

# COVID-19, gender inequality, and the responsibility of the state

Nikki Fortier

**Abstract:** Previous research has shown that women are disproportionately negatively affected by a variety of socio-economic hardships, many of which COVID-19 is making worse. In particular, because of gender roles, and because women's jobs tend to be given lower priority than men's (since they are more likely to be part-time, lower-income, and less secure), women assume the obligations of increased caregiving needs at a much higher rate. This unfairly renders women especially susceptible to short- and long-term economic insecurity and decreases in wellbeing. Single-parent households, the majority of which are headed by single mothers, face even greater risks. These vulnerabilities are further compounded along the dimensions of race, ethnicity, class, and geography. Drawing upon the philosophical literature on political responsibility and structural injustice (specifically, the work of Iris Marion Young), I argue that while the state may not have had either foresight into, or control over, the disproportionate effect the pandemic would have on women, it can nonetheless be held responsible for mitigating these effects. In order to do so, it must first recognize the ways in which women have been affected by the outbreak. Specifically, policies must take into account the unpaid labor of care that falls on women. Moreover, given that this labor is particularly vital during a global health pandemic, the state ought to immediately prioritize the value of this work by providing financial stimuli directly to families, requiring employers to provide both sick leave and parental leave for at least as long as schools and daycares are inoperational, and providing subsidized emergency childcare.

**Keywords:** Gender inequality, wellbeing, political responsibility, structural injustice, COVID-19

## Practice implications

### 1) *Elimination of “workfare” policies*

Because many lone-parents are forced to leave the formal labor market in order to address the drastic increase in childcare needs resulting from the closures of schools and daycares, workfare policies, which force people to work in the formal market in order to receive welfare benefits, unfairly discriminate against single-parents, the majority of whom are mothers.

### 2) *Provision of emergency childcare*

Many parents who rely on a regular income to make ends meet, but especially single-mothers, need emergency, subsidized childcare in order to remain employed.

### 3) *Implementation of paid parental leave*

Paid parental leave for both mothers and fathers prevents parents from having to choose between providing an income for their families and childcare for their children. Providing paternity leave has also been shown to have long-term effects on the division of care work.

### 4) *Facilitate transitions to part-time work*

Women are far more likely to reduce their paid labor in order to meet increases in childcare obligations. In order to soften the blow to their economic security and wellbeing, states should legally mandate employment benefits for part-time employees, and provide training for employers on how to implement flexible schedules and requirements.

### 5) *Closure of the gender wage gap*

As long as women earn less than men, women’s jobs will be more disposable than men’s. Taking steps toward closing the gender wage gap will help prevent women from assuming a disproportionate burden during economic crises.

## Introduction

Previous research shows that women are disproportionately negatively affected by a variety of socio-economic hardships worldwide (Pearce, 1978; Assassi, 2009; Gill & Roberts, 2011; Langer et al., 2015), many of which COVID-19 is making worse (Ewing-Nelson, 2020). There is good reason to think that the pandemic is devastating for gender equality, and particularly devastating for women’s wellbeing. Economists Alon et al. (2020) convincingly argue that although in previous economic crises, men’s employment has been more at risk, several unique factors of this pandemic make women’s employment more vulnerable. In practice, it has so far been the case that women have lost the majority of jobs due to COVID-19 (IWPR, 2020). In Canada, for instance, 5% of women between the ages of 25-54, but only 2% of men of the same age, have lost their jobs due to coronavirus (Johnson, 2020).

Women are not only being laid off at higher rates than men; they are also *sacrificing* their jobs to meet the increased childcare obligations at a higher rate. As schools and daycares shut down, childcare work shifts from the paid economy to the unpaid one. Women already do far more unpaid care work (of both children and adults) and have less free time than men (Mattingly & Bianchi, 2003; Sayer, 2005; Bettio et al., 2006; Esquivel et al., 2008; Budlender, 2010; Schoonbroodt, 2018), and any increase in care needs will be disproportionately assumed by women (Alon et al.,

