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The Protective Effects of Childbirth

Amy R. Sobie

One of the population controllers' favorite techniques is to portray pregnancy as dangerous, burdensome and demeaning to women. Some have labeled it an "epidemic," or a "disease."¹ At a Planned Parenthood conference, for example, one speaker described abortion as an "effective treatment" for "the number two sexually transmitted disease"—unplanned pregnancy.²

But population control zealots have failed to prove that pregnancy is, in fact, harmful to women. Indeed, a number of studies point to the opposite conclusion: that pregnancy generally *benefits* women's health. Yet these studies have been virtually ignored by the medical community and the secular media. According to researcher Thomas Strahan:

One relatively unexamined issue is the important role that childbirth and lactation play in the overall health of a woman. The failure of the body to experience these events appears to cause malfunctions which frequently result in health problems later in life, including possible increased risks from various types of cancer.³

As this article will show, full-term pregnancy has been shown to reduce women's risk of disease, improve their mental health and improve the outcome of their future pregnancies.

Reducing the Risk of Cancer

According to national health statistics, approximately one in eight American women will have breast cancer in her lifetime. Each year, an estimated 175,000 women are diagnosed with breast cancer, and 43,500 women die from it.³ These numbers have led in recent years to a nationally-publicized campaign to educate women on breast cancer prevention and treatment.

What is seldom, if ever, emphasized in public discussions on preventing breast cancer is the fact that having a full-term pregnancy has been linked to a decrease in breast cancer risk—the earlier the better. A major study of 250,000 women from around the world found that those who have their first child by age 18 have only about one-third the risk of breast cancer faced by women whose first birth occurs at age 35 or later.⁴

Another large study published in 1989 by the Centers for Disease Control examined data from eight population-based U.S. cancer

registries and found that lactation also plays a role in reducing breast cancer. The more children a woman had and the longer the duration of breast-feeding after birth, the lower her risk of developing breast cancer.⁵

Pregnancy and childbirth have also been linked to two other diseases that affect women: ovarian and endometrial cancer. Studies have shown that women who have never had children are twice as likely to develop ovarian cancer—which takes the lives of about 14,000 American women each year—compared to those who have given birth.⁶ As with breast cancer, the more full-term pregnancies a woman had, the lower her risk of ovarian cancer.⁷

According to the U.S. Department of Health and Human Services, "Childbearing is the most important

known factor in preventing ovarian cancer, suggesting that hormones play a role in its development."⁸ Several studies have also shown that having few or no children is also a risk factor for endometrial cancer.⁸

Achieving Healthy Pregnancies

Having a previous full-term pregnancy can also improve the outcome of subsequent pregnancies. For instance, one study found that women with more children experience less intense pain during subsequent deliveries than women with no or few children.⁹ Another study found that women with two previous pregnancies have 22 percent less risk of retained placenta and/or postpartum hemorrhage during subsequent deliveries compared to women with only one previous pregnancy.¹⁰

Hypertension (high blood pressure) is experienced by 10-12 percent of pregnant women in the U.S. Eclampsia (convulsions caused by hypertension) and pre-eclampsia (high blood pressure with edema or abnormal protein in the urine) are the leading causes of pregnancy-related maternal death in the western world, with 50-60 percent of those deaths caused by cerebral hemorrhage brought on by hypertension.¹¹

Studies have found, however, that women who have had a previous pregnancy have a lower risk of pre-eclampsia in subsequent pregnancies than women who are experiencing their first pregnancy. (Incidentally, women with a previous abortion have a higher risk of both pre-eclampsia and eclampsia.)¹² Two other studies also found that women have a reduced risk of hypertension

Childbearing is the most important known factor in preventing ovarian cancer.

with each succeeding birth.¹³

Among American women, ectopic pregnancy is the leading cause of pregnancy-related maternal death in the first trimester.¹⁴ One study found that women who had carried a previous pregnancy to term had half the risk of ectopic pregnancy as women who had no previous deliveries.¹⁵ Conversely, other studies have found that women with a history of abortion have an increased risk of subsequent ectopic pregnancy compared to women who had previously carried to term.¹⁶

Avoiding Risky Behavior

Childbirth has been shown to have a positive impact on women's mental health as well. A 1992 Canadian study that examined more than 1,000 women health care workers, lawyers, engineers and accountants found that married women with children had the highest levels of psychological well-being compared to married and single women who did not have children. Researcher Ethel Roskies concluded that "childless women don't really get much out of giving up having children."¹⁷

In fact, a study examining all women in Finland of reproductive age over a seven year period found that women who carried to term were half as likely to die within the following year as women who had not been pregnant, and three-and-a-half times less likely to die as women who had abortions.¹⁸ Delivering women were less likely to die across all categories: natural deaths, accidents, suicides, and homicides.

