

JUNE 2018



CALENDAR

June 1-3

Strong Bonds Married Couples Training, location TBD, three-day event; For information, call 706-787-6667

June 3

Atlanta Dream WNBA Military Service Member of the Game, McCamish Pavilion, Georgia Tech, Atlanta, 3-8 p.m.

June 4

EAMC command sergeant major Change of Responsibility ceremony, 8:30-9:30 a.m.

June 5

Equal Opportunity trng., first floor aud., 3-4 p.m.

Asbestos training, Olmstead Hall, 1-3 p.m.

Junior Enlisted Development Program, first floor auditorium, 4-5 p.m.

June 6

Resilience training, first floor auditorium, first floor auditorium, 8-10 a.m.

Noncommissioned Officer Professional Development, first floor auditorium, 4-5 p.m.

June 7

SHARP/Soldier/Civilian annual training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

June 11

Annual Army Substance Abuse Program Prevention Training for soldiers, Alexander Hall, 1-2 p.m.

Annual Army Substance Abuse Program Prevention training for soldiers, Alexander Hall, 2:30-3:30 p.m.

June 12

Threat Awareness and Reporting Program, first floor auditorium, 1-2 p.m.

Threat Awareness and Reporting Program, first floor auditorium, 2-3 p.m.

June 13

Leadership Development Program, first floor auditorium, 6-7 a.m.

Army Substance Abuse Training for Civilian Supervisors, Alexander Hall, 9-10 a.m.

Army Substance Abuse Program training for civilian employees, Alexander Hall,

10:15-11:15 a.m.

Suicide Prevention Training, Alexander Hall, 11:30 a.m. to 12:30 p.m.

SHARP Face-to-Face Annual Training, Olmstead Hall, 1-4 p.m.

Leadership Development Program, first floor auditorium, 4-5 p.m.

June 14

Army Birthday. Everywhere, all day

Sexual Harassment Awareness and Reporting Program Training, Darling Hall, Room 188, 1-4 p.m.

June 15

Pride Month, first floor auditorium, noon to 1 p.m.

June 19-20

Alcohol/Drug Abuse Prevention Training, Building 38704, 8 a.m. to 4 p.m.

June 19

Alcohol/Drug Abuse Prevention Training, first floor auditorium, 6-7 a.m.

AT Level 1/Active Shooter Training, Olmstead Hall, 1-3 p.m.

Sports drink: What are you really putting in your body?

Danielle Dunnagan, MS, RD, LD Nutrition Care Division Eisenhower Army Medical Center

We've all seen the TV commercials portraying an athlete consuming a sports drink as a quick way to refuel after an exhausting practice. But what's really in a sports drink? Are they just for athletes? How did they become so popular?

The sports drink industry started in 1965 when an assistant coach for the University of Florida football team took a particular

interest in why the summer heat was affecting his players' performance at practice. The football staff decided to collaborate with a team of scientists at the university to determine a solution to their problem. The results of their research indicated that the football players were not adequately replacing carbohydrates, fluids or electrolytes following exercise and thus a product named "Gatorade" was developed.

In general, sports drinks are typically a calculated blend of carbohydrates, electrolytes and water. Simplified, this translates to a water-based beverage with sugar, salt and sometimes a few extra micronutrients added in.

Generally our bodies are comprised of approximately 60 to 70 percent water. We need water for digestion, energy and oxygen transport, and temperature regulation. We lose water every day, mostly through urination and perspiration (sweat), and it's up to us to replace it through what we eat and drink.

However, sweat is made up of more than just water alone. We also lose sodium (salt), potassium and other micronutrients such as calcium and magnesium when we sweat. These nutrients, also referred to as electrolytes, are found in many of these foods we eat and help maintain fluid balance and



Photo by Marine Sgt. Jeremy M. Giacomino

An Iraqi policeman drinks water after a soccer tournament at the Mulaab Soccer Stadium in Iraq, Aug. 13, 2008. The decades-old and worldwide debate between water and sports drinks to replenish the body after exercise is settled by what the body has lost and what it needs.

Joint Commission, graduations mean kudos for all

Col. David E. Ristedt

Commander

Eisenhower Army Medical Center

EAMC Teammates,

We are Eisenhower ... Together, we impressed and easily demonstrated the exceptional versatility of our facility and staff to the Joint Commission survey team that visited last month. This simply validated what our higher headquarters and more importantly, our patients, tell us every day — that you are an amazing collection of professionals providing the systems, processes and procedures to deliver 5-Star care to everyone who comes in our doors.

