



The Heartbeat

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

December 2008



Ho, Ho, Howdy

Santa and Mrs. Claus visit with 4-year-old Nabahe Edwards in the General Leonard Wood Army Community Hospital lobby Dec. 15. The Clauses took time from their busy North Pole schedule to talk with patients, visitors and staff in the lobby and also visited patients on all hospital wards. Santa and Mrs. Claus, along with the GLWACH leadership, wish everyone a safe and happy holiday season. (Photo by Carl Norman)

It's never too late to get a flu shot

By Toni Caldwell
GLWACH Infection
Control Officer

For those individuals who have not yet decided to receive the flu vaccine, General Leonard Wood Army Community Hospital wants to help you make up your mind.

Flu immunizations are statistically proven to be the best way to protect yourself from seasonal flu. An annual shot is especially recommended for people at higher risk. These include:

See SHOT, Page 7

Tips to avoid cold-weather injuries

By Paul Repaci and
Lt. Col. Diego Gonzales
Proponency Office for Preventive
Medicine

Cold-weather injuries remain a significant problem during training and combat operations, affecting Soldiers' health and readiness. Cold-weather injuries include injury due to decreased temperatures, heaters, carbon monoxide poisoning, sunburn, snow blindness, and accidents due to impaired physical and mental function resulting from cold stress.

The Armed Forces Health Surveillance Center reported 238 cases of cold

injury among active-duty service members during the 2007–8 cold-weather season. Frostbite was the most frequently reported cold injury (50 percent), followed by unspecified (29 percent), immersion foot (11 percent) and hypothermia (10 percent). The highest rates of cold injuries occur among the youngest enlisted Soldiers.

Commanders, supervisors and Soldiers at all levels must implement countermeasures to prevent cold injuries. These include proper clothing and equipment; training on cold-weather clothing and equipment; adequate food, water, shelter and rest; and other preventive measures.

Cold weather-related injuries

Frostbite: Frostbite is the most common type of freezing injury due to prolonged exposure to freezing temperatures. Severe frostbite can have devastating consequences, including the loss of fingers, toes or limbs.

Immersion/trench foot: Immersion foot or trench foot is observed in people whose feet have been wet, but not freezing, for prolonged periods. It may occur at temperatures near or slightly above freezing and is usually associated with inactivity and wet or damp socks and boots.

See INJURIES, Page 6

Happy Holidays

Command Team encourages safety

The holidays are a special season. They bring families and friends together like no other time of year. They also bring lights that decorate trees and homes, gifts under the tree, festive gatherings like we enjoyed Friday afternoon, and an extra helping of good will to all.

You've demonstrated that good will by not only helping our patients and their families get and stay healthy, but gave financially and donated items to area families who may not be as fortunate as others. That attitude and compassion touches our hearts and is really what this season is all about.

We thank each and every one of you for the gifts you give each day. Your friendship, hard work, professionalism, dedication, compassion and courage make this staff something to truly treasure.

As we gear up to celebrate the holidays, let's not get so caught up in our festivities that we forget those who are deployed and in harms way. They're defending the very freedoms that allow us to celebrate the holidays in any way we choose. Please keep them in your thoughts and prayers.

We also need to remember the families and friends they've left behind. The holidays are traditionally a family-centered time. While we can never



COL Judith Ruiz



CSM Antonio Milton

replace the emptiness deployment brings to a family, we can help them bear the load. We encourage you to make a phone call, stop by and visit or spend some time with a family with a loved one who is deployed. Invite them to your holiday gatherings or send them a card.

For some, the holidays can be a stressful time. We need to be aware of friends' and family's actions and attitudes. A seemingly small action can have a big impact. A kind act not only brightens a heart, but might help prevent a domestic violence or sexual assault tragedy. Be the kind of friend you'd like others to be if the situation were reversed.

And we absolutely cannot talk about the holidays without addressing safety. At home, it's important to check your smoke and carbon monoxide alarms to make sure they're functioning properly. And we

ask you to have equal caution for everything else you do.

Preventable accidents, both on and off the roadways, top the list of culprits that claim Soldier and civilian lives each year.