While motherhood has been shown to decrease the likelihood that a woman will engage in risk-taking behavior, abortion has been linked to an *increase* in self-destructive behavior. Research on Canadian women, for example, found that post-abortive women were treated for accidents or conditions resulting from violence 24 percent more often than women who had given birth.¹⁹

A recent Elliot Institute study that followed women for up to six years after they aborted or gave birth found that the women in the study who carried to term had significantly fewer mental health claims than women who aborted. Post-abortive women were more than twice as likely to have had between two and nine treatments for mental health problems than women who gave birth.²⁰ This confirms previous studies that found lower rates of consultations and hospital admissions for psychiatric reasons among postpartum women compared to post-abortive women.²¹

Abortion advocates argue that teen mothers suffer from psychological distress and are more likely to fail in school, have

additional out-of-wedlock births, and live in poverty than teens who do not have children. However, a recent study found that teen moms were as well-adjusted or even better adjusted than their peers and reported less stress, less reliance on coping strategies such as denial, less need for social support and greater satisfaction with the support they received.²²

The researchers concluded: "For some teens becoming a mother may serve a protective function if the teen is already living in a stressful environment . . . [and] may afford the girls special social status within the family that actually reduces some more typical life challenges (such as the need to find a job while in school)."²²

Other studies have found that young women who had previously carried a pregnancy to term and had no history of abortion were less likely to use drugs than women who had abortions.²³ A study of teenage girls in inner city Boston, for example, found that those with two or more children were much less likely to use drugs than those without children.²⁴

Giving birth has also been shown to reduce the incidence of smoking among women.²⁵ One study found that women who had abortions had higher levels of smoking (56.1 percent) compared to women with previous "unwanted" pregnancies carried to term (52.4 percent) and those with "wanted" pregnancies carried to term (41.5 percent).²⁶

Conclusion

These studies, along with many others, clearly contradict the unsubstantiated assumption that carrying a so-called "unwanted" pregnancy to term is more harmful to women than undergoing an abortion. Unfortunately, the protective effects of childbirth in lowering a woman's risk of psychological problems, substance abuse, smoking, reproductive problems, pregnancy complications and certain types of cancer have received scant attention.

If women continue to delay childbirth, or do not have children at all, it is likely that these types of problems will continue moving in an upward trend. These unhealthy trends are not only aggravated by the loss of the protective effects of childbirth, but are also made worse by the independent negative effects of abortion and contraception.

The risks that women face by delaying or not having children may also affect their children. Children born prematurely, or to women suffering from depression or self-destructive tendencies, are more likely to have physical and emotional problems. On a social scale, increased health care costs, lost work time, and the

Women don't really get much out of giving up having children.

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This issue has been edited by David C. Reardon, Ph.D., Director of the Elliot Institute. Assistant Editor: Amy R. Sobie. Relevant submissions will be considered for publication but cannot be returned unless accompanied by a SASE. Direct requests for permission to reprint to: Elliot Institute, PO Box 7348, Springfield, IL 62791. © 2001 Elliot Institute, unless otherwise noted.

disruption of families caused by a mother's illness or early death are all affected by these unhealthy trends toward delayed childbirth and abortion.

Women who preparing to be married should be informed by their doctors of the benefits of having children early in marriage and about the health problems associated with delaying childbirth. Also, additional research into the benefits of childbirth and the effects of delayed childbirth are clearly warranted.

Finally, many states are required by law to provide booklets to women considering abortion with information about the risks and benefits of abortion and childbirth. Pro-life advocates should actively work, if necessary through civil suits, to ensure that these booklets accurately represent all the latest information about abortion's risks and the benefits of childbirth compared to delayed childbirth.

