

EMS Update

An Emergency Medical Services Learning
Resources Center Publication

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Geriatric care: medical emergency or normal aging process?

A basic understanding of the aging process helps EMS personnel manage older patients. Changes in vision, hearing, ability to regulate body heat, and mental deterioration present problems in the elderly that often result in the need for emergency care.

The U.S. Administration on Aging states that patients over age 65 are the largest population transported to the hospital by ambulance. In 1990, more than 31 million Americans were older than 65—nearly double the number in 1960. This year the number of persons older than 65 will reach more than 34 million—about 13 percent of the American population.

"EMS personnel face a great challenge when determining if a patient is experiencing a medical emergency or if it is part of a disease process or part of normal aging," says Sherry McKay, ARNP, geriatrics nurse practitioner with University of Iowa Health Care.

"Because of the possibility of numerous chronic conditions in older people, EMS personnel may find it difficult to differentiate between chronic and acute conditions."

As Americans continue to age and the average life expectancy increases, EMS agencies can anticipate an increase in calls to respond to this population group. The elderly represent a rapidly growing segment of our prehospital patient population. Many of these individuals will present to the EMS system in need of emergency care and



may have multiple conditions that could complicate patient assessment and treatment options.

EMS personnel responding to incidents involving geriatric patients present multiple challenges for care. Geriatric patients with difficulty breathing is the most frequent complaint to ambulance calls.

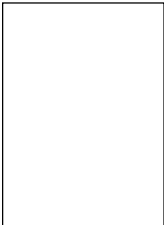
A variety of changes occur to the human anatomy and body functions as an individual ages. Understanding these changes is important for the emergency healthcare provider.

The systems most affected by age include the respiratory, cardiovascular,

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Geriatric cont'd

Knowing the relationship between aging and a patient's overall health provides the best basis for treating the elderly.



Sherry McKay

renal, hepatic, gastrointestinal, nervous, and musculoskeletal. Geriatric patients may need emergency care more often for changes in vision, hearing, thermoregulatory ability, immunological functions and mental deterioration. Increasing awareness of these changes in geriatric patients can improve EMS personnel's ability to care for them.

"It is important for EMS personnel to know that elderly patients may have changes in their ability to assimilate information quickly," says McKay. "They should talk slowly and calmly to older patients and get down to their eye level so they can see and hear. Responders should also touch the patients and reassure them that they are there to help. Make sure they have their hearing aids, glasses, and dentures so they can communicate. They also need their walker, cane and list of medications before transporting."

Visual acuity and hearing loss may impair the communication between an elderly patient and the EMS responder.

Approximately one-third of all adults between 65 and 74 years of age and about half of those between 74 and 79 have some sort of hearing loss. The hearing changes may be gradual and the person may appear to be increasingly confused to their family and friends.

EMS professionals should keep in mind that the elderly patient may present information in a confused manner and may not give accurate prescription drug information. Many elderly unintentionally misuse medications. Besides forgetting to take the drugs, sometimes they cannot read and follow label directions or have a limited income to buy the drugs.

Elderly patients also may have a diminished or atypical response to pain which could allow the responders to underestimate the severity of an illness or injury.

McKay suggests EMS responders keep in mind that the elderly are less tolerant of temperature changes. They may have lower body temperatures and

a greater variation in body temperature than a younger person.

"Patients may have minimal or no fever when infection is present," says McKay. "They also may experience hypothermia; it's important to offer a blanket to geriatric patients, even when others feel comfortable or too warm."

As people age, the skin thins and the bones soften. Extreme care should be taken when moving or performing a procedure on a geriatric patient to try to prevent tearing the skin and breaking bones. Trauma is a considerable problem for the elderly since they are more prone to falls and less able to handle the stress of healing. The loss of calcium results in softening of the bone and increases the likelihood of fractures.

