



The Heartbeat

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

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Center seeks AB type blood donors

By Mark Salcedo
Fort Leonard Wood
Blood Donor Center

As the holiday gift giving season rolls around, the Fort Leonard Wood Blood Donor Center staff asks that the Armed Services Blood Program be kept at the top of everyone's list.

"When you donate blood to the Armed Services Blood Program, you help save people's lives who are serving their country," said Lt. Col. Dale Deehr, Fort Leonard Wood Blood Donor Center officer in charge. "Providing quality blood and blood products and services for all worldwide customers in peace and war is our mission because someone, some-



Staff Sgt. Jorge Vargas, Fort Leonard Wood Blood Donor Center lab technician, collects blood from an Alpha Company, 3-10th Infantry Brigade Soldier. (Photo by Mark Salcedo)

where needs blood every hour of the day."

In addition to routine types of blood needs, the donor center has an urgent need for type AB plasma.

"We need all types of blood

to take care of our military patients, as well as our service members injured down range," Deere said. "However, our blood donor center was recently directed to increase collections for O Neg-

ative blood and AB plasma specifically."

Only about 4 percent of the nation's population has AB type blood and they possess the unique gift of universal plasma, Deehr said.

"This is a crucial in treating trauma patients, burn victims, and people with bleeding disorders," he said.

Statistically, the Fort Leonard Wood Blood Donor Center must screen more than 1,000 donors every week to collect enough AB plasma.

"But, due to the urgent need, we're asking people who have AB blood type to contact the Fort Leonard Wood Blood Donor Center at (573) 596-5385 to see if they're eligible to donate," he

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Initiatives set to improve healthcare access

By Carl Norman
GLWACH Marketing

Keeping Soldiers and their families healthy is a top priority and General Leonard Wood Army Community Hospital leaders are taking aggressive steps to improve health care access for its beneficiaries.

A higher-than-expected number of war wounded is one of several factors taxing the nation's military treatment facilities' ability to provide efficient and timely access to care, according to information from the Army Surgeon General. A military health care system already understaffed and under-equipped for the high volume of war-re-

Appointment waiting list, after-hours acute care clinic top list of items coming soon

lated injuries along with a growing beneficiary population challenged the situation.

While there are many areas under current review that will enhance access to care, the Army Surgeon General said he and his military treatment facility commanders are working to identify and fix all access-to-care barriers. Some will have relatively simple solutions while others are more complex

and require more time.

At GLWACH, leaders are implementing several initiatives to improve beneficiaries' access to care, according to Tammy Warner, access to care manager. First is making sure the facility's capabilities align with the number of beneficiaries it's charged to treat. Next is making sure enough primary care managers are available to meet the enrolled population's demand.

"The number of beneficiaries enrolled to our MTF must not exceed our ability to provide that care," Warner said. "Over-enrollment frustrates everyone — beneficiaries and the health care team alike."

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It's amazing what patients say...

Health care is often a very serious business-but once in a while, it does an allied health care professional good to laugh. In that spirit, here are a few hilarious health care stories courtesy of HealthDegrees.com.

During a patient's two-week follow-up appointment with his cardiologist, he informed me, his doctor, that he was having trouble with one of his medications. "Which one?" I asked. "The patch. The nurse told me to put on a new one every six hours and now I'm running out of places to put it!" I had him quickly undress and discovered what I hoped I wouldn't see. Yes, the man had more than 50 patches on his body! Now, the instructions included removing the old patch before applying a new one.

-Submitted by Dr. Rebecca St. Clair

I was performing a complete physical, including the visual acuity test. I placed the patient 20 feet from the chart and began, "Cover your right eye with your hand." He read the 20/20 line perfectly. "Now your left." Again, a flawless read. "Now both," I requested. There was silence. He couldn't even read the large E on the top line. I turned and discovered that he had done exactly what I had asked; he was standing there with both his eyes covered. I was laughing too hard to finish the exam.

