



The Heartbeat

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

January 2010

Ample H1N1 vaccine available for all takers

H1N1 vaccine supplies are increasing throughout the area and most medical facilities are welcoming anyone wanting the vaccination.

This vaccine is the best way to protect against the H1N1 pandemic virus, said Lt. Col. Aaron Jacob, General Leonard Wood Army Community Hospital Preventive Medicine Division chief.

“Everyone who has been patiently waiting for the H1N1 vaccine is encouraged to get vaccinated now because flu season can last as late as April or May,” he said. “This includes individuals older than 65.”

All active duty Soldiers as well as Soldiers in training will receive their vaccinations from the Post Immunization Team, Jacob said.

GLWACH’s Immunization Clinic will vaccinate people serving as Department of the Army civilian employees,

See H1N1, Page 7



Mass vaccination

(Top) Samantha Visser, a licensed practical nurse with the General Leonard Wood Army Community Hospital Occupational Health Clinic, vaccinates Robert Hill, a civilian employee assigned to the Combat Training Company, Range 22, and (left) Connie Miles, a public health nurse with the Pulaski County Health Department, vaccinates 8-year-old Slade Decker with H1N1 vaccine at Nutter Field House Jan. 19. Hill and Decker were among 253 people who received their H1N1 vaccinations that day. Plenty of H1N1 vaccine is available for people wanting it. See related article, Page 1

GLWACH opens new acute care clinic

By Carl Norman
GLWACH Marketing

Looking to increase health care access for beneficiaries, General Leonard Wood Army Community Hospital opened an Acute Care Clinic Dec. 7 that provides appointments until 8 p.m. Monday – Friday.

The new clinic is located in

the hall across from Radiology, next to the Internal Medicine Clinic and is open from 11 a.m. – 8 p.m., Monday – Friday. Clinic providers will see acute care patients 2 years old and older, said Lt. Col. Kirsten Bautista, GLWACH Primary Care and Community Medicine Division chief.

Acute care is defined as a medical problem, such as a cold, flu or similar ailment, that is new and has been present for less than 48 hours, or an existing problem that has worsened within that same time frame. It does not include medication renewals.

“Opening this new clinic will decrease the number of peo-

ple we refer to off-post appointments and make access to health care a little easier for all beneficiaries,” Bautista said. “We’re doing all we can to increase access to care for our beneficiaries and truly make a difference, one patient at a time.”

As with all things, the Acute
See CLINIC, Page 7

Buyers and sellers beware...

People buy and sell almost anything these days and classified ads are the main avenue traveled in that journey. Believe it or not, the ads here actually found their way into newspapers all over the world. Enjoy!

Braille dictionary for sale. Must see to appreciate.

FOR SALE BY OWNER: Complete set of Encyclopedia Britannica. 45 volumes. Excellent condition. \$1,000.00 or best offer. No longer needed. Got married last weekend. Wife knows everything.

Help wanted, singer for rock band. Must be female or male.

For sale, Hope Chest, brand new, half off, long story.

Help wanted, adult or mature teenager to baby-sit. One dollar an hour.

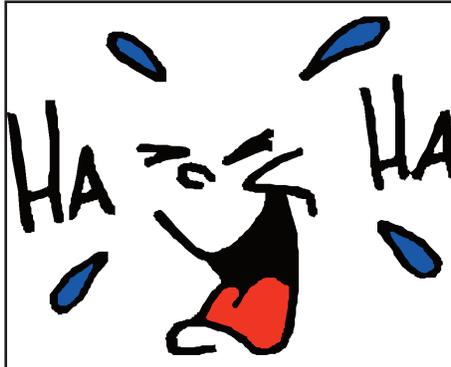
Lost: small brown poodle. Reward. Neutered. Like one of the family.

For sale: a quilted high chair that can be made into a table, potty chair, rocking horse, refrigerator, spring coat, size 8 and fur collar.

Four-posted bed, 101 years old. Perfect for antique lover.

Wanted: Part-time married girls for soda fountain in sandwich shop.