When EMS professionals assess an elderly patient, they also must assess the environment. They must look for hazards to the patient's safety and health such as long or frayed electrical cords, loose rugs, and wobbly railings.

"Sometimes EMS providers are the only persons the patient has let into the home," says McKay. "They need to be aware of the environment and let the other healthcare providers know of concerns so we can get them help."

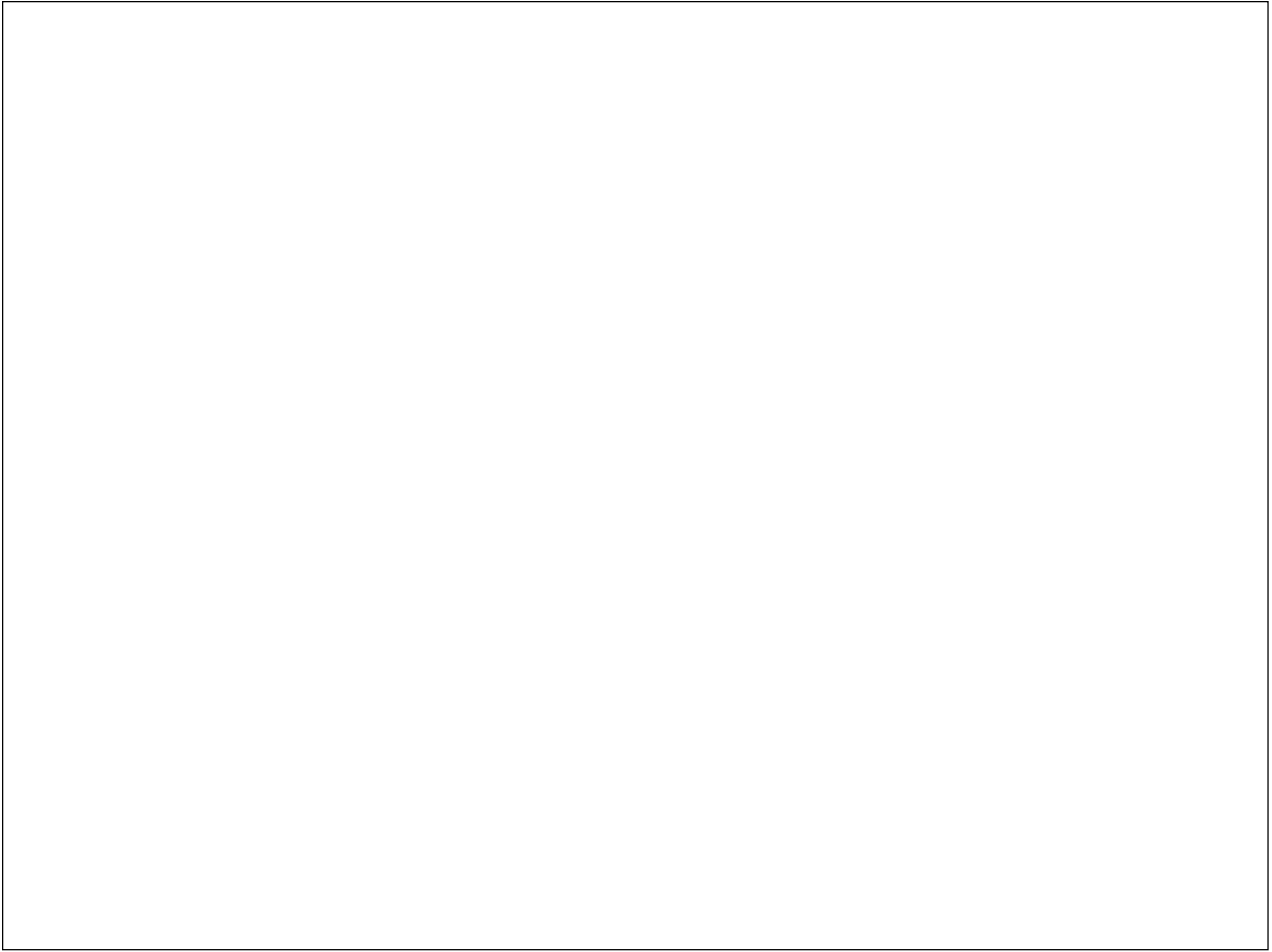
EMS responders and ambulance personnel are required to tell the patient or the family that the ambulance transport might not be paid for by Medicare. The elderly patients can be very frightened. Besides the financial aspect they are worried that they are being taken from their home and aren't coming back.

