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Eric C. Martin
ecm018@bucknell.edu

Neil Boyd
Bucknell University

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Sense of community responsibility at the forefront of crisis management

Neil M. Boyd and Eric C. Martin

Management & Organizations Department, Freeman College of Management, Bucknell University, Lewisburg, PA, USA

ABSTRACT

The COVID-19 pandemic has made it clear that a sense of community responsibility is crucial to mitigate the effects of viral spread. Many citizens across the world have heeded the call to isolate and self-distance, yet large numbers of individuals do not seem to understand their responsibility for others. This article explores how a sense of community responsibility is born in community contexts, how various features of a crisis impact community responsibility, and how public administration plays a crucial role in facilitating mitigation and solutions to crisis. The article also explores the utility of the *Community Experience Model* in crisis management contexts, and sets the stage for further exploration of community experiences in disaster and crisis scholarship and practice.



KEYWORDS

Crisis management; disaster management; sense of community; sense of community responsibility

Introduction

As most of us are attempting to self-distance and do our part during the COVID-19 pandemic, there is bewilderment as to why some folks feel they have a right to do whatever they want. Whether that means partying on the beach in mass numbers, keeping the faithful worshipping in large group services, defying the pleas and directives of a governor to close your doors, or protesting in front of government buildings to immediately open the economy, there are those who apparently feel they do not have a sense of responsibility to others. Some might argue that those individuals just do not care about others. We do not agree with that line of reasoning as a common argument, and instead propose that a sense of community responsibility is shaped by the context of a community during a crisis situation.

As Nowell and Boyd (2010) propose in the *Community Experience Model* a sense of community responsibility (SOC-R) emerges as individuals develop personal values, norms, ideals, and beliefs about responsibility when they are embedded in various institutions (e.g., families, churches, schools, neighborhoods, social groups). As individuals enter into community contexts, the setting will evoke sentiments of duty and obligation for some people as they seek to reconcile who they perceive they are in a given context and their normative beliefs about what a person like them *should do* in such a setting.

CONTACT Neil M. Boyd  Neil.Boyd@Bucknell.edu  Management & Organizations Department, Freeman College of Management, Bucknell University, Lewisburg, PA 17837, USA.

Authors contributed equally to this publication. Names are in alphabetical order.

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In short, individuals will experience a greater sense of community responsibility when cognitive dissonance is reduced between signals in the community about responsibility and individual perceptions of how responsible one should be. Once invoked, SOC-R perceptions are theorized to stimulate community engagement behaviors that are not based solely out of an expectation for direct personal gain (see Nowell & Boyd, 2010, 2014). Moreover, a sense of community (SOC) develops when membership, shared emotional connection, influence, and other basic needs are fulfilled by the community context (McMillan & Chavis, 1986; Nowell & Boyd, 2010). Recent studies show that SOC especially correlates with psychological well-being measures, which in turn help stimulate further outcomes in institutional settings (Boyd, Nowell, Yang, & Hano, 2018; Boyd & Nowell, 2017, 2020; Nowell & Boyd, 2014). Further, given that SOC and SOC-R are related yet unique constructs (Boyd & Nowell, 2014; Nowell & Boyd, 2010, 2014) the presence of a sense of community can assist in the formation of a sense of community responsibility. When an individual has a predetermined sense of community with a specific collective of others, and conditions arise that enable the formation of a sense of community responsibility, it makes sense that previous collectives of connection would likely see greater perceptual and behavioral assistance compared to collectives where one has no significant ties.