Man wanted to work in dynamite fac-



tory. Must be willing to travel.

Christmas sale. Handmade gifts for the hard-to-find person.

Wanted, man to take care of cows that does not smoke or drink.

Three-year old teacher needed for pre-school. Experience preferred.

Wanted. Widower with school-age children requires person to assume general housekeeping duties. Must be capable of contributing to growth of family.

Tired of working for only \$9.75 per hour? We offer profit sharing and flexible hours. Starting pay: \$7 — \$9 per hour.

Our sofa seats the whole mob and it's made of 100% Italian leather.

Full sized mattress. 20 year warranty. Like New. Slight urine smell.

Nordic Track \$300 hardly used, call Chubby.

Joining nudist colony! Must sell washer and dryer \$300.

Open house body shapers toning salon free coffee and donuts

Found: dirty white dog. Looks like a rat... been out while. Better be reward.

Exercise equipment: Queen Size Mattress & Box Springs - \$175.

ALZHEIMER'S CENTER PREPARES FOR AN AFFAIR TO REMEMBER.

Free Yorkshire Terrier: 8 years old. Hateful little dog.

Free puppies: ½ cocker spaniel, ½ sneaky neighbor's dog.

Free puppies: part German Shepherd, part stupid dog.

German Shepherd, 85 lbs. Neutered. Speaks German. Free.

Snow Blower for sale...only used on snowy days.

Bill's Septic Cleaning: "We Haul American-Made Products."

Cows, calves never bred...also 1 gay bull for sale.

Nice Parachute – Never opened. Used once.

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.

Command Team:
Commander: Col. Judith Ruiz

Command Sergeant Major:
Command Sgt. Maj. Antonio Milton
Deputy Commander for Administration: Lt. Col. Marsha Patrick
Deputy Commander for Nursing/Hospital Services: Col. Tempie Jones
Deputy Commander for Clinical Services: Col. Roman Bilynsky
Editorial staff:
Public Affairs Officer/Editor: Carl Norman

GLWACH clears air on winter policy

Appointment schedules mirror post closings, early release

By Carl Norman
GLWACH Marketing

Looking to keep everyone safe during hazardous winter weather, General Leonard Wood Army Community Hospital reminds everyone that medical appointment schedules for non-emergency services will mirror Fort Leonard Wood's opening or closing times.

When snow and ice delay Fort Leonard Wood employee reporting times, cause early departure or completely close the post, GLWACH leaders don't want beneficiaries wondering if clinics will be open or closed during that time, or assuming that an 8 a.m. appointment will be delayed until 10 a.m. Current policy not only clarifies those situations, but makes it easier for everyone to remember clinic schedules, said Col. Roman Bilynsky, GLWACH Deputy Commander for Clinical Services.

"If post officials give employees a two-hour delay to get to work, hospital appointments will not begin until the delayed reporting time," Bilynsky said. "If post employees are released early or the post closes altogether, then all clinic appointments scheduled for those times will be cancelled and rescheduled."

He emphasized that, despite weather conditions, emergency and in-patient services will always be available at GLWACH.

GLWACH starts its day at 7:30 a.m., and here's how its winter weather policy works:

If hazardous weather forces Fort Leonard Wood employees to delay reporting for two hours, GLWACH's daily appointment schedule would start at 9:30 a.m. All appointments scheduled before 9:30 a.m. will be cancelled and rescheduled. A four-hour delay will mean no appointments before 11:30 a.m., and so on.

If hazardous weather forces Fort Leonard Wood officials to release employees early, GLWACH's daily appointment schedule ends with beneficiaries being treated at that time. All appointments scheduled for after the early release time will be cancelled and rescheduled.

If weather closes Fort Leonard Wood all day, GLWACH will reschedule all appointments for that day.

GLWACH beneficiaries are encouraged to tune in to television stations KY-3, KOLR-10 and KSPR-33. They can also tune in radio stations KJEL at 103.7 FM; KFBD, 97.9 FM; KJPW, 102.3 FM; or KTTR/KZNN, 1490 AM or 105.3 FM for the most up-to-date information concerning Fort Leonard Wood.