If you're going to travel this holiday season, do your homework and prepare for the trip. Get plenty of rest before starting, make sure your vehicle is operating properly, know the route you're going to take, and check the weather along those areas. As we've seen, weather in Missouri can change rapidly and get hazardous quickly.

Don't drink and drive; it only takes one or two drinks to impair your judgment whether it's behind the wheel or in any other situation. You need to be alert to anticipate other drivers' actions. And always wear your seat belts and make sure everyone in your vehicle does the same.

Safety must be forefront in your minds, even if you're not traveling far away for the holidays. The majority of vehicle accidents happen within a few miles of home – wherever that is. We need all of you to safely return after the holidays.

We hope Santa is good to all of you. Merry Christmas and best wishes for a Happy and Prosperous New Year.

The Heartbeat

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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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Experts: Planning key to holidays

By Maj. Kirsten Anke
U.S. Army Center for
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Preventive Medicine

Ninety-eight billion dollars. According to the Nielsen Company, that is how much money U.S. consumers (you and me) are expected to spend during the 2008 holiday retail season. How much do you plan to spend? Plan, what plan?

Get out a calculator. Add up your mid-month pay and end-of-month pay to see your total monthly pay received. This is the bottom-line amount deposited into your account after required

deductions such as taxes, Service Group Life Insurance and personal allotments.

Pull out your paper and electronic statements for monthly living expenses. Add up the amounts you need every month to pay for your rent or mortgage; remember to include the renter or homeowner insurances and utilities such as water, electric, gas, oil and propane. Additional costs may include trash removal and association fees. Now add in the costs for phones, TV and computer access.

Include food in your calculations. Remember to add meals eaten out and the

daily stops for coffee or refreshments. Put in cars — add up your loans, insurances, and monthly gasoline and maintenance costs.

What is your existing debt? The minimum amount due on each of your credit cards is also a monthly expense.

Now subtract all of these expense amounts from your total pay. How are you doing? Need some assistance working out the details?

Check out the following FREE resources to figure out your finances, balance your personal budget, and develop a plan for your future.

Military OneSource:

<http://www.militaryone-source.com>, or by telephone at (800) 342-9647. This free, 24-hour service provided by the Department of Defense is available to all active-duty, Guard, and Reserve members and their families.

Army: Army Community Service Financial Readiness Program, <http://www.myarmylifetoo.com> (click on "Money Matters"). Each command has a Command Financial Specialist and Personal Financial Managers.

Marine Corps: Marine Corps Community Services Personal Financial Management Program, <http://www.usmc-mccs.org/finance/index.cfm> (click on "Personal Financial Management Program").

Navy: Fleet and Family Support Center Personal Financial Management Program, <https://www.nffsp.org/skins/nffsp/home.aspx> (click on "Military Members" or "Families," then on "Money Matters!" then on "Personal Planning." Also click on "FFSC programs," then on "Personal Finances").

Air Force: <http://www.afcrossroads.com>. Air Force Family Support Centers can guide you to resources that help you manage debt, begin saving, protect against identity theft and secure your family's future.

When you go shopping this season and every season of the year, look at your financial plan and know how to respond to the question, "Will that be cash, check, debit or credit?"



Goals for 2009

Realistic goals make better resolutions

By Kelly Forys

U.S. Army Center for
Health Promotion and
Preventive Medicine

Lose weight, eat a better diet, exercise more, spend more time with family, pay off debt, quit smoking.

How many of us have made one or more resolutions like this, or have heard our friends and family members set similar goals on Jan. 1 of the New Year? Then, how many of us have experienced the let-down that occurs after not being able to stick to the goal in February or March? It can be tough.

If you have found it difficult to stick to a resolution in the past, the problem might not be a lack of will-power. Rather, the goals that you set might not have been realistic or measurable. One of the most popular New Year's resolutions is to lose weight. Losing weight can certainly improve health, and a resolution to do so can be a great motivator. However, following some simple guidelines when you create your resolution can greatly improve your success.

1 Set a realistic goal.

If you have many things in your life that you would like to change, start by choosing one. Changing life behaviors is very difficult, and if you choose one behavior at a time, you will be better able



to focus on and make progress toward achieving that goal. Also, the goal should be realistic. If you want to lose 50 pounds, don't expect to lose 10 pounds in the first week. Products on infomercials that promise huge weight loss are likely ineffective or can even be harmful.