Sense of community responsibility in crisis

The case of the current COVID-19 situation exposes us to new thinking about a sense of community responsibility in crisis. On any given day, individuals exhibit general dispositions toward prosocial motivation (Grant, 2008) and altruism (Batson, 2011), and a sense of community responsibility for specific collectives. During a crisis, we contend that concern for others starts at the epicenter of personal existence, and it fans out from there. We also contend that it begins in collectives where one had previously developed a sense of community. Therefore, in the current crisis, we believe citizens are acting for self-prevention to avoid illness. They are also likely protecting others (a spouse, children, a partner, a friend), and in those cases the community collective is clear. It is right in front of them. Citizens may have also acted to help protect those in their neighborhood, town, region, state, nation and the world. On the one hand, it appears that some citizens are receiving plenty of signals that this is the right thing to do, whether they are heeding the advice of Dr. Fauci, the governor of their state, their mother, or other individuals who are shedding light on what one *should do* in this current context. However, for those who have not heeded the call to act responsibly now, we believe they lack clear and consistent signals of what they should do in relation to specific community referents from the appropriate level of governance, and across levels of governance, associated with the scope and scale of the COVID-19 crisis.

The *Community Experience Model* has utility in helping us understand contextual features in crisis management situations, and why actors either engage, or resist engagement, in community responsibility. A key point in our presentation is that when the community referent of responsibility becomes muddled, it causes a domino effect on the clarity of what to do, when to do it, and how to do it for individual actors as they

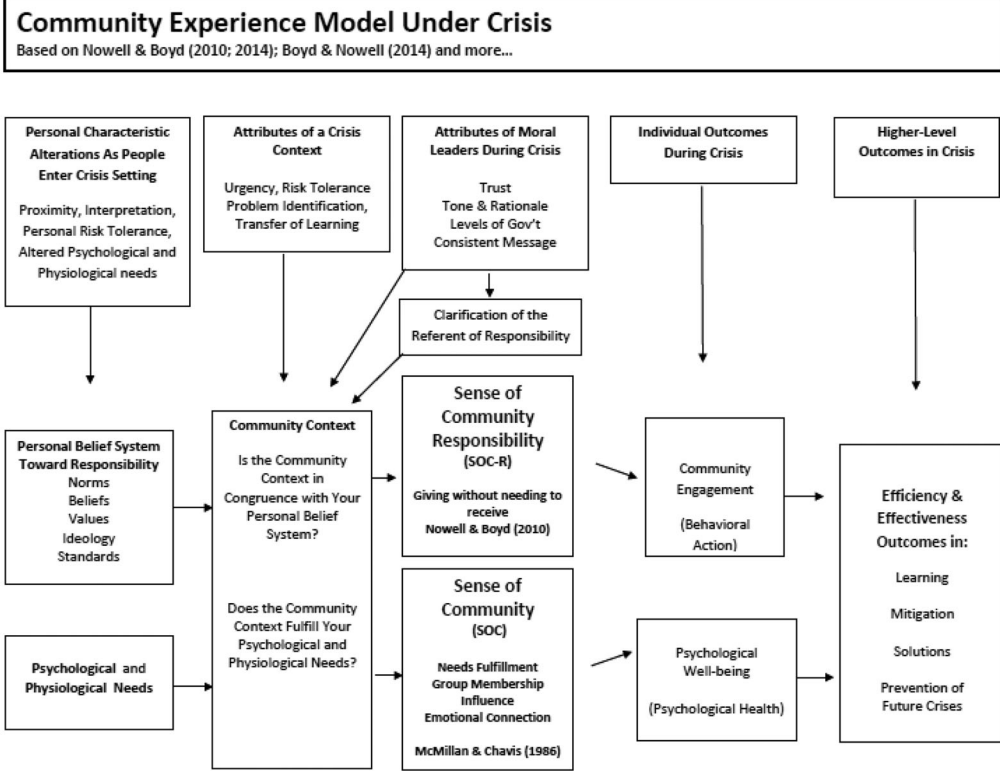


Figure 1. Community experience model in crisis management.

