

NAVAL HOSPITAL CAMP LEJEUNE *"We Build Strength Through Caring"*

SCUTTLEBUTT

VOLUME 2 ISSUE 7

JULY 2012

Acupuncture

Naval Hospital Camp Lejeune's Family Medicine Clinic, Pain Management Clinic, Sports Medicine Clinic, and Marine and Sailor Concussive Recover Center physicians fuse modern medicine and traditional therapy as one of the many alternative treatment options available for NHCL patients.

Story on page 4

U.S. Navy photo by Hospitalman Matthew Heefner



Deliver, Seize, Embrace, and Excel



Capt. David A. Lane
Medical Corps
Commanding Officer

I cannot describe how proud and happy I am to me be your new commanding officer. Although I am humbled – and admittedly a little nervous – about taking on this awesome responsibility, there is no place I’d rather be in Navy Medicine today than at Naval Hospital Camp Lejeune. I hope you feel the same way as I do.

The *Scuttlebutt* provides me an early opportunity to describe my philosophy of command. A command philosophy is not about prioritizing programs, projects, or processes. That will come in due time, after I’ve had a chance to settle in and listen to leaders from across the command who already know our customers and patients and the inner workings of our organization well. This is about major organizational

themes that are important to me, and that I want all of you to make important, too.

My command philosophy has four central pillars: (1) Quality health care defines who we are. (2) Seize opportunities to ensure current and future success. (3) Embrace a “Ship, Shipmate, Self” culture. And, (4) Excel as 21st Century Sailors. Let me explain.

Quality health care defines who we are.

We must deliver high quality, compassionate, patient and family centered care to all our beneficiaries. This is job #1 for each and every one of us, for each and every encounter, each and every day, regardless of whether we provide direct patient care or support those who do. If we settle for mediocrity here, that’s exactly what we’ll get – which is unacceptable.

Seize opportunities to ensure our current and future success.

Navy Medicine is embarking on a new era – one that will see the drawdown of combat forces in Afghanistan, and one that is already struggling with budget and personnel cuts. We should view these changes as opportunities to retool our plans and operations to ensure we are positioned to accomplish Naval Hospital Camp Lejeune’s mission today, tomorrow, and well into the future. Developing a roadmap

for our future will be one of my top priorities.

Embrace a “Ship, Shipmate, Self” culture.

Like our Surgeon General, I want us to work, think, and train as a team with unity of purpose, and have a command culture and climate that put service to others and to our shipmates above self. We all share the responsibility to meet the highest standards of personal and professional conduct. Going beyond our Navy’s core values of honor, courage, and commitment, we need to treat everyone with dignity and respect, and hold each other and ourselves accountable to do the right thing, even when it’s not the easy thing to do.

Excel as 21st Century Sailors.

Our Secretary of the Navy has launched the 21st Century Sailor initiative, charging us

with redoubling our commitment to our most important resource – our people. Accordingly, we need to invest in the readiness, safety, and holistic fitness of our staff, including active duty, civil service, and contractors. We will support personal and professional growth and provide the tools and resources needed to maintain resiliency and to face today’s complex challenges.

I intend to expound on each of these pillars during subsequent issues of *Scuttlebutt*. In the mean time, I trust you’ll embrace this philosophy with me, and that we can go forward together and do great things for Naval Hospital Camp Lejeune, and, in turn, for our beneficiaries. I have an open door for anyone with questions.

- Capt. David A. Lane

scut-tle-butt

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 and beneficiaries to get ‘insider info’

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NHCL Bids Zinder Farewell, Lane Takes the Helm

By Raymond Applewhite
Public Affairs Officer

After nearly a two-year stint of service, Naval Hospital Camp Lejeune Commanding Officer Capt. Daniel J. Zinder was relieved by Capt. David J. Lane during a traditional military change of command ceremony at Camp Lejeune's Marston Pavilion June 8.



U.S. Navy photo by Hospitalman Lauren Robshaw

Capt. David J. Lane (front) assumes command of Naval Hospital Camp Lejeune relieving Capt. Daniel J. Zinder (back) concluding the end of the traditional change of command ceremony held at Marston Pavilion June 8.

