

SCUTTLEBUTT

Naval Hospital Camp Lejeune
"We Build Strength Through Caring"

JULY 2011

Led by Naval Hospital Camp Lejeune's Art Therapist Gayla Elliott (not pictured), and Psychiatric Technician Katie Rickabaugh, (not pictured), patients sketch, paint and draw during a weekly studio art therapy group session at NHCL's Center for Intake and Referral Center on June 16.

U.S. Navy photo by Anna Hancock

INSIDE: From combat to canvas: healing the wounds of war — NHCL on Facebook

What are your 'always events?'



What three or four things do you always want to happen, every time you go to the doctor or hospital? It is an interesting question. Our patients always know if they had a good experience, but when asked what made it that way, they usually give a description of what happened. And it usually revolves around the personal touch. Someone going the extra little bit to take care of them;

mostly small things that are easy to provide if we take the time to think about them.

How many times have you been frustrated while trying to get service of some sort, and then get immediately disarmed by a warm smile and someone who wants to help you make the best of it?

One of our command's strategic objectives is to improve the experience of both patients and staff. Start thinking about what things would make your experience better if they always happened, both as a patient and as a staff member. Then provide them to our patients and each other.

We are already doing many of them, but what would make things even better if they truly always happened? Friendliness? Walking someone to their location when they are lost? Protecting privacy? Being timely and acknowledging when we are not? These are a few things I've heard from people recently.

Give it some thought. What are your 'always events?'

D. J. ZINDER
Captain, Medical Corps
United States Navy
Commanding Officer

Adm. Valentin briefs state of MSC



U.S. Navy photo by Hospitalman Timothy Buchheit

Rear Adm. Eleanor Valentin, commander, Navy Medicine Support Command and director, Medical Service Corps, addresses Medical Services Corps Officers during her visit to Naval Hospital Camp Lejeune on June 21.

Valentin visited Lejeune to provide an overview of the state of the Medical Service Corps program to Medical Service Corps Officers from the Naval Hospital and from the operational Forces. Prior to meeting with the Medical Service Corps officers, Valentin was led on a tour of the hospital's new construction and renovation sites by Capt. Daniel Zinder, commanding officer, NHCL.

Valentin was first commissioned in 1982 and since that time she served a distinguished career in a wide array of locations in various positions in the Navy. Valentin is not a stranger to eastern North Carolina and previously held the position as the Commanding Officer, Naval Hospital Health Clinic, Cherry Point, N.C.

scut-tle-but

n.

1. Slang for spoken communication; through the grapevine

2. Nautical

a. A drinking fountain on a ship; gathering place

b. A forum for NHCL staff to get 'insider info'

SCUTTLEBUTT



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www.facebook.com/nhclejeune

Congratulations NHCL Sailors!

The following NHCL sailors were pinned at a frocking promotion ceremony on June 23:



Petty Officer First Class: HM1 Bains; Petty Officer Second Class: HM2 Carr; HM2 Cormier; HM2 Cutler; HM2 East; RP2 Galton; HM2 Miller; CS2 Nelson; HM2 Nesby; HM2 Robbins; HM2 Rodriguez-Molina; HM2 Serio; HM2 Shepherd; Petty Officer Third Class: HM3 Bloemendaal; HM3 Brown, Christopher; HM3 Brown, Dionicio; HM3 Cohen; HM3 Comer; HM3 Dagdag; HM3 Farley; HM3 Frisbee; HM3 Guevara; HM3 Hamer; HM3 Henderson; HM3 Jenkins; HM3 Johnson; HM3 Kim; HM3 Monaghan; HM3 Morrissy; HM3 Muniz; HM3 Otero; HM3 Roberson; HM3 Rowlett; HM3 Springfels; HM3 Steele; HM3 Wood.

Tweeted? Facebook'd? Flick'd?

By Anna Hancock
NHCL Public Affairs

Have you ever “YouTubed” a video from your smart phone, then “Tweeted” it just before “Facebooking” it, after having “Flick’d” it? Then “Blogged” about everyone’s reaction? Or are you stuck on the word tweeted?