perceive how they should act, in relation to what the community context signals as normative values of how one *should act*. We use the model to highlight four important and interrelated attributes of the COVID-19 crisis commonly articulated in the crisis management literature that altered response efforts and influenced *community experience*. First, variations in personal characteristics play a role in how individuals interpret the impending threat of a crisis. Second, several attributes of a crisis context impact perceptions of responsibility. The speed of the crisis and the relatively slow spread of this crisis differentiates it from what one might expect from a single event (e.g., terrorist attack, earthquake). A lack of clarity around problem definition created political divisions and differential responses across the country, and varying degrees of risk tolerance and exposure to the crisis resulted in a patchwork of responses. Third, several attributes of moral leaders during the crisis have impeded a sense of responsibility. The central elements we consider are trust, tone, and messaging. Finally, transfer of learning varied for those who had not yet been affected by the crisis, even as they watched others dealing with it. We propose that all of these sources increase the probability of cognitive dissonance for citizens, and as articulated in the *Community Experience Model*, greater levels of cognitive dissonance in a community context around how one should act in a particular crisis situation creates havoc in efficient and effective behavioral responses of responsibility toward others (see [Figure 1](#)).

Factors of crisis and community responsibility

Personal characteristics

At the far left of the model, notice that individuals enter community contexts with values and beliefs about responsibility toward others. One might conceptualize this state as prosocial motivation, “the desire to expend effort to benefit other people” (Grant, 2008, p. 48), or as a perception that one should be altruistic, “a motivational state with the ultimate goal of increasing another’s welfare,” Batson (2011, p. 20). However, disasters do not strike stakeholders uniformly, and crises are perceived differently, at different times, by different individuals. As of this writing, some leaders in California are closing beaches, while others in the same state are opening them. We see variations like this across the nation as well. According to Wallace (1956) disasters consists of various impact zones where actors (victims or responders) define the disaster’s proximity, perhaps differently. The global pandemic has shown us that crisis impacts vary across geographical space, that communities are heterogeneous, and perceived vulnerability varies widely within them (Lindell, 2013).

More often than not, people will differ in their perception and appreciation of a threat. In fact, we might say that crises are continuously subjected to the forces of interpretation and politicization (Edelman, 1977). This takes place at multiple levels with distinctions between how individuals, groups, organizations and communities respond (Rudolph & Repenning, 2002) creating a “cascade of disruption among interdependent operating systems that shatters the existing functional capacity” (Comfort, Ko, & Zagorecki, 2004, p. 295). Consider the current state of testing in the United States. The Federal government suggests testing is a state responsibility, while states seek Federal guidance and support, and firms seek to purchase testing kits on their own. Volume and competition have overwhelmed the supply chain.

Attributes of a crisis context: Speed, problem identification and risk

Disasters, and responses to them, unfold over time. Crises may emerge suddenly or they may develop slowly from an over accumulation of interruptions which weaken an organizational system’s ability to respond effectively, reducing resiliency (Perrow, 1984; Rudolph & Repenning, 2002). Regardless of how they unfold, environmental jolts expose fundamental underlying organizational weaknesses (Meyer, 1982), requiring organizational learning to adapt (Terreberry, 1968) and interpretation to enhance strategic response (Barr, 1998).

Critical events that directly affect an organization change their subjective understanding of time in a crisis (Fleischer, 2013). Hospitals and public administrators in New York City are reacting to this crisis with urgency. Consider the multi-level integrated approaches required to repurpose the Javits Center, relocate the Navy hospital ship *U.S.N.S. Comfort* and build field hospitals in Central Park. Urgency gets crises on the agenda and allows many stakeholders to see the problem simultaneously and recognize their mutual dependencies. While that creates complexity and does not guarantee desired outcomes, it does build moral community quickly.

In the COVID-19 pandemic, movement has been more akin to the climate change problem, the ultimate slow crisis compared to say, an earthquake, flood or terrorist attack. In a preexisting and well-established moral community, one might expect a slow crisis actually to be beneficial to outcomes, allowing time for stakeholders to share, learn and borrow best practices from early movers. But this crisis instead created pockets of state and local moral community and not a unified national moral community. As a result, since the United States first learned of this impending COVID-19 disaster, we have seen a gradual and often reluctant rollout of temporary measures, half-steps and incremental changes that became increasingly more stringent as political winds changed. Agreement on the meaning of isolation, quarantine, self-isolation, self-quarantine, and social distancing is slow and varied. This incremental approach is fine, and even favored at times, for normal policy implementation, but not for emergency policy, as the world now knows. In pockets of high rates of infection, we saw much faster responses, moral communities, and strict control. But in other areas, political forces and indeed protests, have limited stringent controls to prevent virus spread. While New York struggled, Georgia reopened hair salons and bowling alleys.

