

# Academy of Forensic Nursing Science

# Forensic Times

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## EDITORIAL

This year marked the induction of the 11<sup>th</sup> nurse into the status of Fellow of the American Academy of Forensic Sciences. Patricia M. Speck, DNSc, well-known sexual assault nurse examiner and educator from Memphis was honored with this distinction. In order to reach the rank of Fellow, a member must present scientific papers and actively participate in several aspects of the business of the Academy over a span of several years. To be a Fellow in the Academy permits the member to join the company of elite forensic scientists who have distinguished themselves as leaders and "rock stars" of the forensic community such as Michael Baden, Henry Lee, Robert Ressler, James Starrs and Joseph Davis. The multidisciplinary educational benefits of the Academy of Forensic Sciences are truly outstanding. To stand beside the giants in the field at its Annual Meeting provides enough fuel to propel my forensic work for another year. Next year, the AAFS will be meeting in Denver, February 16-21. Plan to attend and expect to be enlightened and empowered. In the meantime, stay in touch with AFNS to maintain your momentum.

*Forensic Times* is your e-newsletter. Let us know what topics you would like to have addressed in future issues. Of course, your contributions are always welcome, too. Send to: [editor@tafns.com](mailto:editor@tafns.com)

## UPCOMING EVENTS

The American Institute of Forensic Education (AIFE), in collaboration with the Wilmington University Division of Nursing and Allied Health and Division of Behavioral Science, is pleased to present a one day intensive psychiatric forensic healthcare seminar May 3<sup>rd</sup>, 2008: ***Theory, Assessment and Intervention with Offenders and Survivors of Interpersonal Violence, Crime and Sudden Traumatic Death.***



Featured Speaker is **Paul T. Clements**, PhD, CNS-BC, CGS, DF-IAFN, a psychiatric forensic specialist since 1995. A former graduate of Wilmington College Division of Nursing, **Dr. Clements** has worked extensively with both offenders and survivors of interpersonal violence, crime and sudden traumatic death.

This course will explore and examine foundational facets of theory, assessment and intervention with offenders and survivors of interpersonal violence, crime and sudden traumatic death. Focusing on three levels of prevention (primary, secondary and tertiary), theoretical frameworks and bio-psychosocial assessment, clinical applications for working with offenders and survivors in contemporary forensic practice will be discussed.

For more information and registration go to [www.taife.com](http://www.taife.com).

### HOMICIDE AND SEX CRIMES

FALL CONFERENCE in PHOENIX, ARIZONA

Sponsored by the

AMERICAN INSTITUTE OF FORENSIC EDUCATION

A few of the topics addressed ...

Concepts of Criminal "Profiling" \* Serial, Mass and Spree Killing \* Crime Scene Staging  
MO, Ritual and Signature \* Criminal Investigative Analysis \* Cold Case Analysis

WATCH FOR MORE INFORMATION

### *From the Leaders in the field of Forensic Science ...*

*"Conducting research with vulnerable participants requires sensitivity to the risks participants face, as well as respect for the public's right to know."*

Louanne Lawson and Cynthia Cupit Swenson, from Research with Vulnerable Subjects, in **Forensic Nursing** by Virginia A. Lynch, 2006. pp.247.

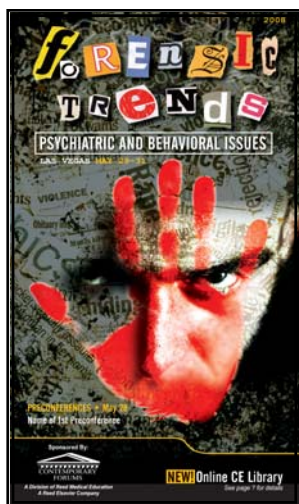
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Blood Alcohol Specimens

## UPCOMING EVENTS *Continued ...*



### 2008 Psychiatric Behavioral Forensic Conference in Las Vegas!

The American Institute of Forensic Education is teaming with Contemporary Forums to offer a three-day educational program in 2008 at the famous Las Vegas Hilton Hotel and Conference Center. Paul Clements, PhD, RN, and Mary K. Sullivan, MSN, RNC, CARN have planned an exciting curriculum that will have special appeal for nurses who work with psychiatric, behavioral, corrections, social support and other issues surrounding forensic scenarios and the victims and offenders of violent crimes. National and international experts will be featured in the 4 day event scheduled for **May 28 - 31**. Plenary sessions, workshops and breakout sessions for special interest topics will be offered for continuing education contact hours. Mark your calendar now to attend this unique offering.

