WHEN:** Tuesday, June 28, 2 - 4 p.m.  
**WHERE:** Members' homes  
**CONTACT:** Leslie Mathews ([lmathews50@gmail.com](mailto:lmathews50@gmail.com)) to be added to email list  
**WHAT ELSE:** We welcome crafters working on any type of needle projects, from knitting to needlepoint, beading, felting, crewel and cross stitch. Location announced by email. Landlovers membership is required.

### SAFETY DANCE

**WHAT:** Dance for fun and fitness  
**WHEN:** Tuesdays, 9-10 a.m.  
**WHERE:** Skidaway United Methodist Church, Bailey Hall  
**HOW MUCH:** A \$2 monthly fee will be charged to cover insurance; Landlovers membership is required  
**CONTACT:** Marilee Dalbey ([marileedalbey@gmail.com](mailto:marileedalbey@gmail.com))  
**WHAT ELSE:** Come join us in comfortable workout clothes and shoes. We will dance to popular hits, classic songs, Broadway and Latin music. Gentle standing stretches completes your workout. A signed waiver is required for all participants.

### FOR LADIES ONLY

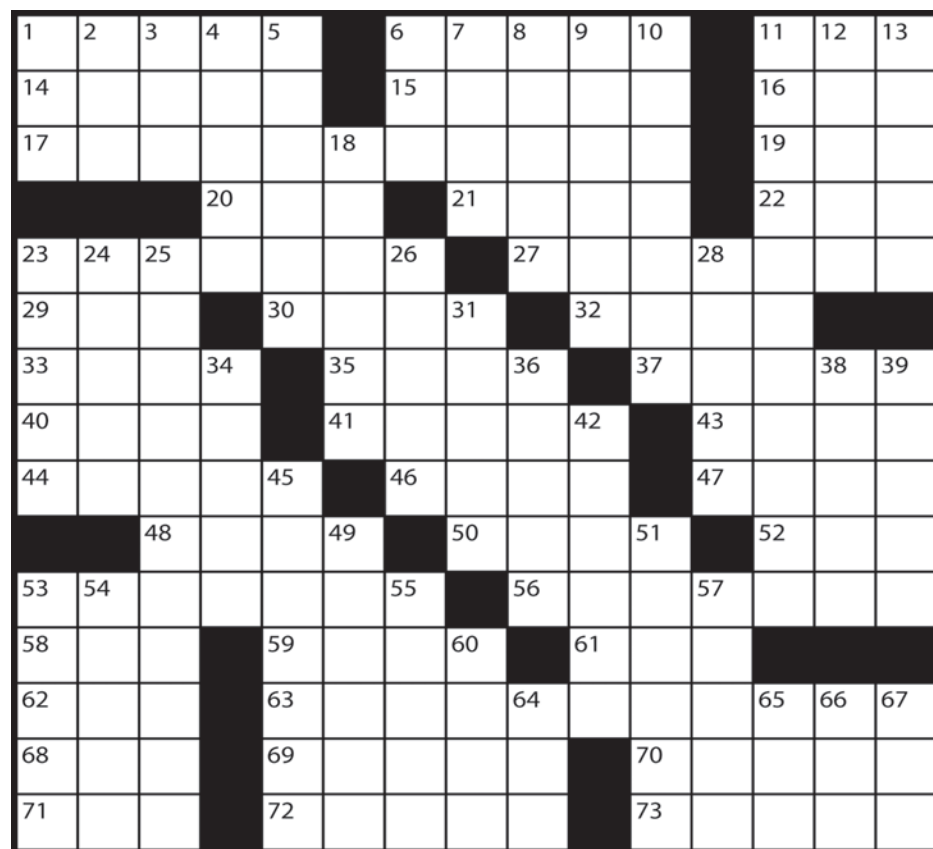
**WHAT:** Landlover Ladies 9-Hole Golf Group  
**WHEN:** Tuesdays (Tee times from Chelsea system)  
**WHERE:** Varies each week  
**CONTACT:** Jan Rosenbaum at [LandloverLadies9@gmail.com](mailto:LandloverLadies9@gmail.com)  
**WHAT ELSE:** Landlover Ladies 9-hole Golf welcomes those who have a basic understanding of the rules, pace of play and have a GHIN number. Our focus is on having fun with a casual get together afterwards. The Landing Club golf and Landlovers memberships are required.