Well, those who have are now part of society’s majority. For everyone else, here is the translation...

Let’s say you took a video of your child’s T-ball game with your phone and wanted to share it with others. You logged on to the video-sharing site, YouTube, and uploaded it to your account. You wanted 12 of your closest friends and family to watch it, but you didn’t have the time to make 12 phone calls. Instead, you logged on to your social networking sites, Facebook and Twitter. In Facebook, you typed a “Status update” or “Message” which you sent to your friends and family who previously requested to be your “Friend” or “Fan.” Then in Twitter, you typed a message and sent, or “Tweeted,” to your friends and family who previously requested to “Follow” you. But before that, you also edited your video, captured still screen shots and converted them to photographs, which you uploaded to your account on the photo-sharing site, Flickr, for your friends and family to see. Once this was all said and done, you wrote a personal essay-like “Post” on your blog sharing everyone’s thoughts on the matter. All in a matter of minutes.

Welcome to the 21st century. The days where the word “Facebooked” is now a verb and “Liked” is no longer every second word spoken by a California valley girl. When the Secretary of the Navy has more than 5,300 followers on Twitter and you get that email from your 80-year old great aunt or 8-year old nephew recommending you to “Sign up for Facebook,” it’s probably time to get online.

YouTube, Facebook, Twitter, Flickr, blogs and other social networking, video- and photo-sharing sites have been online as

early as 2004, so it’s safe to say that they are no longer society’s trending communication tools. In fact, they fall into a genre called Web 2.0 or social media. According to an annual Forrester Research survey in 2009, they are tools used by four in five online adults, and are now an official communication medium fully supported and incorporated into the Department of Defense and Navy’s many strategic and or crisis communication plans in commands around the world.

Although much of the younger generations have been networking for years, it was only a few years ago that the Navy decided to stake out its share. The Department of Defense created a new directorate within the Defense Media Activity, a field activity of the Office of the Assistant Secretary of Defense for Public Affairs, called, DoD Emerging Media. The purpose is to enable commands and organizations throughout the services and DoD to provide information about their missions and activities to service members, their families and loved ones, and the American public. The measures of successes vary from tool to tool and from command to command, but the tools have been largely successful with providing information since their initial integration into the DoD world of communication.

Naval Hospital Camp Lejeune recognized the need to join the network and launched a command Facebook page in early December. With the intent to reinforce a sense of teamwork within the staff and promote a positive patient experience to the beneficiaries, NHCL’s Facebook site has drummed up a fan base of 700 plus, and that number continues to grow every day.

“The messages sent out through NHCL’s Facebook page peaked early this year by reaching an audience of more than 10,000 people in one week,” stated Capt. Daniel Zinder, commanding officer, NHCL. “We understand the importance of communication and are working hard to use all the tools we have at our fingertips. The more people we can reach, the better.”

The key lies within the technology. The technology is designed to exponentially share messages in a matter of seconds, decreasing the legwork needed to do

From combat to canvas:

By Anna Hancock
NHCL Public Affairs

art therapy

A heavy metal song was blaring throughout the art studio. A Marine initiated small talk about past combat experiences filled with roadside bombs and six-hour long firefights. Several others chimed in sharing their stories; comparing notes. Paintings of bloodied Kevlar helmets, rocket-propelled grenade launchers, HUMVEEs and patriotic tones were scattered in the room. Marines and Sailors, who can be expected to discuss weapons and warfare, wrapped up their conversation by deciding on illustrating their experience with either a pencil or a paint brush.

This was not your conventional art class.

It was a weekly studio art therapy group session at Naval Hospital Camp Lejeune's (NHCL) Central Intake and Referral Center (CIRC).

The art therapy program continues to be one of the most effective Post-Traumatic Stress Disorder (PTSD) treatment programs offered by CIRC. Patients with Traumatic Brain Injury (TBI) also benefit greatly from art therapy.