For more information on the University of Iowa Health Care geriatric clinic or emergency care of the geriatric patient contact Sherry McKay at (319) 356-3796 or email at mckays@uihc.uiowa.edu

University of Iowa Health Care also serves older patients with emotional and behavioral problems. A new 14-bed inpatient unit opened in July and serves a range of patients, including those complicated by medical or neurological problems. A specially designed program of activities and groups enables patients to regain their social and self-care skills.

"These patients often have a combination of psychiatric and physical illnesses that require care and consultation from many kinds of specialists," adds McKay. "We're glad to offer these services to older patients."

The 20-bed (expandable to 40) U. S. Army hospital, at right, is located less than 20 minutes from downtown Tuzla, Bosnia. The wooden structure surrounded by tents, is not considered a fixed facility. It is flanked on one side by the air base and helipad and on the other by the main thoroughfare for the base.



EMSLRC graduate uses EMS skills serving U.S. Army in Bosnia

Ben “Eli” Seeley, RN, NREMT-P, a 1994 EMS Learning Resources Center EMT-Basic Training Program graduate, is also a U.S. Army Nurse Corps officer working in a hazardous duty area in Bosnia. Seeley is part of Task Force Med Eagle (TFME), the healthcare component of the fully equipped peacekeeping mission the U. S. Army Medical Department deployed to Bosnia last March.

“Although the frequency and the severity of injury sustained during war and peacekeeping differ, the same threat exists,” says Seeley. “That threat is such that we have to maintain a ready and able system designed to effectively treat, stabilize and evacuate patients from this forward area. The Army

Medical Department Forces prepare and train for war while providing top notch care for the soldiers executing the peacekeeping mission.”

Seeley and other specialized medical personnel with prehospital experience are designated to move into the unsafe, hazardous duty area to assist with cases that may extend beyond the scope of the basic EMT.

“Our unit takes care of routine patients everyday. However, our main function is the ability to manage, stabilize and safely evacuate seriously ill or injured patients,” says Seeley. “Our emergency medical treatment section is staffed 24 hours a day by a physician, registered nurse, and two to three unlicensed healthcare providers. We treat and stabilize anyone who is suffering from illness or injury that may be life, limb or eyesight threatening.”

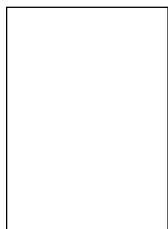
TFME serves a variety of purposes. The task force’s primary mission is to treat and stabilize those individuals who sustain serious injury while in the line of duty. Task Force Med Eagle’s staff also focuses on disease prevention.

They vaccinate, test and treat water and food sources; treat minor illness and injury; and identify and treat those who are at risk and suffering from mental rigors.

“The largest threat in our area,” says Seeley, “is violence by the local population directed towards other ethnic groups within the country, and violence directed at peacekeeping troops in the area while attempting to halt the conflict. The threats include mine blast injuries, small and medium arms fire, rock throwing and violent personal assault.”

Medical doctors, registered nurses, licensed practical nurses, Basic Emergency Medical Technicians, and U.S. Army medics are all part of TFME. Task Force Med Eagle includes physicians with such specialties as surgery, anesthesiology, orthopedics, urology, emergency medicine, and women’s health.

