November 8th, 2016: UCR medical students gather to watch the election results come in. Photo credit Deema Akari.

By: Deema Akari, MS2

A group of medical students sat around a television set on the Tuesday election night in a small suburb close to UCR. There was an air of excitement and anxiety filling the room; even the cat was nervously darting around people’s shoes and behind the couch. Third year Pooja Desai was the host of the event, welcoming medical students of all political viewpoints to a coverage party to track the results of the momentous and highly anticipated 2016 presidential election. The living room was decorated with patriotic paper streamers and a red, white, and blue donkey and elephant taped side by side on the wall.

(“Vote” continues opposite)
addressed within the healthcare system: the costs, the coverages. I had an ER shift recently and there are a lot of people who still aren't insured...Regarding the future of health, I would like to have us move towards a single payer system. I think that government needs to run health. There needs to be some national EHR so people at the hospital aren't running around when someone shows up to the ER comatose after a car accident. That's a fragmented part of our healthcare system.” The conversations in the room were engaging. He and a few other students stood in the back of the house somewhat removed from the anxieties of the rest of the crowd, calmly discussing their thoughts.

However, at some point during the night, the results seemed almost inevitable. The television bombarded the viewers, state after state, with updates on the electoral counts. The people wearing Hillary stickers looked distraught. The once calm discussions began to shift their tones and people in the room were surprised at the very real possibility of a Trump victory. “I would hope that Trump doesn't do anything to overturn the Affordable Care Act...I can't imagine the amount of redundancy and backflow that would occur. It would feel like wasted time.” Joshua Poole, MS3, looked concerned as he said this. The electoral counts were undeniable. A Hillary win just was not in the numbers. Donald Trump was going to be the next president of the United States. Many people were dissatisfied with how things were going that night. “There was a hyperfocus on the presidential election - it's been going on for more than a year! That coverage eclipses local elections and propositions, and important issues outside of electoral politics,” said Annie Le, MS2. Regardless, the results were inevitable as it came to a close. Some people were beginning to say their goodbyes even before they were finalized. As a group got up to leave, one person was heard saying, “You can't leave, we need to be together for this.” A voice calling for unification at the close of a highly divisive election.

To Americans, this news may come as either disappointing or satisfying; some are quick in assuming a rapid decline in healthcare while others are optimistic in terms of our growth as a nation. But regardless, the outcomes and consequences of this election are yet to come. It is important to remember this; that even with the changes in the coming months and years, we as professionals in the medical field will always have the power to serve our community and fulfill the mission of our school, irrespective of who is running our nation. Our mission of health equality and social justice will not die out as long as we continue to be passionate about it. And as we progress through medical school and begin our respective journeys as physicians, we need to keep in mind why we chose the UCR School of Medicine and what issues we hold to be valuable as providers in our community. If we are steadfast in these values as a community and in open dialogue and discussion, we can maintain quality in healthcare in the Inland Empire.—

The Scope polled UCR students and gave an opportunity to submit anonymous quotes related to the election. All political views were welcome. Forty-seven students responded to the poll and results are shown to the right. Student submissions on the election continue on the next page.
Scope Student Submissions: The Presidential Election

1. This entire election has been geared towards pointing fingers. But regardless of your political views, the sad truth is others are not to blame for the outcomes. We are. We failed to reach out and educate others as well as be educated. We used humor to make light of an impending reality. We feared the consequences to being politically insensitive, charged and/or incorrect in the eyes of acquaintances and peers, when we should have feared the harsh reality we refused to face and change. Ultimately, we failed because we didn’t try harder. But as we know from our personal journeys in medicine, there is no success that is not seeded with failures. In the end, our silver lining should not be that this will all end in four years (hopefully), but that we have learned to reflect on the past and work harder, academically as well as socially, towards a future we want for our patients. - Anonymous MS2

2. From an economical standpoint, there will always be those who profit and those who lose from inefficiency. Repealing the ACA may initially seem financially appealing to the privileged class who had to pay more for the same services, and also to healthcare providers themselves. However, the resources that will be allocated to "repeal and replace" should be thoughtfully considered in terms of the confusion that will befall both the patients and providers alike. Trump’s approach to national and global economics reflects an antiquated, exclusive approach that will slow down our markets and negatively impact our international relationships. I am also concerned that Trump may seek to stimulate the American economy through the same high-leveraged approach that he runs his own empire with. While both candidates have their flaws and shortcomings, my vote was to Hillary for being the lesser of the two evils. - Anonymous MS2