2 Set a specific goal.

A vague goal of losing weight is not helpful. In addition to being realistic, the goal should be specific. A goal of losing five pounds over the next two months is realistic

and specific. Another approach is to set specific and measurable behavioral goals such as exercising three times per week or eating three servings of vegetables every day.

3 Identify potential barriers.

Think of barriers to your goal and ways that you will overcome them. For example, your goal might be to eat healthy foods while you are pulling night duty; however, a barrier might be that at that time of night, fast food restaurants are the only places to get food. Ask

your fellow Soldiers to help you think of obstacles to your goal and solutions to work around those obstacles. Your fellow Soldiers might suggest that you stop at the deli and purchase a healthy sandwich before you report for night duty, so that you can eat that instead of going to a fast food restaurant. It may seem discouraging to think about the barriers that might prevent you from reaching your goals; however, if you are able to identify the barriers that might get in your way, you can plan how you will overcome them.

4 Engage support from others.

Don't underestimate the power of social support. Tell others what your goals are, and enlist their help if they are willing. For example, if your goal is to exercise more, ask your family members to go for a walk with you after dinner, or find a buddy or co-worker with whom you can exercise during lunch. If your existing support system isn't supporting you, look for groups to join that can help you reach your goal. You are probably not the only one trying to make a change for the New Year.

After you have set a realistic and specific goal, identified potential barriers and gathered your support system, start taking steps to reach your goal and stay motivated.

The Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA Privacy Rule, is a Federal law that sets national standards for how health plans, health care clearing-houses, and most health care providers are to protect the privacy of a patient's health information.

General Leonard Wood Army Community Hospital officials want to help everyone understand what is and isn't allowed under HIPAA.

The questions and answers here explain when a health care provider is allowed to share a patient's health information with the patient's family members, friends, or others the patient identifies as involved in his or her care.

Q: If a patient's family member, friend, or other person involved in the patient's care or payment for care calls a health care provider to ask about the patient's condition, does HIPAA require the health care provider to obtain proof of who the person is before speaking with them?

A: No. If the caller states that he or she is a family member or friend of the patient, or is involved in the patient's care or payment for care, then HIPAA doesn't require proof of identity in this case. However, a health care provider may establish his or her own rules for verifying who is on the phone. In addition, when someone other than a friend or family member is involved, the health care provider must be reasonably sure the patient asked the person to be involved in his or her care or payment for care.

Q: Can a patient have a family member, friend, or other person pick up a filled prescription, medical supplies, X-rays, or other similar forms of patient information for them?

A: Yes. HIPAA allows health care providers to use professional judgment and experience to decide if it is in the patient's best interest to allow another person to pick up a prescription, med-

Health Insurance Portability and Accountability Act of 1996 helps...



ical supplies, X-rays, or other similar forms of information for the patient. For example, the fact that a relative or friend arrives at a pharmacy and asks to pick up a specific prescription for a patient effectively verifies that he or she is involved in the patient's care. HIPAA allows the pharmacist to give the filled prescription to the relative or friend without providing their names in advance.

Q: Can a health care provider share a patient's health information with an interpreter to communicate with the patient or with the patient's family, friends, or others involved in the patient's care or payment for care?

A: Yes. HIPAA allows covered health care providers to share a patient's health information with an interpreter without the patient's written authorization under the following circumstances:

— A health care provider may share information with an interpreter who works for the provider (e.g., a bilingual employee, a contract interpreter on staff, or a volunteer). For example, an emergency room doctor may share information about an incapacitated patient's condition with an interpreter on staff who relays the information to the

patient's family.

— A health care provider may share information with an interpreter who is acting on its behalf (but is not a member of the provider's workforce) if the health care provider has a written contract or other agreement with the interpreter that meets HIPAA's business associate contract requirements. For example, many providers are required under Title VI of the Civil Rights Act of 1964 to take reasonable steps to provide meaningful access to people with limited English proficiency. These providers often have contracts with private companies, community-based organizations, or telephone interpreter service lines to provide language interpreter services. These arrangements must comply

with the HIPAA business associate agreement requirements at 45 C.F.R. 164.504(e).

