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Same Day Surgery: Short but impactful care

By Staff Sgt. Amanda Stanford
59th Medical Wing Public Affairs

JOINT BASE SAN ANTONIO-Lackland, Texas – “Our mission impacts the San Antonio Military Health System by lessening the burden on Brooke Army Medical Center’s surgical teams, as well as keeping our patients in house for simple surgeries,” Staff Sgt. Tandra Wilson, Post-Anesthesia Care Unit noncommissioned officer in charge, stated.

The 59th Surgical Specialty Flight runs the Same Day Surgery clinic, which gives Wilford Hall Ambulatory Surgical Center beneficiaries the option to have low-threat surgeries done in house rather than being seen at BAMC or being referred off-base.

Same Day Surgery has six distinct sections that work together to deliver the highest level of patient care to every person who walks through their doors. They are the admin section, pre-operative care, anesthesia, operating room, sterile processing and distribution, and PACU.

“No matter what the ebb and flow of the day is, we find a way to make things work,” Staff Sgt. Lucero Cameron, 59th Surgical Operations Squadron medical administrator said. “We do what’s best for the patient. Good old fashioned teamwork.”

The admin section works directly with the clinics to schedule patients for all necessary appointments. They are also responsible for the pre-op phone call prior to the patients visit. On the day of the appointment they check the patient in and ensure all the needed paperwork is completed and filed correctly.

The admin team is simply the first step in a patient’s care in Same Day Surgery. Their next stop is with the pre-op team who prepares the patient for surgery to include taking vitals, running any necessary labs and answering any questions the patient may have.

Once the operating room is ready, the patient is then seen by the OR and anesthesia teams and receives their treatment.

Once the patient leaves the OR, a team goes in to clean, sanitize and prep the room for the next patient.

All tools are taken to sterile processing and distribution where they are cleaned, inspected, sterilized and prepared for the next surgery.

The patient’s final stop is the PACU, where

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(Photo by Christopher Gardner)

The Mayor of Malanville, accepts keys to a newly constructed health clinic from Humanitarian Assistance Program Coordinator Cosme Quenum, a local national with the U.S. Embassy in Cotonou, Benin in the village of Money, Benin in Africa at the end of January 2021. The clinic and various associated facilities also built with it comprise one of two similar clinic projects recently completed by the U.S. Army Corps of Engineers in that region of Benin through funding from AFRICOM and coordinated closely with the U.S. State Department.

Projects in Benin increase both healthcare capacity and ability to document births

By Christopher Gardner

U.S. Army Corps of Engineers, Europe District

Villagers in two communities in northeast Benin will no longer need to cross the border to give birth or receive other basic medical care with the delivery of two new medical facilities in the remote villages of Money and Godjekoara, both of which sit in the larger border region of the Commune of Malanville.

The U.S. Army Corps of Engineers, Europe District implemented and managed the construction of the facilities. Project requirements and funding were provided by AFRICOM with onsite coordination provided by the U.S. Embassy and Office of Security Cooperation.

“As the nearest clinic in Benin is very far and roads are inaccessible, these clinics will provide a primary place for healthcare, delivery of births, and birth records for its citizens,” said U.S. Army Corps of Engineers, Europe District Project Engineer Chris De Pooter. “The birth certificates are important as they are often necessary for education and help protect children from human trafficking.”

Local National Cosme Quenum, coordinator of the Humanitarian Assistance Program in the U.S. Embassy in Cotonou, emphasized the importance of having a safe place for women to give birth and where births can be properly documented.

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“In these areas, there are no basic health or educational services available for them,” Quenum said. “But now that a health clinic is available and accessible, any woman giving birth will be provided with a birth record for their child. This makes a big difference and will facilitate schooling when the time comes. Moreover, those children with birth certificates will be properly documented as Beninese citizens.”

Quenum said that in Godjekoara particularly, women seeking medical facilities to give birth would sometimes have to cross over to Nigeria to give birth and would then get Nigerian birth certificates for their babies which can cause issues.

That being said, he clarified that giving birth at home is the most common practice in those remote places. As a result, there is often no written evidence of when and where these children were born. In addition to making it harder for schooling, children lacking a birth record are more vulnerable to trafficking in persons or being recruited by violent groups in the region, Quenum said.