The goals of art therapy are many. According to the American Art Therapy Association, by integrating the fields of human development, visual art, and the creative process through models of counseling and psychotherapy, art therapy helps patients who have been diagnosed with PTSD or TBI resolve conflicts, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and achieve insight. It also assists in rehabilitation by developing hand-eye coordination and increasing focus and concentration.

Knowing your chances and getting help

Research conducted by the DoD Center for Deployment Health Research shows that service members who deploy have an increased

risk for PTSD symptoms and or exposure to instances causing TBI. Marine Corps Manpower and Reserve Affairs reports that between 2001 – 2010, about 276,500 Marines have deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom. And in 2011, Marine Corps Base Camp Lejeune deployed approximately

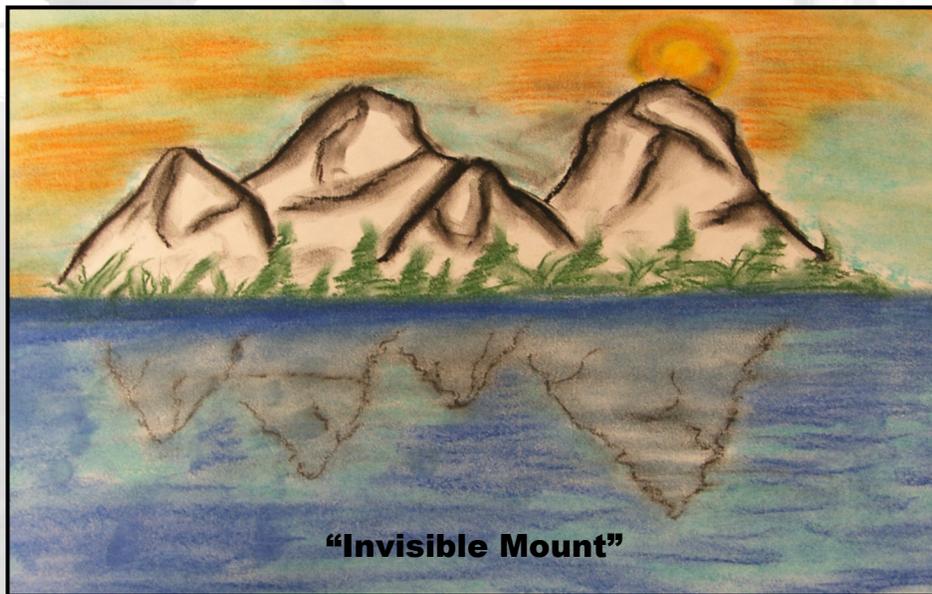
23,000 Marines and Sailors. One can expect the high number of deployed Marines and Sailors to correlate with NHCL's volume of patients being treated with PTSD or TBI, but those who do not feel comfortable admitting they need help, have trouble communicating their feelings, or have difficulties recognizing something in them has changed, may still not be receiving the treatment they need.

"There is a stigma that exists with admitting you are dealing with stress from exposure to a traumatic event. Service members often feel exposed, weak

or even defeated. Some feel like they were not successful at accomplishing their mission," explained Gayla Elliott, Master's-level art therapist and founder of NHCL's art therapy program. "Hopefully art therapy can reach the patients reluctant to undergo other, more traditional, forms of therapy."

Marine Corps leadership and Navy medicine providers across the board are urging Marines and Sailors to realize they are not defeated. They are not weak. They should not be ashamed. It is OK to ask for help. And the providers at NHCL agree that striving to approach military medicine on a comprehensive, more holistic approach is the best way to do so. Holistic medicine provides options for service members to get treatment when they need it, using a method that works best for them, while feeling comfortable doing so.

"War deployments expose service members to unique, life-altering, traumatic events that one can never be fully prepared



In this chalk drawing the mountains represent a patient's PTSD. The reflection in the water represents the illusions and self-deception used to avoid the pain of traumatic memories. The metaphor allow the patient to see his goals of confronting the immensity of the challenge, climb the mountain and reach the hope and power symbolized by the sun.

healing the wounds of war

to handle. That's just the nature of the beast," stated Elliott. "But it's the process of reintegrating into life outside of the combat environment and learning how to cope with the trauma that is crucial to moving forward in a positive direction."