2020).<sup>1</sup> Women tend to bear the burden of this shift both because of social norms regarding who assumes caregiver roles (Floro et al., 2009; Signorelli et al., 2012; Wenham et al., 2020), and because women's jobs tend to be given lower priority since, in almost all economies, they are more likely to have part-time, lower-income, and less secure jobs, with less bargaining power than men (Kim, 2000; Truong, 2000; Carr & Alter-Chen, 2002; Antonopoulos, 2008; Dejardin & Owens, 2009; Floro et al., 2009; Sirimanne, 2009; Boniol et al., 2019; Johnson, 2020). It is also worth noting that people with low-wage jobs are less likely to have adequate health insurance, sick leave, access to childcare, and other benefits that protect higher-wage workers from COVID-19 exposures (Poteat et al., 2020). Intersectional oppressions should not be ignored here: Black Americans, for example, are more likely to have low-wage essential service jobs, and thereby assume more risk of both contracting COVID-19, and of dying from it (Yancy, 2020).<sup>2</sup> Or, for instance, because homeless populations live in congregate living settings both formally (in shelters, for example) and informally (in, for example, encampments and abandoned buildings), and among people who may not have access to regular hygiene resources, they are more likely to contract coronavirus (Tsai & Wilson, 2020). Consider too a study by Kizilirmak and Memis (2009) which shows that women's (and not men's) responsibilities for care work (and, presumably, any increase in care work needs) intensifies along with the depth of their poverty. The most vulnerable people in our societies are those most at risk.

The increase in unpaid care work is one of the most significant ways that this crisis will harm women, both directly and indirectly. Assuming an unfair share of the burden of unpaid care work produced by our responses to COVID-19 harms women directly because of its effect on mental wellbeing. There is no question that taking on excessive role responsibilities (either in the household, in the workplace, or both) has detrimental effects on psychological wellbeing (Fox & Nickols, 1983; Gore & Mangione, 1983; Lowe and Northcott 1988; Nelson & Burke, 2002). Caregiving responsibilities, in particular, are associated with increased psychological distress (Anthony-Bergstone et al., 1988; George & Gwyther, 1986; Hoyert & Seltzer, 1992; Schulz & Williamson, 1991; Strawbridge et al., 1997; Pinguart & Sörensen, 2003). It is also worth noting that women experience greater psychological distress in their roles as caregivers than do men (Miller & Cafasso, 1992; Yee & Schulz, 2000).

When caregiving needs increase, some will move from full-time to part-time work, while some will stop working altogether (Lilly et al., 2007; Hess et al., 2015; Hess et al. 2020). Women are far more likely than men to move into part-time work (Hegewisch & Lacarte, 2019), and to stop working altogether (Alon et al., 2020) in order to meet their care obligations. Women who move into part-time work will very likely face a disproportionate psychological burden stemming from work-family conflict, which has been shown to have a negative effect on mental health (Allen et al., 2000; Frone, 2000; Frone et al., 1997; Grzywacz & Bass, 2003) and on general wellbeing (Grant-Vallone & Donaldson, 2001; Moen & Yu, 2000). Similarly, women, single-parents, and caregivers are more likely than others to rush in order to meet their obligations,

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<sup>1</sup> Some prefer the term "social reproduction" to "care work" (see Kofman, 2012, p. 144). Throughout this paper, by "care work", I am referring to (1) biological reproduction, along with the labor required to maintain a healthy family life (including the affective and emotional burdens that it involves); (2) unpaid production of goods and services (including time volunteered in one's community); and (3) the maintaining and reproduction of culture and ideology which works to stabilize and/or challenge social relations (Hoskyns & Rai 2007, p. 300, cited in Rai et al., 2014, p. 87).

<sup>2</sup> See Bibbins-Domingo (2020), Hooper et al. (2020), McLeod et al. (2020), Poteat (2020), and Yancy (2020) for other ways in which people of color and ethnic minorities are disproportionately affected by COVID-19.

which is also associated with greater work-family conflict (Strazdins et al., 2016). Both rushing and time-poverty have been shown to negatively impact health (Teuchmann et al., 1999; Spinney & Millward, 2010; Offer & Schneider, 2011; Strazdins et al., 2016). There is also good reason to think that women will feel the effects of moving into part-time work long after the pandemic ends. Women who transition to part-time work for just one year before moving back to full-time earn up to 10% less, even 15 years later (Antonopoulos, 2008, p. 25).