## BOOK REVIEW

### ADDICTION AND THE MEDICAL COMPLICATIONS OF DRUG ABUSE

by [Steven B. Karch](#) (Editor)

*CRC Press, Taylor & Francis Group, 2008*

This 158 page book is written by physician who is both a pathologist and toxicologist. His credentials and experience are seldom paralleled in this medical specialty. Dr. Karch has a long and prestigious history in testimony related to drug abuse-related forensic cases around the world. He assisted in the U.K.'s infamous case against Harold Shipman, a British physician, who was eventually convicted of murdering 248 patients within his care. The author's current research and practice interests include euthanasia, poisonings in *utero* or by breast-feeding, and cardiac toxicology.

Dr. Karch and eight distinguished contributors have compiled an impressive collection of information about drug addiction and its associated complications. Among the chapters are: Principles of Addiction Medicine, Substitute Prescribing, Treatment of Withdrawal Syndromes, Replacement Prescribing, Management of Co-Morbidity, Toxicologic Issues, and Emergency Management of Drug Abuse. Chapters are extensively referenced and provide precise guidance for practitioners who need to understand and manage individuals who have addiction as a primary issue or a co-morbidity. Information is presented in practical framework that facilitates easy access to directives for prescribing or monitoring pharmacological therapy of the addicted. The final chapter on the Emergency Management of Drug Abuse with its helpful charts, tables and 530 references may be the most complete source available to clinicians on this vital subject. All Emergency Departments, Intensive Care Units and primary care providers should have Dr. Karch's book within easy reach when they encounter known or suspected complications of addiction among their patients. The final chapter, alone, is worth the price of the book!

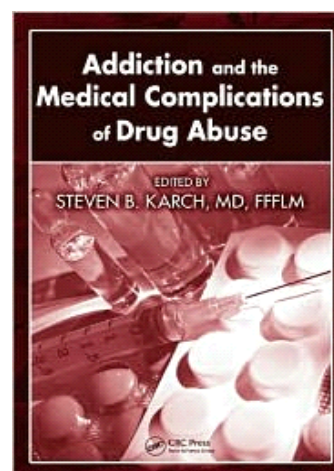
**Author:**

Steven B. Karch, MD, FFFLM  
(8 contributors)

**Published by:**

CRC Press, Taylor and Francis Group  
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## Consents for Forensic Photography

Forensic nurses are often perplexed about requirements for consents when taking photographs. Dr. Patrick Besant-Matthews, a widely acclaimed expert in the field, offers a few general rules that will unravel some of the mysteries of consents for photography.

Many ill and almost all traumatized patients who are cared for in a hospital or other healthcare facility might benefit from photographs which record specific aspects of their condition. With considerable emphasis being given to liability, pre-existing injuries or conditions and third-party payments, as well as the need to precisely document physical findings for medical purposes, many hospitals are beginning to appreciate the value of photographs and even videography. Let's look at some examples. In 2008, Medicare and other insurance payers have announced that they will no longer reimburse hospitals for costs related to certain preventable conditions such as ventilator-associated pneumonia and pressure ulcers. Unless hospitals can prove with objective evidence (e.g. X-rays, photographs) that the condition existed upon admission, hospitals will receive reduced or even no payments related to the care and treatment for the complicating condition. It is obvious why it would be in the hospital's best interest to use a photograph to document a Stage 1 or 2 pressure ulcer to ensure that it would be fully compensated for the costly, long-term therapies required to treat the condition. Hospital liability can also be reduced in some instances when staff members record the presence of pre-existing conditions or injuries. For example, if an elderly patient is transferred to the hospital from a nursing home with scabies or lice, restraint-related skin injuries, malnutrition or specific indices of poor hygiene or sub-standard care, photographs would be the ideal evidence to confirm the patient's condition prior to being admitted to the referral hospital. It is obvious why many hospitals have become more active in the process of photographic documentation since it can provide important risk management-related evidence.

Photographs can also be highly valuable to precisely record traumatic injuries such as burns, lacerations, contusions or the presence of foreign bodies or materials because when care and treatment begins, the appearance of such wounds changes immeasurably. Dr. Besant-Matthews warns forensic nurses that they must appreciate the fact that injuries heal a lot faster than the legal system operates. The appearance of injuries in the months or years after an event is largely unpredictable and most minor or subtle features of an injury, those vital in forensic cases, will no longer be visible. For instance, the imprint of a rolled-seam or armrest in a vehicle will long-since have faded when the issue of who was sitting in each seat of a vehicle arises.