At the commencement of the ceremony, the Second Marine Division Band ensemble performed a medley of military music.

Lt. Gen. John M. Paxton, commanding general, II Marine Expeditionary Force and commander, United States Marine Forces Africa served as the guest speaker for the ceremony and spoke about Zinder's numerous accomplishments during his military career and his tenure as the hospital commander.

Paxton gave an eloquent speech filled with Marine Corps and Navy history. He drew a thunderous applause from the

standing-room-only crowd of over 400 people when he recognized the 114th birthday celebration of the Navy Hospital Corps.

"Dan, I cannot overemphasize the impact that your leadership has meant to the Marines, Sailors and family members here at Camp Lejeune. The strength and bond between the blue and green team is rock solid. You understand Marines and Sailors and you put it all together for all 57,000 of the troops," said Paxton.

Zinder's accomplishments since assuming command in July 2010 are many. He led the charge for care of wounded warriors with the implementation of a 16-week Traumatic Brain Injury (TBI) program. Under his guidance, the hospital became the gold standard for medical boards processing. Health Promotions department won the Surgeon General's Blue H Gold Star award for excellence for the third consecutive year, emergency manager and management plan were recognized for excellence by the Navy Inspector General. Additionally, the command expanded the Medical Home concept, improved access to primary care. Zinder is also credited with the development of the Welcome Back MEDEVAC program which reduced time to see a specialist from an average of 70 days to two days for the walking wounded who were medically evacuated from theater while their unit continued to take the fight to the enemy. He was also in charge of a 57 million dollar military construction (MILCON) project, which included the addition of two wings to the existing facility.

During the ceremony, Paxton presented Zinder with his end of tour award, the Legion of Merit gold star in lieu of second award which was signed by the Surgeon General of the Navy and Chief of Navy's Bureau of Medicine and Surgery, Vice Adm. Matthew Nathan.

"Empower your folks to make good things happen. This staff is unparalleled and I am very proud of every one of them. They are the greatest staff on earth," said Zinder.

Zinder's next assignment will be as commanding officer, NATO Role III Multinational Medical Unit, Kandahar, Afghanistan.

"Assuming command is the greatest honor of my career. One does not go a long way in life without the support from others," said Lane who reported to Lejeune from Honolulu, Hawaii after serving as force surgeon, U.S. Marine Corps Forces Pacific (MARFORPAC).

As force surgeon, Lane oversaw MARFORPAC's health services in support of Operation Tomodachi, the U.S. government's disaster relief effort in Japan following a devastating earthquake, tsunami, and nuclear reactor meltdown. He also championed the Corps' transformation to the Marine Centered Medical Home to improve access to care and quality for Marine Corps operational forces in garrison.

Lane enlisted in the Navy in 1975 and served two years as a hospital corpsman. He was then appointed to the U.S. Naval Academy where he graduated in 1981. Lane earned a Doctor of Medicine in 1991 and is a fellow in the American Academy of Family Physicians.

Acupuncture

Fusing Traditional Therapy With Western Medicine

By Anna Hancock
Deputy Public Affairs Officer

After 30 years in the Marine Corps, Sgt. Maj. Herbert Wrench's distinguished career included several tours in Iraq and billets that ranged from a truck driver to the battalion's senior enlisted advisor. Like many Marines who return from combat deployments and whose jobs in garrison are extremely physically demanding, Wrench had been coping with chronic pain for years. And shortly before arriving to his unit on Marine Corps Base Camp Lejeune, he received a life changing diagnosis.

Wrench was diagnosed with Lymphoma Cancer.

