



The Heartbeat

Published monthly for the staff and patients of
General Leonard Wood Army Community Hospital

May 2008



A historical lesson

Lynn McFarland (maroon shirt at right) leads a group of nearly 30 General Leonard Wood Army Community Hospital officers and senior enlisted Soldiers on a tour of Wilson's Creek Battlefield, May 9. During that Staff Ride tour, McFarland allowed history to remind the Soldiers that clear communication up and down the chain is vital to mission success, leaders should trust their subordinates' abilities to build morale and when visiting with troops, how leaders say things carries as much a message as the words actually spoken. (Photo by Carl Norman)

Active-duty sick call begins

Treating acute illnesses, injuries is primary focus

Looking to further meet Fort Leonard Wood's health care needs, General Leonard Wood Army Community Hospital has implemented a sick call program for permanent party, active-duty service members.

The Permanent Party Active Duty Sick Call program focuses on treating acute illnesses and injuries for all active-duty Soldiers, Sailors, Airmen, Marines and Coast Guardsmen assigned to Fort Leonard Wood. Acute care is defined as a medical problem, such as an upper respiratory infection, that is new

and has been present for less than 48 hours, or an existing problem that has worsened within that same timeframe.

Service members needing sick call care must physically report to their assigned primary care clinic at 7:30 a.m., Monday-Friday. GLWACH providers will see all present.

Those needing to determine what primary care clinic they're assigned to, or requiring an appointment for a non-acute health problem, must call the GLWACH appointment line at 1-866-299-4234. Examples of non-acute problems include medication refills, chronic back pain and routine physicals.

For more details, call the Primary Care and Community Medicine Division at 596-0462.

Unpaid co-pays could pose problem

By Carl Norman
GLWACH Marketing

Authorizing TRICARE Prime beneficiaries a one-time appointment for off-post treatment is helping medical access at General Leonard Wood Army Community Hospital, but beneficiaries not following established rules could be jeopardizing the effort.

The rules state that off-post authorizations are for one-time appointments with area providers, and all follow-up care must be done at GLWACH, said Diane Hell, TRICARE service representative supervisor.

Problems arise as active-duty family members are racking up bills for unauthorized follow-up care with off-post providers; retirees are doing the same and not paying associated co-pays. All total, GLWACH beneficiaries owe more than \$3,000 in unpaid fees to civilian providers, according to Hell.

"If left unchecked, this

See CO-PAY, Page 7

Several General Leonard Wood Army Community Hospital staff members were recognized as Everyday Heroes.

These staff member's dedication to Fort Leonard Wood's Soldiers, Sailors, Airmen, Marines, Coast Guardsmen, retired service members and their Families is outstanding and highly reflects GLWACH's motto of "Serving with Compassion and Courage." Here's what our patients has to say about them...

To: Dr. Raymond Witt, Dr. Douglas Haberman, Spc. Melissa Sheridan and the ER and 5C Staffs

Surgical Clinic, Emergency Department, Radiology and Emergency Department and Ward 5C, respectively

A grateful patient writes: "I wanted to thank the staff of the ER, 5C, Radiology and Drs. Witt and Haberman for the care they provided my daughter. The staff was very attentive and compassionate. They did everything they could to make her comfortable. Thank you for your care and consideration of me as well."

To Spc. Jordan Patton

Orthopedic Clinic

A grateful mother writes: "My 5-year-old daughter injured her ankle in December. We were told that it was a sprain and that she'd be fine in a few days. Months went by and she was



still having pain and difficulties with her ankle. During a recent visit, I requested a brace for her and went to the orthopedic clinic to pick it up. Spc. Patton assisted us, but instead of giving us the brace and sending us on our way, he examined my daughter's ankle and recommended that we return to see an Orthopedist. Because of Spc. Patton's dedication and knowledge, my daughter received a proper diagnosis. We are blessed that Spc. Patton was working that day."

To Dr. Jeffrey Fears

White Eagle Clinic

A grateful patient writes: "After a recent visit with Dr. Fears, my wife and I received a phone call to see how we were doing and was given a follow-up appointment for more treatment. We receive such good care from the Dr. Fears team."