“This area is near the border with both Niger and Nigeria and is susceptible to arms, narcotics, and human trafficking and influence of violent extremist groups,” De Pooter said. “In addition to the Ministry of Health identifying these areas as having critical healthcare needs, and the Beninese Agency for the Integrated Management of the Border Areas has confirmed that the larger Commune of Malanville is one of the areas most affected by trafficking.”

Both main clinic buildings include maternity wards, dispensaries, and midwife’s quarters. Associated facilities built at both sites include a water well, hazardous waste storage and incinerators and solar-powered lighting.

Both clinics are also equipped with multi-compartment ventilated improved pit (VIP) latrines, which are specially designed latrines built in areas where there is no dependable supply of piped water. These latrines are designed with ventilation pipes with built-in fly screens to reduce the gathering of flies and other disease carrying insects that often gather at restroom sites and are laid out to reduce lingering odors associated with their use.

Quenum, who handled the turnover of the facilities for the U.S. Army Corps of Engineers to local authorities earlier this year because of COVID travel impacts, said these type of clinic projects and their associated facilities are often the most substantial structures in some of these villages and become a focal point for the community and a point of pride.

Local officials told Quenum they were “pleased to have received such a large gift from the people of the United States of America.” Quenum also conveyed that Malanville Mayor Guidami Gado said “the newly constructed buildings were bringing light and joy into the Godjekoara and Money communities’ lives.”

De Pooter, who came to Europe District from Rock Island District in Illinois



(Photo courtesy of Malanville City Hall Communication Office)

Humanitarian Assistance Program Coordinator Cosme Quenum, a local national with the U.S. Embassy in Cotonou, Benin, turns over the keys of a newly constructed health clinic to local officials in the village of Godjekoara, Benin in Africa at the end of January 2021. The clinic and various associated facilities also built with it comprise one of two similar clinic projects recently completed by the U.S. Army Corps of Engineers in that region of Benin through funding from AFRICOM and coordinated closely with the U.S. State Department.

where he primarily supported large water resource projects and renovation of military facilities, said that is part of what makes working on these types of projects so rewarding.

“I thoroughly enjoy working on Humanitarian Assistance projects. They are a bit more simplistic, but I find them fun and exciting to be part of the construction of these facilities,” De Pooter said. “I also find it very beneficial and rewarding to work on projects that are intended for recipients that are in need of basic human services.”

Also, in Benin, the U.S. Army Corps of Engineers turned over an additional three school projects this past winter, for the communities of Kpomasse, Danri and Biguina. The U.S. Army Corps of Engineers also has a high school under construction in

the community of Tanguieta, with several other school and medical facilities planned for Benin and other communities throughout Africa.

The work in Benin is part of the larger Humanitarian Assistance program with projects in several countries throughout Africa overseen by Howard Mosley, the Europe District program manager to AFRICOM.

“USACE’s successful completion of these and other humanitarian assistance projects in Africa is critical in meeting the priorities set forth by the AFRICOM leadership,” Mosley said. “Our success is a testament to the cooperation that exists between USACE, AFRICOM, the U.S. Embassies and our partner nations. This effective partnership is critical in meeting the U.S.’s mission in Africa.”

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(Photo courtesy of Cosme Quenum)

Dozens of students pose in front of a recently completed school facility in Kpomasse, Benin in Africa. The school is one of three school projects in the country recently constructed by the U.S. Army Corps of Engineers, Europe District. The U.S. Army Corps of Engineers, Europe District manages the constructions of Humanitarian Assistance projects like this one and others in Benin and in several other countries throughout Africa in support of AFRICOM and coordinated closely with the U.S. State Department.

Expanding compassionate care for sexual assault survivors

Fort Drum sexual assault healthcare specialist provides training in forensic examinations to Navy doctor

By Warren Wright
Fort Drum MEDDAC

FORT DRUM, N.Y. — When a sexual assault occurs within the military community, no matter where the patient is, be it a service member or a family member, it's essential the victim has access to the support and services of specially trained medical specialists. These caring and experienced healthcare professionals ensure survivors receive the care they need while collecting evidence to help hold perpetrators responsible.