-Dr. Matthew Theodopolous, Worcester, MA

When I was doing home health, I had a patient who was very demanding and could be outright rude at times. At one



point she had a terrible stomach virus which made her a daily patient for a while - of course I got stuck with her while she was daily. One morning I went in and she was sitting at the kitchen counter looking positively green around the gills. I said, "Are you alright?" She looked me dead in the eyes and said, "Hell no! That Dr. is going to have to do something about these damn pills he gave me. They are too big to swallow and I have to cut them in half, and to top it all off, they are slimy and make me gag when I try to get them down!!" I nearly died laughing when I realized that the "pills" were glycerin suppositories.

—from Nursing Forum

One day, we had a very confused patient sitting at the nursing station. We kept her near the nursing station so we could monitor her safety. The woman kept insisting to all who could hear that she was pregnant and in labor. Our

medical director came walking down the hall just in time to hear all the commotion. He began to assess her and interview her regarding her "labor pains". He asked the patient exactly how she could have become pregnant at her age. She gave him a very bewildered look and said matter-of-factly 'Why if you don't know by now doctor, I don't feel like it's my place to tell you!'

—From Nursesareangels.com

A man comes into the ER and yells, 'My wife's going to have her baby in the cab!' I grabbed my stuff, rushed out to the cab, lifted the lady's dress, and began to take off her under-wear. Suddenly I noticed that there were several cabs — and I was in the wrong one.

—Dr. Mark MacDonald

A woman in Arkansas brought her baby in to see the doctor, and he determined right away the baby had an earache. He wrote a prescription for eardrops. In the directions he wrote, "Put two drops in right ear every four hours" and he abbreviated "right" as an R with a circle around it. Several days passed, and the woman returned with her baby, complaining that the baby still had an earache, and his little behind was getting really greasy with all those drops of oil. The doctor looked at the bottle of eardrops and sure enough, the pharmacist had typed the following instructions on the label: "Put two drops in R ear every four hours."

—From Café Mom

The Heartbeat

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Stress, depression hard to understand

Positive, negative situations can influence feelings

By Lisa Young

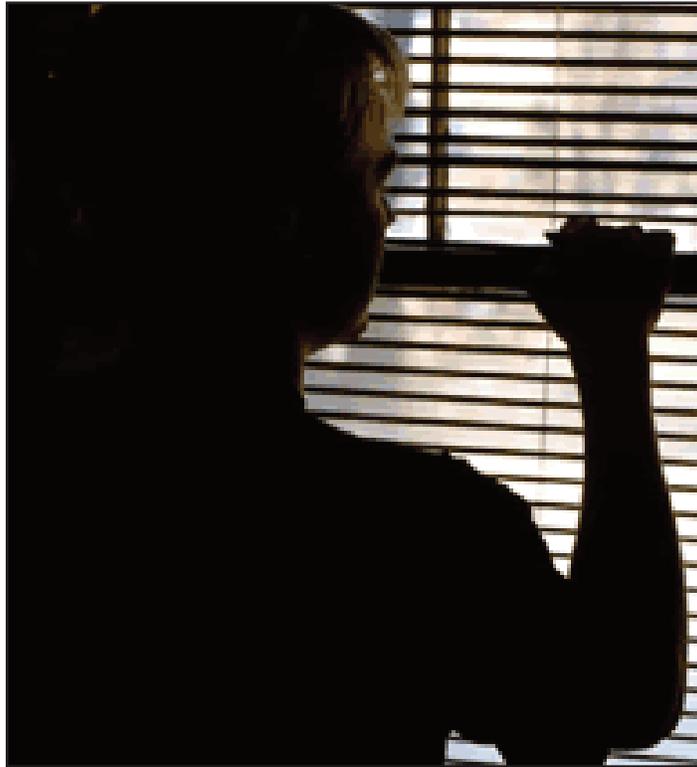
U.S. Army Center
for Health Promotion and
Preventive Medicine

The relationship among stressful situations, our mind and body's reaction to stress, and clinical depression is complex.

Clinical depression is associated with an imbalance of chemicals in the brain that carry communications between the nerve cells that control mood and other body systems. Clinical depression is defined as a period of sadness that affects an individual's ability to work, sleep, eat and enjoy once-pleasurable activities.

It's not uncommon for stressful positive or negative events to lead to developing clinical depression. Stressful events are common in military service and in military family members. Negative life experiences, medication, rigid thinking patterns, lack of sunlight, and certain personality traits and genetic factors can influence clinical depression.