To Dr. William Wilson

Orthopedic Clinic

A grateful mother writes: "My son

has told me quite a lot about you and how much you have helped him throughout his time at Fort Leonard Wood. He has nothing but positive things to say. His grandfather wanted him to be successful in the Army, and with your help, he has done this. He has made us all so proud. I want to convey my heartfelt thanks to you for caring for my son."

To Teresita King

Red Eagle Clinic

A grateful patient writes: "Ms. King is always pleasant and uplifting. I see her often going above the scope of her duties to aid patients. She makes the patient feel important and special, and treats everyone with warmth and compassion. Her can-do, positive attitude is sincere and a great asset to the Red Clinic."

To Michael Redman and the ER staff

Emergency Department

A grateful patient writes: "My husband and I wanted the ER staff to be recognized for their professionalism, comforting and somewhat humorous bedside manner. My husband went to the ER with excruciating back pain. PA Redman came to the door and said, 'I can smell a kidney stone,' and he was right on the money. My husband was given pain meds, a CT scan, diagnosed and on his way home in no time. He received outstanding care."

The Heartbeat

The Heartbeat is an authorized publication for members of the Department of Defense, and staff and patients of General Leonard Wood Army Community Hospital. Contents of The Heartbeat are not necessarily the official view of, or endorsed by, the U.S. Government or the Department of the Army. The editorial content of this publication is the responsibility of the GLWACH Public Affairs Officer.

Everything published in The Heartbeat is done so without regard to individual race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor. The deadline for submissions is the 15th of the month prior to publication. Send submissions to Carl.Norman@amedd.army.mil.

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Deputy Commander for Clinical Services: Lt. Col. John Lowery
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Public Affairs Officer/Editor: Carl Norman

Summer brings heat injuries

It's June and summer is here.

It's the time of year when temperatures start rising and more people enjoy outdoor activities – a prime recipe for heat-related injuries if precautions are ignored.

According to experts from the Centers for Disease Control and Prevention, excessive heat exposure claims thousands of lives each year in the United States. In recent years, more Americans died from extreme heat than from hurricanes, lightning, tornadoes, floods and earthquakes combined.

People suffer heat-related illness when their bodies are unable to compensate and properly cool themselves, CDC officials said. The body normally cools itself by sweating; but under some conditions, sweating just isn't enough.

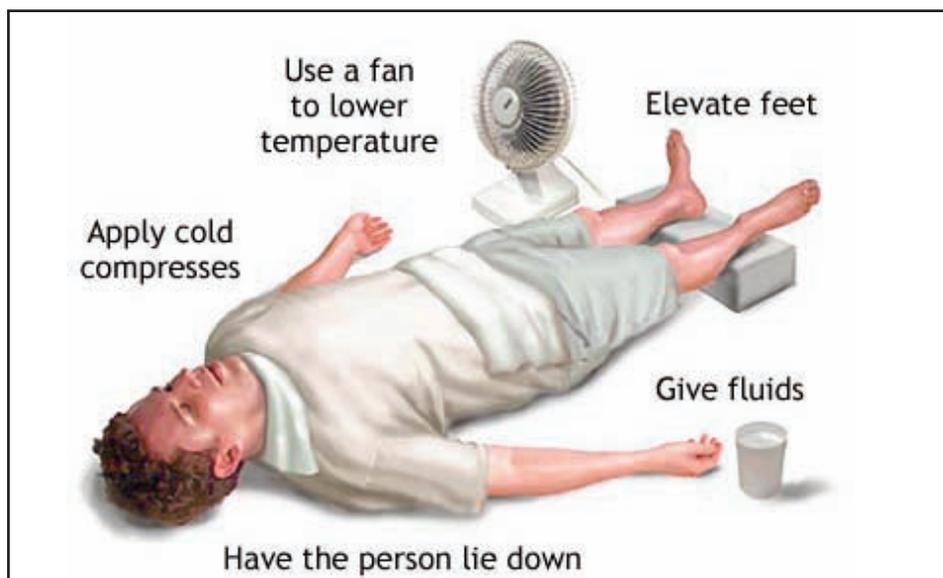
In such cases, a person's body temperature rises rapidly. Medical experts emphasize that high body temperatures may damage the brain or other vital organs.