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Reviews

The Choice

Chris Jackman

Interactive Bible Study on CD-Rom. Available for \$15 (CD version with Bible study) or \$12 (cassette version with music only) from Project Grace, PO Box 112, Zeeland, MI 49464, www.projectgrace.com.

The Choice is a truly unique and exciting offering—a CD and interactive Bible study from Project Grace, a post-abortion counseling ministry. Project Grace is run by Chris Jackman, a singer and songwriter who has used her own abortion experience to reach out to hurting women and men through her music.

As the struggling single parent of a two-year-old, Jackman was stunned to find herself alone and pregnant. Fearful and desperate to salvage her future, she reluctantly had an abortion.

“Regret and unresolved grief led me on a downward spiral of self-destructive behaviors for many years,” she writes. “Like many post-abortive women, afraid of condemnation, I carried the pain alone behind a self-imposed prison of silence. Driven to my knees one night in desperation, I found forgiveness through the grace and mercy of Christ who carried me to hope and restoration.”

The 10 songs on *The Choice* were all written by Jackman and fellow songwriter Cordell Langeland. Jackman’s stirring voice and the combined efforts of many talented musicians (including popular Christian artists like singer Sarah Masen and *Jars of Clay* guitarist Matt Odmark), make the CD well worth listening to on its own. The moving, insightful lyrics address many issues faced by post-abortive women and men, such as guilt over choosing abortion, fear of God or of being punished for the abortion, repentance and forgiveness, and finding peace with God, others and oneself.

The Choice can also be used as a CD-ROM and includes an interactive Bible study that can be accessed by computer. After listening to each song, the user can then read or listen to excerpts from personal testimonies dealing with the particular issue raised in that song. A series of Scripture passages and reflection questions leads users to ponder the issue both from a Biblical perspective and as it applies to their own lives. Space is provided for users to write their own thoughts and reflections as they work through the Bible study.

The Bible study is quite easy to use and can be played in most computers with a CD-ROM drive. Those who don’t have access to a computer with a CD-ROM drive can still listen to the music in a regular CD player, or purchase the music on cassette. Jackman hopes to eventually make the Bible study available in book form as well.

The Choice is a wonderful project and is sure to help many people

who are trapped in silence and shame over a past abortion. Those who are interested in learning more about this great resource should visit the Project Grace web site at www.projectgrace.com.

A Solitary Sorrow: Finding Healing and Wholeness After Abortion

Terri Reisser, M.S., M.F.T., with Paul Reisser, M.D.

Available for \$11.95 from Harold Shaw Publishers, WaterBrook Press, 2375 Telstar Dr., Suite 160, Colorado Springs, CO 80920. ISBN: 0-8778-774-8.

This book addresses the issue of post-abortion trauma in a clear, easy-to-read, and yet compelling fashion. Terri Reisser, a marriage and family therapist who has counseled many post-abortive women, has written a book that not only tackles the topic of post-abortion healing but also explores issues like the symptoms of post-abortion trauma and the social stigma surrounding abortion itself. Her thorough treatment of these issue makes this book an invaluable resource for post-abortive women seeking to understand and overcome their pain.

A Solitary Sorrow is divided into two parts. Part one explains post-abortion trauma and why it is so difficult to find healing. Reisser explains the symptoms of post-abortion trauma and the five stages of grieving that most women face after abortion. She describes what happens when a woman gets “trapped” in one stage of this process, such as denial or numbing, and why it is important to resolve and move beyond it.

In the second part, “The Healing Journey,” Reisser illustrates the healing process by taking us through what would be a typical course followed by one of her support groups. In order to give readers a better understanding of this process, Reisser drew on the experiences of four women from her groups, recording their reflections and reactions at each stage of the healing process. Each chapter in this section covers various issues tackled in the group, such as facing a past abortion, dealing with guilt and forgiveness, releasing anger, mourning one’s loss and finally, moving on from the abortion.

The “Moving On” chapter includes a list of questions to help the woman in post-abortion counseling identify and evaluate the work she has accomplished so that she will be better able to understand where she is in her healing journey. This chapter also offers insight on how to deal with recurring memories or negative emotions that might crop up even after one has “achieved” post-abortion healing. Reisser reassures women that post-abortion healing is an ongoing process and that such feelings are normal and can be handled.