Women who exit the paid labor market in order to meet the increase in care obligations also face significant reductions in wellbeing. Unsurprisingly, unemployment and financial strain are cited as causes for increased levels of stress, insecurity, and social exclusion, as well as poorer mental wellbeing (Nordenmark & Strandh 1999; Giuntoli et al., 2011; Giuntoli et al., 2015; Hiswåls et al., 2017), all of which have been shown to be strongly correlated with decreased health and subjective wellbeing (Duxbury & Higgins, 2001; Burke, 2002; Verkuyten, 2008). Both men and women in the U.K., for example, have lower life satisfaction when they are involuntarily out of the labor market (Della Giusta et al., 2011). There is also evidence that individual earnings impact one's bargaining power within the household, which in turn decreases her wellbeing because of its effects on self-esteem and respect (Kabeer 2002; Pollak 2005; Seguino, 2006; Floro & Pichetpongsa, 2010). Along similar lines, some studies show that a person's happiness, life-satisfaction, or general wellbeing increases with greater economic freedom (Gehring, 2013; Ovaska & Takashima, 2006; Verme, 2009; Welzel & Inglehart, 2010, cited in Lambert et al., 2020). Moreover, women whose employment is affected by economic crises return to their pre-crisis work levels more slowly than men (Smith, 2009; ILO, 2010). Longer durations of unemployment are associated with increased negative emotions and poorer wellbeing (Hiswåls et al., 2017). At least one study found that people who remain unemployed for more than a year do not return to the wellbeing level they had before they lost their job (Lucas et al. 2004).

Single-parent households (just under 70% of which, in the U.S., are headed by single mothers, according to the U.S. Census Bureau, 2019) face even greater risks. Single mothers are forced to choose between having an income and providing childcare. Between February and May of 2020, unemployment of single mothers in the U.S. more than tripled, moving from 4.1% to 15.9% (U.S. Bureau of Labor Statistics, 2020). Before the pandemic, single mothers were already more likely to live in more severe poverty, for a longer duration than other groups (Madruga, 2006, cited in Landero Hernández et al., 2009). These risks are further compounded along the dimensions of race and ethnicity. In the U.S., more than half (55.5%) of all Black families with children and 36.9 percent of Native American families with children are headed by a single mother (Shaw et al. 2020).

In addition, quarantine measures and stay-at-home orders are having devastating effects on people who endure domestic violence, the majority of whom are women (Boserup, 2020). Isolation coupled with additional economic and family stressors are conspiring to create unprecedented global increases in domestic violence, with fewer resources available for those affected by it (Usher et al., 2020; van Gelder et al. 2020).

### **The Social Connection Model of Political Responsibility**

Once we identify the ways in which women are disproportionately disadvantaged by COVID-19, we need to address the question of what to do about it, and of who is responsible for so doing. I argue that, while everyone has an obligation to address this injustice, the state bears the greatest

responsibility for so doing.<sup>3</sup> The account of responsibility upon which I rely does not hold that a person or an entity is responsible for addressing an injustice because they are blameworthy or liable for that injustice. To mount my argument, I instead employ the influential social connection model of political responsibility put forth by Iris Marion Young (1990; 2000; 2003; 2004; 2006; 2011).<sup>4</sup> This model aims not to hold responsible all and only those who have played some causal role in bringing about an injustice, but to account for the moral requirement to address large-scale structural injustices. Structural injustice occurs as a consequence of social processes that put certain groups of people “...under a systematic threat of domination or deprivation of the means to develop and exercise their capacities...” (Young 2006, p. 114). It is crucial to note that whether some state of affairs constitutes a structural injustice does not depend on whether anyone *intended* any wrongness or injustice; it instead depends only on whether the *effect* of social practices and processes is the systematic subjugation of a particular group. Knowing that the effect of COVID-19 is that women are systematically disadvantaged in a number of respects is sufficient to know that the pandemic has resulted in structural injustice.