Depression may develop after a stressful negative event, such as the death of a loved one, losing a job, ending a relationship or physical illness. Stress can also occur from a positive event such as getting married, moving to a new city or starting a new job. No single stressful event will



No single stressful event will cause depression to develop in every person, but stressful experiences may contribute to developing depression. (Courtesy photo)

cause depression to develop in every person, but stressful experiences may contribute to developing depression.

A stressful event is more likely to come before a first depressive episode. After that, depression may develop spontaneously with stress leading to the depression.

For those who struggle with chronic depression, the effects of stress may be more complicated. A theory called the "kindling effect," proposes that initial depressive episodes spark changes in the brain's chemistry that make it more prone to future depression just as using kindling wood sparks flames in a campfire. Because early

episodes of depression make a person more sensitive, even small stressors can lead to later depressive episodes.

Depression may also result from struggles with chronic stress. This stress may be due to juggling multiple roles at home and work, making major changes in lifestyle, coping with deployment issues, handling normal transitions in life, dealing with children leaving the home, or struggling with reduced position and finances.

If a person is under continuous stress, a single difficult event may be more likely to induce a depressive episode. Researchers theorize that when people experience chronic or re-

peated stressful events, they learn to feel helpless. This feeling of helplessness is strengthened when a person believes he or she has no control over the stressful situation. When a depressed mood persists for several months and interferes with everyday living, it is likely a sign of serious depression that requires treatment.

With appropriate treatment, many people can experience improvement in a relatively short period of time and are able to function fully and control the chance of recurrence. Treatment can include medication and talk therapy.

Medication helps to balance chemicals in the brain, and talk therapy helps individuals identify and correct common errors in their thinking. Without treatment, the costs of depression can be very high, to include loss of jobs, destroyed relationships, isolation from their communities, and reduction in physical or mental health.

For more information about depression, its treatment and how to get help, visit these Web sites:

Centers for Disease Control and Prevention,
<http://www.cdc.gov/features/depression/>

Military OneSource
www.militaryonesource.com

Defense Center of Excellence Outreach Center,
http://www.dcoe.health.mil/ph_stress_res.aspx

Real Warriors Campaign
<http://www.realwarriors.net/>

Army brings hope to HIV pandemic

By Tiffany Holloway
USAMRMC Public Affairs

The HIV pandemic is an unprecedented global crisis but Army researchers prove there's hope in preventing the infection with this scientific advancement.

In 2003, the U.S. Army Surgeon General sponsored the world's largest HIV vaccine trial in Thailand that tested a "prime-boost" vaccine strategy comprised of two investigational vaccines, ALVAC and AIDSVAX B/E. Trial results show that the vaccine regime is safe and 31.2 percent effective at preventing HIV infection.

Coordination for the trial was lead by the U.S. Military HIV Research Program, which is centered at the Division of Retrovirology, Walter Reed Army Institute of Research, a

subordinate command of the U.S. Army Medical Research and Materiel Command. The Thai Ministry of Public Health conducted the trial in collaboration with a team of leading Thai and U.S. researchers.

"This significant achievement was the result of longstanding relationships involving many partners from Thailand, NIAID, NIH and the DOD, among other private and commercial companies and volunteers," said Lt. Gen. Eric Schoomaker, U.S. Army Surgeon General. "This is exciting news. The vaccine combination was based on HIV strains commonly circulated in Thailand.

"Given its modest level of efficacy, this prime boost regimen is likely unsuitable in its current form for public health purposes. Again, this vaccine

was developed for HIV strains commonly circulated in Thailand. Based on the available published data, it is likely that different vaccines may be required for different regions in the world," said Col. Jerome Kim, MHRP deputy director and HIV vaccines product manager for the Army.

This successful international collaboration involved more than 16,000 Thai volunteers who were HIV-negative. Both men and women between the ages of 18 to 30 participated. Half of the participants received the prime-boost vaccine regimen and half received placebo. Volunteers received vaccinations over the course of six-months and were followed for an additional three years. Volunteers also received HIV tests every six months for three years follow-

ing the vaccination, and received counseling on how to prevent becoming infected with HIV.

While the trial data establishes a new clinical benchmark to guide future vaccine development, this study may result in significant changes in the way researchers choose which vaccines to test; evaluate the immune responses to a vaccine, both in the laboratory and animal models; and design vaccine candidates.