Several factors affect the body's ability to cool itself during extremely hot weather, according to CDC officials. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions related to risk include age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use.

Because heat-related deaths are preventable, CDC officials said people need to be aware of who is at greatest risk and what actions can be taken to prevent a heat-related illness or death.

"The elderly, the very young, and people with mental illness and chronic diseases are at highest risk," CDC officials said. "But young and healthy individuals can succumb to heat if they participate in strenuous physical activities during hot weather.

"Air-conditioning is the No. 1 protective factor against heat-related illness and death. If a home is not air-conditioned, people can reduce their risk for



heat-related illness by spending time in public facilities that are air-conditioned."

Summertime activity, whether on the playing field or the construction site, must be balanced with measures that aid the body's cooling mechanisms and prevent heat-related illness.

Here are some tips from the Centers for Disease Control and Prevention that lets people know how they can prevent, recognize, and cope with heat-related health problems.

What is extreme heat?

Extreme heat is temperatures that hover 10 degrees or more above the average high temperature for the region and last for several weeks. To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

- During hot weather, increase your fluid intake, regardless of activity level. Don't wait until you're thirsty to drink.

- If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.

- Don't drink liquids that contain alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach

cramps.

Replace salt and minerals

Heavy sweating removes salt and minerals from the body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear appropriate clothing and sunscreen

At home, choose lightweight, light-colored, loose-fitting clothing.

Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin.

If you must go outside, wear a wide-brimmed hat, which can also keep you cooler, along with sunglasses and SPF 15 or higher sunscreen. Apply the sunscreen at least 30 minutes before going out and continue reapplying it according to directions on the package. The most effective products say "broad spectrum" or "UVA/UVB protection" on their labels.

For more information, call (573) 596-0491 or visit <http://www.cdc.gov/>

(Information courtesy of the Centers for Disease Control and Prevention)

GLWACH lab critical to health care



John Michael, medical technologist in the GLWACH lab's microbiology department, reads a gram stain to see if organisms are present. (Photo by Carl Norman)

Provides front-line defense in fighting illness, disease

GLWACH Staff Report

Medical laboratory professionals across the United States perform more than 10 billion tests each year to confirm diagnoses, rule out suspected conditions and monitor treatment.

At General Leonard Wood Army Community Hospital, lab staff members conduct nearly 1,650 procedures every day, or about 68 every hour.

"Laboratory medicine provides a crucial thread that weaves the entire patient care process together," said Capt. Daniel Wiggins, GLWACH laboratory manager. "Test results from the laboratory drive a significant portion of clinical decisions, from diagnosis to therapy."

Ask any one of them and they'll say medical laboratory professionals are dedicated to preventing serious

illness and disability from conception through the golden years of life. Using state-of-the-art technology and instrumentation, they perform and supervise tests that not only search for potential health problems, hoping to identify a disease early when it's most treatable, but guide and assess patients' ongoing care.

Wiggins said laboratories also play a critical, front-line role in detecting infectious agents, such as those potentially employed in a bioterrorist attack.

"We're proud of the work we do," he said. "Our contribution at the local level is critical to a process that, ultimately, protects us all from the spread of disease."

There are a wide variety of medical laboratory professionals at GLWACH, both military and civilian. They include pathologists, medical technologists, medical laboratory technicians, histotechnologists, phlebotomy technicians, microbiologists and laboratory managers.

GLWACH's laboratory capabilities

The departments that make up GLWACH's lab include:

Chemistry – Tests for electrolytes, proteins and chemicals for metabolic status.

Serology – Checks for indications of infection and the patient's immune status.