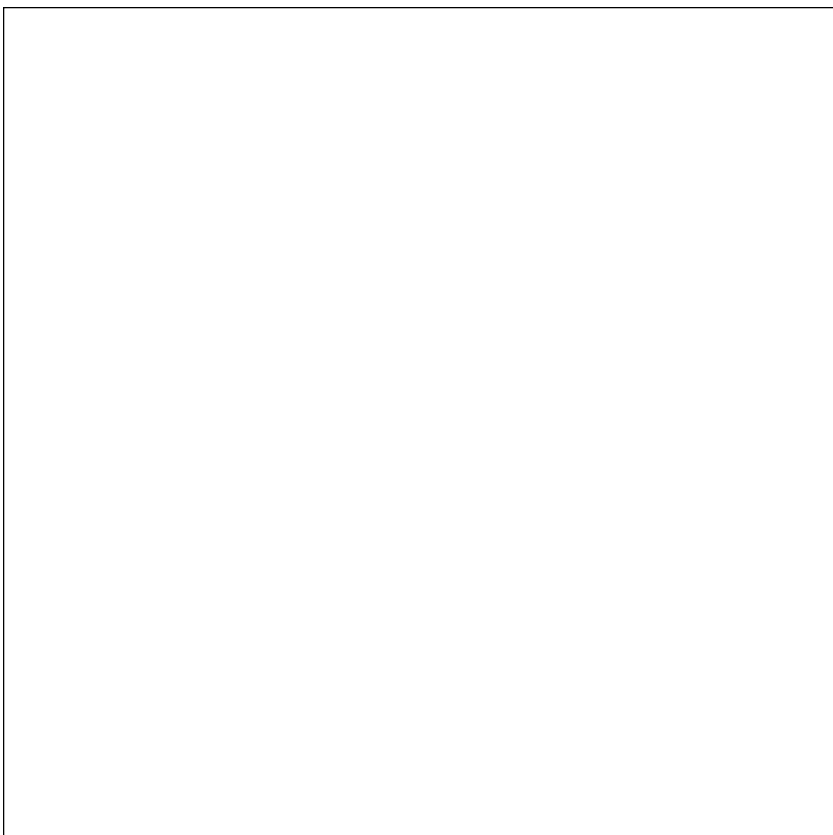
U.S. Army Nurse Corps officers participate in care on several levels. The



Ben “Eli” Seeley

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Forces from several different countries utilize a variety of vehicles to bring patients to the Task Force Med Eagle healthcare system. The Danish armored ambulance, at right, is a wheeled, amphibious vehicle.



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Bosnia cont'd

majority of the TFME nursing staff have medical-surgical/inpatient experience. TFME also has specially trained critical care, operating room and emergency room trauma nurses.

"Forces from several different countries utilize a myriad of vehicles to bring patients into our system," says Seeley. "The Danish forces use an armored, wheeled ambulance which is also amphibious."

The TFME air ambulance utilizes a hoist to extract patients loaded into a Stokes basket or similar device. Both the ground and air ambulances are very basically configured for medical evacuation; they do not routinely utilize advanced medical equipment such as invasive monitors, ventilators, and IV pumps.

"Task Force Med Eagle provides patient care and very valuable training on the international level," says Seeley. "We conduct mass casualty training at least weekly, with as many as 20 to 80

patients at a time. The patients enter our system by both ground and air evacuations. I've spent more than 60 hours in the air since arriving in March. The air evacuation assets for Task Force Med Eagle have logged over 1,200 accident free hours in the air since taking over the mission in Bosnia."

Some of our evacuation requires personnel to be lowered from a hovering helicopter on an extrication hoist, configuring and attaching the loaded litter, and then being brought back to the hovering aircraft with the use of the hoist. During the daylight, this task is educational; during night use with night vision goggles, the extrications become treacherous.

The nursing staff with trauma experience has been prepared both by civilian education which included Trauma Nurse Coordinator Course; Advanced Cardiac Life Support; Pediatric Advanced Life Support; and Certified Emergency Nurse; and military trauma and triage training.