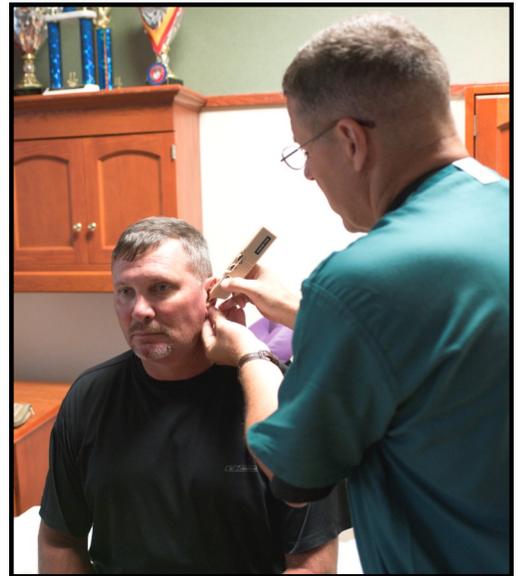
"I made several lifestyle changes and had been doing a combination of pain management with steroid injections and physical therapy," noted Wrench. "But steroids have a lot of side effects and cancer came with a lot of medications. I was open to any treatment that would reduce my medications."

About the same time that Wrench received the maximum recommended amount of steroid injections to help alleviate his chronic pain, and shortly after he received an influx of prescribed medication to treat the cancer, physicians from Naval Hospital Camp Lejeune pinpointed a treatment to offer patients as an adjunct to modern prescription drug therapy — acupuncture. Naval Hospital providers started offering this comprehensive alternative medicine that combines traditional Chinese medicine with Western medical practices to patients in early May. Currently, the Naval Hospital's Sports Medicine Department, Family Medicine Department, Pain Management Clinic, and Marine and Sailor Concussive Recovery Center (CRC) is offering acupuncture, and plans are underway for additional providers to obtain their certification.

Physicians reviewed Wrench's medical history and agreed that he was an ideal candidate to be one of the first NHCL patients to receive acupuncture treatments.

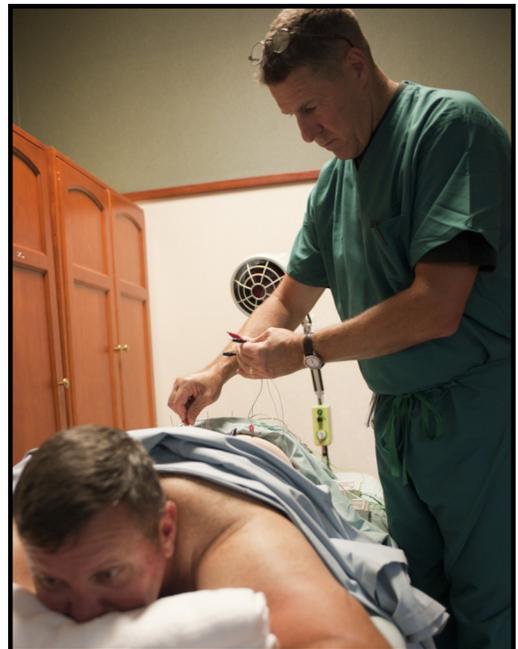
"I thought my options ran out. I wanted to do anything to reduce the medications," explained Wrench.

By definition, acupuncture involves the insertion of thin needles through a patient's skin at strategic points on the body that fall along vertical guides called Meridians – connected points across the body that affect a specific organ or part of the body. Traditional Chinese medicine explains acupuncture as a technique



U.S. Navy photo by Hospitalman Matthew Heefner

"I didn't realize what parts of my body affected others," said Wrench. "I remember thinking, - why are you sticking pins in my ear when I have back pain?"



U.S. Navy photo by Hospitalman Matthew Heefner

Anesthesiologist and Flight Surgeon Joseph O'Brien, director for surgical services electrically stimulates acupuncture needles on a Naval Hospital Camp Lejeune Pain Management Clinic patient at an acupuncture treatment session June 19.

for balancing the flow of energy, or chi, flowing through pathways, or Meridians, in the body. Western practitioners believe acupuncture points, or acupoints, are places to stimulate nerves, muscles, and connective tissue which boosts the activity of the body's natural painkillers and increases blood flow.