Special Chemistry – Measures hormone levels as

well as cardiac and cancer markers

Hematology – Performs complete blood cell counts and identifies blood cells

Blood Gas – Checks oxygenation in blood

Microbiology – Identifies microorganisms and selects antibiotic profiles

Coagulation –

Checks for blood clotting factors and other coagulation functions

Histology – Analyzes tissue for disease

Urinalysis – Analyzes urine for abnormalities and kidney disease

Blood bank – Determines patients' blood type and prepares blood products for transfusion.

For more information on the GLWACH lab, call 596-1509.



Getting back to living

Occupational therapy helps patients learn to overcome

By Staff Sgt. Islandia McIntyre
Occupational Therapy NCOIC

Occupational therapy uses real-life activities to help patients prevent, lessen or overcome physical disabilities. And for millions, it's a lifeline – helping people of all ages participate in their daily lives.

Sometimes people need occupational therapy to do things most people take for granted, like getting dressed, being productive at school or work, eating unassisted, and even socializing. Occupational therapy doesn't just treat medical conditions, it helps people stay engaged in the activities that give them pleasure or a sense of purpose, despite challenges.

People who perform occupational therapy, known as occupational therapists, help their patients surmount disabilities or medical conditions to do everyday things. The nature of the therapy depends on the individual and their environment.

Occupational therapists consider the whole person when developing a therapy plan. They collaborate with physicians and other professionals to make sure they take a comprehensive approach.

Take children, for instance. Sometimes they have behavioral or developmental problems that limit their educational progress. Lawmakers believe occupational therapy to be so important to children's well-being that schools are federally mandated to offer occupational therapy to children who need it.

Occupational therapy is "outcome-oriented," which means therapists help clients work toward achievable performance goals.

In rehabilitation clinics or hospitals, occupational therapists and occupational therapy assistants help adults learn or regain skills that allow them to do meaningful things like work, drive, shop and even prepare a meal. All types of people need this kind of help everyday, from a worker injured on the job to a grandparent recovering from surgery or a stroke.



Staff Sgt. Guy Robinson, Headquarters and Headquarters Company, U.S. Army Maneuver Support Center Capabilities Development Integration Directorate, moves plastic rings back and forth to rehabilitate functional activity in his thumbs. (Photo by Carl Norman)

Occupational therapy helps people avoid health problems, and makes it easier to live with them should they come. Consider America's growing senior population: Healthier people are living longer lives.

Occupational therapy research proves that keeping people active and healthy as they age will improve their quality of life as well as lower their health care costs. That's why there are occupational therapy programs focusing on wellness and prevention — to help seniors stay healthier and remain active in their homes and communities.

Trained therapists can make homes safer for people with reduced mobility and failing vision. Occupational therapists can also teach seniors new driving techniques that will keep them behind the wheel longer, as safe drivers.

Occupational therapy addresses one of the most important aspects of rehabilitation and recovery – returning to a normal life.

The General Leonard Wood Army Community Hospital's Occupational Therapy

clinic is located on the 4th floor, Room 431. Many people believe they must have their primary care manager refer them to Occupational Therapy; that is not the case. Beneficiaries do not need a referral to be treated in the Occupational Therapy Clinic.

They simply must call the GLWACH appointment line (866-299-4234) and report symptoms of repetitive motion injuries of the upper extremities, like carpal tunnel syndrome or lateral epicondylitis, to have OT evaluate their symptoms. They can also get an appointment if they have pain or limited motion in an upper extremity following an injury.

Unfortunately, OT does not see patients for fingernail infections or similar symptoms unless the infection has been cleared and you have limited motion as a result. Shoulder injuries are seen in Physical Therapy.

To find out more about occupational therapy and how it might help you, visit the American Occupational Therapy Association's Web site at <http://www.aota.org/>.

IMD offers computer tips, other info

Outlook Tip



Arrange by/Grouping Options – Click View Arrange By Show in Groups to show e-mails by date, from, size, conversation, etc. E-mails can also be arranged by clicking on the top of the message pane and selecting desired option.

Keyboard Tip for Windows

By holding the "Shift" key down and using the arrow keys on your keyboard, you can "highlight" text or pictures for further actions such as copy or changing the font etc.. Sometimes this more precise and faster than using the mouse!