If we cannot look backwards to assess blame or liability, how do we determine who is responsible for addressing the gender inequality exacerbated by the pandemic? Following Young (2000; 2003; 2004; 2006; 2011), Anthony Giddens (1984), and Onora O’Neill (1985; 1996), I appeal to the fact that structural injustice is not a stagnant state of affairs, but an ongoing process that people collectively reproduce by their actions and assumptions. What distinguishes it from cases in which an institution knowingly enacts repressive policies is that structural injustice occurs as the cumulative result of agents acting in pursuit of their uncoordinated goals and interests within the bounds of perfectly acceptable norms and institutional rules (Young, 2011, p.52). In so acting, these agents (likely unknowingly) reproduce the structures that give rise to the injustice. O’Neill (1996, ch.3) argues that we all have moral obligations to others with whom we share a societal structure; in particular, those whose actions we assume as preconditions for our own actions.<sup>5</sup> For instance, when I buy bread from a grocery store, I *assume* and *rely on* the fact that farmers, manufacturers, food inspectors, transporters, and vendors will all have done certain actions that reliably enable me to safely, cheaply, and conveniently buy bread. Young (2000, p.242) writes,

Wherever people act within a set of institutions that connect them to one another by commerce, communications, or consequences of policies, such that systemic interdependencies generate benefits and burdens that would not exist without these institutional relationships, then the people within that set of interdependent institutions stand in relations of justice.

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<sup>3</sup> My own view is that we are all morally obligated to address injustices, regardless of our connection to them, but for those who are unconvinced, my argument provides reason to think that states have special obligations to do so.

<sup>4</sup> The distinction between the backward-looking “liability model” of responsibility (one which focuses on fault, blame, and liability) and the forward-looking political responsibility is derived from Hannah Arendt’s work (Arendt 1987; 2000).

<sup>5</sup> Charles Beitz (1979) and Thomas Pogge (1992) make similar arguments in order to ground our transnational obligations of justice. Meena Krishnamurthy (2013) argues not that our connections to one another ground our political *obligations* of justice, but that they ground political *solidarity*, which is integral to justice (and, in particular, integral to achieving justice in our responses to a pandemic).

She then suggests that the demands of political responsibility are distributed among responsible parties according to who is most powerful and most capable of enacting effective change (Young, 2004, pp.385-7; 2006, pp.126-30; 2011, pp.146-7).

The social connection model of political responsibility is particularly well-suited to address gender inequality, especially the inequality exacerbated by COVID-19. First, there is no question that, even in the best of times, we are all connected to women as a social group by systematic interdependencies, and are thereby all obligated to work toward addressing structural injustices on the basis of gender (Rai et al., 2014). As feminist and gender-aware theorists have long been pointing out, though women's domestic, reproductive, and care work is largely unpaid and unrecognized, it is absolutely essential to a healthy (both global and national) economy (Çağatay & Özler, 1995; Budlender, 2007; Heckmann & Masterov, 2007; Heckman, 2008; Harper et al., 2009; for examples of ways in which policy-makers fail to consider the importance of women's work, see Heymann, 2006). We all depend on the unrecognized work of women both intranationally and internationally.<sup>6</sup> The idea that the state's dependence on women's unpaid labor generates obligations is not new. Economist Nancy Folbre (1994, 2001) argues that because women do the work required to maintain and reproduce a healthy pool of labor on which the state depends, the state has a responsibility to address the systemic inequality of women. Our interconnectedness and dependency on the work of women is even more salient, though, as it relates to the additional gender inequality caused by the pandemic. It is well-recognized that the work of women acts as a shock-absorber in times of economic crisis (Elson, 1991, 2002, 2014; Palmer, 1991; González de la Rocha, 1994; Çağatay & Özler, 1995; Elson & Çağatay, 2000; Bezanson, 2006; Björkman, 2006; Sulaiman et al., 2009; Razavi & Staab, 2012; Rai et al., 2014; Harman, 2016). As a society, we thereby assume this work from women in our response to the pandemic. If we accept the thought that we have a political responsibility to correct injustices borne by those whose actions we assume and upon which we depend, it is indisputable that we are all morally obligated to work toward alleviating the structural injustices that women face; particularly those that are made worse by COVID-19. Though our reliance on women in our response to the pandemic means that we all have a moral obligation to act to address the exacerbation of gender inequality, the fact that the state is far more capable of enacting meaningful change than individuals means that the state bears the greatest responsibility to do so. As individuals, we have the collective power to pressure our governments and, to some extent, other governments, to make policies that address this injustice, and we should do everything we can to exercise that power. Governmental intervention is the only way we can begin to address such sweeping structural injustices.