STANDARD CLUES\*

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- 11. Sis or bro
- 14. Bikini Island, e.g.
- 15. Distribute the shares
- 16. U.N. workers org.
- 17. 63-Across, notably
- 19. 509, to Cicero
- 20. 1,006 to Cicero
- 21. Pitcher, \_\_\_ Hersher (1988 World Series MVP)
- 22. Scottish denial
- 23. Noisemaker on Elsie
- 27. Students preparing to become M.D.s
- 29. "Are you a man \_\_\_ mouse?"
- 30. Weight-loss app based principally on psychology (anagram for MOON)
- 32. Command to a dog
- 33. Cleo's squeeze
- 35. On-line auctioneer
- 37. Ethyl acetate, for one (anagram for STEER)
- 40. Latin for 'years'
- 41. 1939 Best Actor Oscar winner for "Goodbye, Mr. Chips," Robert \_\_\_
- 43. Any very large book
- 44. Ancient Roman gravestone
- 46. Japanese buckwheat noodles (anagram for BOAS)
- 47. Trudge
- 48. \_\_\_ - Carlton Hotels
- 50. Slugger's stats
- 52. Between zeta and theta
- 53. Zagreb is its capital city
- 56. Clothing
- 58. \_\_\_ 9000 (computer in "2001: A Space Odyssey")
- 59. "\_\_\_ Girl!"
- 61. Suffix for 'sights' or 'car'
- 62. Plural of 'ovum'
- 63. Main character in more than FIFTY movies!
- 68. Barbie's boyfriend
- 69. King of Judea when Jesus was born
- 70. Eldest of the Marx Brothers
- 71. Terminus
- 72. Environmental activist Brockovich, et al.

"Suspicion often father of truth"



73. Advertised profusely

DOWN

- 1. Fictional detective, \_\_\_ Spade
- 2. "What was \_\_\_ think?" (two words)
- 3. Mo. with 30 days
- 4. Go up a ladder
- 5. Square root of 121
- 6. Golden Bears of the PAC-12
- 7. Margarine
- 8. Sound when a big dog drinks
- 9. Redcaps, often
- 10. Decathlon competitor, e.g.
- 11. He portrayed 63-Across in 22 movies
- 12. Homer's Trojan War epic
- 13. Fancy stadium seats
- 18. Stored in round farm buildings
- 23. Periods of unconsciousness
- 24. Praying Christian figure with upraised arms
- 25. He portrayed 63-Across in 16 movies
- 26. Wolves, in Mexico

- 28. A ketch has two
- 31. Main house of an estate
- 34. Eyelashes, anatomically
- 36. "\_\_\_ Dabba Doo!" (Fred Flintstone)
- 38. Ham it up
- 39. Fit for a king
- 42. Capital city of Taiwan
- 45. Flat, usually rigid rectangular briefcase
- 49. Musical instrument that alphabetically follows xylophone
- 51. The Gettysburg Address, e.g.
- 53. Strangle
- 54. Poe's favorite bird?
- 55. Video game pioneer
- 57. Suffix meaning 'rule'
- 60. Elvis's middle name
- 64. Mormons, for short
- 65. Type of fishing boots
- 66. Eagle on a par three
- 67. Silent assent

Puzzle answers, page 35

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\*For each puzzle a relatively difficult set of clues (Challenger) will accompany the first printing. In the subsequent issue, the same puzzle will appear with an easier set of clues (Standard) Email questions/comments to puzzler@theskinny.com

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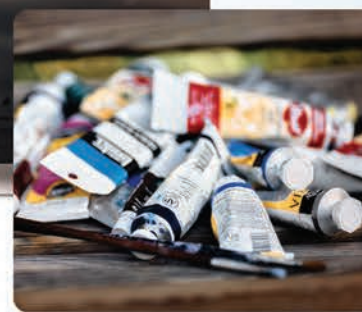
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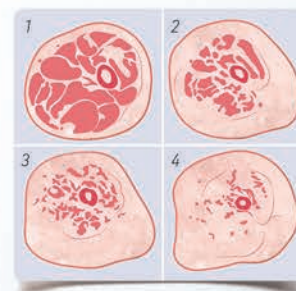
A sudden onset of weakness in her limbs and hands began interfering with two of Elaine's biggest joys: painting and bike riding. Additional symptoms, including slurred speech and severe trouble swallowing, led to electromyography (EMG) and muscle biopsy testing, which revealed necrotizing autoimmune myopathy – a rare autoimmune condition attacking the muscles.

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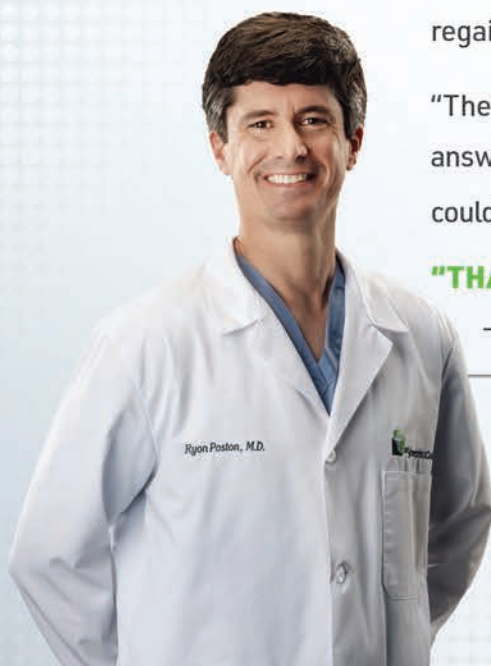
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stages of myopathy



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