Excel Tip

Enter a fraction in Excel by formatting the cell first. Why should you bother? Well, if you don't, Excel interprets a fraction as a date.

For example, if you enter $\frac{1}{2}$, Excel returns 2-Jan. Now, Mary Ann suggested that you format the cell first, which definitely works and might be the most appropriate way to go. However, for a quick fix, simply enter a 0 before the fraction.

For instance, to enter the literal fraction $\frac{1}{2}$, enter 0 $\frac{1}{2}$ instead (there's a space between 0 and $\frac{1}{2}$). It works like a charm!

Word Tip:

Quickly move around in a document – To move to the top of a document, press [Ctrl][Home]. To move to the bottom of a document, press [Ctrl][End]. To go to the top of the next page, press [Ctrl][Page Down]. For the top of the preceding page, press [Ctrl][Page Up].

For more information, call Charlie La-Caze, Webmaster / Planning & Projects at 6-0354.

Forms request procedures

The process is outlined in USA MED-DAC PAM 25-33, Chapter 4. Any form submitted without following these

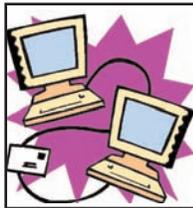


staffed to ensure agreement with content. Deputy review is mandatory.

For more information, call Daniel Lusk, telecommunications, at 6-9511.

Did you know?

The Information Management Division has 76 servers in its computer room – not counting CHCS, AHLTA or DINPACS.



Data files are backed up each night to tapes that can store 400 Gigabytes (4 with 11 zeros) of data each. That's equivalent to approximately 400,000 floppy disks each!

The G, I, J & K drives that each of us have access to are all on the same physical disk drive. So when one fills up, they all do!

The computer room has two giant air conditioners dedicated to keeping the temperature and humidity in a safe range at 70 degrees, year round.

Tours of the computer room are available upon request. Call the IMD secretary at 596-0474 to schedule one.

For more information, call Kathy Wild, Chief, Info Systems Engr; Deputy CIO; and HIPAA Security Officer, at 6-9034.

AHLTA tips

How do you make a default S/O template load every time you open the S/O module?



An S/O template can only be used as a default template when it is embedded in an encounter template that is set as

guidelines will be returned for correction.

Only the proponents of a form can authorize a change to that form. Multi-user forms need to be appropriately

the Default Encounter template. You can not set S/O templates as default templates outside of an encounter template in AHLTA.

Please go to <http://amedwsglwach07/sites/IMD/ahLta/Shared%20Documents/set-def-enc.ppt> for complete instructions.

For more information, call Andrew Wisdom, AMEDD AHLTA – Sustainment Trainer, at 6-9023.

Projector bulbs

Projector bulbs typically last 2,000 hours. The cost is approximately \$450.00 to replace. The hand receipt holder is responsible



for funding the bulbs.

For more information, call Jill Bonkowske, Video Teleconferencing/Information Systems Asst, at 6-1491.

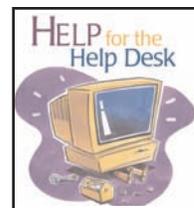
Video Teleconferencing Tips

Certain wireless devices like cell phones and blackberries cause audio interference while participating in a VTC. All participants can hear this audio interference. Aluminum cans and coffee cups can also cause interference if placed to close to the microphone.



Help Desk info

The best way to log a trouble call is to use the icon on your desktop. By using this method, you will automatically get an e-mail from the help desk with a link so you can track your



open calls. If you walk in to the help desk or call 6-9025 with a problem, the technician must enter your problem into the database. This takes the technician away from doing the technical work. For more information, call 6-9025.

Hib vaccine helps infants fight disease

By Sgt. LaShana Lloyd
GLWACH Immunization
Clinic

Haemophilus Influenzae type b, commonly referred to as Hib, is a severe bacterial infection primarily found in infants and children younger than 5 years. It's most likely spread through respiratory droplets — coughing and sneezing.

Meningitis, pneumonia, sepsis, epiglottitis (a severe throat infection), skin infections and arthritis are all Hib symptoms. These can be very serious in infants younger than 1 year, but there is little risk of getting the disease after age 5.