Photographic documentation during emergency medical care not only may be vital to the conviction of those who caused the injuries or a crime, but it often helps to ensure that people are not wrongfully charged. Photography can protect the victim, the health care providers, and even the hospital and its staff at some later time. For instance, photographs may be used to document the reasons for taking someone to surgery when they were unable to sign a consent form. If a woman had been physically abused in a domestic incident, your photographs may be the only evidence that she might take to her attorney to support her allegations and statements concerning bruises and other injuries that have long since healed. Initially some victims are reluctant to charge their abuser, but subsequently abuse continues and now they elect to pursue the offender. In some cases, there are escalating violent acts and the victim has such severe injuries that they no longer can serve as their own advocate. Your photographs may then enable the police or a relative, or the district attorney to proceed against her abuser, on her behalf.



### **IMPLIED CONSENT**

If a person is seriously injured or unconscious, the legal concept known as *implied consent* is operable. This means that consent would be given by a reasonably prudent person if they were able to act in their own behalf. It is presupposed that this reasonably prudent person would allow photographic documentation of the injuries and findings that could help in the evaluation, treatment, and eventual prosecution of those responsible.

After death, the deceased person has no rights or control, so the investigating agencies make decisions and follow an accepted course of practice.

### **INFORMED CONSENT**

Living persons and patients must generally give consent for photography, unless they are unconscious, under arrest, and/or there is a court order for photographs to be taken. Exceptions include photographs taken in public places such as on the street or at a public gathering. In some states, taking photographs of people on their own property from a distance is illegal, and regarded as an invasion of privacy. In others you have to be a

## FORENSIC ESSENTIALS

### Consents for Forensic Photography *continued ...*

licensed private investigator to do surveillance photography. Forensic nurses and other investigators must know the policies and procedures that impact their domain of practice.

Informed consent involves a full explanation about the purposes of taking photographs. Awake, alert patients who understand the consent process may refuse to be photographed if they are not satisfied that the benefits outweigh any risks associated with the procedure. This is the same principle of "informed consent" used for invasive diagnostic tests or surgical procedures.

Unless there is a peculiar or unusual state or local law to the contrary, there is usually no reason why photography and videography should not be included in the hospital's general *Consent for Treatment Form* that is signed by patients or those responsible for authorizing care. Individuals normally consent to assessment essential for diagnosis, medical treatment, tests, medications, IV administration and blood transfusions, x-rays, and release of information to insurance providers reimbursement, so why not consent to photography and videography as well? The consenting party can delete the consent for photography by striking through that factor just as they can when removing permission to do other explicit things such as administration of blood transfusions.

Dr. Besant-Matthews is passionate about forensic photography as evidence, but stresses that nurses must understand the risks as well as the benefits, and be familiar with their employer's policies and procedures about photographic documentation and the related consents.

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## Ganging up: A brief overview of the Bloods, Crips and MS-13

By Paul T. Clements, PhD, CNS-BC, CGS

Gangs are continuing to proliferate throughout the United States, and given their violent nature forensic nurses will encounter their members in a variety of healthcare settings. Although this article is only a brief overview of three of the major gangs (others include skinheads and Asian gangs), it is intended to raise the awareness for identification of potential members and subsequently to enhance forensic assessment.

Although the existence of gangs has become a known entity to our contemporary society, what is less likely known is the realization of the insidiously significant increase in gang membership and the overall awareness of the major gang affiliations and their identifying attributes. As such, since it is becoming increasingly important for forensic nurses to remain updated on this trend, the following is a broad overview of the three major gangs in the United States.

### **Bloods**

The *Bloods* are a Los Angeles based street gang and traditionally have always worn red colors, using red bandannas or red "do-rags;" similarly, graffiti and clothing choice/style emphasize *disrespect* for Crip colors and symbols.

The Bloods also have their own system of "Flashing" or hand signals used to identify membership in a particular gang or set. The overarching gang symbol is the word "blood" frequently spelled out in hand gestures.