KJEL is the only radio station manned 24 hours per day.

Information is also available by calling the Snow and Ice Removal hotline at (573)

Here's how it works:

1 If hazardous weather forces Fort Leonard Wood employees to delay reporting for two hours, GLWACH's daily appointment schedule would start at 9:30 a.m. All appointments scheduled before 9:30 a.m. will be cancelled and rescheduled. A four-hour delay will mean no appointments before 11:30 a.m., and so on.

2 If hazardous weather forces Fort Leonard Wood officials to release employees early, GLWACH's daily appointment schedule ends with beneficiaries being treated at that time. All appointments scheduled for after the early release time will be cancelled and rescheduled.

3 If weather closes Fort Leonard Wood all day, GLWACH will reschedule all appointments for that day.

Tune to television stations KY-3, KOLR-10 and KSPR-33 and radio stations KJEL at 103.7 FM or call (573) 563-4141 for the most up-to-date information concerning Fort Leonard Wood.

563-4141 or visiting http://www.wood.army.mil/wood_cms/ and click on the Snow and Ice Report link at the top right corner. People can also visit the GLWACH Web site at <http://glwach.amedd.army.mil> and click on the Clement Weather Information link in the middle column.

"We really encourage patients to think ahead and call their respective clinic before and during bad weather to get the most current appointment status or to reschedule," Bilynsky said.

Not only does the new policy clarify when clinics will be open, it also addresses a larger issue – safety for staff

and beneficiaries.

"We don't want people traveling on hazardous roads to get to appointments when they really would be better off staying home until it's safer," said Col. Judy Ruiz, GLWACH Commander. "We want people to get the health care they need, when they need it, but we must also ensure their safety, and that of our staff, in the process."

"We would never ask beneficiaries to do anything to harm themselves in the course of prescribing treatment; therefore, we should not ask them to perform unsafe acts to get here."

For more information, call (573) 596-0727.

Returning home offers joy, difficulties

By Dr. Trish Prosser

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

Having the family together again and enjoying the return of a deployed father or mother can be a time of great joy, but is also a major transition.

This transition can have its difficulties for all those involved—returning Soldier, spouse, children and other family members. Managing the change that deployments bring about can help everyone to develop resiliency, especially children.

Even a few months is a long time in the life of a child, whether the child is an infant, toddler, pre-teen or teenager. Children go through periods of rapid development and change, and this impacts their view of the world around them. They grow physically and emotionally—from crawling to walking, from home to school, from elementary to high school.

While the deployed family member was away there may have been varying amounts of contact by Webcam, phone,

email or letters. This can be great, but it can also have its problems. Be aware for instance that a 3-year-old seeing mommy or daddy on the Webcam does not always understand why mommy or daddy cannot just come out of the computer, and this can lead to some challenging behavior. Teenagers may feel resentful that mom or dad was not there for an important game or the prom, have the insight to know that absence was not the parent's fault, and then feel guilty for feeling resentful.

Talking to your children about their expectations for the homecoming is a good way to begin engaging them in the readjustments to come. Find out about the fun things they want to do with their returned parent and the things they may be fearful of. Also be aware the returning parent has been in a different place, perhaps in difficult circumstances and may also have certain expectations or fears about reconnecting.

Routines will need to be readjusted. It is to be expected that as new routines develop there may be some friction. The par-

ent that stayed at home managed to adjust to meet the challenges and changes over the period of the deployment and they find it difficult to change instantaneously.

Know what help is available to you and your family over this time. This is especially necessary for families of returning members of the Army Reserve and National Guard, who may not have as ready access to programs as active-duty Soldiers and families who have regular access to a military installation. In addition to Army support for returning Soldiers and their families, there are many other resources and support networks that have sprung up that are not attached to military families.

Many of these can be found on the Web or even from installation support services such as Army Community Services.

Above all, take things slowly. Be patient. There is no right way or wrong way to reconnect. The aim at the end, however long it may take, is that the family is still a family together.