We have a few things to tighten up but I am supremely confident we can take their recommendations and provide even higher quality. Our mission now is to maintain the momentum and sustain continuous readiness as part of our daily rhythm.

June marks the end of an era for EAMC, the Region and the Army. We say farewell (but not goodbye) to an outstanding leader, mentor and friend — Command Sgt. Maj. John Steed — as he transitions from active duty to being a full-time father, husband and handyman. I am confident he will still roam the halls as a connoisseur of 5-Star care so, when you see him, please take a moment to thank him for a lifetime of service to others and the tremendous legacy he leaves in all those he touched over the years.

Congratulations to all of the recent graduates of our medical education programs. We are proud of the effort, professionalism and dedication to growth each displayed. That pride extends to the faculty and the entire civilian and military staff for the mentorship and dedication to these students. Students cannot be successful without a team of educators and

staff imparting wisdom and skills to their benefit. This is just another example of "We are Eisenhower" — delivering on the promise for the future of the Army Medical Department.

Later this month, we will get a new crop of residents, nurses and enlisted students to begin their journey as the cycle of generating the future of military medicine continues here at EAMC.

Finally, I want to end this installment by saying once again how proud I am to be associated with this outstanding team. You demonstrate selfless service and unquestioned quality in your daily duties: delivering 5-Star care and an exceptional experience at all times.

Remember to enjoy some time this summer with your loved ones and always keep safety in mind. We need our entire team together to continue our mission.

EAMC library tech receives national recognition

Staff Reports

The Federal Library and Information Network at the Library of Congress announced the winners of its national awards for federal librarianship at the FEDLINK Spring Exposition May 1, in Washington, D.C.

One of the award recipients hails from Eisenhower Army Medical Center.

Ozella Lee Gates, library technician at EAMC, was recognized as the 2017 Federal Library Technician of the Year for her exemplary commitment and dedication to providing library services to a multitude of

different medical center customers.

The awards recognize the many innovative ways that federal libraries, librarians and library technicians fulfill the information demands of the government, business

and scholarly communities, and the American public.

The names of the winners will remain on permanent display in the FEDLINK offices

see GATES on page 8



Courtesy photo

Ozella Lee Gates, center, recipient of the 2017 Federal Library Technician of the Year and Eisenhower Army Medical Center's Health Sciences Library Technician, stands with the Library of Congress' Acting Deputy Librarian of Congress, J. Mark Sweeney, left; and Mary E. Gaudette, EAMC's Health Sciences Library librarian; at the awards ceremony at the Library of Congress in Washington, D.C., May 1.



Rounds is an official monthly publication of Eisenhower Army Medical Center at Fort Gordon, Georgia, produced by the EAMC Public Affairs Office for and about the staff of the hospital and the military members, family members and beneficiaries who choose EAMC for their Five-Star Health Care.

Editorial content is under the direction of and serves the mission of the EAMC commanding officer. Email: usarmy. gordon.medcom-eamc.mbx.pao@mail.mil.

AS SEEN AT NURSES WEEK



Photo by John Corley

Capt. Maria-Cristina Caruso, left, clinical nurse OIC, 11 West; and 1st Lt. Carlyn R. Hewell, 11 West nurse; participate in the fun run/walk May 9 at Barton Field.



Photo by John Corley

Eisenhower Army Medical Center's joined nurses across the country for Nurses' Week as it kicked off the morning of May 7 at the flagpole with "Each One Heals One" ceremony that included the release of live butterflies. The week's events included a trivia competition, "Who am I?"; a fun walk/run; a friendly unit bowling competition and a closing event with ceremonial cake cutting.

Recap of 2018 Nurses' Week events, recognitions

Lt. Col. Barbara Ann McCottry
Director, Clinical Nurse Transition Program
Eisenhower Army Medical Center

Eisenhower Army Medical Center's 2018 Nurses' Week opened May 7 with a Healing Hands prayer presented by Capt. Christopher Hart, chaplain, assisted by Col. Celethia Abner-Wise and Col Amanda Forristal, followed by the release of a few dozen butterflies, signifying the start of a great week.

Later in the week, teams were asked to reflect back in time for the "Who Am I" game to test their knowledge of who's who in the world of nursing.

Nurses took advantage of cool morning weather May 9 to put one foot in front of the other to complete the one-mile Fun Walk/Run. Nurses were asked to wear their

favorite oldie-but-goodie Nurse's Week T-shirt to represent their best year and win a special prize. Gwendolyn Hunt from Connelly Health Clinic won this contest with a Nurse's Week T-shirt from 2009.