The job of providing this specialized care for survivors falls to the Sexual Assault Medical Forensic Examiner (SAMFE), registered nurses, nurse practitioners, certified nurse midwives, physician assistants and doctors who have undergone specialty training in conducting sexual assault forensic exams.

Traditionally, SAMFE training occurs in San Antonio at the U.S. Army Medical Center of Excellence Department of Nursing. However, COVID-19 restrictions and the need to mitigate the risk of spreading the virus have made traveling a long distance to attend the course difficult.

To help adhere to COVID-19 restrictions and limit the amount of time participants need to quarantine after travel, the San Antonio-based school reached out to experienced SAMFE providers to train and certify new volunteers across the DoD, including one specialist on Fort Drum, New York.

Upon receiving the request to help train new examiners, Rachel Countryman, the Fort Drum Sexual Assault Medical Management Office program manager, jumped at the opportunity.

"When I was initially asked, I was very honored to be able to help out," she said after receiving the request from San Antonio. "Right now, with the way things are with quarantine and all that, the two-week course ends up being five weeks. It's great to be able to help out a (service member) and have them not be away from their work and their duty longer than they should be."

At first, Countryman had only administered training for Army medical specialists

from the local Fort Drum area. However, that would change when she received a request from the SAMFE school to help train a U.S. Navy doctor based in Newport, Rhode Island.

In February, U.S. Navy Lt. Ann Lehto, a general medical officer with the U.S. Navy Medicine Readiness and Training Command – New England, became the first sister service medical provider Countryman trained under the school's new preceptorship program, which serves as a bridge during the transition from student to practitioner.

"Our whole network needed a SAMFE, and there was no one available to fill that role," Lehto said. "I am very interested in women's health and everything that comes with being a SAMFE, so I volunteered."

The entire SAMFE course consists of one week of online didactic training and one week of hands-on clinical training. For the didactic portion, Lehto joined Maj. Melissa Perkins, a Fort Drum nurse practitioner, online using virtual platforms to learn the basic skills necessary for certified SAMFEs. Then, Lehto traveled to Fort Drum to complete the clinical requirements of the course.

"It was excellent," Lehto said. "It was three pretty intense days of reviewing how to do the exam and how to document it appropriately. What I enjoyed most was hearing the stories that Rachel and Maj. Perkins had with their clinical knowledge and experience doing the exams on real patients."

During the clinical training at Fort Drum, Lehto and Perkins took turns performing the role of a sexual assault victim. At the same time, the other conducted the sexual assault forensic exam interview, something Countryman feels is far more effective than simply going through the motions with a mannequin.

Overall, the clinical portion consisted of a full day of practice with Countryman overseeing and providing guidance, a day where they complete a practice forensic exam, followed by a final practical exam on the last day. Once completed, Countryman completed all the necessary paperwork, signing off on the completed train-

ing, and sent it to the school in San Antonio, where the training certificate was officially issued.

"It's very rewarding to feel like I'm a part of the schoolhouse now," Countryman said. "I'm hoping in the future when things go back to normal that I'm asked to come out there (to San Antonio) for classes and be able to test out students for the second week as well."

For Lehto, coming to Fort Drum to receive the hands-on instruction gave her a unique perspective on how the Army's medical services operate.

"It's interesting, coming from the Navy, to see how the Army does things," Lehto explained. "I felt like there was an added benefit sharing (experiences) by coming out to Fort Drum."

Now that Lehto has the necessary training and certificate requirements to be a SAMFE, her organization can now expand the services it can provide to survivors of sexual

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(Photos by 94th Airlift Wing)

Above: U.S. Navy Lt. Ann Lehto, right, a general medical officer with the U.S. Navy Medicine Readiness and Training Command – New England, conducts a simulated sexual assault forensic examination interview of a role player performed by Maj. Melissa Perkins, a nurse practitioner with the Fort Drum Medical Activity, during the Sexual Assault Medical Forensic Examiner course hosted on Fort Drum, N.Y., Feb. 10, 2021. The course, which is traditionally held in San Antonio, was conducted at Fort Drum by experienced professionals to mitigate COVID-19 risks due to travel. **Below:** Lt. Lehto, left, performs the role of a sexual assault victim during the practical training portion of the course. Due to COVID-19 travel restrictions, Lehto traveled from NMRTC- New England's headquarters in Newport, R.I., to complete the SAMFE course, which is normally conducted in San Antonio.