("Submissions" continues on p8)
You walk in and are immediately greeted by the smiling face of the owner, who holds the door open for you and welcomes you into an aroma of fresh baked dough, aka happiness and comfort. You, the normal, ordinary customer has come to try what an Elite Food Critic (on Yelp) claimed to be “Pants down the best pizza in town.” Well, this reviewer’s pants made the judgment, and yes, it is one of the best pizza places in town. Woodfire Cafe is a cozy restaurant with a warm environment, which is being constantly replenished by the huge, wood fire oven in the front. The restaurant is open during lunch and dinner, and with its location smack dab in the middle of downtown Riverside on 3965 Market Street, there can be lines. For a later dinner, it was busy yet calm. Appetizers on the menu range from $5-$10. The shrimp ceviche had great mix of citrus, spice, and freshness. It was good, but the highlights of the experience were of course the pizzas. There are 12 different pizzas on the menu that you can get in 6” or 12”. And don’t despair vegetarians, this place has great offers for you, including Margarita Pizza, Garden Pizza, and Four-Cheese Pizza. If none of the 12 choices satisfy your independent, free thinking mind, Woodfire Cafe has you covered. You can also make your own combination and include ingredients such as marinated eggplant, zucchini, ham meatballs, and ghost pepper jack cheese. Yes, (“Cafe Fire” continues on p5)

“Pun-ch Line” is brought to you by the always punny and never apologetic Scott Cramer, MS2 (left) and Elias Fanous, MS2 (right).
Medical Movie Review: “Medicine Man”  
By Rennie Burke, MS2

I first learned about John McTiernan’s “Medicine Man” when I heard a ventriloquist at a party recite a pathos-drenched scene from the film. In the scene, selected I believe for its over-the-top ridiculousness, Dr. Robert Campbell (Sean Connery, with a thick Scottish brogue) explains how he usurped the position of medicine man from the local tribal shaman. “But how?!” his colleague, Dr. Crane (Loraine Bracco, speaking in an irritating fuggedaboutit Brooklyn accent) asks. “I took his staff!” he laments, going on to explain that he really hadn’t performed a miracle by curing a child’s stomach-ache. He had given the boy Alka-Seltzer, and “It was the plop-plop fizz-fizz that really impressed them.” The movie is about as forward-thinking and culturally enlightened as this ridiculous sequence would have you believe.

In its own blundering, unaware way, “Medicine Man” captures an essential mood of the 1990s. The Cold War had just ended, as had the wars of colonial liberation in Africa and Asia that it had overlaid. With the political matters largely settled, Western pop culture settled back into a depiction of the Third World as a place of benign natives needing help, rather than an arena of destructive wars and political radicalism. The film thus offers a half-assed attempt at being global in one’s consciousness by locating the story abroad, but it is weighted down by a near-total ignorance of what other countries and cultures are actually like, or at least no desire to depict them. Indeed, this is a movie where white people from the West literally stand around a jungle in khaki outfits while loin-cloth wearing natives roam around a village. The 1990s were also the last gasp of the “Mad Men” era of gender relations; women had entered in the workplace, but it was still the manly men like Sean Connery who knew how the world worked and made decisions. It should come as no surprise that the two end up together at the end of the movie. Being the 1990s, a male senior citizen meeting a not-yet middle aged woman in the workplace seemed appropriate enough for the romantic arc of a major Hollywood film.

The story starts simply, but quickly becomes (“Medicine” continues on p6)
muddled. We begin with Dr. Crane (Bracco), a pharmaceutical company employee, as she travels to an unspecified South American country to meet their wayward employee, Dr. Campbell (Connery). Dr. Campbell may have found a cancer cure, but “lost it.” Further complicating matters, Dr. Campbell worries about what could happen if he recovers it: an onslaught of researchers and development that would destroy his host tribe’s way of life. Yet that already seems to be happening, as local construction workers are tearing down the forest to build a road, and the village lies directly in its path. Also, Dr. Campbell is concerned that foreign pathogens could kill the villagers, and their original medicine man has left them after Campbell cured a boy’s stomach-ache. Did you follow all that? Admittedly, the film makes it easier to follow, because it simply discards sub-plots for huge portions of the film. Sometimes we are watching a parable about environmental stewardship, and other times it is a parable about cultural preservation. An overstuffed plot is not the biggest problem with the story, but it does make the other flaws described above more glaring.