The book also addresses related topics such as the impact of abortion on teens, men and married couples and deciding how

and when to tell others about a past abortion. Especially welcome is a section on how to help a friend or loved one who has had an abortion but is unable or unwilling to talk about it.

A Solitary Sorrow is not a complete post-abortion “workbook,” and those who are struggling with unresolved post-abortion issues

should contact one of the ministries listed in the appendix for further counseling. However, this thoughtful and sensitive book will help women better understand their post-abortion pain and encourage them to break the silence about their “solitary sorrow.”

-ARS

News Briefs

Arizona Abortionist Convicted of Manslaughter

An Arizona abortionist will serve five years in prison for allowing a patient to bleed to death after performing a botched abortion on her.

John Biskind, 75, was convicted of manslaughter for the 1999 death of 33-year-old LouAnn Herron. Biskind was accused of leaving the clinic after the abortion, even though staffers told him Herron was having problems. The former clinic administrator, Carol Stuart Schadoff, was convicted of negligent homicide in the case. Herron’s death forced the clinic to close and led to new legislation regulating abortion in Arizona.

Florida Woman Wins Coerced Abortion Suit

A Florida woman has won a lawsuit accusing her former employer of coercing her into an abortion because her baby was biracial.

Nikki Schmitz won a judgment of over \$466,000 against the Fisher-Pou funeral home after jurors found that supervisors invaded Schmitz’s privacy and subjected her to “extreme and outrageous” behavior. Schmitz’s lawyer said he plans to retry part of the case after jurors deadlocked on whether the supervisors’ actions involved racial discrimination.

Abortionist Will Not Be Held Liable for Woman’s Death

The family of a Wisconsin woman who was poisoned during a botched chemical abortion will not receive any compensation for her death, even though a jury has found the abortionist to be responsible.

Linda Boom, 35, died after chemicals were injected into her bloodstream rather than her womb during a late-term abortion in Sept. 1995. A jury awarded Boom’s family \$2.3 million for her death, but the amount cannot be recovered because the abortionist, Daniel Gilman, was dismissed as a defendant after the lawsuit was filed too late. The jury also found that Sinai Samaritan Medical Center, where the abortion was performed, was not liable for Boom’s death because Gilman was not a hospital employee.

Michigan Abortionist to Lose Medical License

A Michigan abortionist who was accused of performing an illegal

late-term abortion will lose his medical license for altering his patient’s medical records in an attempt to cover up the abortion.

Jose Higuera will plead guilty to a charge that he altered the baby’s gestational age on the medical records, but state officials have agreed to drop the illegal abortion charge in exchange for the loss of Higuera’s medical license. Higuera’s former nurse brought the case to the attention of the state attorney general’s office in 1994 after Higuera performed an abortion at nearly seven months, violating a Michigan law prohibiting late-term abortions except to save the life of the mother. Higuera is believed to be the first abortionist charged with performing an illegal abortion since the *Roe v. Wade* ruling in 1973.

Philadelphia Abortionist Facing Lawsuit

A couple has filed a lawsuit against a Philadelphia-area abortionist, accusing him of botching the wife’s abortion and endangering her life by failing to diagnose an ectopic pregnancy.

Victoria and Daniel Jeh are asking for \$50,000 in damages from Harvey Brookman and the Healthy Women’s Center after Victoria underwent an abortion there last July. Their lawsuit says that Brookman failed to test for ectopic pregnancy after Victoria continued to have pain and bleeding after the abortion. She later had to undergo emergency surgery to remove an ectopic pregnancy from her fallopian tube.

Teen Says Fake Doctor Botched Her Abortion

A 16-year-old Florida girl has accused a fake doctor of botching her abortion, possibly leaving her infertile.

The teen told police that she was hospitalized with a possibly sterilizing infection after undergoing an abortion performed by Jose Carros, who has twice been arrested for practicing medicine without a medical license. The police reported that since news of the case broke, nearly 40 other women have come forward to say that Carros treated them also.

Supreme Court Won’t Hear Abortion Regulation Case

The U.S. Supreme Court has refused to hear a case brought by four South Carolina abortionists over abortion clinic regulations

in that state.