Continuing education courses have been offered for every facet of the TFME team. Some of those courses include: Combat Life Saver, Basic Life Support Provider/Instructor, Advanced Cardiac Life Support Provider/

Instructor, Pediatric Advanced Life Support Provider/Instructor, and Trauma Nursing Core Course. The courses that cannot be attended by those medical staff in the outlying areas may be attended in the form of video teleconferencing.

"Mass casualty incident training has provided us with our best educational experience. We practice treating several seriously injured patients and constantly study how to best handle an event that would overwhelm the system," says Seeley. "We have concentrated on the initial response, moving evacuation assets to the scene, establishing good scene dynamics, and arranging for the transport of the casualties to the appropriate facility. We have also concentrated on receiving patients at our facility, performing re-triage, and moving patients to the pre-designed treatment areas for four categories of triage."

The mass casualty incident training also focuses on the initial stabilization and timely referral of specialized cases, such as neurosurgery, and major trauma patients which exceed the scope of the services offered at Task Force Med Eagle. The mass casualty training has involved all of the other major military units operating in Bosnia Herzegovina, to include the Russians, British, Danish, Swedish, Finish, Canadians, and some of the local Bosnian healthcare resources.

"Most of the time I see military medics enrolling in our training programs so they can obtain civilian EMS credentials and pursue another career once they leave the military," says Mike Hartley, EMT-P and EMS instructor, at the EMS Learning Resources Center. "These former medics make great EMTs and paramedics because of their previous training and experience in the military world of EMS. The transition to civilian EMS is relatively easy for them."

"Eli's situation was the opposite. I would suspect that the civilian EMS training Eli received in the EMS Learning Resources Center EMT-Basic program gave him an advantage. Combined with his training as a nurse, it is easy to see why Eli has the medical experience to provide excellent patient care and EMS training with the Army."

Pediatric course developed for first responders, EMTs and paramedics

The Pediatric Education for Prehospital Professionals course is highly interactive with hands-on skills stations, small group scenarios, and case-based lectures.

Pediatric Education for Prehospital Professionals (PEPP), is a new national education program to help prehospital professionals better assess and manage ill or injured children.

Altogether, children under 18 years of age make up 10 to 20 percent of out-of-hospital care. However, evaluating, treating, triaging and transporting this group can cause a lot of stress to prehospital professionals.

"Children are a unique group of EMS patients," says Katrina Altenhofen, state EMS for children coordinator, Iowa Department of Public Health. "They have special needs and problems that are different from those of adults. They require equipment and tools designed for smaller bodies and different physiology. They have to be approached and treated as children."

The Pediatric Education for Prehospital Professionals course was created by a collaborative steering committee composed of physicians, nurses and paramedic representatives from eight national organizations concerned with emergency medical services for children (EMSC).

"The PEPP course is highly interactive with hands-on skill stations, small group scenarios, and case-based lectures," says Doug York, REMT-P, director, EMS Learning Resources Center. "The PEPP course was developed specifically for first responders, EMTs and paramedics and is designed to meet the minimum standards related to the pediatric portion of the U.S. Department of Transportation National Standard Curriculum for EMT-Basic and EMT-Paramedic providers."

York, Rosemary Adam, RN, EMT-P, nurse instructor and Ginny Henry, RN, EMT-P, Community Training Center coordinator, EMS Learning

Resources Center, are three of five Iowa EMS instructors with extensive pediatric care backgrounds who attended a PEPP "Train the Trainer" course in Chicago, May 20-21.

"Because these first courses are intended to train PEPP Course Coordinators, we identified individuals who are interested in implementing PEPP courses in their communities," says Altenhofen. "I recommended to the American Academy of Pediatrics that Doug, Rosie and Ginny be selected to attend the trainer course. With their years of training and teaching experience they were more than qualified."