Practitioners from both schools of thought view acupuncture as a significant pain reducer and symptom alleviator for numerous medical conditions.

Acupoints are located in all areas of the body. Many acupoints used in treatment may or may not be in the same area of the body as the targeted symptom. Ears, hands, and feet tend to contain numerous points that are believed to be closely connected to other areas and organs within the body.

"I didn't realize what parts of my body affected others," said Wrench. "I remember thinking — why are you sticking pins in my ear when I have back pain?"

Practitioners may use anywhere between five and 20 needles during a session — and the depth of the needles depends on the reason for treatment. They are either placed in an area within a muscle, between connective tissues, on or near a nerve, or where the muscle joins with the bone.

The treatment itself is minimally intrusive. Acupuncture needles are thin and are designed to cause very little discomfort. A slight tingling sensation is common, and described by patients as a slight muscle spasm. On certain instances, acupuncture will be accompanied with electrical stimulation or physicians will provide directions for patients to complete a regimen of self-guided acupuncture at home. Treatments are typically provided one to two times per week for approximately 30 minutes per session.

As Wrench noted, there is a slight pain from the initial stick of the needle and subsequent small muscle spasm, but after the muscle settles, the only sensation he feels is something stuck in his arm.

There are minimal risks associated with acupuncture and patients may feel relief almost immediately after the treatment has ended.

"We can treat a full spectrum of disease with acupuncture — neurological disorders, Post-Traumatic Stress Disorder (PTSD), mental health conditions, Traumatic Brain Injuries (TBI), acute pain, and chronic pain," said Anesthesiologist and Flight Surgeon Joseph O'Brien, director for surgical services. "There's no limit to what we can do."

Furthermore, Family Medicine physician Lt. Cmdr. Leif Paulsen provides acupuncture to patients with conditions including: back pain, neck pain, headaches, osteoarthritis, anxiety, and nausea in pregnancy. Sports Medicine and Family Medicine physician

Cdr. Earl Frantz provides the treatment to patients who have chronic disorders without specific sources of pain.

Acupuncture also goes beyond healing physical illnesses and pain. NHCL providers began using this therapy at the Marine and Sailor Concussive Recover Center for patients receiving treatment for mental health conditions such as PTSD. Providers in the Family Medicine Clinic provide acupuncture to patients dealing with depression and stress.

In recent years, Acupuncture has been used in combat, particularly in Afghanistan, and has successfully alleviated common battlefield ailments like sleep deprivation, combat-related stress, anxiety, and a various array of disorders.

Providers agree that it should not replace modern prescription drug therapy, and patients who respond best are those with conditions that do not significantly improve after receiving traditional medicine, or those who have improved, but are still not at a fully-functional level.

Although official research protocols to collect empirical data measuring the objective successes of acupuncture have not yet begun at the Naval Hospital, O'Brien noted that he has observed several patients who benefitted from acupuncture.

"We had one patient who suffered from partial paralysis in the patient's arm," explained O'Brien. "After a few treatments, the patient could move the forefinger and thumb."

O'Brien further explained how another patient came up to the Pain Management Clinic on a gurney, and by the patient's third treatment, the patient was able to climb the stairs leading up to the clinic.

NHCL's clinical providers heavily rely on subjective surveys given to patients, and often times their family members, before and after treatments. The surveys are designed to measure the patient's baseline and margins of improvements.

"The biggest indicator of success is when we ask a family member of a patient with PTSD about the Marine or Sailor and their response is — I feel like I have my husband or brother back," explained O'Brien. "When we hear that — that's definitely progress. There's not much better than that."

According to Frantz, acupuncture is another tool in the bag of medicine that providers can use to promote health and get people to a healthy state.

For Wrench, the progression is remarkable.

"It allowed me to reduce my pain medications by 70%."

Exactly the relief he was seeking.

"The acupuncture works. I trust Navy Medicine. I have for 20 years," Wrench said. "I'll trust it for the rest of my life."

If you are interested in receiving acupuncture or other alternative medicine treatments, ask your Primary Care Manager or Medical Officer for more information.