The total cost of the trial was \$105 million which was less than expected.

"The Army is committed to developing a globally effective HIV vaccine to protect U.S. and allied troops and to support the U.S. National Security Strategy by reducing the global impact of the disease," said Schoomaker.

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To make sure GLWACH has this balance and meets Defense Department-established access-to-care standards and guidelines, leaders implemented a vast provider recruiting program along with "The Choice is Yours" campaign.

"We have three new civilian providers starting work here in November," said Col. Judy Ruiz, GLWACH commander. "That, plus the influx of military providers from the summer PCS season has put us in much better shape than we were before."

"The Choice is Yours" campaign encourages beneficiaries enrolled to Primary Care Managers at GLWACH to voluntarily opt for a civilian off-post Primary Care Manager in the TRICARE network.

"The reasons we offered this initiative were two-fold – to provide beneficiaries better access to care with a provider that's closer to home, and to help bal-

ance our provider-beneficiary ratio," Ruiz said. "We realized that GLWACH's health care providers were over enrolled which, in turn, created problems with continuity of care, primary care management, accessibility, and quality of care."

Today nearly 2,000 people have selected that option which Ruiz said has greatly contributed to increased access to care at GLWACH.

Another initiative GLWACH will unveil soon is a "Wait List" for appointment booking, Warner said.

"If a well or established appointment isn't available when requested, we'll put the patient on the wait list and notify them when that appointment type is available," Warner said. "This will reduce the need for patients to repetitively call back for appointments."

GLWACH will also open a new acute care clinic Dec. 7, Warner said. This

clinic will have acute appointments available from 11 a.m. to 8 p.m., Monday-Friday.

"It will be more convenient for beneficiaries and more accommodating for people who may have issues that are not emergent but require a visit within that day," Warner said.

Warner said this clinic should relieve congestion in the emergency department as the number of emergency room visits continues to climb.

It will decrease the number of non-urgent patients seeking care in the emergency room. When the clinic becomes operational, patients can book acute care appointments by calling the GLWACH appointment line at 866-299-4234.

"We're doing all we can to increase access to care for our beneficiaries and truly make a difference, one patient at a time," Ruiz said.

GLWACH clarifies appointment types

In the medical world a single word can make a world of difference, and so it is with appointments.

As General Leonard Wood Army Community Hospital looks to improve its access to care, it's imperative that beneficiaries know the types of appointments available to them.

To help answer questions you may have, here are the appointment types, appointment booking requirements and definitions for each appointment type as well as examples of each. These are Defense Department-directed Access-to-Care Standards.

Acute Appointments:

These are urgent (acute) care appointments reserved for non-emergent, urgent care that a military treatment facility or network Primary Care Manager provides. Acute care services for active duty service members and TRICARE Prime enrollees must be scheduled no more than 24 hours from the time requested. Beneficiaries can waive the 24-hour access standard. These are usually booked into 20-minute slots.

Some things acute appointments can be booked for include: Abdominal pain, vomiting, diarrhea, acute pain present for less than 72 hours, minor illness or injury, headache, rash, fever, moderate to severe cold symptoms (unable to treat with self care), earache, eye infection, visual complaints, eye pain without trauma, depression or anxiety without suicidal thoughts, extremity pain or numbness for

less than a week or worsening, pregnant patients with abdominal pain, cramping, discharge or vaginal bleeding, vaginal discharge with acute pelvic pain, painful or bloody urination, difficulty urinating, chest congestion with cough, sore throat with fever, stiff neck with fever, back pain for less than 48 hours or with fever, cough or fever.

Routine Appointments:

These are designated for patients who require a visit with their primary care manager for a new health care problem that is not considered urgent. Routine care for active-duty service members and TRICARE Prime enrollees must be scheduled within seven calendar days from the time requested. Beneficiaries may waive the seven-day access standard. These are usually booked into 20-minute slots.

Routine appointments are reserved for patients with new, non-acute problems which do not fall into other categories. An example would be an emergency room visit for a new injury that requires a patient to follow-up with their primary care manager. With this appointment type, time is not a critical factor. Cholesterol checks, simple medication re-evaluations and refills, along with complex complaints not needing earlier care are other examples.