A PEPP Advanced Life Support course coordinator must be a physician, registered nurse, or paramedic; have EMT teaching experience or experience in coordinating other nationally recognized standardized courses for teaching prehospital personnel; successfully complete the PEPP

provider course with a Course Coordinator orientation component; and be knowledgeable of the most current PEPP course material and policies.

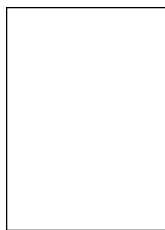
The PEPP course is a continuing education program which addresses a broad range of pediatric emergency medicine topics specifically geared toward prehospital EMS personnel.

Prehospital professionals have a unique role in community injury control. They are at the scene and are able to understand the pre-event, event, and post-event phases of injury. Although medical care is most often what the prehospital professional provides to children, prevention may produce the greatest impact on the outcome for children at risk for illness and injury.

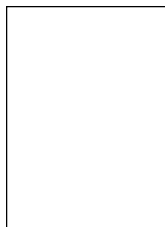
"Children represent a unique subset of EMS patients; PEPP teaches the out-

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PEPP cont'd



Rosemary Adam



Ginny Henry

of-hospital professional how to better assess and manage ill or injured children," says Henry.

"The PEPP course combines hands-on skills stations, case-based lectures, live action videos, and small group scenarios in one-day Basic Life Support and two-day Advanced Life Support versions," says Adam. "The features found in the curricula are designed to give providers the education and confidence they need to effectively treat pediatric patients."

The one-day Basic Life Support PEPP course is geared towards first responder and EMT-Basics, while the two-day version is for EMT-Intermediate and paramedic providers.

"The program provides a step-by-step procedural guide to the most critical out-of-hospital skills and offers coping techniques to relieve the often felt stressful burden a pediatric call places on a provider," adds Henry.

The PEPP course coordinator is the primary person responsible for the quality of the PEPP course. The coordinator must maintain the integrity of the program. The American Academy of Pediatrics has involved many experts in the development of a quality PEPP curriculum which relies heavily on the PEPP course coordinator and faculty.

Iowa and the EMS Learning Resources Center will begin its implementation of the program starting in January 2001. Any healthcare professional who is involved with the emergent care of children will find this course beneficial.

For more information concerning the PEPP course in Iowa, please contact the EMS Learning Resources Center at emslrc@uiowa.edu or (319) 356-2597. You may also learn more about the course at the Iowa EMS Association Convention, November 10-11 in Des Moines.

In addition, you may contact Katrina Altenhofen, State EMSC Coordinator at (319) 653-7270 or Kaltenho@health.state.ia.us

American Heart Association releases new emergency guidelines

The American Heart Association recently announced new International CPR and Emergency Cardiovascular Care (ECC) guidelines which outline the most effective methods for treating cardiovascular emergencies. The guidelines, announced August 15, provide the scientific basis for the American Heart Association's (AHA) CPR and advanced life-saving courses and are used as the basis of other organizations' training courses. The new life-saving measures represent the first major revision of these guidelines in eight years.

Rose Marie Robertson, MD, president, American Heart Association says, "We want the American public, the people who are learning to do CPR, who are learning to save their neighbor's lives to be able to do that in the very best and most effective way possible. So, it's always important to us on a regular basis to review the guidelines and to be sure they represent the newest treatment information."

The new guidelines outline the most effective methods for both lay rescuers and healthcare professionals to use in treating

cardiovascular emergencies such as sudden cardiac arrest, heart attack, stroke and emergencies requiring first aid. Treatments include CPR, basic first aid, and advanced treatments for healthcare providers such as the use of drugs and advanced medical devices. The new guidelines emphasize the use of automated external defibrillators or AEDs, which are simple to operate and can save a cardiac arrest victim's life.

The new guidelines have simplified CPR techniques, including eliminating the pulse check for lay rescuers, updating the ratio of mouth-to-mouth breaths to chest compressions and standardizing the rate of chest compressions.