No skills required

NHCL's art therapy program treats an average of 40 patients per week who are referred for care from their Primary Care Manager. The group and individual art therapy sessions augment traditional therapy and give voice to thoughts and feelings that the service member may have difficulty expressing. Elliott lauded the patients for being dedicated and focused in their art therapy sessions and driven to progress.

For many patients in the art therapy program, they noted how it was difficult to embrace traditional one-on-one sessions with a mental health therapist.

Art therapy groups are also offered on the inpatient psychiatric ward at NHCL. Each session typically begins with a discussion lead by Elliott. The patient briefly talks about their experiences or about something that is weighing heavily on their minds. Then Elliott or the group chooses a theme to depict through art, and each patient decides on the medium for their artistic creation. Elliott has pencils, paints, chalk, pastels, clay and collage materials available for the patients.

"The great thing is that you don't need to be good at art," explains Elliott. "Unconscious material is shown through art, even if the drawing is not mechanically perfect."

Elliott continued to say that the drawings, paintings and sculptures are powerful because the content has deep meaning for the patient. Once the art is put on paper, the patient can see both the art and the problems face to face. Then Elliott assists the patient in understanding the images and discussing the best method to overcome or deal with what is depicted.

"A new problem or a new feeling or a new way to heal unfolds every time a patient explains the picture, whether it is a scribble or a highly developed painting," said Elliott.

Moving forward

One benefit that is not typically researched as an attribute of art therapy is how it influences individuals beyond the treatment of PTSD or TBI.

After gaining insight from each artistic piece created in the CIRC studio art therapy group and learning from other wounded service members overcoming similar challenges, several patients decided to give back to who they call their "wounded warrior family."

"I donated one of my favorite art pieces to be sold at an auction held to raise money for the family of an explosive ordinance device technician I once served with. He was wounded overseas," noted Marine Corps Staff Sgt. Jason Jensen, art therapy patient who was wounded during a deployment to Iraq in 2006. "As a wounded warrior, I feel honored to give a piece of my artwork to help another wounded warrior family."

Many of the members in the group session also donated pieces to be auctioned off to assist the family in need.

All agreed that Jensen's work and artistic ability supersedes their own. All agreed his work will bring in the most donations for the family.

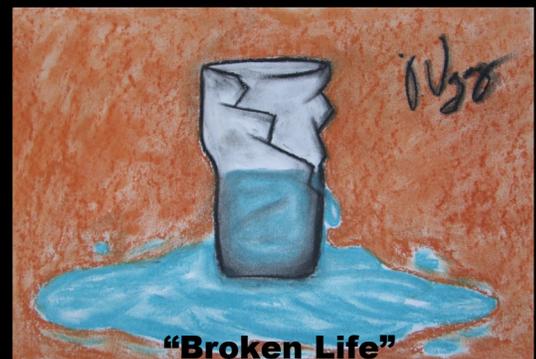
A positive, clear and supportive way of thinking that demonstrates how art therapy assisted with the rehabilitation for patients overcoming the life-changing experiences of combat.



This sculpted picture represents the patient being torn apart by combat and sewn back together piece by piece as the patient reintegrates and undergoes treatment for PTSD.



The black tear in this chalk drawing represents when the patient feels depressed. The patient explains that the colors that surround it show the good feelings that the patient wants to have.



In this chalk drawing, the broken glass represents the patient. The water represents his uncomfortable emotions as they have spilled out, allowing his feelings to flow. The artwork helped the patient recognize that his glass, though damaged, is still half-full.