Got Game? TMC No. 4 certainly does. They were the winners of this year's "Strike Out" bowling event.

Each team player received individual trophies and bragging rights for the year as they proudly display this year's first ever roving trophy in their department.

Prizes were also awarded for the highest and lowest scores. The highest score went to Richard St. Louis and the lowest to Leslie Coffee, both from TMC No. 4. During the bowling event, a best T-shirt design contest was won by the Cardiology Clinic.

Throughout the week, nurses were shown

gestures of appreciation with a Nurse's Week gift and hand-delivered ice cream. To top off the week in unity, EAMC's leaders celebrated and honored those who have impacted our profession through inspiration, innovation and influence.

Congratulate the following winners of the Eisenhower Army Medical Center's Nurses Week 2018 Nursing Excellence Awards.

Award recipients

- Sgt. Ana M Diaz, LPN
- Capt. Joseph Keck, RN
- Sgt. Megan M Riggins, cardiovascular specialist
- April M Russell, Civilian LPN
- Tina M Terry, Civilian RN

Torrence returns to birthplace, this time reports for duty

David M. WhitePublic Affairs Office
Eisenhower Army Medical Center

A generation is statistically pegged at 25.5 years so it's safe to say that a generation has passed since Capt. Jasmine Torrence was first at Eisenhower Army Medical Center.

Torrence, EAMC's new chief of supply chain management in Logistics, was born 29 years ago at EAMC when the hospital still offered labor and delivery services.

Torrence's father was in the Signal Corps at Fort Gordon when it was time for his third of four children to be born.

Although Torrence's mother has passed away, her father retired to the Augusta area after tours at Fort Hood, Texas; Sacramento, Calif.; and Korea. He still seeks care at EAMC.

"His care here has been great," said his daughter. "The nurses and staff have all treated him well."

Torrence grew up in the Augusta area, attending elementary, middle and high school. She had her wisdom teeth removed at Eisenhower.

She is a graduate of Alabama A&M University in Huntsville with a degree in sociology. While there she was in the ROTC and was



Courtesy photo

Capt. Jasmine Torrence as an infant in the Augusta, Ga., area in this undated photograph. Torrence was born at Eisenhower Army Medical Center in March 1989 and recently returned as the chief of supply chain management in EAMC's Logistics Department.

the Distinguished Military Graduate.

Torrence comes to EAMC from Fort Hood and is happy to be back in the area, near her father and childhood friends.

It makes me feel good to be back here to

work and to contribute to EAMC's mission of care, she said.

When asked about her treatment at EAMC 29 years ago, she gives a sideways look and says "Uh ... great."

Expanding patient care on the RTF

Capt. Monica N. Steadman, RN Residential Treatment Facility Eisenhower Army Medical Center

The Residential Treatment Facility at Eisenhower Army Medical Center expanded its 5-star patient care started incrementally increasing its census May 15 and, by June 12, the expansion will be complete with a total of 36 beds available.

The four-week alcohol and substance abuse recovery program provided by the RTF provides holistic and comprehensive medical and mental health care to Army, Navy, Air Force and Marine service members. Before the expansion, the RTF had the capacity to treat 28 service members each month.

The RTF, created in 2009, is an intensive inpatient, military-focused program for active duty U.S. military personnel with alcohol and other substance use disorders. Its mission is to "strengthen the overall fitness and readiness of the military force."

PTSD, depression, mTBI and many other co-occurring illnesses may also be addressed over the course of treatment to promote therapeutic change and return service members to the military force. Service members are referred to the RTF through Substance Use Disorder Clinical Care or other service-equivalent programs.

"The National Survey on Drug Use and Health from 2015 reported that 1 out of 15 veterans had a substance abuse problem

see RTF on page 10



Photo by John Corley

Maj. Ebony Chatman, clinical nurse officer in charge of the Residential Treatment Facility at Eisenhower Army Medical Center, speaks with a patient in the tactility in mid May.

'Cone of Uncertainty' shrinks for 2018

Hurricane Prediction Center National Weather Service National Atmospheric and Oceanic Agency

The Cone of Uncertainty will get smaller. The size of the tropical cyclone track forecast error cone for the Atlantic basin will be smaller this year, but a little larger at the longer forecast times in the East Pacific. The cone represents the probable track of the center of a tropical cyclone, and is formed by enclosing the area swept out by a set of imaginary circles placed along the forecast track (at 12, 24, 36 hours, etc.)