The Blood membership is composed of various sub-groups across the nation known as "sets." Since their formation, Blood gangs have branched out throughout the United States, and have even influenced youth groups using the same name in Europe. The Bloods originated in Los Angeles from the original *Piru* gang, which took its name from Piru Street in Compton, California. The original gang was created to protect its members from members of the Crips who would frequently target them in urban street settings; subsequently, other gangs across the nation started using the names Piru and Bloods to signify alignment with the main gang, and have grown significantly. Although the Bloods are a smaller group than their arch-enemies, the *Crips*, they are potentially dangerous, particularly when present in any numbers. The Bloods have a strong fascination with assault-type weapons (as do the Crips) which makes for lethal street attacks with numerous fatalities. The Bloods present a significant threat for prison systems not only due to their predatory and violent behavior, but more due to their intense rivalry with the Crips (who area often housed in the same general population in correctional facilities).



Typical hand sign spelling out "Blood"



## FORENSIC ESSENTIALS

### Gang overview *continued ...*

As a part of the Blood enculturation, they are particularly arrogant, and believe that the naïveté of others about their lethality and power conveys weakness. Congruent with most gangs, the Bloods see "snitching" or becoming an informant as expressly forbidden; however, once removed from their group they are usually easier to deal with, possibly due to their belief that they are shrewd businessmen.

### **Crips**

The *Crips* are a primarily, but not exclusively, African-American gang founded in Los Angeles, California in 1969 by 15-year-old Raymond Washington. What was once a single gang is now a loosely connected network of individual "sets." The gang has grown to be one of the largest and most powerful in the United States with a membership that exceeds well over 30,000 gang members.

The *Crips* are known to be involved in murders, robberies, drug dealing, and many other criminal pursuits. The gang is primarily known for their use of the colors blue and white in their clothing. Crips tend to wear blue and clear beads or blue and white beads around their neck but mostly blue jeans and a white shirt. Other "mainstream" clothing is also selected based on the items availability in blue, white or blue + white.



As mentioned above, the Crips are likewise known to have an intense and bitter rivalry with the Bloods.. Crip gangs continue to exhibit overt violence and are constantly expanding their turf. Crips have a long history of being heavily involved in the drug trade (which significantly expanded throughout the United States in the 1980's with the sale of, a then new product, called "Crack").



Crip members are initiated into the gang by committing a crime in front of gang witnesses, or, be *Beaten-In*. Female members have the option to commit a crime or become *Sexed-In* (Sex with several older members, including "gang bangs" and in some cases, violent sex).

### **MS-13 (Mara Salvatrucha)**

*Mara Salvatrucha*, the formal name for **MS-13**, refers to Latin gangs involved in criminal activities in Central America and, more recently, the United States. The gang names are commonly abbreviated as MS, *Mara*, MS-13, and are composed mostly of Salvadorians, Guatemalans, Hondurans, and other Central Americans (particularly, recent years reflect a significant number of Mexican members).

The *Mara Salvatrucha* gang has factions located throughout the United States and Latin America. The gang has moved from beyond its Salvadoran and Latin-American origins and membership in the United States is believed to exceed 10,000. MS-13 criminal activities include drug smuggling and sales, black market gun sales, human trafficking, assassinations for hire, theft, and assaults on law enforcement officials. In the United States, the gang's strongholds have historically been in Washington, D.C., Miami, and Southern California and, almost oddly, a significant concentration in Northern Virginia (Herndon County). The gang's stated goal is to become the top gang in the United States.



Gang members, who sport numerous tattoos, wear powder blue and white colors taken from the El Salvadoran flag.

Members typically range in age from 11 to 40 years old (and in some recent reports, grooming has started at ages 8 and 9). Their progressive increase in violent activities and careless disregard for the law (threats and attacks against law enforcement officials is common), has made them the most feared gang in the United States.

While most gangs offer simple initiation rights, such as being *jumped in* or *beaten in* (where you are beaten or punched for several minutes in order to prove your worth) or *sexed in* (as described above), for many MS-13 cells, initiations are more intense. In these particular cells, in order to join MS-13 you must first commit a violent act against someone

## FORENSIC ESSENTIALS

### Gang overview *continued* ...

else specifically, either a beating, a rape, or a murder. The MS-13 tell-tale body markings will typically include numerous body tattoos (and particularly unique to this gang: facial tattoos) containing the texts "MS", "13", or *Mara Salvatrucha*.

Their penchant for violence is renowned. Members often arrive in the United States with fighting skills gained in military training and the membership is particularly adept with machetes (the trademark weapon of MS-13). With use of the



machete, MS-13 often leaves behind dismembered corpses, complete with the decapitated head, at the scene of their murders or, in revenge hits - hands and fingers are often targeted (and for healthcare personnel, machete injuries should raise suspicion of MS-13 gang involvement).

## CASE STUDY

### Basilar Skull Fracture or Direct Trauma?



Figure 1.