There are a few brief moments at the beginning of "Medicine Man" when you think this may actually be a nuanced treatment of cultural differences. The montage of Dr. Crane lacing up her boots, putting on sunglasses, and adjusting a khaki hat that opens the film could be watched two ways. The outfit very consciously recalls standard-issue imperialist garb of centuries past, so could this be to set us up for a sight gag involving how the airport workers in this far flung Amazon outpost are actually just as modern as what she is used to in the United States? Or perhaps to show that she is the one that misunderstands her new environment and its inhabitants, rather than the other way around? Unfortunately, no. As she arrives in the airport, it becomes clear that this is a movie where Western perceptions of the non-West are not challenged, but taken as axiomatic truths. There’s even a horse-drawn cart on the airport tarmac just in case you didn’t understand the region was backward. Minutes later, her chauffeured canoe delivers her to the heart of the Amazon where she literally sees a tribe dancing around a bonfire in rags as Dr. Campbell

("Medicine" continues on p11)
What to do on Sunday Funday? Visit Hamburger Mary’s Ontario for Drag Queen Brunch with The Brunchettes for bottomless mimosas and buffet. The buffet starts at 11am and included a limited variety of breakfast and lunch items. My personal favorite was the scrambled eggs with peppers, bacon, and the potatoes. I did not get an opportunity try any of the lunch items, but included items such as salad and shrimp cocktail. The staff did a great job keeping the mimosa glasses full, but the orange juice to champagne ratio needs some adjustment because there was a lot of mimosas drank with little effect.

The best part of the brunch was the entertainment. Ariana Ramirez thought, “The drag show was hilarious! A great way to start a Sunday, especially with the endless mimosas.” The drag showed features 3 drags queens including the well known Vicky Vox and drag king, Landon Cider. They individually performed songs from various artist including Rihanna and Whitney Houston. Eddie Lievanos said, “my favorite song was ‘I wanna dance with somebody’ by Whitney Houston. Each performance had high-energy choreography and was spaced throughout the restaurant to include all the tables. Each brunch is different and will include different performers and song selections.

Overall the food was decent and the entertainment was great! Drag queen brunch is an entertaining and memorable experience. I highly recommend attending drag queen brunch at least once. There are Hamburger Mary’s in several locations and each offers different events such as Taco Tuesday and Drag Queen Bingo. Reservations are highly recommended. If you are just interested in the show, you can skip brunch just to watch but reservations are still required. Remember to bring money to tip the performers as they pass the table.—

Where are you guys from and how did you get into IT? And then specifically at a medical school?

RG: I actually went to a medical high school and I was going to pursue clinical laboratory science. But I actually did a medical technician internship. So I went the computer science route at UCR. And then, I used to work at Geek Squad. They had an open interview here so I went in and got hired and I’ve been doing it since. So I’m doing application development for them now and help desk as well.

OC: I grew up around here. I went to school for Bio. I went to UCLA, got my bachelor’s degree in Bio. I’ve always loved the whole healthcare aspect of stuff. Didn’t quite get the grades for medical school. I was trying to go to medical school, so I ended up getting an IT job there at UCLA. I transferred over here, more local. I grew up in Colton. And I’ve been enjoying it so far.

PV: I was a Biochemistry major here at UCR. And then I was working in one of the labs. Doctor Walker, I don’t know if you met her? She used to be one of the professors here? So I was in her lab, I graduated college, and then I got a job with IT because I was a student worker here. And I just ended up just liking IT better, instead of med school.

JG: I grew up in Lake Elsinore, 30 minutes away from here. I started working in IT, legitimately working in IT about 4 years ago. I started working with Dell and then moved back down here and got a job here. I love it. It’s cool.

DN: I kind of have the same story as Omar and Pedro. I went to UCR and got a Bachelor’s in Neuroscience. Grades didn’t make it well for pharmacy so I just started working in retail IT and then I got a job here. I like it though.

RR: And I started off doing film work. So I was working in film companies doing reality shows and things like that, working on their lighting and doing backup of their actual footage. From then on, I started working at Taco Bell corporation, handing all their corporate stores and franchise sites, doing IT work. From there, I moved over here.