The National Hurricane Center Public Advisory will now discuss forecast information beyond 48 hours. The NHC Public Advisory is a text product that contains a list of all current coastal watches and warnings and gives pertinent storm information, including general forecast and hazard (storm surge, wind, rainfall, tornadoes, surf) information. The forecast information contained within the advisory will now include information beyond 48 hours. Previously, these advisories were limited to a discussion of a tropical cyclone's track and intensity forecast through 48 hours. This change will allow public advisories to discuss the track and intensity forecast routinely through 72 hours, and allow the flexibility to discuss the forecast through five days when conditions warrant.

NHC will begin issuing 48-hour

Are you a hurricane this year? (2018 hurricane names) Alberto Beryl Chris Debby Ernesto Florence Gordon Helene Isaac Joyce Kirk Leslie Michael Nadine Oscar Patty Rafael Sara Tonv Valerie William



Photo courtesy of the Hurricane Prediction Center

The 2 p.m., Sept. 6, 2017, advisory map from the Hurricane Prediction Center shows Hurricane Irma's predicted path over several days. The projected impact areas lie within what is called the Cone of Uncertainty. This year the National Hurricane Center has strengthened its prediction models and will shrink Cones of Uncertainty to more accurately reflect where a hurricane's impact may be felt.

hurricane-force (64 knot) wind radii forecasts. NHC will begin issuing hurricane-force (64 knot) wind radii forecasts at the 48-hour forecast time. These wind radii will be provided in the Tropical Cyclone Forecast/ Advisory Message. Previously, the NHC provided hurricane-force wind radii forecasts out to 36 hours. The NHC Forecast/Advisory will now include a forecast of tropical-storm-force (34 knot) and 58-mph (50 knot) wind radii out to 72 hours and hurricane-force (64 knot) wind radii out to 48 hours.

The NHC Key Message Graphic will be available on the NHC website with other tropical cyclone graphical products. This graphic has previously been available in the Top News section of the NHC website and shared via NHC social media accounts (Twitter and/or Facebook). When available, this graphic will be provided with the other graphical products in the active tropical cyclone information section of the NHC website, www.nhc.noaa.gov.

Emergency preparedness resources

ready.ga.gov (mobile app, Make a 'ready' kit)

FEMA at Ready.gov

National Weather Service (NOAA.gov)

American Red Cross (redcross.org)

What to do during hurricane watch, warning

Hurricane watch = conditions possible within 48 hours

- Review your evacuation route and listen to local officials.
- Review the items in your disaster supply kit. (See below.) Add items to meet the household needs for children, parents, individuals with disabilities or other access and functional needs or pets.

Hurricane warning = conditions are expected within 36 hours

- Follow evacuation orders.
- Check-in with family and friends by texting or using social media.
- Follow the hurricane time line preparedness checklist, depending on when the storm is anticipated to hit and the impact that is projected for your location.

── Wrench or pliers to turn off

Hurricane 36 hours away

- Turn on your TV or radio in order to get the latest weather updates and emergency instructions.
- Build or restock your emergency preparedness kit. Include food and water sufficient for at least three days, medications, a flashlight, batteries, cash and first aid supplies.
- Plan how to communicate with family members if you lose power. For example, you can call, text, email or use social media. Remember that during disasters, sending text messages is usually reliable and faster than making phone calls because phone lines are often overloaded.
- Review your evacuation plan with your family. You may have to leave quickly so plan ahead.
- Keep your car in good working condi-

☐ Cash or traveler's checks

tion, and keep the gas tank full; stock vehicle with emergency supplies and a change of clothes.

Hurricane 18-36 hours away

- Bookmark your city or county website for quick access to storm updates and emergency instructions.
- Bring loose, lightweight objects inside that could become projectiles in high winds (e.g., patio furniture, garbage cans); anchor objects that would be unsafe to bring inside (e.g., propane tanks); and trim or remove trees close enough to fall on the building.
- Cover all of your home's windows. Permanent storm shutters offer the best protection for windows. A second option is to board up windows with 5/8" exterior grade or marine plywood, cut to fit and ready to install.

see WARNING on page 11

What's in your disaster supply kit?