Wellness and PCM Appointments:

These are designated for patients who require a visit for a wellness or preventive health

concern or an initial visit with their primary care manager. Wellness care for active-duty service members and TRICARE Prime enrollees must be scheduled within 28 calendar days from the time requested. Beneficiaries may waive the 28-day access standard. These are booked into 30-minute slots or greater, depending on the need.

Wellness or PCM appointment examples include physical examinations, well women exams with pap smears, periodic examinations, screenings, etc.

Specialty Care Appointments:

These are designated for patients who require an initial consult, referral, or initial self-referral to a specialty clinic or provider. Specialty care for active-duty service members and TRICARE Prime enrollees must be scheduled within 28 days from the time requested. These appointments will be booked according to the designated priority requested in the consultation forms. If a 14-day request is made, the appointment should be booked within 14 days. If a routine request is made, it should take no longer than 28 days to book an appointment.

Established Appointments:

These are designated for patients who require follow-up care. Established care for active-duty service members and TRICARE Prime enrollees must be scheduled according to the provider's designated

time frame. Established appointment examples include following up for recent acute illness and chronic medical conditions or procedures. There is no designated time constraint identified in the Access to Care Standards. These appointments will be booked as soon as they're available.

"It's imperative that beneficiaries understand the importance of booking appointments within the appropriate appointment types and timeframes," said Tammy Warner, GLWACH Access to Care manager. "We monitor how appointment types are used so we can realign staff and have appointments available to meet our beneficiaries' needs."

Another factor that influences GLWACH's appointment availability is last-minute cancellations or no shows.

"Our audio care phone systems have been changed to notify patients 48 hours out from the appointment so we can capture cancellations in enough time that we can re-book those appointments," Warner said. "We ask that people who need to cancel appointments do so as soon as possible and give another beneficiary a chance to use that appointment."

Active duty appointment cancellations and no-show are monitored and reported to unit commanders as needed to maximize access to care for all beneficiaries.

For more information, call the GLWACH appointment line at 1-866-299-4324 or Warner at (573) 596-0462.

(Article courtesy of the Primary Care and Community Medicine Division.)

Citizens be wary for upcoming census

By Susan Johnson
Better Business Bureau

With the U.S. Census process beginning, the Better Business Bureau advises people to be cooperative, but cautious, so as not to become a victim of fraud or identity theft.

The first phase of the 2010 U.S. Census is under way as workers have begun verifying household addresses across the country. Eventually, more than 140,000 U.S. Census workers will count every person in the United States and will gather information about every person living at each address including name, age, gender, race, and other relevant data.

The question is - how do you tell the difference between a U.S. Census worker and a con artist? Better Business Bureau officials offer the following advice:

If a U.S. Census worker knocks on your door, they will have a badge, a handheld device, a Census Bureau canvas bag, and a confidentiality notice. Ask to see their identification and their badge before answering their questions. However, you should never invite anyone you don't know into your home.

Census workers are currently only knocking on doors to verify address information. Do not give your Social Security number, credit card, or banking information to anyone, even if they claim they need it for the U.S. Census.

Remember, no matter what they ask, you only need to tell them how many people live at your address.

While the Census Bureau might ask for basic financial information, such as a salary range, you don't have to answer anything at all about your finan-

cial situation. The Census Bureau will not ask for Social Security, bank account, or credit card numbers, nor will employees solicit donations. Anyone asking for that information is not with the Census Bureau.

And remember, the Census Bureau has decided not to work with ACORN on gathering this information. No ACORN worker should say he/she is with the Census Bureau.

Eventually, Census workers may contact you by telephone, mail, or in person at home. However, the Census Bureau will not contact you by e-mail, so be on the lookout for e-mail scams impersonating the Census.

Never click on a link or open any attachments in an e-mail that are supposedly from the U.S. Census Bureau.

For more advice on avoiding identity theft and fraud, visit www.bbb.org

Unregulated products just as addictive

by Marcie Birk
U.S. Army Center
for Health Promotion and
Preventive Medicine

Tobacco manufacturers have responded to increased smoking regulations by developing new "smoke free" tobacco products that contain the same amount of nicotine, or even more, than a cigarette.