Forensic nurses are frequently perplexed with Battle's Sign and Raccoon Eyes (periorbital ecchymosis). Either of these phenomena may indicate head trauma and the presence of a basilar skull fracture which permits the escape of blood and CSF fluid from its usual confining compartment. Ensure that you understand the pathological indices of basilar skull fractures and use the terms only when you have distinct supporting assessments. Bruising on the lateral aspects or superior aspects of the eye orbit is due to direct tissue trauma and is not an indirect indication of basilar skull fracture.

**Battle's Sign** is a discoloration of the mastoid bone due to leakage and pooling of blood within the air cells of this structure. The discoloration appears in line with the posterior auricular artery, and may not become apparent for several hours or even a day post-trauma. (See Figure 1.)

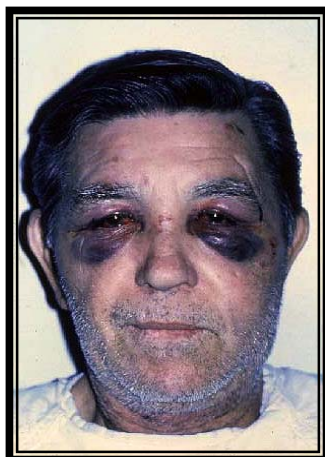


Figure 2.

**Raccoon Eyes** is a term used to describe the gravitational accumulation or pooling of blood in the lower portion of the orbit. It may be unilateral, but is typically bilateral. However, it is always on the inferior orbital rim. Margins of the bruising are smooth and are consistent with the shape of its dependent inferior rim. (See Figure 2.)

Bruising on the lateral aspects or superior aspects of the eye orbit is due to direct tissue trauma and is not an indirect indication of basilar skull fracture. Note that lateral and superior orbital bruising may be associated with inferior orbital bruising. Compared with Figure 2, note that the inferior orbital discoloration is unilateral, irregular and is not confined to the smooth rim of the inferior orbit. (See Figure 3.)



Figure 3.

## FORENSICALLY SPEAKING ...

Although everyone may not know the distinction between the words "forensic" and "forensics," those of us within the discipline should appreciate subtle differences in both meaning and usage.



According to legend, on the Ides of March in 44 B.C., a physician named Antistius examined the body of Julius Caesar after the assassination and publicly announced that he could identify precisely which of the 23 stab wounds was the cause of death. Since his declaration occurred in the Roman Forum, it was termed "forensic," i.e., belonging to or relating to the Forum. In today's acceptable English discourse and writing, the word "forensic" is used to mean "pertaining to public discussion and debate, especially in courts of law." "Forensics" is the appropriate term to denote the study of argumentation and formal debate. Currently, the term "forensic" is used as an adjective to indicate that a particular discipline is applying its knowledge or science to questions of civil and criminal law, especially in court proceedings, e.g. forensic medicine, forensic nursing, forensic toxicology or forensic entomology.

Now when you talk about your passion with associates, you will say, "I'm studying forensic nursing"... not "I'm studying nursing forensics." The word "forensics" has been misused so regularly in everyday speech and writing that it is now generally understood. However, you can distinguish yourself from your peers by knowing how to describe your specialty.

## FORENSIC GLOBE-TROTTING

***"Where death delights to serve the living."***

Wendy Gunther, MD reported the ultimate "globe-trotting" at the meeting of the Last Word Society which occurred at the 2008 Academy experience of Forensic Sciences Meeting in Washington, DC.

She reported her worldwide quest, on the Internet, to determine the origin of the phrase, "***Where death delights to serve the living.***" These words, either in Latin or English are often used above the entrance doors of pathology buildings, or within the amphitheatres where autopsies are performed. In 1994, the day Dr. Gunther began her fellowship in forensic pathology at the Office of the Chief Medical Examiner of the City of New York, she began a seven year online journey to determine the genesis of the phrase. She did not accept the belief written in the memoirs of the famed forensic pathologist, Dr. Milton Helpert, that "its origin is lost in the mists of time."



Dr. Gunther's Internet research extended from ancient times to the 18<sup>th</sup>, 19<sup>th</sup> and into the 20<sup>th</sup> century. For more than 5 years, she worked on various leads associated with a dissection theatre in Paris, circa 1833. During this span, many ancient texts were being digitized and made available on the Internet. With continuing work and leads pouring in from various corners of the globe, the truth was revealed in 2007. The exact Latin poet responsible for the phrase was finally identified. Indeed he was highly regarded and widely acclaimed in his day. Furthermore, the researcher remarked that it was confirming to learn that during this time, there was a public awareness and even reverence for the role of anatomic dissection in science and civic affairs. Dr. Gunther was amazed that this poet's work has been widely quoted and inscribed on the many building facades without attribution to the author, until now.

