

PUBLIC HEALTH COUNCIL MEETING
NEW JERSEY DEPARTMENT OF HEALTH & PUBLIC
HEALTH SERVICES

- - -
June 16, 2025
- - -

Formal meeting of the Public Health Council
was taken via Teams, before Cindy Pineiro, RPR, CSR
#30XI00181500, and Notary Public of the State of New
Jersey, on the above date, commencing at 3:00 p.m.,
there being present:

STEPHANIE CAREY - Chairwoman
CAROL CHAMBERLAIN
MICHAEL GROSS
DR. SUFFIYAH WEBB
KELLY ANDERSON-THOMAS
JACQUELINE D'ALESSANDRO
DR. NOVNEET SAHU

DENAY PRESSLEY - Executive Assistant
KENYA PENNANT
SAMANTHA SALZONE (DOH)
THALIA SIRJUE (DOH)
ANTOINETTE STROUP (DOH)
GENEVIEVE RAGANELLI (DOH)
DAG JACQUELINE D'ALESSANDRO

1 MS. PENNANT: We are going to call the
2 meeting to order. My name is Kenya Pennant, and
3 please know that we are transcribing through Teams
4 today, as well as a Certified State Court Reporter.

5 This is a formal meeting of the Public
6 Health Council. Adequate notice of this meeting has
7 been published in accordance with the provisions of
8 Chapter 231, Public Law 1975,c-10:4-10, of the State
9 of New Jersey entitled Open Public Meetings Act.

10 Notice was sent to the Secretary of State
11 who posted this notice in a public place. Notice was
12 also provided electronically on the Department's
13 website, and meeting dates have been published on two
14 New Jersey newspapers.

15 I will now call the roll.

16 MS. PENNANT: Ms. Stephanie Carey?

17 MS. CAREY: Here.

18 MS. PENNANT: Mr. Paul Roman?

19 Mr. Michael Gross?

20 Ms. Carol Chamberlain?

21 MS. CHAMBERLAIN: Present.

22 MS. PENNANT: And Dr. Suffiyah Webb?

23 DR. WEBB: Suffiyah Webb. Present.

24 MS. PENNANT: Thank you, Suffiyah. My
25 apologies.

1 We have three members of the Council
2 present, which does constitute a quorum.

3 For transcription purposes, please
4 announce your full name each time before speaking, and
5 please mute your microphones during the call. Thank
6 you.

7 MS. CAREY: Thank you. I will keep my
8 opening comments brief. I'm -- I appreciate
9 everybody's patience today as we had to reschedule
10 this important meeting. I want to welcome -- welcome
11 our new State Health Department representatives,
12 particularly Dr. Novneet Sahu, who is -- who is taking
13 on the role of Deputy Commissioner for Public Health.

14 And I want to extend my congratulations
15 to Deputy Commissioner Kelly Anderson-Thomas for her
16 new role as Chief Operating Officer. So there will be
17 -- there's -- the next presentation will go into more
18 details about this.

19 But I am grateful for the teamwork that
20 we have -- that we have here.

21 The next order of business is to approve
22 the May 12th meeting minutes of the Council. For
23 members who have had an opportunity to review, may we
24 -- may I have a Motion to approve the minutes?

25 MS. CHAMBERLAIN: This is Carol

1 Chamberlain. I'll make a Motion to -- that we approve
2 the minutes.

3 DR. WEBB: This is Suffiyah Webb. I
4 second.

5 MS. CAREY: Roll call, please.

6 MS. PENNANT: So Dr. Stephanie Carey --
7 Ms. Stephanie Carey? My apologies.

8 MS. CAREY: Yes.

9 MS. PENNANT: Mr. Paul Roman?
10 Mr. Michael Gross?

11 Ms. Carol Chamberlain?

12 MS. CHAMBERLAIN: Yes.

13 MS. PENNANT: And Dr. Suffiyah Webb?
14 Suffiyah?

15 DR. WEBB: Yes.

16 MS. PENNANT: Thank you.

17 So we have three yeses. The Motion
18 carries.

19 MS. CAREY: Thank you. A few important
20 items of note for the Chairperson's report. We
21 acknowledge that -- that the grant funding to local
22 health agencies that was cancelled at the end of
23 March, the federal funding, has been reactivated due
24 to a Court Order. We are -- the public health
25 community is grateful for that Court Order, at the