(“Script” continues on p10)
I'm not really sad that Hillary Clinton lost or even that Donald Trump won. As a politician, he doesn't have any more power than any other past president. What brings me the most despair is the fact that more than half of the people in this country have been exposed in a way that I never thought possible. More than half of the people in this country think that Mexican individuals are all rapists and want them deported, that Muslim individuals are terrorists and should be under suspect and barred from the country, and that its okay for a man to treat women like sexual objects without their consent. I am sad but more than anything I am afraid. Afraid of these people and the validation that the Donald Trump has given them, and the safety they feel in coming out with their bigotry and hate now that the president of the United States shares these sentiments with them. I feel for all the families in fear of their future and safety in the United States as the possibility of people acting on these sentiments becomes real and dangerous. And as for the people who voted for Donald Trump based only on his economic or foreign policies or whatever, well I both and envy and scorn their privilege and the fact that they do not need to worry about issues of race and equality. It must be nice. -Anonymous

On one hand, we've seen more patients than we can really handle with more enrollees through ACA, so I question quality of care, doctor burn out.... but on the other hand we know the immense need to provide healthcare to the uninsured. We've seen ACA, curious to see how Republicans think they can tackle the need while keeping hospitals and physicians happy and well. - Anonymous

Support: Jill Stein. I don't like Hillary or Trump, but would have preferred Hillary There are a few things we should learn from this election. 1. A majority of people who voted for Trump are probably not xenophobic, racist, anti-LGBT. They most likely liked his other policies (foreign policy, economics, repealing the ACA...), but merely tolerated his terrible social stances. Nobody should have that feeling of "superiority" or feel like they have a "monopoly" on morality. I'm sure that many Trump supporters are non-

(“Submissions” continues on p9)
The Zodiacs’ perpetual cavalcade across the heavens has brought to the time of year for contemplation on the things that we are truly grateful for. For many of us, however, the demands of modern life make finding time for such meditation impossible. Fortunately, the stars have proved their benevolence once more by revealing that which each of us should be most grateful for.

**Aquarius:** January 20th-February 18th

Water Bearer, your fate has always been so finely tuned by the movements of the astral bodies. And things have worked out pretty well so far, right? The stars now seek thanks for your good fortune all these years. It would be a shame if an ill omen somehow made it into your house of Saturn.

**Pisces:** February 19th-March 20th

It’s your time Pisces! Remember the new moon that appeared in Scorpio, 8 degrees, just days before the dawning of November? Get ready for a boon to your career! The heavens remind you to always be thankful that no one in your professional life knows your terrible secret!

**Aries:** March 21st-April 19th

For you, Aries, a new moon often reveals a new path, but this one will open many. Be careful! How you navigate this inchoate labyrinth will alter your life’s very course! That you have choices at all is enough to be thankful for. The stars recall when they had to walk uphill in the snow with paper bags as shoes just to reach half the opportunities now before you. The stars conclude with ‘kids these days.’

**Taurus:** April 20th –May 20th

Taurus, you lucky devil! Neptune’s gorgeous angle to the new moon means the first ten days of November will be perfumed with inspiration. The next 20 days, however, will be deodorized by creativity block and binge watching Gilmore Girls reruns. Be thankful that the new season premieres this month.

**Gemini:** May 21st-June 20th

The stars council Gemini thusly, ‘Thank you for being a friend. Travel down the road and back again. Your heart is true, you’re a pal and a confidant.’ The true meaning of this missive may forever elude us.

(“Horoscopes” continues on p10)
Cancer: June 21st-July 22nd

The moon, which uniquely governs Cancer, will be in Mercury’s 7th azimuth the last Thursday of November. This rare phenomenon is the perfect augur for travel, so pack your bags and start planning! The stars direct your thanks to holiday travel, which will in no way impact your chances to seize this opportunity.

Leo: July 23rd-August 22nd

For Leo, this month will be memorable to say the least! Work, home, and your relationships will all be in the spotlight. The unseen forces above urge you to be thankful that none of those are in great shape anyway so there’s not much to worry about.