Statistics show that 1 out of 20 children who contract Hib meningitis die from complications; 10-30 percent of the survivors have permanent brain damage.

With this in mind, health care experts recommend that all infants receive the Hib vaccine as part of their routine immunization unless medical reasons prevent it. Hib disease is rare in children older than 5 years, so the Hib vaccine is not routinely recommended for that age group.

Three to four doses are needed to fully protect an infant or child, depending on the brand of Hib vaccine used. Children should get

Hib vaccine when they're 2 months old and again at 4 months, 6 months (depending on the brand of vaccine), and 12-15 months. Children younger than 6 weeks should never receive the Hib vaccine because it could reduce their response to subsequent doses.

It's uncommon for youngsters to have adverse events after receiving the Hib conjugate vaccine. The most common are local reactions at the injection site, such as warmth, redness, and swelling; this occurs in 5 – 30 percent of recipients. As many as 1 in 20 children may develop a fever higher than 101 degrees Fahrenheit.

There has been a lot of talk about the Hib vaccine shortages. Merck and Sanofi Pasteur are the two companies that manufacture it.

Merck is not making the Hib vaccine at this time. It's projected to resume manufacturing in the 4th quarter of the year, possibly August 2008.

The General Leonard Wood Army Community Hospital Allergy and Immunization Clinic is experiencing a shortage as well. Because of that, only 2- and 4-month-old infants can receive the vaccine at this time.

For more information about Hib, visit www.cdc.gov/vaccines, or call the Immunization Clinic at (573) 596-1768.

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could cause our off-post providers to withdraw from the TRICARE network, and that would be a tragic event for our health care system," said Col. Theresa Sullivan, GLWACH commander. "We're doing everything we can to meet Fort Leonard Wood's health care needs, and we need everyone's help and cooperation to be successful."

Here's how the system is supposed to work.

If no appointments are available when beneficiaries call the GLWACH appointment line, TRICARE clerks input an authorization for one appointment with an off-post provider, Hell said. If beneficiaries make additional appointments without authorization, TRICARE will not pay the claims, and the individual will have to pay for that care.

John Abshier, GLWACH's man-

aged care division chief, said beneficiaries who get unauthorized off-post health care are responsible for 100 percent of the claim and may also be billed a \$300 point-of-service penalty. He said most people don't realize that the facility treating beneficiaries seeking unauthorized care can also be penalized.

In addition to beneficiaries setting unauthorized appointments, retired service members and their families are not paying the required \$12 co-payment for off-post care. These bills, if left unpaid, can be turned over to collection agencies to recover, Abshier said.

"If this continues, our civilian providers will be less willing to see our TRICARE beneficiaries and that would severely decrease access to care," Abshier said. "We have some great civilian providers in our community and I'd hate to see our rela-

tionship tarnished because people didn't fully understand the health care rules and the consequences for not complying."

Abshier reminded everyone that TRICARE Management Agency rules require all beneficiaries enrolled to TRICARE Prime, other than active-duty family members, to pay a co-pay when not treated in a military treatment facility. This is discussed when signing up for TRICARE Prime.

"If our off-post providers would elect to stop treating our beneficiaries, the ripple effects on our health care system here would be many," Sullivan said. "All we're asking is for people to know what the rules are for getting off-post care and to comply with those rules. It would be much better for everyone."

For more information, call (573) 596-0425.

Community Health Resource Center Classes

EDITOR'S NOTE: The Community Health Resource Center will relocate to the University of Missouri Technology Park soon. No firm date is known at this time. The staff encourages everyone to call 596-0491 before each class to double check location. Further details will be published when they are known.

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for June 2008.

All classes are conducted in the Community Health Resource Center except for breathing techniques which will be held in the MEDDAC Classroom, and others as noted. Those interested can sign up for classes by calling (573) 596-0491. Sign up for tobacco cessation classes by calling 1-866-299-4234, or call the CHRC for more information. Sign up for the Post-deployment Spiritual Wellness class by calling (573) 596-1678.