HOSPITAL ROUNDS

Oakleaf donates \$1,300.00 in supplies



U.S. Navy photo by Hospitalman Timothy Buchheit

Naval Hospital Camp Lejeune leadership poses with members of the Oakleaf Club after receiving more than \$1,300.00 worth of donated items from the all-volunteer club June 7. Pictured left to right: Senior Chief Hospital Corpsman Tim Hanley; Capt. Daniel Zinder, commanding officer; Cmdr. Brad Buchanan; Command Master Chief Terry Prince; Lucille Iannone; Cmdr. Matthew Case, acting executive officer; Krystyn Case; Paula Blivin; Casey Arnold; and Lt. Jonathon Bullman.

Prepare for hurricane season!

Annually, from June 1 - Nov. 30, MCB Camp Lejeune is placed on hurricane Destructive Weather Condition V (vigilant state of readiness).

Please gather your hurricane kit; plan an evacuation route; note and repair and/or report structural weaknesses to your home and place of work; and review the Emergency Operations Plan at your place of work.

Use these times of calm winds and weather to be prepared, should you need to evacuate!

Summer safety: grilling tips

- Keep your grill at least three feet away from your house, porch, shed, bushes or trees
- Do not use starter fluid on a fire after you already tried to start it
- Never use gasoline to start or restart charcoal
- Never leave lit grills unattended
- Always keep children away from your grill while it is hot



Happy grilling!

Brought to you by NHCL Health Promotion and Wellness

NHCL gets top award for PPS



Courtesy photo

Lt. Cmdr. Dennis Tolentino, comptroller, Naval Hospital Camp Lejeune (pictured right) accepts the Prospective Payment System (PPS) award on behalf of NHCL from the Surgeon General of the Navy Vice Adm. Adam Robinson, (pictured left). NHCL achieved the highest PPS value increase from FY09 baseline among Family Practice Teaching Hospitals throughout Navy Medicine. The award measures outpatient, inpatient and mental health, and testifies to the hard work and dedication of all NHCL staff who consistently provide safe and quality patient care.

Early protection is the best protection!

True or false? Men can get breast cancer. Breast cancer is the most common cancer among American women, except for skin cancers. Breast cancers can be detected early through a simple screening examination.

All of the answers are true! Everyone should be concerned about breast cancer. If you are a DoD ID card holder, visit Naval Hospital Camp Lejeune to get a screening mammogram.

TRICARE covers annual breast cancer screenings for individuals ages 35 years and younger with a first degree relative who has or had BC; high risk individuals ages 35 years and older; and ALL women ages 39 years and older. Start yourself on your road to breast health awareness! Call 450-3470 and make an appointment.

As the temperature rises, so do heat injuries

By Cpl. Jonathan G. Wright
Marine Corps Base Camp Lejeune

On July 8, 1999, Lance Cpl. Giuseppe Leto participated in an eight-mile company hike aboard Marine Corps Base Camp Lejeune. The company commander marched the unit too quickly with no rest periods in the near-90 degree heat. During the course of the hike, fellow Marines observed Leto vomiting and sweating excessively, and after the hike, he wandered off from the unit, only to be found dead hours later. The resulted cause of death was heat-related.

While the garrison Marine of MCB Camp Lejeune and the deployed Marine in Helmand province, Afghanistan, share few daily similarities, one thing is parallel, especially during the current time of year: heat. While the differences in terrain are obvious, the men and women in uniform in both locations are required to take measures to guard against the oppressive heat.

"Some people think 'I'm hydrated, so I'm protected,'" said Cmdr. Steve Blivin, physician with the Family and Sports Medicine Department of Naval Hospital Camp Lejeune. "There are many more factors in guarding yourself against heat-related injuries, not just hydrating when you feel like it."

With the summer season quickly making its presence known aboard MCB Camp Lejeune, the possibility for heat casualties is on the rise, having already struck various service members aboard the base unlucky enough to exercise unprepared.

"No one wants to get the infamous silver bullet (rectal thermometer)," said Blivin. "But further, no one wants to end up dead."

While rare, death can be the result of a culmination of heat-related effects on the body, and while Marines may not necessarily die if they under-hydrate or do not properly prepare for physical training in the heat, there is a multitude of unpleasant outcomes.

"The spectrum of exertional heat injuries ranges from simple heat cramps to life threatening heat stroke," said Blivin.