### **Policies for the Wellbeing of Women**

Single-mothers are one of the groups hit hardest by the effects of the pandemic, and, as a result, we need to prioritize policies that will address their most pressing needs. Schools and daycares have shut down, and millions of single-mothers have been forced to choose between having an income and providing their children with essential care. First, for states that have "workfare" policies in place (which require recipients of welfare to work in order to receive benefits),

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<sup>6</sup> For example, because women in the West are increasingly becoming employed in the formal sector, there is a corresponding increase in demand for paid care work; a demand that is largely met by women of color and ethnic minority from poorer regions of the world who are often exploited for such work (Heyzer et al., 1994; Parreñas, 2001; Williams, 2001, 2018; Bettio et al., 2006; Williams & Gavanas, 2008; see also Glenn, 1992; Heymann, 2006).

eliminating them must be a priority (Peck, 2001). Second, there is evidence that access to and use of publicly-funded childcare results in significant increases in subjective wellbeing for women who were previously constrained by the lack of childcare supply (Schmitz, 2020). Accordingly, governments must provide high-quality childcare to all families. Doing so is especially vital for the wellbeing of single-parents as it will allow them to maintain the family's only source of income. To the same end, employers should be required to provide caregivers with emergency paid family leave. States should also prioritize direct payments to single-parents who have already been forced into unemployment. Aside from the obvious contribution to wellbeing associated with the ability to meet one's basic needs, some evidence suggests that generous unemployment benefits such as these offset the psychological distress associated with unemployment (Di Tella et al., 2003).

In households with both a mother and a father, the provision of emergency paid family leave would not only allow mothers an opportunity to remain employed (thus avoiding the long-term negative impacts on wellbeing that are associated with unemployment), but it would also encourage fathers to meet more of the increased demand for care work. In fact, there is evidence that having parental leave available to fathers may have long-term effects on the division of household and childcare labor (Nepomnyaschy & Waldfogel, 2007; Patnaik, 2019; Tanaka & Waldfogel, 2007; Huerta et al., 2013; Almqvist & Duvander, 2014; Bünning, 2015; Farré & González, 2019).

Because women are far more likely to reduce their paid work in response to the increased need for childcare, the state needs to increase the benefits that employers are required to provide for part-time employees, including the provision of paid sick leave, parental leave, and health insurance (Shaw et al., 2020). We should also look for additional ways to accommodate women's increased need for part-time work. Some researchers suggest that implementing organizational training that teaches employers how to provide more job flexibility (in terms of allowing employees to make their own hours and of providing the option of working from home) would substantially benefit employees who have caregiving responsibilities by reducing stress and psychological distress (Kassek et al., 2019).

While policies like these are crucial in the short-term to alleviate some of the unfair burden that COVID-19 forces women to assume, larger-scale economic reform is necessary to address gender inequality in the long-term (Antonopoulos, 2008), and to prevent future economic crises from disproportionately affecting women. One of the first things we need to do for long-term improvement on gender equality is to formally value unpaid women's work (Hoskyns & Rai 2007; Folbre, 2012). This not only acknowledges the value of unpaid care work, but also allows and encourages policy-makers to take it into account in their deliberations.

It is widely recognized that if policies are to address gender inequality as it relates to the disproportionate burden of care that women assume worldwide, they must provide for care services, paid leaves, and flexible working hours (Daly & Rake, 2003; Gornick & Meyers, 2003; Bettio & Plantenga, 2004; Leitner & Wroblewski, 2006; Lewis, 2006, Craig & Mullan, 2010; Ghodsee, 2018). Governments should implement permanent policies that are designed to encourage an equal distribution of unpaid work among men and women. These can include policies that

...limit the maximum number of weekly employment hours, require fathers to take paternity leave, offer extended job leaves with partial coverage of wages for parents of young children, reduce differences between full-time and part-time work in terms of pay and access to benefits, provide family allowances, and base social security or

pension credits on caregiving instead of marriage to a wage earner, appear to reduce the economic penalties associated with caregiving and lessen time pressures associated with juggling paid and unpaid work responsibilities (Sayer, 2005, p. 298).