This is not only an issue of proximity. Questioning whether COVID-19 is a health or economic crisis, or an urban or rural issue created a “wicked problem”—where we disagree on both the problem and the solution. These are the worst kinds of problems because parochial decision-makers can too easily shift the agenda by changing the nature of the crisis. It leaves decision-making up to all sorts of individuals at various levels, which is suboptimal for crisis communication. When we are questioning whether it is in fact a crisis, it makes it more difficult to take extraordinary measures. Wicked problems make it difficult for individuals to agree on the nature of the disaster and potential mitigation and solutions to the crisis. Action can be difficult in the midst of stakeholders still questioning whether the situation is actually a threat. Over time, that dissipates. In the case of COVID-19, there was a period where there was no urgency to act, and even when urgency became apparent, disagreement over the severity and nature of the problems, and over mitigation and solutions, contributed to a lack of clarity for many individuals as to for whom, where, when, and how they should act. In Pennsylvania, our local administrators likened Covid-19 to the flu, posted figures about common causes of death suggesting this was a minor threat, and reminded local businesses that the Governor’s restrictions were only voluntary.

The COVID-19 crisis has also highlighted that multiple disasters add to the complexity of the community context of responsibility. Not only were we dealing with a health-care crisis, but we were experiencing an economic crisis at the same time. And these two crises were at odds with each other because greater amounts of social-distancing required greater sacrifices of personal-economic and macro-economic stability. Governor Pritzker of Illinois, for example, faced enormous political backlash when he closed bars and restaurants just prior to St. Patrick’s Day, an enormous event in Chicago. In retrospect, as a health protection move, this was not premature at all, despite relatively low numbers of infection at the time. The presence of multiple disasters clearly increases cognitive dissonance in relation to one’s perception of how they should act in a given community context, relative to signals that they are receiving from the context. We also fear that additional crises could occur, such as the potential for certain actors to take advantage of us in our weakened state.

Regardless of the burn rate of a crisis, and whether this is primarily an economic or health issue, an important factor that influences community responsibility is the amount of risk present. Risk has two components, the odds of it occurring and the damage it causes should it occur. In slow burn contexts, both of these risks take longer to manifest and become clear, but even in immediate crises, there is a period of time where individuals are not able to fully comprehend the type of risks and direct impacts to oneself. This is also true for assessing risks for the collectives near them and exacerbates as one considers distal communities that they are not necessarily connected to by identity or by perceptual connection. A lack of risk clarity likely decreases understanding of who one should be responsible for, and when, how and where one should act.

As the probability and impact of risk are in flux at the beginning of a crisis event, we have observed that first movers who acted with an abundance of caution were subjected to embarrassment, shame, disdain, or disbelief. Protests actually unfolded against social distancing and restrictive state measures. This is true for the parent who was attempting to speak truth to their family, the CEO who was trying to help employees understand the level and severity of risk, and for political leaders who were tempted to spin a narrative in a way that helps them in the moment and at the next election cycle. Because of inherent risks during a crisis, there is a greater probability of multiple signals in the community context, which again reduces an understanding of whom one should be responsible for and how to direct responsible behavioral actions.

Attributes of moral leaders during a crisis: Trust, tone, & messaging

We find several actions (and inactions) with respect to this crisis worth noting as areas for improvement to mitigate the effect of the slow pace, problem identification and risk tolerance. Leaders could better communicate priority of social order in decision making by favoring experts over partisan responses. Leaders can also act swiftly and decisively by making the case for proximal distance. While lessons learned from China may have seemed too distant to create a “global moral community,” one might expect lessons from New York City to be more readily accepted. This appeared true in states close to New York, either physically, or close in terms of size and culture, like the other major cities of Boston, Philadelphia, and Washington, D.C.