Virgo: August 23rd-September 22nd

This month, the full moon on November 14 will be in Taurus 23 degrees, which puts it in your ninth house: a place in the chart that makes you particularly insightful.... wait, I mean infectious. Be grateful I don’t make mistakes like that often! If your birthday falls on September 1st ± four days, you will be the most infectious.

Libra: September 23rd-October 22nd

Prepare for an interesting month! After the celestial bodies descend below Libra’s astral horizon on the 19th, you will be face to face with the cold, infinite emptiness of the unlit cosmos. As you grope through the darkness of the void, you will reflect on the now-lost comfort of the stars’ guidance and be thankful that you ever knew it at all.

Scorpio: October 23rd-November 21st

Dear Scorpio... that which you are most grateful for is much too obscene for print.

Sagittarius: November 22nd-December 21st

Last year at this time, Saturn brought adversity as it crossed the Sun of Sagittarians born on or near November 29th. If that’s you, congrats! You’ve faced the toughest challenges and are done. Be thankful that you can now recline with your favorite beverage and guffaw as those other Sagittarians continue to toil under the caprice of the heavens.

Capricorn: December 22nd-January 19th

Capricorn, you’ve been so stressed lately! Why not just relax, look up at the stars, and be grateful that you are blithe to much of the universe you live in beyond the speck of dust called Earth.—

Is IT something that you want to stay in or would you be looking to something else in the future?

RG: I want to evolve within IT, specifically within programming and development.

RR: Yeah, because there are so many ways that you can branch out in the IT world. So, you don’t have an actual place where you just focus on one thing and that’s it. No, it always branches out into different things. You have a lot of possibilities so that’s good. So definitely stay in the IT world.

RG: Yeah, I didn’t know you had instructional support until I came here. I didn’t know education had a specific tier.

OC: Yeah, I didn’t know that either until I got the job. -Laughs- So originally it was help desk. I would like to expand into more the healthcare side, kind of the health informatics sector. I’m looking into branching into a master’s in that hopefully.

Is that like working with hospitals?

OC: Yeah, it’s kind of like a mix between public health and IT. So database work, anything that deals with client information. Maybe geographical information about clients and patients. Kind of doing research in that.

PV: And then me? Right now I want to stay in IT, but I might want to go into research, like PHD. I was recently published for some stuff that I did in the Walker lab. And who knows? I might pursue that in the future.


OC: It’s ok George, you’ll be published after this.

PV: Yeah boom what now? I want to stay in IT. I’ve always enjoyed working with computers anyways. I want to branch out eventually, I’m just not sure into what yet though. But I definitely want to stay in the career field.

DN: Right now I’ve been looking into IT project management. I think there’s a lot of opportunity in that field because everybody kind of needs that at this point. Like we said, IT is available everywhere and you need a project manager to kind of make sure everything is running smoothly in any aspect.

Sometimes you guys have to sit in on the classes. What do you think of the lectures?

PV: I think it’s interesting, I know some of the stuff kind of clicks because of my background. But it’s definitely interesting. Most of the time, I’m like “Whoa what’s going on? What is this?” But it’s pretty cool, pretty interesting to sit in. It mostly happens when there’s a problem with the projector. But when I’m (“Script” continues on p11)
The movie is about as self-aware as that would suggest.—

promotional materials use a font that looks like Papyrus.

subplots standing by the end of the movie. The medicine man, and the loss of a cure for cancer, the last destruction of a local village, the restoration of its instead fall in heterosexual love. All it takes is the white woman go to a jungle to find a cure for cancer and attitudes and its fashions. An old white man and a young valley with Campbell and Crane in tow…holding hands!

The indigenous characters’ agency is essentially a two-person movie that revolves around Dr. Campbell and Dr. Crane. The actors playing indigenous characters are largely unnamed and exist mostly as exotic props. Even Dr. Campbell’s concern about the village is unperturbed by the total destruction of the only place he serves others. The indigenous characters’ agency is non-existent, and their sole purpose by the film’s end is to bring the disease that devastated the region’s other tribe. So rather than a morality play about the predations of Western developers, the movie becomes a redemption narrative about a benevolent Westerner living in a distant land. He feels bad that he killed a bunch of them, so now he serves others. The indigenous characters’ agency is non-existent, and their sole purpose by the film’s end is to not die so Dr. Campbell can enjoy his moral redemption. Later, after Dr. Campbell’s attempt to turn back the road developers causes a fire, the forest burns down, and with it the native village. The local people, seemingly greeted her in a stylized mask and grass skirt. It is Indiana Jones without the self-awareness, a 1930s adventure serial teleported today, complete with all the assumptions of the 1930s.