1 same time acknowledging the amount of chaos,
2 cancellation, and reinstatement and changes of rules
3 are causing to everybody who's involved with
4 administering this funding. So we understand that
5 this -- that this is a good thing over the short-term,
6 but does not address the longer-term infrastructure
7 issues system wide.

8 We also indicate above and beyond the
9 impact on local health agencies. We also know that
10 proposed cuts to Medicaid funding, to reproductive
11 health facilities on the federal level, and on -- and
12 changes to vaccine approval processes are all going to
13 impact the practice of public health, the practice of
14 safety net medicine, primary prevention in the
15 communities, and the prevention of communicable
16 disease. But all of these are being impacted by the
17 funding -- the funding process nationwide, and -- and
18 that -- that will impact how New Jersey has to
19 determine how we're going to protect our residents.

20 So we look -- we look forward to being a
21 resource to help try and address solutions and make
22 recommendations to address some of these -- some of
23 these issues.

24 We've also been working with our
25 subcommittees to submit recommendations to the new

1 acting Commissioner that we have been working on in
2 the previous months, and we will be addressing that
3 during new business today.

4 On that note, I would like to open the
5 floor for questions or comments by any of the Council
6 members.

7 Hearing none, can we move on to new
8 business?

9 Okay. I would like to welcome the Chief
10 of Staff, Thalia Sirjue, to this meeting. And we're
11 looking forward to hearing about the reorganization of
12 the New Jersey Department of Health.

13 So, Thalia, please proceed.

14 MS. SIRJUE: Thanks, Stephanie. It's
15 good to see your face again. Under the weather -- I
16 apologize. I'm under the weather, so I have a cold,
17 so sorry for my crackly voice.

18 So here to present a reorganization, as
19 Stephanie shared, of our department. So what you're
20 seeing on the screen now is our current organizational
21 structure. So we're pointing to the Commissioner, our
22 Office of Legal & Regulatory Compliance, the Office of
23 the Chief of Staff, the Health System's Branch, the
24 Integrated Health Services Branch, the Public Health
25 Services Branch, the Office of Population Health, our

1 office of Opioid Policy & Response, and the Office of
2 the Chief State Medical Examiner, which is in but not
3 of the Department of Health.

4 As you can see, it's a little bit
5 unbalanced. There are two very large sections under
6 the Office of the Chief of Staff and our Public Health
7 Services branch. And our Office of Opioid Policy &
8 Response is a bit kind of out on its own.

9 So what we did was conduct an
10 organizational assessment with the vendor support from
11 a team from Boston Consulting Group. They helped us
12 since we started this process back in August -- July
13 or August of 2024. We've conducted a number of
14 internal surveys. They conducted a number of extra
15 interviews and focus groups, and helped us to come up
16 with an organizational structure that we thought was a
17 bit more balanced. We renamed some of our divisions
18 and offices.

19 I think of note in the current structure,
20 as the chief of staff, I have also been the Acting
21 Director of the Office of Population Health since late
22 2021 when the former director (indiscernible)
23 departed, and also the Office of Vital Statistics and
24 the Registrar's Office has been reporting up to our
25 Healthcare Quality & (Indiscernible) Unit.

1 Something that is not on this chart is
2 our Office of Healthcare Affordability & Transparency.
3 And that's just because it came to the Department just
4 this past January per Executive Order from Governor
5 Murphy.