Finally, we all need to continue to work towards closing the gender wage gap. As long as it makes economic sense for women's paid labor, rather than men's, to decrease during economic crises like the one caused by the pandemic, it will be the case that women assume more of the unpaid caregiving duties, causing them to have reduced economic freedom and bargaining power, and thus reduced wellbeing (Hess, et al., 2020). On top of protecting women from unemployment resulting from future economic crises, there is good reason to think that eliminating the wage gap would increase subjective wellbeing (Oishi et al., 2011; Oishi & Diener, 2014).

COVID-19 exacerbates existing gender inequality in a way that cannot be ignored. While it is imperative to enact policies that alleviate the needs created by the pandemic, we ought not stop there. We need to treat this as an opportunity to get clear not only about the inequalities and injustices that women face worldwide, but also on what tangible things our institutions can do to address them. The goal should not just be to help women survive COVID-19, but to create a world in which they can flourish. This crisis provides us with valuable context in which to explore the complex interactions between macroeconomic conditions, legislative policies, intersectional oppressions, wellbeing, and gender belief systems. The relationship between state policies and gender dynamics is especially pertinent to women's wellbeing because of the state's unique ability to enact legislation to catalyze meaningful change. Policies, or the lack thereof, can contribute to shaping cultural norms and beliefs, and can have intergenerational, long-lasting implications (Cooke & Baxter, 2010). The hope is that the implementation of the long-term policies recommended above will help reshape gender norms, particularly as they relate to care work, so as to create a more equal society. Even if the only thing that changed were our cultural and societal gender norms surrounding care work, we could reasonably expect a significant effect on women's wellbeing and liberty. If there were no gendered expectations about who would assume care work, there would be, among other things, fewer single mothers, a less significant wage gap, and a more equal division of unpaid labor. The less that women are compelled to assume unpaid care work, the more they are free to participate in labor that accords with their desires, values, and interests. Governments' failures to enact legislative intervention that promotes gender equality needs to be seen not as respecting personal liberty, but as a choice to maintain a society that we know is actively repressive of and harmful to women.

Continued research is required on the specifics, logistics and efficacy of policies that aim to address gender inequality. In particular, there is a dire need for more wellbeing research that moves beyond an individualistic approach to the promotion of women's wellbeing (and of wellbeing in general). Governmental and social institutions are uniquely well-positioned not only epistemically, but also in their ability to have significant impacts on the wellbeing of their populations. Accordingly, more researchers need to broaden their perspectives on what is possible and reasonable to expect from those institutions as it relates to the promotion of the wellbeing of marginalized populations. More research is necessary to adequately understand the impact of different policies on people along the dimensions of gender, race, ability, sexual orientation, geography, and class. We should be sure to avoid adopting a monolithic view of women: We cannot expect a one-size-fits-all approach to adequately address the diverse needs of diverse populations. One study, for instance, found that availability of flexible work arrangements was associated with higher job satisfaction and less work-family conflict in North America, Australia, New Zealand, and Great Britain, but not in Latin American and Asian



countries (Masuda et al., 2012). The concerns of women differ along the dimensions previously mentioned, and our policies should be created with this in mind. We also need to be ready and willing to adapt our response to the pandemic as our understanding of its repercussions evolves. The effects of the pandemic on women's wellbeing is still unfolding, and as such, monitoring its impact is an ongoing project. The effects explored in this article should in no way be taken to be exhaustive.

### Conclusion

Women are disproportionately negatively affected by the response to COVID-19. The effects of this unfair burden may be devastating and long-lasting for millions of women. Though we are all obligated to do what we can to address this structural injustice, the state bears the greatest obligation because it is uniquely positioned to effectuate meaningful change. In the short-term, it should prioritize implementing urgent legislation that will help those most at risk. In the long-term, policy-makers need to create effective interventions that reduce gender inequality. One of the most promising ways that they can do so is by designing policies that aim to change cultural norms and gendered expectations regarding care work. These policies should equalize the division of unpaid care work in order to not only prevent future economic crises from exacerbating the onerous injustices that women face worldwide, but to also create a society in which women can flourish. As citizens, we need to hold our social institutions accountable for promoting the wellbeing of marginalized groups, and to learn to expect more from them.

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### Authors

Nikki Fortier  
Syracuse University  
nfortier@syr.edu

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