"It allowed me to reduce my pain medications by 70%."

- Marine Corps Sgt. Maj. Herbert Wrench

HOSPITAL ROUNDS

Attention Naval Hospital Staff and Patients: Changes in Authorized Smoking Locations

Effective May 31, 2012, the smoking decks were moved to two new locations near the Physical Therapy Annex and modular units across Hospital Corps Blvd. Please utilize sidewalks and crosswalks when accessing the new locations.

If You Have a Camera Phone and/or Digital Recording Device — Read This!

BUMED Instruction 3104.2, Use of Personally-Owned Imaging and Recording Devices was effective May 15, 2012.

It is prohibited for any Navy Medicine personnel (military, civil service, contract, or volunteer) to utilize personally-owned imaging and recording devices to make any recording of patients, patients' families, or human remains in a health care setting.

Patients and their families should be afforded the opportunity to record life milestones that occur within medical treatment facilities (MTFs) and Department of the Navy (DON) health care settings per local instructions and regulations, but shall attain the permission of an authorized staff member prior to making any recording. At any time, a staff member may request that recordings cease if they deem it to be in the best interest of the patient or interferes with the delivery of care.

Any Navy Medicine personnel and MTF staff member who possess recordings of patients or human remains stored on a personally-owned imaging or recording device shall take immediate corrective actions to delete those records or securely transfer the files onto a government-owned system.

A violation of these provisions by military personnel is punishable per the Uniform Code of Military Justice (UCMJ), and is the basis for disciplinary action with respect to civilian employees.

Review the instruction at www.med.navy.mil/directives for specific details.

Contact your chain of command with specific questions.

Did you know?

NHCL's Health Promotion Department offers Yoga for Naval Hospital staff as part of a health and wellness initiative for occupational caregivers? See the command intranet for more details or call **450-3752** for more information.

Naval Hospital Sailors:

Do You Have A Command Sponsor?

With the rapid growth of sites like Google and Facebook many Sailors feel that they don't need to utilize the Navy's Sponsorship Program. Many Sailors feel that they can get all the information they need by searching the internet or by "Liking" the command's Facebook page. If you feel this way you're missing out! Did you know that it is your responsibility to contact the sponsorship coordinator at your future command? Did you know that the command sponsorship coordinator can set you up with a Sailor who will walk you through the check-in process, and give you information on your future command that can't be found through an internet search?

If you'd like to know who the sponsorship coordinator is at your future command or would like to become involved in the sponsorship program here at the Naval Hospital, please contact Religious Program Specialist 1st Class Zachary McDonald at **450-4070**.

Celebrating Asian Pacific Heritage



U.S. Navy photo by Hospitalman Matthew Heefner

Dancers from a local Polynesian dance group perform for Naval Hospital Camp Lejeune staff and visitors during a ceremony celebrating Asian Pacific American Heritage Month on the galley patio June 21. The ceremony also featured guest speaker Hospital Corpsman 1st Class James Gibson, Biomedical Department.

What is a Resident?

By Lt. Cmdr. Jason Gordon (Dr.)
Family Medicine Department

You've seen us. You've probably worked with us. You may have been treated by us. But you may not know who we are. We are the approximately 18 family medicine residents at Naval Hospital Camp Lejeune. We are all physicians who have graduated medical school and are working toward obtaining board certification in the specialty of family medicine. In other words, we are a part of the Navy physician hierarchy where experience and training, not necessarily the collar device worn on the uniform, matter more.

As a teaching and research facility, NHCL is home to one of five family medicine residencies in the Navy, and is affiliated as a teaching hospital with the Uniformed Services University Hebert School of Medicine.