The abortionists claimed that the regulations were an unconstitutional attempt to undermine abortion, but the regulations were upheld on appeal. The Supreme Court would not comment on its refusal to hear the case, known as *Greenville Women's Clinic v. Bryant*, but its decision could affect similar lawsuits in Texas, Louisiana and Tennessee.

Man Gets Life in Prison for Death of Unborn Child

An Arkansas man will spend the rest of his life in prison after arranging an attack that killed his girlfriend's unborn child after she refused to have an abortion.

Eric Bullock was convicted of hiring three men to beat his girlfriend, Shiwona Pace, who survived, and kill her nearly full-term unborn baby girl. One of the three alleged attackers has

been sentenced to 40 years in prison. This is the first case to be tried under an Arkansas law that allows murder charges to be brought when an unborn child of at least 12 weeks' gestation dies during a violent crime.

Man Convicted in Forced Abortion Attempt

A Connecticut man convicted in January of trying to force his girlfriend to have an abortion could face up to 95 years in prison.

Edwin Sandoval was accused of forcing two pills of misoprostol into his girlfriend's birth canal during a forced sexual encounter in Aug. 1998 after she refused to have an abortion. She later suffered vaginal bleeding but did not have a miscarriage. Misoprostil is used in RU-486 abortions to cause uterine contractions and expel the unborn child.

-ARS

Suicide Rate Higher After Abortion, Study Shows

Elliot Institute Presents New Findings at International Mental Health Conference

A new Elliot Institute study has found that women who have had abortions are more likely to commit suicide than those who have given birth.

The study examined Medi-Cal records for more than 173,000 low-income California women who had abortions or gave birth in 1989. Linking these records to death certificates, the researchers found that women who had state-funded abortions were 2.6 times more likely to die of suicide compared to women who delivered their babies.

The average annual suicide rate per 100,000 women was 3.0 for delivering women, compared to 7.8 for aborting women. The national average suicide rate for women between the ages of 15 and 44 is 5.2 per 100,000 women. This shows that aborted women have a higher suicide rate than women in general, while giving birth actually reduces women's suicide risk.

"The data clearly shows what we have long suspected: that abortion is harmful rather than helpful to women," said Elliot Institute director Dr. David Reardon, one of several researchers working on the study.

Reardon said that the Elliot Institute study built on previous research from other countries that found higher death rates among post-abortive women. A study of all women in Finland, for example, found that women who had abortions were three-and-a-half times more likely to die within the next year as women who carried their pregnancies to term.

"The Finland study was one of the largest and most well-done

studies ever conducted on abortion," Reardon said. "Data that is drawn from medical records, as was done both in Finland and in our study, is generally more objective than relying on women's own descriptions of how abortion affected their lives."

Reardon said that part of the purpose of the Elliot Institute study was to see if study results in the U.S. would confirm what researchers have been finding in other countries about the connection between abortion and increased rates of suicide.

"We wanted to see if the results of our study would match what was found in Finland and elsewhere," he said. "In addition, however, because the Finland study only looked at medical data for one year after women aborted or gave birth, we wanted to see if the suicide rate was also higher over a longer period of time."

In March, Reardon and several colleagues presented the study at the World Congress on Women's Mental Health, held in Berlin, Germany. They also presented studies that found higher rates of depression, mental illness, miscarriages and substance abuse among post-abortive women compared to women who gave birth.

"In discussing our research, we found that no one expressed any hostility or even doubt about the validity of the findings," he said. "We hope that some of the people who heard our message will reconsider their position on abortion and maybe even begin warning their patients of the physical and emotional risks."

"We can't expect an immediate change in attitudes, of course, but I'm confident that we were able to plant some seeds in Berlin," he added.

The data clearly shows that abortion is harmful rather than helpful to women.

Post-Abortive Women to Overturn Roe v. Wade

Elliot Institute Joins Campaign to Give Post-Abortive Women Their Day in Court

The Elliot Institute has joined a national effort to give post-abortive women a voice in the federal courts, where they will seek to challenge the legality of *Roe v. Wade*.

"This is a great opportunity, through legal affidavits, for women to provide testimony to the federal courts, and ultimately to the Supreme Court, regarding the devastating effects abortion has had on their lives," said Dr. David Reardon, director of the Elliot Institute.