Products include "dissolvable tobacco" made from finely milled tobacco and held together by food grade binders, teabags filled with flavored tobacco, and a battery powered "cigarette."

Manufacturers market these products as a "socially acceptable" alternative to cigarette smoking, because

there is no smoke, no spit, and no litter. But medical experts fear these products may discourage smokers from quitting by sustaining their nicotine addiction in a growing number of places where smoking isn't allowed.

For example, Soldiers aren't allowed to use tobacco during Initial Entry Training. This break in tobacco use gives young Soldiers the chance to kick the tobacco habit. However, these new tobacco products are easy to conceal, enabling Soldiers to use tobacco despite regulations.

These "alternatives" to smoking also present the potential for "dual use" - using the smokeless products along with cigarettes or other

smokeless tobacco products. Smokers who use these products may get a higher dose of nicotine than they're used to, resulting in tremors, nausea, vomiting, agitation, and in more extreme cases, seizures, coma and death. The health impact of such dual use has not been studied.

Some manufacturers are marketing these products as aids to tobacco cessation, claiming the products are safe and risk-free. However, in July 2009, the Food and Drug Administration released an analysis of 19 varieties of electronic cigarettes that said half contained nitrosamines (the same carcinogen found in real cigarettes) and many contained diethylene glycol,

the poisonous ingredient in antifreeze. The FDA has not approved dissolvable tobacco products or e-cigarettes as nicotine replacement therapies.

Individuals who want to quit tobacco should use scientifically proven methods such as counseling and telephone quit lines, and only use FDA-approved nicotine replacement therapies such as the patch and gum.

For more information, visit: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm>

<https://www.acep.org/Print-Friendly.aspx?id=44740#story1>

http://www.in.gov/itpc/files/Dissolvable_Tobacco_Products.pdf

Tobacco, stress a bad combination

By Marcie Birk

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

Soldiers face stresses unique to their occupation. Time away from home, deployments and a heavy workload cause Soldiers to feel substantial work-related stress.

The Army offers a wide variety of stress-management tools, ranging from recreational opportunities to behavioral health services. In the past, smoking breaks were also offered as a stress management tool.

While smoking breaks are no longer officially given, many Soldiers continue to smoke and use tobacco because they believe it helps them deal with stress, but that isn't the case at all.

Research shows that nicotine doesn't reduce feelings of stress. In fact, nicotine-addicted individuals need nicotine simply to feel normal. Studies show that what appears to be the relaxing effect of smoking is really a reversal of the tension and irritability that develop when nicotine levels in the blood are falling.



Research shows that nicotine doesn't reduce feelings of stress. In fact, nicotine-addicted individuals need nicotine simply to feel normal. (Courtesy photo)

Because of the addiction to nicotine, regular tobacco users feel heightened stress between tobacco uses. This negative mood is repeated throughout the day, making tobacco users feel above average levels of daily stress. A recent study found that military members who use tobacco to specifically reduce stress reported significantly higher stress levels than those who did not use tobacco.

The physical, mental, and emotional changes that result from nicotine addic-

tion make tobacco users even more vulnerable to feeling stress while under pressure. In fact, just the thought of losing their "fix" can cause tobacco users to feel stressed which could reduce a Soldier's ability to focus and adversely impact mission performance.

Nicotine withdrawal symptoms such as irritability, anger, frustration, anxiety, depression, impaired concentration and restlessness are not compatible with military duties that depend on concentration, critical thought or being alert.

Bottom line: Tobacco use increases stress. Studies have found that former tobacco users

are less stressed than current tobacco users.

So, the first step the tobacco user should take when trying to reduce stress is to quit tobacco. Quit tobacco resources can be found at www.UCanQuit2.org.

For more information on tobacco and stress, visit:

<http://www.apa.org/releases/smoke-stress.html>

http://findarticles.com/p/articles/mi_qa3912/is_200803/ai_n25139850/

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said. "This will allow us to meet needs quicker, saving more lives in the process."

The best way for someone to check their eligibility status is to call the center or visit www.militaryblood.dod.mil.

"If they're on medication or have traveled extensively, provide that information to our staff," he said. "Once we determine that a donor is eligible, we can schedule them to donate and the much-needed plasma can be on its way."

Where does my blood donation go?