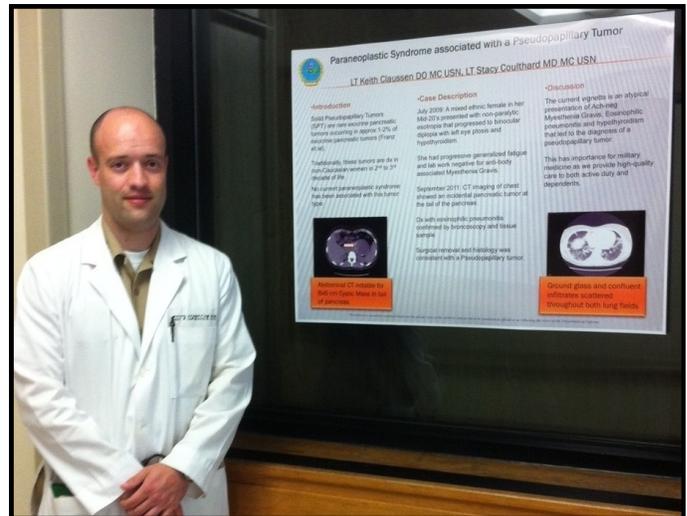
Interestingly, NHCL is the only Naval hospital that sponsors the family medicine surgical obstetrics fellowship, currently in its inaugural year. It is a one-year fellowship for board certified family physicians that provides further in depth training on complicated obstetrics. The physician in this program is referred to as "the fellow" which is a gender neutral academic rank higher than that of resident.

The family medicine specialty, formalized in 1971, like any other specialty such as surgery or internal medicine, requires a specific, three-year curriculum determined by the Accreditation Council for Graduate Medical Education (ACGME). The first year, called the intern year, is where physicians who have graduated from medical school and work and study toward passing the final steps of the United States Medical Licensing Examination or Comprehensive Osteopathic Medical Licensing Examination, respectively, to earn their license to practice medicine independently. This first postgraduate year is relatively common for all new graduates, but there are several internships that one may choose to follow depending on one's ultimate goal in medicine: family medicine, internal medicine, surgery or transitional internship. In the Department of the Navy, because there is an option after internship and before completion of residency to become a General Medical Officer with the Marines or Navy, having a medical license is a prerequisite for practicing medicine and serving with the operating forces. The second and third years of residency are referred to as the junior and senior resident years, respectively. As you might guess, seniors have more responsibility as they transition to becoming fully independent family medicine physicians.

During all three years, interns and residents, whether licensed or not, work under the license, credentials and medical privileges of the staff attending, who is a board certified, licensed physician. For this reason, a nurse in the ICU or labor deck will often hear us reply, "Let me check with my staff," before significant medical changes are made to patient care. Additionally, documentation in the medical records often requires co-signature from the staff attending. This ensures patient safety as we are learning the science and art of

medicine.

"Resident" is admittedly an odd word for a trainee. It comes from the time when residents resided in the hospital housing, much like military quarters. Synonyms such as "house staff" also arose during this era due to taking call, similar to military duty, "in house." The terms resident and house staff differentiated the young physician from the fully privileged staff physician.



Courtesy photo

Lt. Keith Claussen (Dr.) stands with his poster presented at Naval Hospital Camp Lejeune's Family Medicine resident's 2nd Annual Research Symposium June 8 in the Family Medicine Hallway. Claussen's poster titled, "Paraneoplastic Syndrome with a Pseudopapillary Tumor" was one of several poster's presented by Family Medicine residents during the symposium which NHCL hosts at the culmination of each residency year.

Because residency is an academic assignment, much like school, there is an academic year with mandatory exposures to subspecialties in four week educational blocks. This explains why one week we may be delivering babies on the labor deck, later scrubbed in the operating room for a surgical case and then seen in the pediatrics clinic evaluating your children or in the emergency department admitting someone to the intensive care unit. There is a method to the madness! It is also for this reason that we are not "Generalists" or "GP's." We are training to become family practice physicians that are capable of following your prenatal course, delivering your baby, caring for you and your baby post partum, then providing care to men and women through the spectrum of life ending in geriatrics and palliative care at the end of life.

So starting every July 1st and ending the following June, you will see new faces check-in and familiar faces leave. If you see us walking the passageway, and we don't say, "Hi," don't take it personally. We are likely thinking about 20 tasks we need to do while we learn to synthesize, apply and cement our medical knowledge.