— A health care provider may share information with an interpreter who is the patient's family member, friend, or other person the patient identifies as his or her interpreter, if the patient agrees, or does not object, or the health care provider determines, using his or her professional judgment, that the patient does not object.

For example, health care providers sometimes see patients who speak a certain language and the provider has no employee, volunteer, or contractor who can competently interpret that language. If the provider is aware of a telephone interpreter service that can help, the provider may have that interpreter tell the patient that the service is available. If the provider decides, based on professional judgment, that the patient has chosen to continue using the interpreter, the provider may talk to the patient using the interpreter.

(573) 596-9765.

(Information courtesy of the U.S. Department of Health and Human Services, Office for Civil Rights.)

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Chilblain: Chilblain occurs after exposure to nonfreezing temperatures and damp conditions. Chilblain presents as skin lesions (blisters, erosions or ulcers) in unprotected extremities such as hands, feet and face. It occurs 12 to 24 hours after exposure. The lesions usually resolve spontaneously in one to three weeks, but they may recur in some individuals.

Hypothermia: Hypothermia is the lowering of the body's core temperature. It is a true emergency requiring immediate care. Accidental hypothermia kills more than 650 people per year in the United States, usually resulting from unanticipated exposure to cold weather or an inadequately prepared person caught off guard by the elements. It is classified as mild, moderate or severe based on core body temperature. Symptoms range from shivering, irritability and confusion to unconsciousness and death.

Sunburn and snow blindness: Sunburn can occur in cold environments, leading to painful, red, swollen, blistered skin. It can be prevented by properly using sunscreen. Snow blindness, like sunburn, is caused by the intense UV rays of the sun in snow-covered surroundings. Symptoms include painful, red, watery or gritty eyes caused by burning of the cornea. Wearing sunglasses with side protection can prevent snow blindness.

What Soldiers should do

Become familiar with the causes and risks of cold injury and the personal protective measures you can take to prevent them. Attend cold-injury prevention training and

risk communication briefings. Use protective clothing (loose and in layers) and equipment properly. Ensure your cold-weather clothing is clean, dry and in good condition (without holes or broken fasteners). Consume adequate food and fluids for optimal performance in cold. Ensure your deployment kit contains enough socks, hats, sunglasses, sunscreen, lip balm and skin-care items. Use the buddy system and report to the unit medic/medical officer if you or a buddy develops cold-weather injury symptoms.

What leaders should do

Apply risk management principles to prevent cold

weather injuries. Coordinate with medical planners, medical officers, preventive medicine personnel and combat lifesavers and obtain real-time local weather data when planning cold-weather operations. Ensure Soldiers are properly trained in recognizing and preventing cold-weather injuries and that clothing is appropriate, dry and properly worn. Ensure only Army-approved heaters are used and people are trained on how to use them. Initiate a buddy system and have personnel check each other for cold injuries. Modify outdoor activities when wind-chill categories indicate ex-

treme risk of frostbite, if the mission permits. Cold-weather injury prevention is a command responsibility.

For more information, visit the U.S. Army Center for Health Promotion and Preventive Medicine Web site and see:

Wearing Army Combat Boots in Cold Weather

Risk Management Steps for Preventing Cold Casualties

Cold Weather Related Injury Prevention Program, 2008–2009, Prevention and Management of Cold-Weather Injuries (Technical Bulletin), Guidance on the Use of Heaters

Ensure Appropriate Clothes and Proper Wearing of Clothes –

- Wear clothing loose and in layers.
- Ensure all clothing is clean.
- Ensure proper boots are worn and are dry.
- Ensure clothes do not have holes, broken zippers, etc.
- Ensure hands, fingers, and head are covered and protected.
- Avoid spilling liquids on skin or clothes. Liquid stains will reduce clothing's protective efforts.
- Change wet, damp clothes ASAP.

Keep Body Warm

- Keep moving.
- Exercise big muscles (arms, shoulders, trunk, and legs) to keep warm.
- Avoid alcohol use (alcohol impairs the body's ability to shiver).
- Avoid standing on cold, wet ground.
- Avoid all tobacco products (they decrease blood flow to skin).
- Eat all meals to maintain energy.
- Drink water or warm non-alcoholic fluids to prevent dehydration.