Classes offered are:

— **Asthma Awareness:** Discuss the causes, signs, symptoms and aggravating factors of asthma. Adults and children, 9 years old and older, who have asthma are encouraged to attend. Class dates are:

- ◆ June 13, 9 – 11 a.m.
- ◆ June 27, 9 – 11 a.m.

— **Breast Cancer Support Group meeting:**

- ◆ June 3, 5-6 p.m.

— **Breastfeeding:** Learn how to properly nourish and care for your child while breastfeeding. Class date:

- ◆ June 18, 9 – 11 a.m.

— **Breathing Techniques:** Learn techniques to help you breathe more efficiently when in labor. Class dates are:

- ◆ June 5, 5:30 – 7:30 p.m.
- ◆ June 12, 5:30 – 7:30 p.m.
- ◆ June 19, 5:30 – 7:30 p.m.

— **Cholesterol Control:** Understand



the pitfalls of shopping, cooking and eating for a low-cholesterol diet. Cardiovascular disease risk factors such as poor fitness, smoking and obesity are also discussed. Class dates are:

- ◆ June 9, 1 – 2:30 p.m.
- ◆ June 23, 1 – 2:30 p.m.

— **Diabetes Management:** Learn about treatment, complications and how to prevent them, exercise, and self-care for diabetes. The dietician will instruct patients on how to follow a diabetic diet. Class dates are:

- ◆ June 6, 8 a.m. – noon
- ◆ June 20, 8 a.m. – noon

— **Early Pregnancy and Pets in Pregnancy:** Learn what to expect in the first six months of your pregnancy as well as how to introduce your pet to your newborn. Class date:

- ◆ June 2, 2:30 – 4:30 p.m.

— **Glucometer Education:** Patients will be given instructions and a demonstration on how to properly use a Glucometer. Class dates are:

- ◆ June 4, 2:30 – 4 p.m.
- ◆ June 5, 9:30 – 11 a.m.
- ◆ June 6, 1 – 2:30 p.m.
- ◆ June 11, 2:30 – 4 p.m.
- ◆ June 12, 9:30 – 11 a.m.
- ◆ June 18, 2:30 – 4 p.m.
- ◆ June 19, 9:30 – 11 a.m.

- ◆ June 20, 1 – 2:30 p.m.
- ◆ June 25, 2:30 – 4 p.m.
- ◆ June 26, 9:30 – 11 a.m.

— **High Blood Pressure/Hypertension:** Discuss the causes, treatment and steps taken to beat high blood pressure. Class dates are:

- ◆ June 3, 9 – 10:30 a.m.
- ◆ June 10, 9 – 10:30 a.m.
- ◆ June 17, 9 – 10:30 a.m.
- ◆ June 24, 9 – 10:30 a.m.

— **Infant Care:** Parents-to-be learn how to properly bathe and care for their new baby, to include diapering. Class date:

- ◆ June 11, 9 – 11 a.m.

— **Infant CPR:** New and expectant parents, baby sitters and other care givers learn how to properly resuscitate a baby if its heart should stop beating. Class date:

- ◆ June 24, 5:30 – 7:30 p.m.

— **Legal Issues & Pregnancy:** Learn about profiles and related issues military members face when pregnant. Class date:

- ◆ June 13, 1 – 2 p.m.

— **Nutritious Weigh:** Learn about low-fat eating, weight management techniques, cooking methods and dietary trends. Learn how you can lose pounds safely, the importance of exercise and reading food labels, and weight management theories. Class dates are:

- ◆ June 2, 12:30 – 2 p.m.
- ◆ June 16, 12:30 – 2 p.m.

— **Self-Care Intervention Program:** Learn how to avoid illness and pursue wellness; learn the importance of healthy habits, how to treat common illness at home, and how to use medications. Participants will receive a pharmacy card to receive non-prescription medication through the pharmacy. Class dates are:

- ◆ June 4, 1 – 3 p.m.
- ◆ June 11, 1 – 3 p.m.
- ◆ June 18, 1 – 3 p.m.
- ◆ June 25, 1 – 3 p.m.