See you on the wards!

New Chemistry Analyzers Save Time and Money

By Lt. Cmdr. Elizabeth Grasmuck (Dr.)
Laboratory Department Head

Naval Hospital Camp Lejeune's laboratory now has three new leading-edge chemistry and immunoassay analyzers ready for patient testing. Despite their shiny new condition, it's important for laboratory staff to verify that the machines are functioning properly and producing accurate results. These instruments provide the latest technology to respond to physician requests for blood tests.

This new system produces accurate results in a flash for everything from basic chemistry tests to extensive immunoassays of high performance analytes. This system is simpler to operate, utilizes lower sample volumes and has greater precision, accuracy, and sensitivity.

"We now have the right balance of speed and proficiency which will have a very positive impact on the level of care provided to our patients," according to Laboratory Manager Lt. Elizabeth Angelo.

NHCL has the fourth largest Navy military laboratory and managing the workload is a big task. The goal is to achieve optimal result turnaround times for all laboratory testing. This new technology is streamlined with fewer steps for the operator.



Courtesy photo

Hospital Corpsman 3rd Class Kendell Swenson, laboratory technician shows off the state-of-the-art chemistry analyzer used in Naval Hospital Camp Lejeune's laboratory and proven to save time and money for NHCL.

Not only will hospital staff get faster results from these machines, lab techs will have the freedom to focus on tests in other areas of the lab while the instrument is running.

"The addition of these analyzers will improve our laboratory's ability to meet the most demanding workloads and turn-around time goals," stated Laboratory Division Officer Ensign Tamera Belin. Upgrading the laboratory's chemistry analyzers has allowed the hospital to expand the testing menu. The additional tests include: Follicle Stimulating Hormone (FSH), Luteinizing Hormone (LH), Insulin, Parathyroid Hormone (PTH), Progesterone, Testosterone, Ferritin, Prolactin, Cortisol, and Rheumatoid Factor. These assays were previously sent to reference laboratories where patients waited anywhere from five to 10 days for results. Now they will be performed here in our facility.

The machines may also improve patient and provider satisfaction and be more cost-efficient on many levels. It is less expensive to run tests in-house. The number of days patients are admitted in the hospital and between follow-up appointments will reduce, saving both valuable time and money.

As a continued effort to keep up with improving technology and to provide the highest quality of care, the laboratory staff members are excited to have such outstanding diagnostic tools available for patients and providers.

Corpsmen Provide Support to Bulldogs

By Hospitalman Dillon Winstead
Internal Medicine Department

Three hospital corpsmen sit on the grass at Goettge Field on a warm Tuesday evening watching the Marines of the Camp Lejeune Bulldogs, a semi-pro football team, warm up for practice. The Marines, in full pads and helmets, begin practicing by punting the ball and returning it. They eventually split up into their respective offensive and defensive teams and run plays that they will be using in the next game.

Hospitalman Kalyn Bedel, Hospitalman Dillon Winstead, Internal Medicine and Hospitalman Ashley Maricle, Physical Therapy volunteer their time to work as medical assistants for the Bulldogs throughout the season. With direction from Lt. Anthony Skrypek, TRICARE Operations Department, these corpsmen began working

with the Bulldogs as soon as the season kicked off June 2nd with a scrimmage against the Carolina Rams of Chapel Hill.

Along with keeping the players hydrated during the games, the corpsmen also tape the players before every game and every practice. They are prepared on the sidelines for anyone on the field, including players of the opposing team to get hurt. The corpsmen are equipped with a medical bag full of emergency medical supplies and a suitcase full of splints, tape, extra bandages, and other miscellaneous items and are ready and prepared for any kind of injury the Lejeune Bulldog players may receive.

"This was a great opportunity to help out our community and our careers. It's fun and the players appreciate what we do to ensure their safety on the field," noted Hospitalman Kalyn Bedel, Internal Medicine Clinic.

If you are interested in volunteering, please contact Hospitalman Dillon Winstead at 450-4209 for more details.