"Instead of the pulse check we are now recommending signs of life," says Robertson. "Signs of breathing, signs of coughing, movement or response to stimulation are just as reliable as feeling for a pulse in the setting of a lay provider."

On January 1, 2001, the American Heart Association's community training centers (CTCs) will begin using newly designed courses based on the 2000 guidelines. All of the American Heart Association CTCs will be teaching the new classes by July 1, 2001. The AHA is implementing a detailed plan of action to instruct all of its national, regional and local CPR trainers in basic and advanced life support classes that use the 2000 guidelines.

For more information on the new courses presented by the EMSLRC call Ginny Henry at (319) 353-7495.

Integrated Call Center provides quick access to University of Iowa Health Care

"We're constantly seeking ways to make it easier, more pleasant and more efficient for people to interact with University of Iowa Health Care," says Trudy Laffoon, MA, RN, director, Integrated Call Center, University of Iowa Health Care.

Quick and easy access to University of Iowa Health Care services and appropriate staff is the primary mission of the Integrated Call Center.

"Originated in 1996, the Integrated Call Center initially focused on providing physicians and other health care providers 24-hour-a-day toll-free access to faculty," says Trudy Laffoon, MA, RN. "With UI Consult's physician consultation and referral service, a referring physician can contact a subspecialist here while they are still with the patient in their local office."

UI Health Access was created the following year, Laffoon says, to provide similar service for consumers seeking health information, physician referrals, and answers to health care questions. In its first full year, UI Health Access responded to more than 45,800 consumer calls.

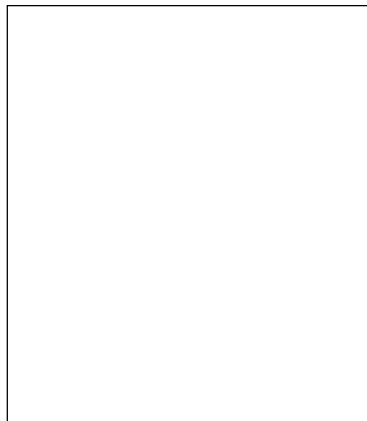
"This program has been successful," Laffoon says, "due to the cooperation and support of physicians and staff throughout the hospital."

In addition to UI Consult and UI Health Access, calls come into the Integrated Call Center through several additional lines: Children's Hospital of Iowa, UI Family Care Center, UI Family Care sites in Iowa City and surrounding communities and Emergency Communications Dispatch.

The Emergency Communications Dispatch number (800-272-6440/319-353-6440) is available 24 hours a day, 365 days a year for use by physicians and health care providers to request ground or air transport for critically ill patients.

"The Call Center works hard to build relationships with UI Health Care physicians, patients and referring physicians," adds Laffoon.

Integrated Call Center: 319-356-1198; UI Consult: 800-322-8442; UI Health Access: 800-777-8442.



She ends her 21-year Air Care career

Katie Cavanaugh flew 2,219 flights before she ended her 21-year Air Care career July 1.

Cavanaugh, RN, BSN, became a member of the original Air Care flight crew in April 1979. "When I started, the Air Care program was the 11th in the country; now there are well over 300," says Cavanaugh. "I appreciate the opportunity I was given to care for

patients within the entire spectrum of sick and injured over the past 21 years," she adds.

Cavanaugh says the flight nurse position really offers the nurse a practitioner role of emergency medicine. Flight nurses care for patients who are critically ill, chronically ill, trauma victims, medically ill, and traumatically compromised. They see all ages from newborns to elderly.

"There have been many challenging cases," says Cavanaugh. "My very first scene flight was in response to a child who fell while hang gliding. I met him 16 years later as a healthy teenager planning for college. That was rewarding for me to think that our efforts and rapid transport resulted in a healthy outcome.