To assemble your kit, store items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers such as plastic bins or a duffel bag.	 ✓ Moist towelettes, garbage bags and plastic ties for personal sanitation ✓ Manual can opener for food
Basic emergency supply kit Water – one gallon of water per person per day for at least three days, for drinking and sanitation	Local maps Cell phone with chargers and a backup battery
Food – at least a three-day supply of non-perishable food Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert Flashlight First aid kit	Additional supplies Consider adding the following it to your emergency supply kit based your individual needs: Prescription medications Non-prescription medications such as pain relievers, anti-diarrh medication, antacids or laxatives
 ✓ Extra batteries ✓ Whistle to signal for help ✓ Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place 	☐ Glasses and contact lens case versions of solution ☐ Infant formula, bottles, diaper wipes, diaper rash cream ☐ Pet food, extra water for your persons of the solution of t

☐ Important family documents such as copies of insurance policies, identification and bank account records saved electronically or in a waterproof, portable container ☐ Sleeping bag or warm blanket for each person

Complete change of clothing appropriate for your climate and sturdy shoes

Household chlorine bleach and medicine dropper to disinfect water

☐ Fire extinguisher

☐ Matches in a waterproof container

Feminine supplies and personal hygiene items

 ─ Mess kits, paper cups, plates, paper towels and plastic utensils

Paper and pencil

☐ Books, games, puzzles or other activities for children

One ankle sprain away: Are you ready?

Lt. Col. Kyle L. Welch

Chief, Department of Ministry and Pastoral Eisenhower Army Medical Center

Readiness stands as the No. 1 organizational priority. The uniqueness of this priority demands health care delivery capability on two fronts: at home and abroad.

A common quote regarding readiness around Eisenhower Army Medical Center is: "We are only one ankle sprain away from deployment." In essence, we may serve on short notice as a filler forward to replace a wounded soldier taken out the fight. Readiness is our ability to stand in the gap, delivering deployment care for wounded service members.

Human suffering is no stranger to war or our medical mission. We exist to bring healing to those who suffer. Every day, profound physical suffering crosses our paths. Lifesaving interventions sometimes, despite all our efforts, are not successful. On the other end of the spectrum, however, military medical lifesaving interventions report a survival rate from combat wounds greater than 96 percent. Survival rates attest to the successful deployment of health

service support and medical capabilities at every echelon of care ... from point of injury to Role 3 and beyond. Separate medical mission capabilities from the fight and disastrous consequences follow.

Deployments expose medical service members to physical suffering we are equipped and trained to treat. But deployments, from my experience, tend to expose us to other forms of suffering.

We are more apt to find the tenuousness of our resiliency. Vulnerabilities under stress expose themselves, causing us to be acutely aware of our personal deficiencies regarding relationships. Agitation, personality clashes, interpersonal conflicts all pose

Military medical lifesaving interventions report a survival rate greater than 96 percent.

challenges. The latent wars from within arise, indicating the need for treatment.

Instead of treating the wounds through helpful intervention, we shrug it off and drive on, thinking our wounds will heal on their own. Because of this, we suffer in silence.

Hidden wounds play havoc on our coping capacity psychologically, emotionally and spiritually. Why does a wound have to bleed red before it warrants intervention? "Bleeders" abound in the flesh but often take no steps to find treatment.

The ranks are filled with varying degrees of the walking wounded, each requiring various levels of intervention. From a friend to professional resources, helping interventions exist in abundance.

Charting medical notes, supporting medical interventions and treatments for others is "easy." Honest assessment of ourselves and charting our own treatment intervention is tough. But pre-deployment personal readiness is a key factor to genuine readiness.

Are you ready for deployment? The dimensions of readiness go far beyond the credentialed practice.

Perhaps it starts with personal soul searching and addressing the depths of wounds beyond those on the surface.

GATES from page 3

at the Library of Congress. Federal libraries and staff throughout the United States and abroad competed for the awards.

To earn her recognition, Gates successfully and efficiently continued to support the research, educational and medical readiness of the medical center's staff without additional staffing support for the library. She served as the library's only reference services provider and offered advanced reference and literatures searches.

Well-known throughout EAMC for tirelessly resolving requests, she played a critical role in support for clinical training programs in allied heath, nursing and professional health care.

She also managed the library, its holdings and internet site. Gates catalogued all resources, taught monthly library resources classes to nursing staff, managed resource purchasing and updated licensed resources access. Dedicated to EAMC's efforts, she fully supported the hospital's mission to provide

high quality, complex, patient-centered health-care services, and deliver military readiness through sustained medical education and multidisciplinary care.

The other FEDLINK award winners are:

Large Library/Information Center

U.S. Army Engineer Research and Development Center Library at Vicksburg, Miss.

Small Library/Information Center

The U.S. Environmental Protection Agency Library at Research Triangle Park, N.C.

Federal Librarian of the Year

Edward J. Poletti, chief of Learning Resources at the Central Arkansas Veterans Healthcare System, John L. McClellan Memorial Veterans Hospital in Little Rock, Ark.