Returning Soldiers: Remember 3 R's

By Dr. Trish Prosser

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

For deployed members, coming home can be a time of great joy and also nervousness. Changes have happened on both sides.

You've been away, seen and experienced many different and often difficult things. Whether you are a husband, a wife, a parent, a son, a daughter or a sibling, coming home can be tough.

The imagined reunion with family may not live up to the dream, and you may be confronted with a list of issues and problems that occurred while

you were away. Intimacy and family relationships may not fall straight back into the place where you left them before deploying.

Returning to duty could also bring about new issues for previously deployed Soldiers — perhaps some interactions have changed between those that were deployed together and those not deployed.

Each individual responds differently to different stressors and the different experiences that occurred while on deployment. As with most things, there are healthier ways than others to express the kinds of reactions one can have to these stressors.

Trying to keep to the health-

ier alternatives will ultimately make reintegration a smoother process. Reservists and National Guard members may be confronted with different problems from colleagues who may want to hear about the war and bosses who may expect your work performance to be "business as usual."

Some things to think about that may help when Soldiers experience the 3 Rs — return, readjustment, reintegration:

Set yourself some realistic goals and help your family by letting them know what it is you need and how they can help you. Vice versa, your family has dealt with many things while you were away; don't just expect them to drop everything

and focus on you.

Don't come back and lay down the rules. Watch the new routine and then look for ways you can help out and become a part of it again.

Listen to your family members. Listen to how your partner has been living while you were away. Listen to your children and what they were doing while you were away.

Early on, identify people that you can turn to for help and support. Some of these may be friends who are good to talk to and some may offer more professional guidance, such as a social worker, chaplain or financial advisor.

Be patient with yourself and your family.

Precautions protect dream vacations

By Capt. Kelly Sipe
Preventive Medicine

If you and your family are about to embark on your dream vacation or your work is taking you outside of the United States, don't let common traveler's health issues ruin your plans.

Implementing some easy-to-follow precautions can help make sure you have more fun or work and less illness. Here are some tips on how to have a great time on your vacation or business trip without getting sick from common travel health issues.

The Centers for Disease Control and Prevention strongly recommends scheduling a visit with your health-care provider four to six weeks before leaving the country to make sure you and all those traveling are current on all routine vaccinations. At this visit, any mandatory or recommended vaccines, in regards to the area of the world you're visiting, will be reviewed and administered, if available. If your doctor doesn't have

Keeping health in mind key to making sure you have more fun, less illness on overseas get aways

these vaccines available, he or she will tell you the closest facility that does.

When vaccinations are taken care of, make sure you and your family know how to prevent a condition called traveler's diarrhea. After all, who wants to spend more time on the toilet than on the beach or in the boardroom?

Approximately 20 – 50 percent of traveler's experience diarrhea four to 14 days after arriving in certain foreign countries. People usually contract traveler's diarrhea by ingesting contaminated food or water. Contrary to common belief, food, not water, is the primary source of traveler's diarrhea.

Since food is the major source of infection, paying close attention to your diet is very important. Foods should be well-cooked and served warm.

You should avoid raw veg-

etables, uncooked meat or seafood, and other foods maintained at room temperature. You should also avoid dairy products, tap water and ice, including frozen drinks not made from filtered water. Safe foods and drinks include carbonated beverages, beer and wine, hot coffee and tea, fruits that can be peeled and canned products.

The risk for developing traveler's diarrhea increases when eating in restaurants and purchasing food from street vendors. Washing your hands frequently with soap and clean water will help decrease the likelihood of developing traveler's diarrhea.

If you or one of your family or friends develops traveler's diarrhea, make sure to drink plenty of fluids. Drink small, frequent sips of clear liquids (those you can see through) as these are the best way to

stay hydrated.

Avoid alcohol, caffeinated and sugary drinks. Sports drinks that are diluted with filtered water can be used as well. Make sure to dilute these sports drinks as the sugar can make the diarrhea worse. Try to drink at least as much or more fluid than you think is coming out with the diarrhea.