These opening scenes likewise set the tone for how the film deals with its indigenous characters more generally. Despite the setting, “Medicine Man” remains essentially a two-person movie that revolves around Dr. Campbell and Dr. Crane. The actors playing indigenous characters are largely unnamed and exist mostly as exotic props. Even Dr. Campbell’s concern about the village is really about Dr. Campbell himself. He feels this concern, we learn, because he himself was the vector that first brought the disease that devastated the region’s other tribe. So rather than a morality play about the predations of Western developers, the movie becomes a redemption narrative about a benevolent Westerner living in a distant land. He feels bad that he killed a bunch of them, so now he serves others. The indigenous characters’ agency is non-existent, and their sole purpose by the film’s end is to not die so Dr. Campbell can enjoy his moral redemption. Later, after Dr. Campbell’s attempt to turn back the road developers causes a fire, the forest burns down, and with it the native village. The local people, seemingly unperturbed by the total destruction of the only place they have ever called home, follow their original medicine man (now reinstated as tribal leader) to another valley with Campbell and Crane in tow...holding hands!

“Medicine Man” is hopelessly dated in its attitudes and its fashions. An old white man and a young white woman go to a jungle to find a cure for cancer and instead fall in heterosexual love. All it takes is the destruction of a local village, the restoration of its medicine man, and the loss of a cure for cancer, the last subplots standing by the end of the movie. The promotional materials use a font that looks like Papyrus. The movie is about as self-aware as that would suggest.—
ART et al.

“Ascension”  
Scott E. Cramer, MS2  
2015, Photography

“Solana”  
Scott E. Cramer, MS2  
2015, Photography

Share your creativity! To submit artwork for future Scope issues, please contact Khoa at knguy065@medsch.ucr.edu. Open to students and staff.
We at the Scope are very grateful for our faithful readers! A special thanks to contributing writer Veronica Scott. Further thanks to comedy experts Scott Cramer and Elias Fanous.

We are exceptionally grateful for all those who participated in our poll and submission survey. The Scope would like to remind our readers that we welcome all viewpoints and look forward to hearing from more students in the future! Letters to the Editor are always welcome.

If you would like to write for The Scope, please contact the Editor in Chief at rlis001@medsch.ucr.edu. If you would like to submit artwork, please contact the Senior Editor at knguy065@medsch.ucr.edu.

This and previous issues can be found online at UCR SOM’s Student Affairs website.

Happy Thanksgiving from The Scope!

Any least favorite part about working at UCR?

Everyone: When the emails go down.
DN: I’m going to plead the 5th.
RG: The parking. We’ll blame UCR for that.
OC: I want to say something.
RG: You don’t have to say his name, you don’t have to say you were working with a student...
OC: -Laughs- No it’s not a person. It’s about how much IT is needed.
RG: Demand versus people’s expectations?
OC: Yeah. Some people don’t know how much work goes into some of these calls. Like Dan puts in like 50 tickets a week. It’s ridiculous, that’s a lot of work. And just some of that support is under appreciated. I don’t want to say under appreciated because it’s just not known.
JG: No, it’s under appreciated.
OC: It would be nice for people to recognize that aspect and kind of bring more help to the IT department in terms of personnel and understanding where we’re coming form.
RG: Because everybody sees the front end of everything that we do. They don’t see the background scope that leads to that. There’s so much development that leads to that. So much communication, you know. Policies and stuff. A lot of policies just because we’re a medical school. Adds up more work.
OC: Don’t get us wrong, people do understand. But for the majority of the users, they’re like “I want this, I want this now.” It’s kind of difficult. We would love to provide for users at the moment but it’s sometimes difficult and it doesn’t come across as that to a user. So that’s difficult.
RG: Sometimes we have to be a heartbreaker.
OC: Yeah we have to break hearts. And we don’t like breaking hearts.
RG: But we like to keep the medical school, and that’s what’s important.
OC: Exactly.

Those were all of my questions. Did you have anything else you wanted to add?

RG: So if you want to bring food...
DN: 2660 is always accepting food donations.
JG: Cheesecake preferably. Or Red Velvet.–