6 So all of that to say, we've conducted a
7 process and think that we've come up together with a
8 structure, like I said, that is a bit more balanced
9 and will help us to better deliver on our upcoming
10 strategic plan and take us into the Public Health
11 Department of the future as we move towards the
12 different challenges that we know are ahead of us.

13 Kenya, could you jump two slides for me,
14 please? One more. Thank you.

15 So this is the proposed new
16 organizational structure. As you'll see, we have
17 split the Office of the Chief of Staff into two units.
18 So the gray division that is next to the blue boxes
19 will be our new Division of Administration &
20 Operations. It will be led by the Deputy
21 Commissioner, who will be our Chief Operating Officer.
22 We already know and love. That is, Kelly
23 Anderson-Thomas.

24 And under Kelly will sit our Office of
25 Financial Services, Human Resource Services, Health &

1 Technology, the Office of Administrative Services,
2 which handles all of our facilities: Parking,
3 security, things of that nature.

4 And a new Office of Public Health
5 Planning & Strategy. In that office will sit the team
6 that handles our reaccreditation, our public health
7 infrastructure, our State health improvement plan, and
8 strategic planning work.

9 The health system branch -- health
10 systems branch remains largely unchanged. The only
11 addition here is, as I said before, Office of
12 Healthcare Affordability & Transparency, which is
13 coming to the Department of Health from the Governor's
14 Office by way of Executive Order.

15 The next branch in green is formerly the
16 Integrated Health Services Branch, which we have
17 renamed the Care & Treatment Services Branch.

18 As many of you are aware, we manage four
19 psychiatric hospitals and special treatment unit under
20 our Division of Behavioral Health Services. And so
21 that is a very massive branch.

22 Additionally, we have the Office of
23 Long-Term Care Resiliency, which has been largely
24 successful in helping our long-term care industry in
25 New Jersey improve quality of the care that they

1 provide to our residents. And so our hope is to
2 expand that to a Healthcare Resiliency Office to be
3 able to provide those type of services to acute care
4 and other types of health and public health entities
5 across the state that may need it.

6 The Public Health Services Branch
7 likewise has also been split into about two. So
8 whereas it used to contain these four, it also had a
9 Division of Family Health Services, Division of HIV,
10 STD, and TB Services, and the Office of Women's
11 Health. Those have been shifted to a new population
12 health branch.

13 So instead of a smaller Office of
14 Population Health, we have decided to extend that into
15 a branch level. And the Deputy Commissioner of the
16 Population Health Branch will also serve as the Chief
17 Equity Officer for the Department.

18 Under the new Population Health Branch
19 will stay our Office of Minority & Multicultural
20 Health.

21 The Family Health Services Division will
22 be split into two, so there will now be a Division of
23 Family Health Services and a Division of Nutritional &
24 Developmental Services. And what will sit in the new
25 Division of Nutrition & Developmental Services will be

1 WIC and our Early Intervention Services Program.

2 Additionally, in our Population Health
3 Branch will sit Division of Health Promotion, formerly
4 called the Community Health Services Division.

5 They've renamed it to something that we thought was a
6 little bit more appropriate for the work that they do.

7 And the Division of Syndemic & Substance
8 Use Services. This is a merging of the Division of
9 HIV, STD & TB Services and our Office of Opioid Policy
10 & Response. They'll be merging together and have
11 selected the name, The Division of Syndemic &
12 Substance Use.

13 Next we have created a Division of Health
14 Data & Analytics. This will be led by an Assistant
15 Commissioner and who will serve as the Chief Data &
16 Quality Officer. Within this branch will sit our
17 Office of Healthcare Quality Assessment, the
18 centralized data hub, The Center For Health
19 Statistics, Office of Performance Management & Quality
20 Improvement, which currently was sitting under the
21 Office of the Chief of Staff, and our Office of Vital
22 Statistics & Registry.

23 So these are the changes that have been
24 made to the Department's organizational structure. As
25 you see, we tried to kind of spread it out a little

1 bit and provide a little bit more balance and
2 coordination along the lines of folks who are doing
3 units that were doing similar work. A prioritization
4 on data as well so to help all of us at the Department
5 make data-driven decisions.