Children and the elderly are more susceptible to dehydration. If you feel lightheaded or woozy, feel a rapid pulse or your mouth and lips are dry, see a doctor. If a child is listless, not eating or drinking and does not make wet diapers or urinate within a few hours, they should also see a doctor.

There are other important steps you can take to help stay healthy while traveling overseas. For more information, call the Travel Clinic on Fort Leonard Wood at (573) 329-1935. You can also find information at the Centers for Disease Control Website located at www.cdc.gov or call your family physician or local health department.

MPs offer tips to avoid being thief's victim

In the past several days, numerous Fort Leonard Wood residents have become a victim of crime due to the unauthorized entry into automobiles and theft of items. Many of these vehicles were left unsecured in an attempt to prevent locks from freezing.

To help keep from becoming a victim of this type of theft, post security experts offer the following tips:

- ◆ Lock your doors.
- ◆ If you have to leave valuables in your vehicle, lock them in your trunk or

conceal them before arriving at your destination.

- ◆ Leave no trace that there might be valuables in your vehicle – i.e. GPS docking station, CDs, cell phone chargers, etc.

- ◆ Try to park in well-lit areas.

- ◆ Do not leave valuables in your vehicle where they can be seen.

- ◆ Do not leave items that may seem of value to others even if not to you: backpacks, computer bags (even if no computer inside), gym bag, briefcases.

- ◆ Do not store valuables in your vehicle longer than necessary, especially overnight.

- ◆ Report all suspicious behavior to the Military Police Desk at (573) 596-6141.

If you observe someone breaking into an automobile, do not confront the suspect(s). Instead, call 911 and provide as much information as possible about them.

If you have any information about auto break ins or other crime, contact the Military Police Desk at (573) 596-6141.

Virtual behavioral health program gets nod

By Sharon Ayala

Western Regional Medical
Command Public Affairs

As part of the Army's continued commitment to meeting Soldiers' health care needs, the U.S. Army Medical Department recently embarked on a new behavioral health care initiative that uses Video-Teleconferencing to screen and assess Soldiers following their return from theater.

The Virtual Behavioral Health Pilot Program was first introduced in Hawaii at Tripler Army Medical Center in November 2009. It's part of a comprehensive program designed to augment services during the Deployment Cycle Support process to ensure that all Soldiers receive behavioral health screenings. In Hawaii, Soldiers assigned to a battalion-sized unit at Schofield Barracks were among the first to participate in the program.

In the coming weeks, the Western Regional Medical Command, through a joint venture with the Pacific Regional Medical Command, will begin offering virtual behavioral health screenings to Soldiers at Fort Richardson in Alaska. This will be the first phase of a gradual VBHP implementation program in the Western Region, which will include Fort Lewis.

The program's objective is to provide uniform contact, via face-to-face or the VBHP, with all redeploying Soldiers to identify care requirements early and help promote a cultural change of Soldiers' views of behavioral health.

"The quicker we can get them in for behavioral health intervention, the sooner we can address any issues that may be present," said Dr. Lawrence Edwards, Ph.D., chief of Behavioral Health for the Western Regional Medical Command. "The longer we wait, the more likely those issues are to get worse."

According to Edwards, implementing the VBHP at Fort Richardson will involve a brigade-sized unit and will take place around the February-March timeframe.

"At first we thought this was just another time-consuming event placed on our Soldiers during redeployment... But I'll tell you now, this is time well spent."

Col. Walter Piatt,
Commander

This is how the process will work at Richardson. Before redeployment, the unit's chain of command will coordinate, from theater, with the Military Treatment Facility to set up dates for the screenings, and provide recommendations on Soldiers they consider to be at risk. The VBHP screening process will be incorporated into the Deployment Cycle Support process, which will take place approximately 14-21 days after redeployment, and before Soldiers take block leave.

"It's usually during those three to four weeks following a deployment when things come up," Edwards explained. "If the screening is done some time before block leave, we can provide Soldiers with educational materials that explain what is normal, what's not normal, a list of things they should watch for, and a referral to BH services, if necessary."