• Surgery (Continued from front page)

they are brought out of anesthesia and monitored until they are cleared for release. The PACU team then gives them any post-op instructions and delivers them to their vehicle to be taken home for recovery.

“One of my favorite experiences was a patient coming out of anesthesia was so grateful for the care he had received,” Wilson stated. “His gratitude made me proud to be able to help him in his recovery journey.”

Specialties ranging from orthopedics to ophthalmology to general surgery utilize the services of Same Day Surgery.

“We support surgeries for patients who are in the healthy population that don’t need to be observed overnight,” Wilson explains. “Our core set of patients come from five clinics: (Ear, Nose, and Throat), Ophthalmology, Orthopedic, Podiatry and General Surgery with surgeries like cataracts removal, shock wave therapy and shoulder or knee surgery.”

On top of the patient load the clinic services, the gastroenterology clinic utilizes the PACU after their patient receives care. This adds an average of five patients a day to the 12 to 15 patients seen in the operating room, which has dropped from 25

patient average since the beginning of the COVID-19 pandemic last year.

The team in Same Day Surgery has a very short but impactful part to play on a patient’s health. They only interact with patients for a number of days from the pre-op phone call through their surgery to their post-op care and discharge. After discharge, the clinic will do a follow-up phone call. Once that is complete, the patient goes back to their respective clinic for follow-up care.

“While we don’t see patients for very long, we do everything we can to give them quick and easy surgeries with the best possible care,” Wilson said. “From their pre-op phone call to when we walk them to their car, their care is our number one priority.”

Above right: Staff Sgt. Tandra Wilson, 59th Surgical Operations Squadron post-anesthesia care unit non-commissioned officer in charge, finishes a patient’s chart after care at Wilford Hall Ambulatory Surgical Center, Joint Base San Antonio-Lackland, Texas, March 26, 2021. Same Day Surgery plays a short but instrumental role in a patient’s care from pre-op through surgery to post-op care. Right: 59th Medical Wing residents scrub for surgery. Surgeons and nurses extensively sanitize their hands and arms to reduce the risk of infection.

(U.S. Air Force photos by Staff Sgt. Amanda Stanford)



Berta Hernandez, 59th Medical Operations Group operating room housekeeping, sanitizes the floors between patients. Thorough sanitization between patients reduces the risk of cross-contamination or infection.

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Nothing can stop an IDMT

Courtesy story
52nd Fighter Wing Public Affairs

The Air Force is full of medical specialists who dedicate their lives to one specific aspect of care in order to ensure the well-being of service members and their families.

There is one medical career field, however, that really does it all: that of an Independent Duty Medical Technician.

“All IDMTs maintain basic training on medical group functions such as logistics, public health, bioenvironmental, laboratory, resource management, Tricare and flight medicine functions,” said Staff Sgt. Jessop Bawek, 701st Munitions Maintenance Squadron Independent Duty Medical technician. “We also function as Emergency Medical Technicians or paramedics.”

Normally these unique jack-of-all-trades positions are imbedded in units with larger medical support teams, but for Airmen assigned to the 52nd Fighter Wing’s geographically separated units, an IDMT may be the only immediate medical professional servicing all the needs of hundreds of Airmen and their families.

“We basically function as a small medical group,” said Master Sgt. Nicole Palko, 702nd MUNSS IDMT. “We go through all different [Air Force specialty codes]. We do the public health inspections for the dining facility and the club; we also do the facility inspections for areas like the Fitness Center. We have our own little lab area, a pharmacy area with a stock of medications, we also do immunizations, the medical logistics part and medical admin. We also do CPR training for all the active duty members and self-aid buddy care.”

Beyond the challenges associated with being an IDMT at a remote location and

running a clinic almost single-handedly, COVID-19 has added an additional layer of complication.

“I have had to deal with significant issues with mobility of patients across borders, surgery centers closing and over-taxed host nation resources,” Bawek said. “We never stopped day-to-day operations, even when most bases were shut down and teleworking. This caused issues with supply, funding, and caused us to develop our own guidance and processes separate from Spangdahlem proper.”