6 And also another priority on our
7 foundational operational units that we need to make
8 improvements for to be able to better serve the people
9 of New Jersey.

10 I think there's one more slide, Kenya. I
11 think it's just the notes that I had included. Yeah.

12 So those are just kind of the written
13 notes for anybody that prefers words over photos or
14 images. But, no. I'm happy to take any questions or
15 comments that anyone may have.

16 MS. CAREY: I do have one question
17 regarding the Office of Public Health Transformation,
18 or I should say the Program for Public Health
19 Transformation in New Jersey. Is that located in with
20 the Strategic Planning Office?

21 MS. SIRJUE: Are you referring to the
22 local Public Health Transformation Team, Stephanie?

23 MS. CAREY: Yes.

24 MS. SIRJUE: That's within our Division
25 of Local Public Health.

1 MS. CAREY: All right. Thank you.

2 MS. SIRJUE: You're welcome.

3 MS. CAREY: Any other questions from the
4 members about the reorganization?

5 MS. CHAMBERLAIN: This is Carol
6 Chamberlain. Just one quick, because I can't see the
7 screen. Are these in place now or is there a date
8 when this becomes effective?

9 MS. SIRJUE: Yes. Great question, Carol.
10 So to put this into effect, the
11 Commissioner will need to sign an Executive Directive.
12 And then once that is signed, typically those changes
13 take effect 30 days after signing, because we are
14 required by union contract to notify anyone who's
15 union -- excuse me -- unit scopes are changing. We'll
16 just give them a 30-day notification. So, likely,
17 this will probably -- I'll say safely, around August
18 1st the changes will likely go into effect.

19 MS. CHAMBERLAIN: Thank you.

20 MS. SIRJUE: You're welcome.

21 MS. PENNANT: We have to vote on that.

22 Ms. Stephanie Carey?

23 MS. CAREY: Yes.

24 MS. PENNANT: Ms. Carol Chamberlain?

25 MS. CHAMBERLAIN: Yes.

1 MS. PENNANT: And Dr. Suffiyah Webb?

2 DR. WEBB: Yes. I'm sorry. I was
3 distracted.

4 MS. CAREY: Thank you. All right.

5 The next item of new business would be
6 the request for rule making. The re-adoption of the
7 cancer registry regulations.

8 MS. STROUP: Good afternoon. My name is
9 Antoinette Stroup. I am the Director for Cancer
10 Epidemiology Services in the Division of Environmental
11 Epidemiology & Occupational Health.

12 Today we're presenting the request for
13 rule making. It's our cancer registry regulations,
14 our N.J.A.C. 8:57(a), which establishes the standards
15 for the New Jersey State Cancer Registry. The notice
16 of re-adoption without change would maintain the
17 effectiveness of the existing chapter. We are
18 adopting the rules to keep the chapter in place until
19 we can propose and adopt substantive amendments.

20 While we are currently working with the
21 Office of Legal & Regulatory Compliance on amending
22 the existing rules, and you'll hopefully see us again
23 soon when we have those amendments to propose.

24 For those of you who are not familiar
25 with the New Jersey State Cancer Registry, we have

1 been in operation since 1978 here in the State of New
2 Jersey. We have readopted with amendments the rules
3 to keep up-to-date with things like technology, the
4 definitions of what constitutes a cancer and what
5 doesn't constitute cancer.

6 But the overall purpose of the New Jersey
7 State Cancer Registry is three-fold. One is to
8 monitor the cancer incidents and mortality in the
9 State of New Jersey. We publish on epidemiological
10 statistics in relation to the cancer burden and the
11 trends of cancer in this state. We also contribute to
12 national statistics, and we assist physicians and
13 researchers, public health officials, epidemiologists,
14 and healthcare administrators, providing data that
15 might be necessary for things like understanding the
16 burden in their catchment area, trends in treatment
17 over time, survival trends for cancer patients. And,
18 really, ways to work with public health officials,
19 physicians, and health promotion -- for health
20 promotion with regards to cancer.