Clear, direct and aligned communication from moral or cultural leaders can reduce political challenges, misinformation and uncertainty. Studies of disasters in a variety of contexts over several decades in Bosnia (Martin, 2004), Haiti (Martin, Nolte, & Vitolo, 2016), Ukraine (Krasynska & Martin, 2017), and the European Refugee Crisis (Martin & Nolte, 2020), suggest that stakeholders observed the presence of multiple voices repeating different messages and the lack of a single national or international voice. Stakeholders reported partisan political divides and limited effective response. Misinformation, whether deliberate or through gossip, significantly contributed to inaction. Uncertainty about the future, and the actions of others, often limited holistic and timely decision-making toward protective or protectionist behaviors.

The development of a moral community that transcends normal boundaries of what constituents view as “similar” requires trust in leadership. Polling numbers of trust in the president and administrators matter. Crisis is not the time to push partisan agendas.

Misleading side comments and lack of messaging discipline, whether intentional or not, creates problems in clear messaging that is vital at times of national emergency. Administrators have had to roll back comments from the U.S. President about alternative, ineffective and even bizarre treatments for this virus. How they do this pits political trust against administrative expertise. A history of trust matters as well, and feeds into the believability of the current messaging. A lack of trust in the person and the message will detract from the capability of the signals in the community context to align with values for community responsibility. While some disregarded untruthful messaging and acted to social-distance, many citizens acted according to the distorted messages because they were under the impression that they were correct.

Many decision makers missed the opportunity to convey messages about why they were shutting down or closing, causing misinformation to emerge. A common refrain in public discourse was, *we are not shutting down because we are afraid for our own health and safety, but we are doing it for the sake of our community*. These were public acts of civic responsibility to our stakeholders—overwhelmed hospitals, workers’ families, and many others. Many citizens believed that self-distancing was an overreaction based on the concerns of a few stakeholders. However, higher-level authorities have many additional stakeholders and perspectives to consider. But for those who do not trust or respect leadership, this only adds fuel to their skepticism about the clarity of signals toward responsibility.

Without leadership at the appropriate level of analysis taking responsibility and making tough decisions, other individuals will begin to act based on their personal and professional sense of community and sense of community responsibility. As we noted earlier, Illinois governor Pritzker made the call to close restaurants and bars for St. Patrick’s Day. He was out front and took a lot of heat for that. In retrospect, even that move was late. However, the state of Illinois is not at the appropriate level to match the scope and severity of the COVID-19 crisis. By January of 2020, it was clear to many that this crisis had the potential for worldwide impacts, and as such requires a worldwide response.

Organizations like the World Health Organization (WHO) would seem to be an appropriate entity to respond, but they do not hold power over citizens of nations. Therefore, the most important level of public administration in the current crisis quickly became federal governments. But for too long we had a president, and other actors, who were wavering. For the most part, the Center for Disease Control and Prevention (CDC) was not wavering. Dr. Fauci became a figurehead because he represented a national-level role player of substance, and he has been saying the same thing for a long time now. To have political narratives, or competing economic narratives, gain prominence when experts at the appropriate level of administration are advocating for community responsibility was a big problem in the current crisis. Instead, we needed synergy between political leaders and expertise engrained in the offices of public administration within relevant agencies to the specific nature of the crisis.

Learning: As process & outcome

Learning, knowledge creation, information and reliable decision making prove powerful and important forces as a process in the community context, and as a higher-order outcome that ultimately helps improve disaster response (Celik & Corbacioglu, 2010;

Kruke & Olsen, 2012; Moynihan, 2008). Strong ties between organizations can help mitigate uncertainty and promote adaptation (Kraatz, 1998). Stephenson (2005) concurred by suggesting the importance of sense-making and trust to improve coordinated multi-organizational humanitarian responses as perhaps one way to overcome what might actually be different institutional logics to understanding not only the crisis, and its response, but perceptions of organizational roles and those of other stakeholders (Hesse, Kreutzer, & Diehl, 2019). In addition, Browning, Beyer, and Shetler (1995) argue that cooperative interorganizational cooperation requires the development of a moral community where individuals act without the immediate need for reciprocity. They found cultural leaders develop rationales that are communicated clearly to reduce uncertainty and help nurture a shared set of values. People “need to have faith that their efforts will be rewarded at a later, undefined time, and that these choices to offer and risk are matters of individual honor and pride” (p. 144).