Despite the challenges of navigating COVID restrictions across multiple countries and maintaining a non-stop mission requirement while most people were teleworking, the IDMTs have been able to coordinate with organizations like Supreme Headquarters Allied Powers Europe and European Command to still administer the care their patients need.

“We had to have plans in place for contact tracing, quarantining, testing and supply routes before the Air Force really had a plan for us,” said Bawek. “We hand-delivered labs to Landstuhl test centers, worked with SHAPE to develop incoming quarantine recommendations that met Belgian guidelines, worked with EUCOM to report Belgian case numbers, and maintain travel across borders for our patients when things were locked down.”

According to Palko, this adaptive can-do attitude is partly what draws people to the job.

“What an IDMT does is pretty awesome,” said Palko. “We go through a very fast-paced course of learning all these different AFSCs within the med group and then get thrown to little bases overseas where you have to work with what you have. We’re very resilient, and that’s how they trained us to be.”



(U.S. Air Force photo by Senior Airman Alex Miller)

Tech. Sgt. Daniel Potter, 701st Munitions Maintenance Squadron independent duty medical technician (right), administers a COVID-19 vaccine to Capt. Michelle Angeles, 701st MUNSS Mission Support Flight commander, at Kleine Brogel Air Base, Belgium, March 19, 2021. IDMTs are responsible for having a broad spectrum of medical knowledge, and at remote units like Kleine Brogel, they act as the primary care provider for hundreds of Airmen.

The 52nd FW has IDMTs assigned to all four munitions squadrons, as well as locally at Spangdahlem Air Base, and it is through their efforts that the mission has been able to continue throughout the pandemic.

“I am so proud of the work our IDMTs do,” said Lt. Col. Preston Laslie, 52nd MDG Operational Medical Readiness Squadron commander. “Through the dedicated efforts of these Airmen and the support they receive from the 52nd Medical

Group, we have been able to continue our no-fail mission. Our IDMT teammates at each MUNSS run their medical aid station by themselves. We trust them completely, and with each day they earn that trust all over again.”

To date, the IDMTs at the 701st and 702nd MUNSS have been able to offer the Moderna vaccine to 100% of the active duty base population, and they have begun administering the vaccine to dependents over the age of 18 as well.

Infectious disease research: Intestinal pathogens

By Denise Alford
Naval Medical Research Center

Naval Medical Research Center (NMRC) scientists (along with scientists all over the world), study infectious diseases (ID) and have done so well before COVID-19. The global pandemic keeps science at the forefront of day-to-day activities and news coverage. Science is a subject that seeks to understand the how’s and why’s of objects so small they require microscopes to be seen. The technical language requires several dictionaries to translate words not used in everyday conversations.

The pandemic shifted research focus all over the world. Through the efforts of many, there are vaccines available today. The other IDs are not sitting on the bench watching COVID-19 score all the points. According to the World Health Organization (WHO), infectious diseases kill over 17 million people every year and many of the diseases can be prevented or

cured. Over 300 NMRC researchers spend their days looking for the methods and means to combat over 100 IDs.

ID researchers’ professional lives are busy studying things invisible to the eye. Without the numerous years of sample gathering, observing, testing, and clinical trials the vaccines and medications that allow the human body to combat infectious diseases would not exist.

NMRC’s Infectious Disease Directorate is staffed with 105 researchers studying COVID-19 Health Action Response for Marines, Emerging Diseases, Malaria, Viral, Rickettsia (parasitic bacteria- ticks), Wound Infections, and Enteric (intestinal) diseases. Malaria is not prevalent in North America but many others are in abundance.

What causes these diseases? What do they do to the body? How do they spread? These are some of the questions answered through years of research. There are organisms that cause disease and have the

ability to make humans sick. These organisms are called Pathogens. They have two objectives: surviving as long as possible and spreading sickness. Pathogens are skilled multitaskers and extremely intelligent!

In order to survive, pathogens colonize (take over) the host. For the pathogen to thrive in its new environment it must find a place to hide, feed and grow. It also must avoid the body’s defense and ultimately it needs to be free to infect others.