21 So I guess today we're just asking for a
22 vote to proceed, I guess. I'm not sure.

23 MS. CAREY: Thank you for sharing that.

24 May I have a Motion to approve the Notice
25 of Re-adoption for N.J.A.C. 8:57(a), the cancer

1 registry? May I have a Motion to approve the
2 re-adoption?

3 DR. WEBB: Suffiyah Webb, Motion to
4 approve.

5 MS. CAREY: Okay. Dr. Webb, Motion to
6 approve.

7 Ms. Chamberlain?

8 MS. CHAMBERLAIN: And this is Carol
9 Chamberlain. I'll second that Motion.

10 MS. PENNANT: So we have Ms. Stephanie
11 Carey?

12 MS. CAREY: Yes.

13 MS. PENNANT: Ms. Carol Chamberlain?

14 MS. CHAMBERLAIN: Yes.

15 MS. PENNANT: And Suffiyah Webb? Dr.
16 Suffiyah Webb?

17 DR. WEBB: Yes.

18 MS. PENNANT: Thank you.

19 MS. CAREY: Thank you.

20 All right. Let's see. The third item of
21 new business was to present revised -- revised
22 recommendations on local programs to increase
23 childhood aquatic safety.

24 Dr. Webb, would you like to provide an
25 overview or -- in other words, I can. Or, if

1 necessary, I can pull it up.

2 DR. WEBB: I don't have access to it
3 right now, you know. I'm sorry this isn't -- this
4 isn't our usual time, so I am a little off kilter. So
5 if you can provide the info and I can chime in if
6 necessary, and you can read my notes that I sent to
7 you last week.

8 MS. CAREY: Thank you.

9 All right. The -- all right.
10 Specifically the Council's Subcommittee on Aquatic
11 Safety met and has -- and has pulled together evidence
12 demonstrating that -- that -- first, that drowning is
13 a major cause of accidental death in children ages
14 five through 15. And specifically the deaths are
15 disproportionately amongst African-American children
16 who are -- who are five times as likely to drown. So
17 that aquatic safety is a health disparities issue.

18 Specifically, almost 80 percent of
19 households with lower income don't have -- don't know
20 how to swim, and less than half of adults have basic
21 swimming skills.

22 The data also shows that having formal
23 swimming lessons reduces the risk of drowning by
24 almost 90 percent amongst children.

25 And we acknowledge there are many

1 organizations in the community working to provide
2 affordable swimming lessons, such as the Red Cross,
3 the YMCA, and the USA Swimming Association.

4 In particular, the Committee looked at
5 the program in Middlesex County, which has launched a
6 pilot program to provide free swimming lessons to all
7 second graders in Middlesex County. Currently there's
8 12 participating pool locations in 11 municipalities.
9 So as a private -- as a pilot program this is -- this
10 is acting as a promising practice.

11 The recommendation is to -- is to expand
12 pilot programs and to develop a set of best practices,
13 including -- including promoting swimming lessons
14 through schools, increasing partnerships with
15 organizations that provide low-cost swimming lessons,
16 and improving aquatic safety awareness through
17 materials -- through pediatrician offices.

18 The -- it's important to focus these
19 levels in lower income communities and to, again,
20 develop best practices to expand access to these
21 programs.

22 So in addition, barriers such as
23 transportation and funding for the programs need to be
24 addressed both on a state, municipal, and school
25 district level.

1 So we want to encourage the State Health
2 Department to adopt policies that can promote best
3 practices, identify funding sources, and build
4 partnerships between schools, municipalities, the
5 Health Department, and -- and the nongovernmental
6 sector.

7 And that document was distributed as part
8 of the meeting materials, and I wanted to provide an
9 opportunity for any of the members to comment or to
10 collect -- or to collect any other additional comments
11 regarding this.