The Federal Library and Information Network is an organization of federal agencies working together to achieve the optimum use of the resources and facilities of federal libraries and information centers by promoting common services, coordinating and sharing available resources, and providing continuing professional education for federal library and information staff. FEDLINK serves as a forum for the discussion of the policies, programs, procedures and technologies that affect federal libraries and the information services they provide to their agencies, Congress, the federal courts and the American people.

The Library of Congress is the world's largest library, offering access to the creative record of the United States — and extensive materials from around the world — both on-site and online.

It is the main research arm of the U.S. Congress and the home of the U.S. Copyright Office. Explore collections, reference services and other programs and plan a visit at loc.gov. Access the official site for U.S. federal legislative information at congress. gov and register creative works of authorship at copyright.gov.

A-B-Cs of cycling maintenance

Lt. Col. Ross Davidson Commander, Troop Command Eisenhower Army Medical Center

The Central Savannah River Area has abundant bicycling opportunities. There is road riding on the hilly Range Road routes of Fort Gordon, cruising along the Augusta Canal, shredding single track at Forks Area Trail System, or riding countless other CSRA trails and routes. Enjoying these rides requires a bike that functions properly.

Performing three simple maintenance checks before every ride will improve the quality of your adventures. These steps can be broken down into the "A-B-Cs" of basic bicycle maintenance.

"A" is for air. First, visually inspect tires for excessive wear or dry rot. Second, ensure the tire is properly seated onto the rim. Finally, inflate tire with the appropriate air pressure. All tires have a tire pressure range imprinted on the tire sidewall.

Inflating tires to the lower pressure tends to provide a softer ride but is more prone to pinch flats. Riding a higher pressure reduces the chance of pinch flats but the tire's high pressure reduces its ability to absorb even the small bumps in the road or trail. Instead, the rider absorbs the bumps.

Seek to inflate your tires as Goldie Locks would: not too soft, not too hard but just right.

"B" is for brakes. Whether coaster brakes or hand brakes, properly performing brakes are essential to safe riding. Coaster brakes are typical on kids' bikes. You pedal counterclockwise to stop the bike. If the coaster brake is not working, take it to a bike mechanic for repair or replacement.

There are two types of hand brakes: caliper and disc brakes. Both perform essentially the same; applying the brake lever engages the brake pads against either the wheel rim or the brake disc.

First, visually inspect the brake pads, ensuring they have sufficient contact area remaining. Second, rotate the wheel to ensure the wheel turns freely past the brakes when not engaged. Third, squeeze the brake level slowly and smoothly, watching the pads contact the rim or disc. Ensure



Courtesy photo

To clean the bike's chain, run it through a rag soaked with a biodegradable degreaser by lightly holding the rag and rotating the pedals so all of the chain is clean.

caliper brake pads are not rubbing against the sidewall of the tires. After fully engaging the brake lever, if the wheel still spins, brake adjustments are necessary.

Adjusting bicycles brakes is not difficult. The basic premise is adjusting the cable length to place the brake pads closer to the rims to engage with the wheels sooner.

Disc brakes typically have pad adjustment dials to complete the same function of placing the pad closer to the braking surface. After adjusting the brakes, repeat steps two and three to verify effectiveness.

The CSRA offers road riding on the hilly routes, cruising along the Augusta Canal or shredding single track at Forks Area Trail System

Finally, "C" is for chain. However, this step encompasses the entire drive train (chain, crank arm, pedals and gears).

First, visually inspect the chain, crank arm, pedals and gears to ensure nothing is cracked, bent or broken. Second, periodically clean and lube your chain to extend its life.

Chains typically fall on a spectrum between two extremes. At one end of the spectrum are chains coated in a thick layer of grease by which simply looking at the chain, you are mysteriously covered in grease yourself. The second chain extreme are chains so rusty they appear to have resurfaced after being on the ocean floor for years.

The optimally maintained chain falls between these two extremes — not too wet and not too dry.

There are many tools and techniques for cleaning a chain. Biodegradable degreaser, a rag and an old toothbrush are recommended most. Liberally apply degreaser to a rag, wrap the rag around the bottom loop

see MAINTENANCE on page 11

Ga. hands-free device law takes effect July 1, mimics federal regs

Bob Meloche Safety Manager

Eisenhower Army Medical Center

The Georgia Distracted Driving Bill goes into effect July 1, requiring drivers to use hands-free technology when using cell phones and other electronic devices while driving. Georgia's new bill closely mimics federal regulations regarding the use of hand-held electronic devices on federal facilities such as military bases. The following details what is prohibited, and what is allowed.