SEE HEAT INJURIES page 8

Camping out at the Coca-Cola 600

By Lt. Nathan Hemerly
Family Medicine Clinic

I have been going to NASCAR races since I was in kindergarten. We had to request front row seats at Pocono Raceway because I could not see over the crowd. Despite going to dozens of races at several different tracks, I never had the opportunity to see a race from the infield camping area.

That changed on Memorial Day weekend thanks to Ann Bell, consolidated immunizations staff, Naval Hospital Camp Lejeune. I was told by multiple people when I first checked into NHCL last year that she had a great hook-up for the Coca-Cola 600 weekend. She watched the race from Charlotte Motor Speedway's infield for nearly a decade after becoming a Jeff Gordon fan in 2002.

"I got interested in NASCAR while taking care of a pediatric patient who was confined to his home. His favorite thing was NASCAR and his favorite driver was Jeff Gordon," Bell said. "Many people do not realize that he has a Jeff Gordon Children's Foundation that helps organize bone marrow registry drives, and that he built the Jeff Gordon Children's hospital in Concord, N.C. He and his wife are advocates for the Pertussis Immunization."

Needless to say, I planned my first Memorial Day weekend almost before I had my first CAC card.

Only two things made me nervous about watching a race from the infield: staying awake for the four hour drive and putting up a tent. Both were complicated by the fact that I was driving to Charlotte after being on call the night before.

The thrill of awaiting an exciting finish was quickly erased by the fear of having to put up my first tent. There was no avoiding it. My two hours of sleep would have to provide enough brain power and muscle to get the thing standing up on its own.

Suddenly, and without warning or needing to be asked, four or five members of the close knit NASCAR family came to my

rescue. They knew I didn't stand a chance when I started reading directions.

"The best part of being on the infield is that you get to meet a lot of people and they become like an extended family. Most of the folks that hold camping spots return year after year and for both races so you get to know everyone around you," Bell said.

The only thing I could really offer was babysitting. Several families had small children, and since my wife and I don't have any of our own, we don't mind giving other people a break. Kids are more at my intellectual level too. Sometimes I wish the world really was all about squirt guns.

Race Day Sunday brought two terrific finishes: one in Indianapolis when J.R. Hildebrand drove his car into the fourth turn wall on the last lap of the Indy 500, and the other was right in front of us in Charlotte. Dale Earnhardt, Jr., number 88, NASCAR's most popular driver who is in the midst of a three-year winless drought, found himself in the lead with two laps remaining.

Earnhardt is my favorite driver too, so I smelled a victory when he sailed off into turn three of the final lap with a sizeable lead. Sadly, when he stomped the gas for the final straightaway to the finish line, nothing happened because number 88 was out of fuel. They had pushed the fuel strategy 300 yards too far. Dale Jr. chugged across the finish line with a disappointing yet still admirable seventh place finish as Kevin Harvick took the win.

Heartbreak in sports is something I'm used to as a Philadelphia fan so Dale Jr.'s misfortune didn't bother me for long. It was over-shadowed by the experience of spending a weekend with people who will stop whatever they are doing just to help out a sleep-deprived, city-slicker intern.

HEAT INJURIES from page 7

"Common sense and an understanding of (these injuries) are essential to their effective identification, prevention and treatment."

There are four types of heat-related injuries dictated by two major risk factors. The types of clothing worn, working out with others rather than alone and inadequate sleep all contribute to how one's body can be effected by the hot weather. The four types of heat-related injuries and their remedies are as follow:

Heat cramps: Painful muscle spasms of the legs, arms and torso caused by under-hydration. Can be treated with salty foods and proper fluids.

Heat syncope: Fainting or collapsing caused by blood pooling in the legs (not properly circulating to the brain). Occurs commonly after running if the runner does not take a cooldown walk/jog. Can be treated with shade, water and laying flat with the legs elevated.

Heat exhaustion: Fatigue, headache, nausea, vomiting, cramps, rapid breathing, rapid heart rate or dizziness may occur. Can be treated by elevating the legs above the heart, properly hydrated, minimizing clothing and resting in a cool place.