So, what's involved, some may ask. The first part of the process involves Soldiers completing a brief, computer-based questionnaire that pertains to BH symptoms they may have experienced during deployment. The information from the questionnaire will then be electronically forwarded to a BH provider at one of two offsite military treatment facilities. There will, however, be several BH providers on-site.

Soldiers will then be directed to a private booth where they will engage in a 15 to 20 minute screening interview, via virtual technology, with a behavioral health clinician stationed at Tripler AMC in Hawaii, or Madigan AMC located at Fort Lewis. If that Soldier needs additional BH assistance, a follow up ap-

pointment will be scheduled at that time. The follow up appointment may be done via the VBHP or face-to-face at the local MTF.

Edwards pointed out that these screenings are separate from the regular pre-and-post deployment screenings that Soldiers routinely participate in. However, he quickly acknowledged that some Soldiers may perceive this program as something else being added to an already long list of things they have to do when they redeploy.

"It may be seen that way, but we're just trying to get eyes-on a little bit earlier just in case there are issues that come up," he said.

The process at Fort Lewis will be very similar to that at Fort Richardson, but on a much larger scale. As one of the Army's Power Projection Platforms, several thousand Soldiers are scheduled to begin redeploying to Fort Lewis in the near future. Edwards said that plans are currently underway to ensure that during the DCS process that every one of those Soldiers receives a BH screening by an on-site provider or via the VBHP.

So far, feedback from those who have participated in the program in Hawaii has been very favorable.

"At first we thought this was just another time-consuming event placed on our Soldiers during redeployment," said Col. Walter Piatt, who commands the 3rd Infantry Brigade Combat Team, 25th Infantry Division. "But I'll tell you now, this is time well spent."

Another commander said the Soldiers who went through the program, "seemed more comfortable with the computer interface than the face-to-face screening."

As the Western Region gears up to standardize and roll out the VBHP throughout the rest of region, Edwards added that additional BH providers will be hired to support the program's growth.

Future plans for this program, may soon encompass Army-wide implementation.

Wear hospital ID badge properly

Frequently our patients, their families and friends, and others need help with various things such as directions to a clinic or where to get the information they need. These individuals rely on GLWACH staff members to assist in these situations.

The GLWACH identification badge allows them to identify who to ask for help. It also allows our staff to identify who is authorized to be in the different areas of our facility. That said, it is critical for all employees to wear their identification badge so people can see it.

To access MEDDAC Command Policy #30-08:

- 1) Go to the KMN
- 2) Click on Publications, Policy Letters & Regulations
- 3) Policy Letters listed numerically

The badge should be worn as follows:

- When wearing the Army Combat Uniform, put your badge on the furthest point of the left collar.
- When wearing the Class B uniform, put your badge on the left shoulder board or shoulder loop, two inches to the left of the button.
- When wearing scrubs,

put your badge on the left upper pocket or at the bottom of the "V" on the collar.

- When wearing a lab coat, put your badge on the left collar, even with the base of the neck.
- When wearing civilian clothes, put your badge on the left collar, even with the base of the neck or on the left breast pocket.
- Civilian employees can

wear their badge on a chain or neck cord hanging around their neck. However, the bottom edge of the badge must be within eight inches from the base of the neck.

Wearing the badge in any other way but these is not authorized. You must also wear your badge at all times while working in the facility. You should not wear it and must secure it when outside the facility.

You can find more information in MEDDAC Command Policy #30-08, Hospital Identification Badges.

H1N1, from Page 1



Connie Miles, Pulaski County Health Department, gives 4-year-old Hunter Decker his H1N1 shot at Nutter Field House Jan. 19. (Photo by Carl Norman)

non-appropriated fund civilian employees or non-military beneficiaries eligible for care at a military treatment facility. Civilians not falling into one of these categories can get the vaccine from one of several off-post clinics, according to Donna Brashear, Pulaski County Health Department administrator.