Prohibited

• Holding or supporting, with any part of the body, a wireless telecommunications device or stand-alone electronic device (for example, a mobile phone or iPod type device).

- Watching a video or movie other than watching data related to the navigation of your vehicle (i.e., your mapping app or GPS screen)
- Recording a video
- Writing, sending or reading any textbased communication, including a text message, instant message, e-mail or internet data while holding your device

Allowed

- Using a GPS system or mapping app
- Speaking or texting while using handsfree technology
- Using an earpiece to talk on the phone
- Wearing and using a smart watch
- Using radios, CB radios, CB radio hybrids,

commercial two-way radios, subscription-based emergency communication devices, prescribed medical devices, amateur or ham radios and "in-vehicle security, navigation or remote diagnostics" systems

Drivers may handle an electronic device while driving, if they are: reporting a traffic accident, medical emergency, fire, a crime or delinquent act or a hazardous road condition. Drivers may also use their hands if lawfully parked. ("Lawfully" means off or beside the road in an area open to parking, not at a stop light/stop sign.)

Police, firefighters, emergency medical personnel, ambulance drivers, other first responders, and utility employees or contractors responding to a utility emergency are exempt from the hands-free requirement if they're performing official duties.

RTF from page 5

with in the past year," said Col. Phillip Horton, the RTF medical director. "However, most do not seek help or go untreated."

To help complete the RTF's mission, several staff have joined the Eisenhower family. The staff welcomes RNs: Danny Grant, Candy Gault, Jeneen Gabriel, Sarah Parker, Mary Malagoti, Jacquelyn Hedman, Cory Zeller, Patricia Armstrong and Latoya Harris. New behavioral health technicians are Melisa Hall, Cynthia Spencer and Damian Cooper. Sharie Davis, clinical social worker,

RTF continues its mission to deliver holistic, 5-Star patient care with excellence

has also joined the RTF team.

This mission would not be possible without the hard work and dedication of the current RTF family, said Maj. Ebony Chatman, CNOIC. They have led the way

in providing 5-Star care to service members and enabling this expansion.

"The RTF is not about one person," Chatman said. "It is our team approach that makes the difference. Our interdisciplinary treatment is how we deliver 5-Star care to each and every service member."

The RTF continues its mission to deliver holistic, 5-Star patient care with the excellent ancillary services of EAMC. Services provided to patients throughout the hospital dynamically impact the RTF's service members in recovery and strengthen America's military force.



Courtesy photo

Eisenhower Army Medical Center's Residential Treatment Facility's staff attends an off-site, team-building event in March, and included the behavioral health technicians, nurses, psychiatrists, psychologists, behavioral health therapists, social workers, CNIOC, NCOIC and clinical director.

MAINTENANCE from page 9

of the chain and pedal the crank backward to saturate the entire chain. Use the old toothbrush to remove persistent crud. Use a dry rag to remove excess degreaser. Apply chain lubricant.

You are now ready to ride. However, there is one last letter: "D." Don't forget to wear your helmet.

To learn more, attend a Troop Command Riding Group Bicycle Maintenance Clinic. In addition to learning the "A-B-Cs," learn how to change a tire, and replace brake and derailleur cables.

Editor's note: Maintenance clinics are tentatively scheduled for June 2, 5, 19 and 23. For information, contact Lt. Col. Ross Davidson at ross.a.davidson.mil@mail.mil.

WARNING from page 7

Hurricane 6-18 hours away

- Turn on your TV/radio, or check your city/county website every 30 minutes in order to get the latest weather updates and emergency instructions.
- Charge your cell phone now so you will have a full battery in case you lose power.

Hurricane 6 hours away

- If you're not in an area that is recommended for evacuation, plan to stay at home or where you are and let friends and family know where you are.
- Close storm shutters, and stay away from windows. Flying glass from broken windows could injure you.
- Turn your refrigerator or freezer to the coldest setting and open only when necessary. If you lose power, food will last longer. Keep a thermometer in the refrigerator to be able to check the food temperature when the power is restored.
- Turn on your TV/radio, or check your city/county website every 30 minutes in order to get the latest weather updates and emergency instructions.

After a hurricane

- Listen to local officials for updates and instructions.
- Check-in with family, friends by texting or using social media.
- Return home only when authorities indicate it is safe.
- Watch for debris and downed power lines.
- Avoid walking or driving through flood waters. Just 6 inches of moving water can knock you down, and one foot of fast-moving water can sweep your vehicle away.
- Avoid flood water as it may be electrically charged from underground or downed power lines and may hide dangerous debris or places where the ground is washed away.
- Photograph the damage to your property to assist in filing an insurance claim.
- Do what you can to prevent further damage to your property, (e.g., putting a tarp on a damaged roof), as insurance may not cover additional damage that occurs after the storm.