## IT'S DEBATABLE

### Toluidine Blue Dye: Before or After the Speculum Exam?

*By Cari Caruso, RN, SANE-A*

Toluidine Blue Dye (TBD), as used by the sexual assault nurse examiner (SANE), is a 1% aqueous solution of a synthetic, metachromatic dye, which stains cell nuclei. It is applied to external genital structures such as the vulva and anus to highlight potential soft tissue injuries. It is not used on mucous membranes. The dye is applied with cotton swabs and then is allowed to set for a moment before it is decolorized with a 10% acetic acid solution or lubricating jelly. Since the superficial layers of tissue are keratinized and have inactive nuclei, the TBD will not attach itself. It only attaches to active nuclei found in deeper layers of exposed, squamous cell tissue. Many studies have validated the usefulness of TBD during the sexual assault examination for the purpose of visualizing findings suggesting injury, whether they are medically-related, such as lesions or ulcerations, or injury-related, such as tears and abrasions.

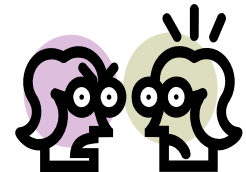
## IT'S DEBATABLE

### Toluidine Blue Dye *continued ...*

TBD has been an accepted, valuable adjunct to the sexual assault forensic evidentiary examination since the 1980s. Occasionally, a finding that is deemed suspicious, on first observation such as a finding of redness can be confirmed as an abrasion, after the TB dye application. The SANE appreciates that documentation of all examination findings and photographs will be reviewed and scrutinized by non-medical persons such as detectives, the district attorney and later, a jury. The TBD will emphasize genital tissue injury by producing a purple hue which distinguishes traumatized tissue from the normal skin tone. The timing of the application, however, is controversial.

#### *Let's examine two opposing opinions ...*

**JD, Indiana**, believes that the dye should be applied before the speculum examination to guard against any misconceptions or allegations that the speculum examination, rather than sexual assault, might have produced the traumatized tissue.



**CC, California**, supports the position that its application should be deferred until all forensic specimens have been collected and the inspection of the genital structures is complete.

(Crowley, *Sexual Assault: The Medical Legal Examination, 1999*) The exam regimen should include detailed photography of all structures before application of the dye, photographs while the dye is applied, and more photographs following the decolorization process.

Neither technique is incorrect, but the philosophy behind them differs. Rarely are injuries caused to the structures in which TBD is applied. Infrequently, the speculum may cause an abrasion to the cervix or injury to the hymen but these are not areas where the dye is applied. A 6-month study was done in Grand Rapids, Michigan YWCA, to compare findings of genital TBD staining, before and after speculum insertion. (Jones, Dunnuck, Rossman, Wynn and Nelson-Horan, *Significance of Toluidine Blue Positive Findings after Speculum Examination for Sexual Assault, 2004*). The study consisted of twenty seven alleged sexual assault victims ranging in age from 13 to 45, who reported penile-vaginal penetration. Only one subject revealed an additional post-examination injury (an abrasion to the posterior labia minora) which was not observed before the speculum examination. Another supporting reason for employing the dye, prior to the speculum exam, is the likelihood of getting the dye on the internal vaginal swabs and in the vaginal aspirate. Although the dye does not affect the amylase or DNA profiling analysis, it is aesthetically disagreeable.



**Figure 1. Swabs stained with TBD**



**Figure 2. Aspirate stained with TBD**

**Conclusion:** It does not make a significant difference whether the TBD application is done before the speculum exam or at the end of the examination, as the last step, after all evidence has been collected. The examiner should be skilled in handling the speculum and attempt to avoid any injury to the patient, whatsoever. However, if an injury is imposed on the patient, it should be documented as iatrogenic. **Both methods are valid and will resist scrutiny in court.** Each SANE hopefully can decide which technique works best for them. SANE program protocol or jurisdictional directives, however, may dictate which method is to be used.

**Let's hear from our readers...** If you have evidence-based experience (s), if you know of any court cases, or ongoing issues facing you or those you know in the work-place or subject matter related to articles highlighted in our newsletters past and present, we would love to hear from you, please share them by emailing: [editor@tafns.com](mailto:editor@tafns.com)

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