A majority of donated blood goes directly to support health care missions at forward combat hospitals in Iraq, Afghanistan and Germany, Deehr said. Blood products are normally shipped four to five days after being collected.

Some may also be shipped to military hospitals around the United States to support follow-on care for those injured in combat.

Who and where to give blood?

Military blood drives are open to all service members, their families, DOD and other federal civilian employees and retirees.

"Donations from civilians meeting the eligibility criteria who have access to an Armed Services blood drive will be gratefully accepted," Deehr said.

Here are some general guidelines for donating blood. Donors must:

- Weigh at least 110 pounds
- Be at least 17 years old
- Have been feeling well for at least three days
- Be well hydrated
- Have eaten something before donating

The Fort Leonard Wood Blood Donor Center is open from 11 a.m. – 4 p.m., Monday – Friday. It's located at B790 Utah (between Buckeye Ave and Alabama).

For unit-sponsored blood drives, call (573) 596-5385 to coordinate a date and time.

Community Health Resource Center Classes

EDITOR'S NOTE: General Leonard Wood Army Community Hospital's Community Health Resource Center is located in the University of Missouri Technology Park on East 4th Street, right off Replacement Avenue. For more information or directions, call 329-1901. All classes are conducted in the CHRC, 197 Replacement Avenue, Suite 144 unless otherwise noted. Sign up for classes by calling 329-1901. Sign up for the Post-deployment Spiritual Wellness class by calling 596-1678.

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for Dec. 1 - 31, 2009.

— **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:

◆ Dec. 2, 9 – 11 a.m.

◆ Dec. 16, 9 – 11 a.m.

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

◆ Dec. 14, 2 – 4 p.m.

— **Breast Pumping techniques:** Class date:

◆ Dec. 11, 9 – 11 a.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 date:

◆ Dec. 14, 1:30 – 3 p.m., MEDDAC Classroom at General Leonard Wood Army Community Hospital

— **Diabetes Journey for Control :**

◆ Session 1, **Diabetes Overview**, explains diabetes, blood glucose and insulin, and resolves some common myths. Class date: Jan. 5, 1 – 3 p.m.

◆ Session 2, **Healthy eating**, describes relationships between diabetes and food. Class date: Jan. 12, 1 – 3 p.m.

◆ Session 3, **Monitoring your blood glucose**, discusses blood glucose targets and what makes your blood glucose go up and down. Class date: Jan. 19, 1 –



3 p.m.

◆ Session 4, **Complications**, explains potential long-term complications. Class date: Jan. 26, 1 – 3 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:

◆ Dec. 4, 8 a.m. – noon

◆ Dec. 18, 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:

◆ Dec. 1, 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:

◆ Dec. 4, 1 – 2:30 p.m., Suite H

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

◆ Dec. 9, 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:

◆ Dec. 15, 5 – 7 p.m., MEDDAC Classroom at General Leonard Wood Army Community Hospital

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

◆ Dec. 3, 5:30 – 7:30 p.m., MEDDAC Classroom at General Leonard Wood Army Community Hospital

◆ Dec. 10, 5:30 – 7:30 p.m., MEDDAC Classroom at General Leonard Wood Army Community Hospital

◆ Dec. 17, 5:30 – 7:30 p.m., MEDDAC Classroom at General Leonard Wood Army Community Hospital

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

◆ Dec. 11, 1 – 2 p.m., Building 315, Judge Advocate General Office

— **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:

◆ Dec. 7, 1:30 – 3 p.m., MEDDAC Classroom at General Leonard Wood Army Community Hospital

— **Pregnancy/Post Partum Physical Training (clinic book only):** 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 pregnant and post partum Soldiers Army wide. Class dates:

◆ Dec. 1, 7:30 – 8:30 a.m.

◆ Dec. 8, 7:30 – 8:30 a.m.

◆ Dec. 15, 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:

◆ Dec. 2, 1 – 3 p.m.

◆ Dec. 9, 1 – 3 p.m.

◆ Dec. 16, 1 – 3 p.m.

— **Sleep Remedies:** Can't sleep? Sick of counting sheep? Try our new Sleep Remedies Class to get your zzzz's. Class date:

◆ Dec. 7, 1 – 3 p.m.