DRINK from page 2

assist in muscle and nerve regulation. Many Americans already consume more salt than what is needed in a day, therefore, it is important to be mindful about how much of these electrolytes are we consuming versus losing during exercise. Maintaining a balance of these electrolytes and water in our blood minimizes risk for dehydration. This is why sports drinks characteristically claim they contain added electrolytes for optimal hydration.

That leaves only carbohydrates to explain. This nutrient is our body's main source of energy and can be found in a variety of foods and beverages such as grains, fruit, milk and even some vegetables. During exercise, our body's energy levels become depleted. These fuel levels, more specifically known as muscle glycogen stores, must be replaced by consuming carbohydrates (often found in sports drinks as sugar). Sugar is a "simple" or "refined" form of carbohydrate that provides easily available energy for our muscles but lacks any extra nutritional value. For this reason, it is important to remember that we can maximize our nutrition when refueling after exercise with whole and minimally processed meals or snacks such as a piece of fruit paired with a glass of milk.

Read and understand the nutrition facts on each product's label.

As a general guideline, sports drinks can potentially be valuable if exercise duration is greater than 60 minutes, or shorter but with higher intensity. Recommendations suggest to replace energy losses with 30 to 60 grams of carbohydrates per additional hour of exercise. Replace fluid losses with 2-3 cups of water per pound lost during physical activity. Water is probably sufficient for low- to moderate-intensity exercise or physical activity lasting less than one hour.

Don't forget that sports drinks contain added sugar and salt, therefore, it is important to consume these beverages intelligently, reading and understanding the nutrition facts on each product's label.

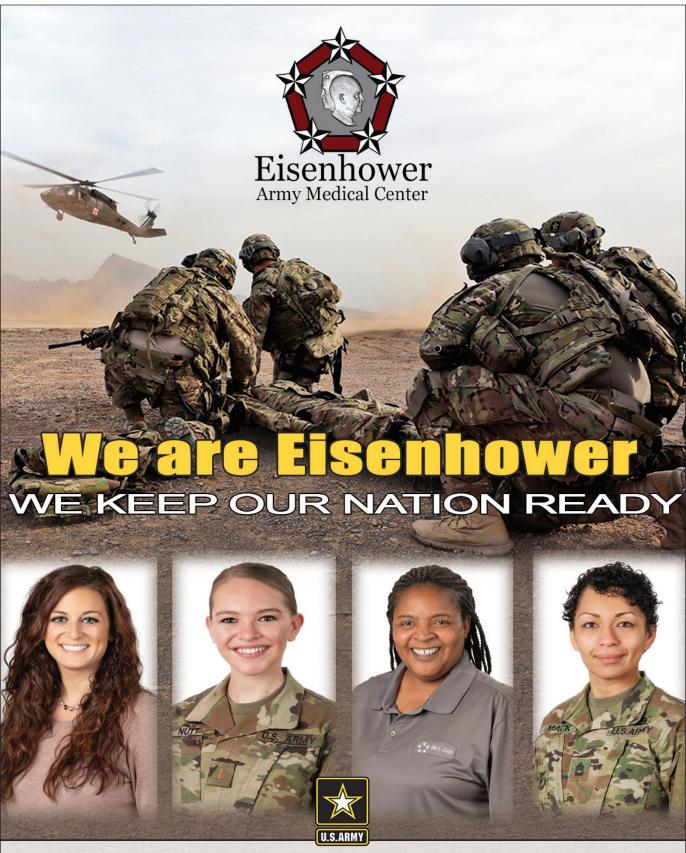
Sports drinks are not the only way to refuel following an intense workout. Food and other beverages can also be used to refuel the body. Fruit, grains, milk and yogurt are a few examples of dietary sources of carbohydrate that provide additional nutrition and aid in replenishing muscle glycogen and electrolyte losses. Add a moderate serving of protein for a more complete recovery snack or even a dash of salt, if sweat losses are high.

Overall, sports drinks are specially formulated to help refuel muscles during or after high intensity exercise or physical activity lasting longer than one hour. Water is an excellent choice for most low- to moderate-level activities. Don't forget that sports drinks contain calories from carbohydrates and also have added salt.

Use this information with your own judgment to determine if sports drinks might be a beneficial beverage for you.

Sources

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