Those clinics include:

- ◆ St. John's Clinic – St. Robert, Mo: (573) 336-5100
- ◆ St. John's Clinic – Richland, Mo: (573) 765-2956
- ◆ Central Ozark Medical Center – Richland, Mo: (573) 765-5141
- ◆ Dixon Family Practice – Dixon, Mo: (573) 759-3030

◆ Thomas Medical Center – Waynesville, Mo: (573) 774-6279

Brashear said these clinics have ample H1N1 vaccine supplies but may charge an administrative fee of up to \$15. The Pulaski County Health Department in Crocker also provides H1N1 vaccine, free of charge. It is open for walk ins from 7 a.m. – 5 p.m. on Mondays and 8 a.m. – 4:30 p.m. on Wednesdays. People can also call (573) 736-2217 to schedule an appointment.

You can reach the General Leonard Wood Army Community Hospital Immunization Clinic by calling (573) 596-0035 and asking for extension 6-1768.

CLINIC, from Page 1

Care Clinic comes with a few simple rules.

"It's not a walk-in clinic," Bautista said. "Providers will see patients booked through the GLWACH appointment line only. Additionally, appointments will only be

booked in this clinic after all other primary care appointments have been filled."

The new clinic will also be more convenient and accommodating for people who may have issues that are not emergent but require a visit

within that day, said Tammy Warner, GLWACH Access to Care Manager.

"This clinic should relieve congestion in the Emergency Department as the number of emergency room visits continues to climb," she said.

"It will decrease the number of non-urgent patients seeking care in the emergency room."

To book primary care and Acute Care Clinic appointments, beneficiaries should call 866-299-4234.

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, 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 Jan. 26 – Feb. 28, 2010.

— **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:

◆Feb. 3, 9 – 11 a.m.

◆Feb. 17, 9 – 11 a.m.

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

◆Jan. 27, 9 – 11 a.m.

◆Feb. 24, 9 – 11 a.m.

— **Breast Pumping techniques:** Class dates:

◆Jan. 29, 9 – 11:30 a.m.

◆Feb. 26, 9 – 11:30 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 dates:

◆Feb. 8, 1:30 – 3 p.m., MEDDAC Classroom, General Leonard Wood Army Community Hospital

◆Feb. 22, 1:30 – 3 p.m., MEDDAC Classroom, GLWACH

— **Diabetes Journey for Control :**

◆Session 1, Diabetes Overview, explains diabetes, blood glucose and insulin, and resolves some common myths. Class date: Feb. 2, 1 – 3 p.m.

◆Session 2, Healthy eating, describes relationships between diabetes and

food. Class date: Feb. 9, 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: Feb. 16, 1 – 3 p.m.

◆Session 4, Complications, explains potential long-term complications. Class date: Feb. 23, 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:

◆Feb. 5, 8 a.m. – noon

◆Feb. 19, 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:

◆Feb. 9, 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:

◆Feb. 5, 1 – 2:30 p.m., Suite H

◆Feb. 19, 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:

◆Feb. 10, 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:

◆Feb. 23, 5 – 7 p.m.

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

◆Jan. 28, noon – 2 p.m.

◆Feb. 4, 5:30 – 7:30 p.m., MEDDAC Classroom, General Leonard Wood Army Community Hospital

◆Feb. 8, 5:30 – 7:30 p.m., MEDDAC Classroom, GLWACH

◆Feb. 18, 5:30 – 7:30 p.m., MEDDAC Classroom, GLWACH

◆Feb. 25, 5:30 – 7:30 p.m., MEDDAC Classroom, GLWACH

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

◆Feb. 19, 1 – 2 p.m., Judge Advocate General office, Building 315, cal (573) 596-0629 to sign up

— **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:

◆Feb. 1, 1:30 – 3 p.m., MEDDAC Classroom, 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 date:

◆Jan. 26, 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. 27, 1 – 3 p.m.

◆Feb. 3, 1 – 3 p.m.

◆Feb. 10, 1 – 3 p.m.

◆Feb. 17, 1 – 3 p.m.

◆Feb. 24, 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:

◆Feb. 22, 1 – 3 p.m.

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

◆Feb. 2, 9 – 11 a.m.

◆Feb. 16, 9 – 11 a.m.