As the virus began to spread beyond the borders of China, countries across the world began a search for mitigation best practices. Various countries approached containment differently. The UK isolated the vulnerable and allowed the rest of the population to carry on as usual, the so-called “herd immunity” strategy. South Korea responded quickly with strict quarantines and widespread testing. China cracked down with massive quarantines and draconian enforcement tactics. Many in the United States watched with disdain, and droves of individuals dismissed action as communist and authoritarian. Then we watched democratic and liberal Italy allow self-policing to no avail. They eventually verged on martial law as their laissez faire containment strategy did not work. We dismissed this and other lessons. We did not believe another country’s actions would be tolerated in America, and many U.S. citizens and public figures overestimated our capacity and strength. We then repeated this pattern within the United States, as some state responses seemed to ignore the experiences of other states. This cognitive distortion of invulnerability contributed to messaging in the public domain, which signaled that action was not required at this time, and its presence created cognitive dissonance that helped to slow down community responsibility for many actors.

In addition to specific state responses, we might also consider the following cultural differences (see Hofstede Insights, 2020) in national and regional mitigation. Chinese and South Korean culture supports a significant power distance, and citizens tend to follow authority. Italy and South Korea exhibit very high uncertainty avoidance cultures. They do not like risk. And each of these countries have a longer-term orientation than the United States which exhibits low power distance, high individualism, and low uncertainty avoidance. This profile translates into a high-risk tolerance, which further contributes to cognitive distortions of invulnerability. Cultural difference seems to be playing out in variations between rural and urban response, as well as some differences based on political affiliation. The dense population and Democratic control of New York City, for example, seems so culturally different to decision makers in Republican controlled rural areas that lessons seem irrelevant.

The value of public administration for community responsibility

The COVID-19 crisis reminds us all of the value of public administration. Garrett (2020) recently published the first article about COVID-19 in *Administrative Theory &*

Praxis of what we imagine will be many more in the coming years. Our dialog suggests that one of the most crucial charges of public administrators rests on the ability to create reliable signals of community responsibility in the public domain. When conflicts over values abound, administrative independence is not sufficiently effective in protecting individuals with disparate views, and we must instead turn to our own traditions and values (Spicer, 2001). As the *Community Experience Model* posits, signals regarding these traditions and values are necessary to reduce cognitive dissonance of responsibility, which in turn will increase the probability of collective action of responsibility for a community.

The politics-administration dichotomy has been debated in these pages before (e.g., see Overeem, 2005; Svava, 2006), and we recognize the blurred distinction between the two. Yet, we strongly believe that administration must be anchored in analysis, rigor, and science. Politics, by contrast, is the art of influencing. A critical factor in the community context is the value and need for responsive and effective public administration. Disasters especially require administrators to reduce uncertainty, anticipate problems, project need, and describe, explain, and predict events (Herzog, 2007). Perhaps we have been taking this for granted. Good administration during an emergency transcends politics. As Demir (2009) suggested, the greater the ambiguity, “The more often administrators can engage in political activity with little chance that it will be visible to the other party or to the public in general. This poses great risk for democratic accountability” (p. 523).

The federal government has not responded particularly well because several important top officials have leaned too much toward the “politics” dimension of public administration instead of the “administration” dimension. This has contributed to confusion about community responsibility, and compelled other actors (especially Governors and local officials) to cast narratives and statements of authority that were in contrast to the Federal government. In the moment where crises and chaos meet, citizens look to leadership for clarity. In fact, they crave it. Yes, it exposes public leaders and decisions makers to extraordinary political risk. But even worse, a lack of appropriate response exposes us all to greater risks for the common good. The mantra of utilitarian good governance remains, “the greatest good for the greatest number of people” (Bentham, 1776, preface 2nd para.).