Thousands of affidavits from post-abortive women are being gathered in which women describe how they were either pressured into unwanted abortions, misinformed about risks, or suffered emotionally or physically after their abortions.

The affidavits are being collected by several cooperating organizations, including the National Foundation For Life and the Texas Justice Foundation. They will be used in a series of legal challenges in state and federal courts, including a challenge to *Roe v. Wade*, the 1973 Supreme Court ruling that overturned state laws prohibiting abortion.

"The federal law on abortion dictated by the Supreme Court has been a disaster for women," said Allan Parker, an attorney who founded the Texas Justice Foundation, a public interest law firm. "Rather than advancing the rights of women, it has actually made it easier for women to be pressured or misled into undergoing

unnecessary and unsafe abortions."

As part of this court challenge, the Texas Justice Foundation is also representing Norma McCorvey, who was the "Roe" of *Roe v. Wade*, and Sandra Cano, who was the "Doe" of *Doe v. Bolton*. McCorvey and Cano, on whose behalf the Supreme Court struck down all state laws governing abortion, will be petitioning the High Court to reverse its rulings in these cases.

Women who have had abortions are being encouraged to join in this effort by filing an affidavit. To protect women's privacy, they can file the affidavit with their initials

only.

"I encourage women, especially those who feel they were exploited, hurt, or misled about their abortions, to take the time to fill out one of these affidavits," Reardon said. "These affidavits, combined with new research documenting abortion's complications, will expose the myth upon which *Roe v. Wade* was built: the myth that abortion helps women."

Blank copies of the affidavits and instructions are available on the Internet at www.operationoutcry.org or by calling (toll free), 1-877-247-7582. Women who have not had abortions are also encouraged to join in a friend of the court brief in support of other women. Copies of the form for the friend of the court brief are also available on the web site.

The federal law on abortion dictated by the Supreme Court has been a disaster for women.

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Our Prodigal Father, Who Art in Heaven . . .

We are all familiar with the parable known as “The Prodigal Son.” But the title of this parable was not given to it by Christ or the Gospel writers. Like all the subtitles used throughout modern editions of the Bible, it was a late addition that only found its way into the Bible centuries later.

In our modern era, the term prodigal is rarely used except in the context of this parable. For many years—decades, really—it was always my impression that the “prodigal” son meant a “wayward” or even a “degenerate” son. In fact, “prodigal” means “lavish” or “recklessly extravagant.”

Certainly this describes the son’s behavior as he squandered his inheritance on partying with his fair-weather friends. But isn’t it also curious that upon his return, his older brother rebukes their father for his own prodigal celebration of his wayward son’s return? A fatted calf, new fine clothes, an expensive ring . . . these and more were lavished upon the son who once was dead but was now returned.

Imagine how the repentant son felt as the object of his father’s generosity. Surely he felt great thankfulness and joy, but is it not likely that this lad, who would have been satisfied to be accepted merely as a lowly servant, also felt unworthy of his father’s many gifts? If he had heard his brother’s complaint against him, is it not likely that he would have agreed? Why should he, who had rudely demanded his inheritance and then squandered it on “loose women,” be not only forgiven, but embraced and celebrated?

Who in this parable is filled with the greatest joy? Clearly, it is the father. The prodigal son surely is filled with joy at being accepted back into the family, but it is the prodigal father who cannot resist an immediate and extravagant celebration, even before his oldest son has returned from the fields.

This parable masterfully teaches us not only how our Heavenly

Father forgives us when we repent and return to Him, but also how God’s lavish joy at our return far exceeds even our own joy in being restored to our heavenly family.

Often we hear of women and men who have been involved in abortion and who feel that they have squandered their spiritual inheritance and are unworthy of God’s forgiveness. It is certainly true that none of us *deserve* His forgiveness for any of our sins. But the parable of the prodigal father teaches us that our unworthiness is eclipsed by God’s great desire to see us reunited with His family. Like the prodigal father in the parable, our Heavenly Father stands watching and waiting for our humble return.

Be not afraid. No matter how much you have sinned against Him, our loving Father is waiting to ignite all of Heaven in celebration of your return. Let us go to Him, trusting that His mercy and joy at our return will exceed even our greatest hopes.

-DCR

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