Heat stroke: Collapsing or mental status change, such as being uncommonly giddy, agitated or combative, and occurs with little to no signs and is the most serious of the four. Can be treated by maintaining the casualty's airway, removing him from the heat and sun, removing all clothing while keeping necessary undergarments on and dousing with water until a corpsman or other medical attendant arrives.

In the past five years, there have been a recorded 628

heat-related injuries events aboard MCB Camp Lejeune and Marine Corps Air Station New River alone, with a total of 564 casualties in 2010.

"There are some treatment steps in every instance, but the most important thing in guarding against these injuries is to prevent them beforehand," said Blivin.

There are a number of safeguards on every installation to help protect against heat-related injuries, such as the heat flag activity system and various water coolers placed along running paths, but the prevention steps ultimately start and end with the individual service member.

Blivin stressed that alcohol has no role in sports performance and energy drinks are also something to watch out for. Water should be kept in moderation as well, since excessive hydration will in fact over-hydrate the body, causing hyponatremia, or water intoxication.

"Drink to your thirst, but definitely no more than three gallons per day, or 12 liters," said Blivin. "I was involved in an investigation with a heat-related death, and the victim, prior to working out, drank 18 liters of water."

The welfare of the Marines, Sailors and civilians aboard MCB Camp Lejeune is of the utmost importance. Knowing one's limits, preparing beforehand and properly ensuring the right measures have been taken are all part of keeping the garrison Marine healthy at home so he can be advantageous overseas.

Excerpts of this article have been reprinted with permission from The Globe.

SOCIAL MEDIA from page 3

one-on-one communication. Hypothetically, one status update on Facebook sent out by a person with 200 friends or fans, can reach an audience of 400 people in a matter of seconds. The update can reach an audience of more than 1,000 in a matter of minutes and an audience of more than 10,000 in a matter of days.

For example, the Egyptian revolution in early 2011 that unified tens of thousands of pro-democratic, non-violent protestors worldwide was largely attributed to the messages spread through social networking sites. On the flip side, more than 1,500 people crashed a birthday party in early June after mistakenly receiving an invitation intended for a select few sent through Facebook. This is the power of social networking.

The technology that has changed the way we live; the way we communicate; the dynamics of our personal relationships; and, the profit margins of businesses, is all done through a complex network of algorithms and technical infrastructure that began by a young Harvard university student in his college dorm room.

Sure, there will always be skeptics thinking it is too impersonal, not secure, too much work, or simply the people who do not want the world to know their business, but think of social networking how the founder of Facebook describes it, "It's like a final club, except we're the president."

A club, that is all about you. You control the information you share; the security of your accounts; the photos you post; the

people who can access your accounts; and, how frequently you use the tools. And if you are worried about anything launching into cyberspace with a nature less than positive, keep in mind that in one year, less than 8% of social networking interaction is negative. And within the 8% of negativity, a door opens for you to clarify what can often be a misunderstanding or miscommunication.

If you are still not a fan of Web 2.0 tools, if not for anything else, frequent the fully-interactive Naval Hospital Camp Lejeune Facebook page at www.facebook.com/nhlejeune and join the 700 plus fans who receive daily updates about the accomplishments of their peers; the events happening at the hospital; and, the services offered by the various departments. If you are an employee who wants to get a message out, contact the Public Affairs Office and let them know. If you are still not comfortable creating a personal profile on Facebook or just not technology savvy, go to the site and set up an Internet Explorer "Bookmark" so you can at read the site, just as you would a local news service's Web site.

It is only a matter of time before NHCL joins its military medicine peers on Twitter, Flickr and begins contributing video clips to the Navy Medicine YouTube page, so hop on the social media train before it pulls forward full steam ahead.

All of you work hard day in and day out to make this hospital a great place to work. The Public Affairs Office encourages you to sign up NOW for Facebook and other social media genres so you will have access to the latest and greatest information about the hospital. We promise you, you will be glad you did!