"I have always admired the caliber and professionalism of my colleagues; it has been a tremendous professional experience," says Cavanaugh. "In addition to the nurses, the Air Care flight program has outstanding pilots and mechanics. It was always comforting to me that they are so meticulous and safety conscious."

Cavanaugh is now a staff nurse with the Department of Student Health, University of Iowa. She can be reached at katherine-cavanaugh@uiowa.edu

EMS Update

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Pg 2, Warren Paris, University of Iowa Health Care
Pg 3, James Olson, University of Iowa Health Care

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People with disabilities are welcome at the University of Iowa Hospitals and Clinics where reasonable accommodations will be made upon request. Please contact the UIHC Department of Social Service, (319) 356-2207.

Trudy Laffoon

EMSLRC course calendar

MD RN EMS

2000

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|--------------|---|----|-----|----|
| Oct 12-13 | Iowa City: Advanced Trauma Life Support Student | 19 | — | — |
| Oct 13 | Iowa City: Advanced Trauma Life Support Refresher | 6 | — | — |
| Oct 28-29 | Ft Madison: Advanced Medical Life Support | — | 1.5 | 16 |
| Nov 4 | ICN: Basic Life Support Instructor Trainer Update | — | — | — |
| Nov 13 | Iowa City: EMT-Basic Training Program begins | — | — | — |
| Nov 17 | ICN: Advanced Cardiac/Pediatric Advanced Life Support Instructor Update | — | — | — |
| Nov 30-Dec 1 | Iowa City: Advanced Trauma Life Support Provider | 12 | — | — |
| Dec 1 | Iowa City: Advanced Trauma Life Support Refresher | 6 | — | — |
| Dec 8 | ICN: Advanced Cardiac/Pediatric Advanced Life Support Instructor Update | — | — | — |

2001

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|------------------|---|--------|----------|--------|
| Jan 8 | Iowa City: Paramedic Training Program begins | — | — | — |
| Jan 12 | Davenport: Advanced Cardiac Life Support and Pediatric Advanced Life Support Instructor Renewal and Update | Varied | Varied | Varied |
| Jan 13-14 | Iowa City: PreHospital Trauma Life Support Basic/Advanced Provider | — | 1.6 | 16 |
| Jan 17 | Iowa City: Basic Cardiac Rhythm Interpretation | — | 0.9 | 9 |
| Jan 18-19 | Des Moines: Advanced Cardiac Life Support for the Experienced Provider | 10 | 1.05 | 10 |
| Jan 20-21 | Creston: PreHospital Trauma Life Support Basic/Advanced Provider | — | 1.6 | 16 |
| Jan 22 | Iowa City: Advanced Cardiac Life Support Provider Renewal | 4 | 0.4 | 4 |
| Jan 24 | Iowa City: Basic Cardiac Rhythm Interpretation | — | 0.9 | 9 |
| Jan 26 | Sioux City: Advanced Cardiac Life Support and Pediatric Advanced Life Support Instructor Renewal and Update | Varied | Varied | Varied |
| Jan 27-28 | Carroll: PreHospital Trauma Life Support Basic/Advanced Provider | — | 1.6 | 16 |
| Jan 31 | Iowa City: Basic Cardiac Rhythm Interpretation | — | 0.9 | 9 |
| Feb 3-4 | Peosta: Advanced Medical Life Support | — | 1.5 | 16 |
| Feb 5, 7, 12, 14 | Iowa City: Advanced Cardiac Life Support Provider #1- #4 | — | 1.5 each | — |
| Feb 16-17 | Ottumwa: Advanced Cardiac Life Support and Pediatric Advanced Life Support Instructor/Instructor Renewal | Varied | Varied | Varied |
| Feb 22-23 | Iowa City: Advanced Trauma Life Support Provider | 19 | — | — |
| Mar 2-3 | Dubuque: Advanced Cardiac Life Support and Pediatric Advanced Life Support Instructor/Instructor Renewal | Varied | Varied | Varied |



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