Protect Feet

- Keep socks clean and dry.
- Wash feet daily, if possible.
- Carry extra pairs of socks.
- Change wet or damp socks ASAP; use foot powder on feet and boots.
- Avoid tight socks and boots; do not over-tighten boot or shoes.
- Wear overshoes to keep boots dry.

Protect Hands

- Wear gloves, mittens, or gloves/mittens with inserts.
- Warm hands under clothes if they become numb.
- Avoid skin contact with snow, fuel or bare metal. Wear proper gloves when handling fuel or bare metal.
- Waterproof gloves by treating with waterproofing compounds.

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- ◆ Adults age 50 and older.
- ◆ Children 6-59 months old.
- ◆ People with long-term conditions such as diabetes or heart disease.
- ◆ Women who will be pregnant during flu season.
- ◆ People with weakened immune system (such as from HIV/AIDS)
- ◆ People who live in nursing homes or long-term care facilities.

Flu germs spread mainly through coughs and sneezes. These can spray droplets through the air and into the mouths or noses of people nearby or onto surfaces that people touch before touching their nose, mouth or eyes. People with the flu can also leave the flu virus on things they touch if they have flu germs on their hands (for example, right after using a tissue).

Practicing cough and sneeze etiquette is a must. If you are about to cough or sneeze:

- ◆ Try to stay at least 6 feet away from other people.
- ◆ Cover your mouth and



Sherri Stephens, GLWACH Immunization Clinic, gives Sabine Labib her annual flu mist immunization, Nov. 4. One simple sniff in each side of the nose is all it takes. (Photo by Carl Norman)

nose with a tissue, then throw the tissue away.

- ◆ Use your upper sleeve if you have no tissue (not your hand).

- ◆ Always wash your hands right away afterwards.

Personal hygiene and keeping things clean are great ways to help yourself and others stay healthy. Washing your hands often is very important. It can help prevent you from getting sick and spreading germs to others. Always wash your hands:

- ◆ After coughing, sneezing or

blowing your nose.

- ◆ After using the restroom.
- ◆ Before and after preparing food.
- ◆ Before eating.
- ◆ Before and after changing diapers.
- ◆ After touching an animal or its waste.
- ◆ After doing chores, such as handling garbage or doing yard work.
- ◆ Before and after caring for someone who is sick or hurt.

Disinfect shared objects and common areas. This can help kill germs in surfaces and keep people from getting

infected. For example:

- ◆ Clean countertops and sinks in the kitchen and bathroom with disinfectant.
- ◆ Disinfect doorknobs, tables, telephones and other items that people touch often.
- ◆ Don't share personal items. These include anything that has been near a person's mouth or nose, such as toothbrushes, drinking cups or straws, cosmetics, eating utensils, washcloths or towels.

Also, teach children health hygiene habits. Explain the importance of stopping germs. Make washing hands fun! Choose a song together that lasts 15-20 seconds. Sing it with your child while washing your hands so he or she learns to wash long enough every time.

Make sure children cover coughs and sneezes properly and remind them to stay away from others who are sick (while still being kind).

Model these behaviors yourself, so children can see how important they are.

TriWest, AAFES partner on "For the Troops II"

By Kristen Ward

TriWest Healthcare Alliance

A number of top musical acts want to thank you for your service and the sacrifices you make for our country with the release of a new "For the Troops II" CD.

The CD is available now for free download at the Army and Air Force Exchange Service Web site, www.aafes.com. For active duty service members or veterans, just use your valid military ID to log on to the site.

"I'm excited that the CD 'For the Troops' is back with a new roster of fantastic artists and great songs," said John

Ondrasik who performs under the pseudonym Five for Fighting and spearheaded the CD's development. "After the response from last year's effort, creating a sequel was a no-brainer. The CD 'For the Troops II' has a bit more rock and a few surprises, but at its core is a thank you to those whose sacrifice secures our freedom and that of our children."