Infectious diseases are diseases caused by pathogens. There are four types of pathogens: Virus (COVID-19), Parasites (Malaria), Fungi (Ringworm) and Bacteria (Campylobacter jejuni (pronounced campillowbacktur/C. jejuni- diarrhea). Infectious diseases can spread through skin contact, bodily fluids, airborne particles, contact with feces, and touching a surface touched by an infected person. The handling and consumption of uncooked chicken is believed to be the main source

of transmission to human.

Dr. Frédéric Poly, NMRC Enterics Department Head’s 20-year career is concentrated on the study of C. jejuni and E. coli. As an intestinal pathogen, C. jejuni can be deadly and this warrants the need for further studies. Most people ingest a chalky substance when dealing with diarrhea and that is usually enough to rid the body of the symptoms. The diarrhea causing bacteria warrant further study. According to the WHO website, diarrhea kills around 525,000 children under the age of five annually.

“Diarrheal diseases are a significant cause of morbidity and mortality in children living in low- to middle-income countries,” said Poly. “There are non-pathogenic E. coli and pathogenic; C. jejuni and Enterotoxigenic E. coli (ETEC) are pathogenic bacteria responsible for a large proportion of diarrheal disease in

KFOR Soldiers administer COVID-19 vaccine

By Sgt. Jonathan Perdelwitz
KFOR Regional Command East

CAMP BONDSTEEL, Kosovo—U.S. Army Soldiers with the 566th Medical Company (Area Support) based out of Fort Hood, Texas, assigned to Regional Command-East, Kosovo Force, administered the first round of COVID-19 vaccines to Soldiers at Camp Bondsteel, Kosovo, on March 27, 2021. Camp Bondsteel's medical staff were the first group to receive the vaccine.

"We just received the Janssen Johnson and Johnson vaccine from Germany," said Capt. Kimberly Raymond, Camp Bondsteel's infection control nurse with the 566th MCAS. "We wanted to start off right away vaccinating our Soldiers and civilians to protect the force and help create a barrier against COVID-19."

Over the course of the next week, the medical staff at Camp Bondsteel plan to give a COVID-19 vaccine to any U.S. Soldier or Department of Defense civilian in RC-E who wants to receive one. While receiving the vaccine isn't mandatory, RC-E and

KFOR leadership and medical professionals have emphasized the benefits of getting the vaccine now to help slow the spread of the virus.

"It meant a lot to me," said Spc. Jacob Crowson, a combat medic specialist with the 566th MCAS who received the vaccine. "Helping protect other people by not having the virus within myself and transmitting it to them is more important than me getting sick. I felt like I was doing my part to help everyone by getting the vaccine."

The medical staff at the clinic are also making sure the vaccination process is safe. Masks are still required to be worn and social distancing is enforced when possible. The clinic and vaccination sites are kept clean and sanitary to ensure Soldiers' safety.

"It helps me, as a nurse, to protect my patients from me transmitting COVID-19 to them, decreasing the likelihood of transmission and hopefully reducing COVID-19 spread across Europe and hopefully when I get back to the U.S.," said Raymond.



(U.S. Army National Guard photo by Sgt. Jonathan Perdelwitz)

Sgt. Sebastian Gwinn, a physical therapy specialist with the 566th Medical Company (Area Support) based out of Fort Hood, Texas, receives the COVID-19 vaccine at Camp Bondsteel, Kosovo, on March 27, 2021. Regional Command-East, Kosovo Force, is vaccinating service members and Department of Defense civilians in an effort to continue safely carrying out the NATO-led peacekeeping mission.

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Care (Continued from page 3)

assault.
 "I'll be the point of contact if there are any cases that arise requiring a SAMFE; I would be the person who would travel to do the exam" within NMRTC – New England, she said. Additionally, "we're in the process of arranging MOUs (memorandum of understanding) with civilian hospitals since we don't have anything set up on base currently."

Entering into agreements through official MOUs with civilian hospitals will allow Lehto to conduct sexual assault forensic examinations for Navy-associated victims being cared for in civilian hospitals and clinics, much like current agreements Fort Drum has with local healthcare facilities.

Countryman said it's important to continue running the program and not freeze in the wake of COVID-19 and the restrictions it's brought about. Now, she hopes the experience will allow her to continue training locally with advanced practice providers even after the pandemic has ended.