The crisis also highlighted the importance of public administrators and politicians to quickly grasp the appropriate level of response to the nature and scope of the crisis. The COVID-19 crisis is worldwide, and therefore leaders of nations need to play critical roles to design and orchestrate consistent and clear messaging that the community referent is the world and our nation. Efficiency in crises actually increases with the number of jurisdictions involved, suggesting the need for higher levels of administration and coordination with the critical variables of information dissemination and clear communication as a paramount to improve response and reduce uncertainty and limit subjective interpretations (Comfort et al., 2004). The most important response for gaining widespread community responsibility is consistent clear communication of responsibility. The mixed messages between federal, state and local governments, public and private sector organizations, and between individuals across the nation, caused concern, questioning, disbelief, and a slower than needed response. Citizens have heard

inconsistent messaging over these past weeks and months, and that fact is the most important factor that can contribute to cognitive dissonance for individuals who may want to act, but are compelled to avoid acting until the signals in the community context are obvious for immediate action.

As a crisis event is unfolding, public administrators have a responsibility to understand the complexity of the situation, and convert that understanding into accurate and consistent messaging. If the United States government had appropriately recognized that they were the most important actor toward signaling responsibility in the context of the community, it is likely that citizens across the nation would have acted sooner. As we noted earlier, responsibility toward others begins at the epicenter of our existence. We tend to be responsible for ourselves first, then to proximal others in our lives, and less responsible to people who are distal to us. Citizens need public administrators who can establish the boundary of the crisis, and signal that this is a world, national, state, county, town, or neighborhood event. We need public administrators who can isolate the nature and priority of the crisis, and in the present case help citizens understand that this is first and foremost a global healthcare crisis. Secondly there are economic ramifications, but without a focus on the healthcare problem, a prospering economy is not possible. While it is understandable for politicians and business owners to redefine the crisis around personal and political concerns, doing so muddles critical messaging to our communities. Let us recall the words of Woodrow Wilson (1887) in his classic, *The Study of Administration*,

Large powers and unhampered discretion seem to me the indispensable conditions of responsibility ... There is no danger in power, if only it be not irresponsible. If it be divided, dealt out in shares to many, it is obscured; and if it be obscured, it is made irresponsible. (p. 213)

Conclusion

Our dialog here highlights potential for further integration of the *Community Experiences Model* in disaster and crisis management scholarship and practice. This case exposed the importance of the politics-administration dichotomy. It reaffirmed the importance of Federalism and the alignment of National, State and Local responsibilities and authority. It highlights the importance of bureaucracies and expert-based governmental entities such as the Center for Disease Control and the Federal Reserve, and the need for funding, supporting, and trusting these entities in times of emergency. And finally, it highlights the role of leaders and public administrators in defining crisis proximity to build a community context that supports a sense of community responsibility.

No matter the type, scope, or severity of a crisis, in every case, we need individuals who will step up and engage in community responsibility behaviors. As we have attempted to demonstrate here, those behaviors rely on alignment between cognitive perceptions of a sense of community responsibility, identification with and perceptions of a sense of community for specific collectives, and signals in the community context that help guide when, where, and how citizens should direct their responsible behavior.

Notes on contributors

Dr. Neil Boyd is Professor of Management in the Freeman College of Management at Bucknell University. His research primarily focuses on community experiences at work (sense of community and sense of community responsibility), and interventions that help infuse cultures of community in organizations. He has additional research streams in prosocial motivation, human resource management, public management, sustainability, and community-engaged management pedagogy.

Dr. Eric C. Martin is Professor of Management in the Freeman College of Management at Bucknell University. His research in disaster response, civil society, and community building, focuses on inter-organizational and crosssectoral partnering to improve the delivery of services in complex humanitarian emergencies.

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