The complete track listing of "For the Troops II" is: 3 Doors Down – *When I'm Gone*; Daughtry – *Home*; Five for Fighting – *Freedom Never Cries*; Good Charlotte – *I Don't Want to Be in Love (Dance Floor Anthem)*; Gretchen Wilson – *California Girls*; Isaac Hayes – *Theme From*

Shaft; Joe Perry – *Shakin' My Cage*; Josh Groban – *Machine*; Jude – *I Think It's Time (Everything's Alright)*; Keith Urban – *Everybody*; Maroon 5 – *Won't Go Home Without You*; Roy Orbison – *In Dreams*; Alan Jackson – *Where I Come From*; and Trace Adkins – *Fightin' Words*

"We are exceptionally grateful for individuals like John Ondrasik and the other artists, who are driven to thank our troops in memorable ways and who encourage others to do the same," said TriWest President and CEO David J. McIntyre, Jr. "We hope more Americans also remember to thank those who protect our safety and freedom."

Community Health Resource Center Classes

EDITOR'S NOTE: General Leonard Wood Army Community Hospital's Community Health Resource Center has relocated to the University of Missouri Technology Park on Replacement Avenue.

The address is 197 Replacement Avenue, Building 2081. For more information or directions, call (573) 329-1901 or 329-1935.

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for Dec. 23, 2008 – Jan. 31, 2009.

All classes are conducted in the CHRC, Suite 124, Building 2080 unless otherwise noted. Sign up for classes by calling (573) 329-1901 or (573) 329-1935.

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:

◆ Jan. 7, 9-11 a.m.

◆ Jan. 21, 9-11 a.m.

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

◆ Jan. 28, 9-11 a.m.

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

◆ Jan. 5, 2-4 p.m.

◆ Jan. 12, 2-4 p.m.

◆ Jan. 26, 2-4 p.m. General Leonard Wood Army Community Hospital Nursing Conference Room, 4th Floor

◆ Feb. 2, 2-4 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:

◆ Jan. 12, 1:30-3 p.m., General Leonard Wood Army Community Hospital Dining Facility

◆ Jan. 26, 1:30-3 p.m., GLWACH Dining Facility

— **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:

◆ Jan. 9, 8 a.m. – noon

◆ Jan. 23, 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:

◆ Jan. 6, 8:45 – 10:45 a.m.

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

◆ Jan. 5, 9:30-11 a.m.

◆ Jan. 8, 12:30 – 2 p.m.

◆ Jan. 9, 1-2:30 p.m.

◆ Jan. 12, 9:30-11 a.m.

◆ Jan. 15, 12:30 – 2 p.m.

◆ Jan. 22, 12:30 – 2 p.m.

◆ Jan. 23, 1-2:30 p.m.

◆ Jan. 26, 9:30-11 a.m.

◆ Jan. 29, 12:30 – 2 p.m.

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

◆ Jan. 6, 9 – 10:30 a.m.

◆ Jan. 20, 9 – 10:30 a.m.

◆ Jan. 27, 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:

◆ Jan. 14, 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:

◆ Jan. 27, 5:30 – 7:30 p.m.

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

Class date:

◆ Jan. 9, 1-2 p.m., JAG office, Building 315

— **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 date:

◆ Jan. 5, 1:30 – 3 p.m., General Leonard Wood Army Community Hospital Dining Facility

— **Pregnancy/Post Partum Physical Training:** Mandated by the U.S. Army Center for Health Promotion and Preventive Medicine, this class is a standardized physical training program that is mandatory for all post partum Soldiers Army wide. Class dates:

◆ Jan. 6, 7:30 – 8:30 a.m.

◆ Jan. 13, 7:30 – 8:30 a.m.

◆ Jan. 20, 7:30 – 8:30 a.m.

◆ Jan. 27, 7:30 – 8:30 a.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:

◆ Jan. 7, 1 – 3 p.m.

◆ Jan. 14, 1 – 3 p.m.

◆ Jan. 21, 1 – 3 p.m.

◆ Jan. 28, 1 – 3 p.m.

— **Tobacco Cessation Class:** Discuss tobacco use, skills to quit and coping strategies to remain tobacco free. Class date:

◆ Jan. 13, 9 – 11 a.m.

— **Tobacco Cessation Support Group:** Provides an opportunity for peer support and discussion on stopping tobacco use and remaining tobacco free. No medications are prescribed at this meeting. Meeting dates:

◆ Jan. 20, 3 – 4 p.m.

◆ Jan. 27, 3 – 4 p.m.

◆ Feb. 3, 4 – 4 p.m.

◆ Feb. 10, 3 – 4 p.m.