"Right now, I encourage my RNs who are going to the course to go to the course (in San Antonio), only because being tested out by the mannequin is much different than a live person," she explained. "Now, advanced practice, someone who is used to doing this and someone who's already acquired the skill, it's not really as important to go there. I think if they can do it virtually and do it at a home base, that would be great."

Pathogens (Continued from page 5)

these countries."
 The study of diseases does not simply stop after preventative medications and cures are in place. Many diseases develop resistance to antibiotic treatment invoking the need for additional research in order to beat the resistance.

According to Dr. Poly, *C. jejuni*'s resistance to first line antibiotic treatment has doubled in 20 years and the Centers for Disease Control and Prevention along with WHO consider *Campylobacter* (*C. jejuni*) a serious threat.

Collaborative partnerships in research are common. Numerous different agencies and companies with common goals come together for a study that will benefit many. Dr. Poly is currently collaborating with Lumen Bioscience on a CARBX-funded three-year study of *C. jejuni* and *E. coli* strains.

The study aims to produce a preventative oral medication that will stop enteric bacterial infections, reducing usage of antibiotic for treatment and subsequently reducing the risk of antibiotic resistance. The scope of the study combines NMRC's Enterics Department research experience with *C. jejuni* with Lumen Bioscience's



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- Gynecology

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Nurses

Camp Nubar is a sleep-away camp located approx. 2 hrs North of NYC in the Catskill mountains. We are seeking a nurse to become the director of our infirmary. We will be open for 1 four-week session, tentatively scheduled for July 3rd thru July 31st. Salary is negotiable based on experience. For inquiries & additional information please email: campnubar@agbu.org



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RED PINE CAMP
for Girls

Summer Camp Nurse Opportunity
Do you Love Being Outdoors?
Do you Like to Help Young People??
Well then, we have a job for you!!

Red Pine Camp for Girls located in Northern Wisconsin is seeking a full-time registered nurse from June 4 through August 08, 2021. Applicants must possess experience in first aid and an understanding of health needs for girls and young adults ranging from ages 7 to 16. Will work alongside & under the supervision of another camp nurse. **Duties Include:**

- Reviewing camper health histories;
- Communicating health needs of campers to administration and counselors;
- Distribution of prescription & over the counter medication;
- Providing first aid for minor injuries/illnesses;
- Maintaining accurate health logs

Salary based on Experience & Qualification
Please contact the Camp Director,
Connie Scholfield: 952-270-0579
rpc@redpinecamp.com
www.redpinecamp.com

Physicians



PHYSICIAN – FM/IM

Vista Community Clinic is a nonprofit organization located in San Diego, Riverside and Orange Counties working to advance community health and hope by providing access to premier health services and education for those who need it most.

Position: Full-Time & Part-Time Family Medicine Physicians.

Responsibilities: Provide outpatient care to clinic patients and ensures quality assurance. Malpractice coverage is provided by the clinic.

Requirements: California License, DEA License, CPR and board certification.

Contact: Visit www.vcc.org for more information.
Forward CV to hr@vcc.org or fax to 760-414-3702.

EEO/AA/M/F/Vet/Disabaled

Dentistry



Department of Prosthodontics
100% Specialized Care Coordinator – PVA2 (Regular P&S)
“Instructional Resource Associate – Dental Lab”
College of Dentistry – Prosthodontics
Salary: \$66,683 to commensurate (Pay Grade: 5A)
Schedule: Monday – Friday, 8am – 5pm

Job Duties:
To support prosthodontic residents and faculty with the fixed and implant related laboratory aspects of their patient care. Provide prosthodontic residents/students with instruction in fixed and implant prosthodontic technologies in the laboratory, clinic, and classroom.

Requires:

- Bachelor’s degree in Dental Technology or equivalent combination of relevant education & experience;
- Certification as a dental technician in fixed prosthodontics;
- 3-5 years’ experience fabricating fixed & implant-supported prostheses

Desirable:

- Knowledge of and/or experience with milling dental restorations.

Application materials should clearly indicate qualifications for advertised position.

For more information and to apply, visit: <https://uiowa.referrals.selectminds.com/jobs/instructional-resource-associate-dental-lab-3428>.

The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.



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