12 DR. WEBB: Sorry. I got disconnected a
13 while ago.

14 MS. CAREY: No problem.

15 DR. WEBB: The only thing additional that
16 I'll add that I think I sent to you when we reviewed
17 the document, as far as how to provide more access
18 through -- directly through the school system at --
19 that is improving with some of the oral health
20 programs that we have here in the state. So I think
21 that's a pretty good model to follow after. And, you
22 know, just in full support of the document, of course.

23 MS. CHAMBERLAIN: This is Carol
24 Chamberlain. This is Carol Chamberlain. I do support
25 the document also. I'm just wondering: Is there any

1 data available about any summer camps that do offer it
2 while children are there? I don't know if there's
3 been any -- if there's any data on that or not.

4 MS. CAREY: I do not know, but can
5 include that in the inquiry.

6 MS. CHAMBERLAIN: It would just be a good
7 idea. I mean, a lot of children are at summer camps
8 already. A lot of them are at summer camps that
9 include some swimming included in it. Maybe that's a
10 low-hanging fruit to be able to teach some instruction
11 in addition to the free play that they do at those
12 type of -- in those activities.

13 MS. CAREY: Okay. Thank you, Ms.
14 Chamberlain.

15 Okay. May I have a Motion to approve
16 forwarding these recommendations to the Commissioner?

17 DR. WEBB: I make a Motion to move
18 forward. This is Suffiyah Webb.

19 MS. CAREY: Okay. Thank you.

20 MS. CHAMBERLAIN: And this is Carol
21 Chamberlain. I will second that Motion.

22 MS. CAREY: Thank you.

23 May I have a roll call, please?

24 MS. PENNANT: Stephanie Carey?

25 MS. CAREY: Yes.

1 MS. PENNANT: Ms. Carol Chamberlain?

2 MS. CHAMBERLAIN: Yes.

3 MS. PENNANT: And Dr. Suffiyah Webb?

4 DR. WEBB: Yes.

5 MS. PENNANT: So we have three yeses.

6 The Motion carries.

7 Can I please go back to get a Motion on
8 the new business re-org? I missed it. So I wasn't --
9 I didn't get anyone to do a first or second Motion.
10 Can I please get that now?

11 MS. CAREY: I will make that Motion. Ms.
12 Carey.

13 MS. PENNANT: Thank you.

14 MS. CHAMBERLAIN: And this is Carol
15 Chamberlain. I will second that Motion.

16 MS. PENNANT: Thank you. We have three
17 yeses, and the Motion carries.

18 MS. CAREY: Thank you.

19 Next item, please. Okay. I'll call for
20 public comment for anyone who has comments before this
21 Council. Please indicate that you would like to
22 speak. You have up to five minutes. And please spell
23 out your name when requesting to speak.

24 Any member of the public?

25 Second call.

1 Hearing none, next slide.

2 As part of -- part of these comments I
3 would like to take the opportunity to introduce --
4 introduce our new Deputy Commissioner.

5 May I -- may I reach out to you -- reach
6 out to you, Dr. Sahu? would you like to tell the
7 Council members a little bit about your background?

8 DR. SAHU: Sure. Great. Happy to spend
9 a few minutes. Thanks, Stephanie.

10 So my background in training is both as
11 an emergency and family medicine physician. So -- and
12 kind of the whole government approach to health and
13 public health has always been a really strong passion
14 of mine. And so I'm excited to be in this role here
15 as the Deputy Commissioner of Public Health, and look
16 forward to working with everyone on the Committee, and
17 looking forward to working with you, Stephanie, too.
18 Thanks.

19 MS. CAREY: Thank you very much. We're
20 grateful for your commitment and happy to have you on
21 board.

22 The one other item I would like to
23 mention is to congratulate the Department of Health on
24 their national reaccreditation. As the former Health
25 officer of the smallest accredited Health Department

1 in New Jersey, I appreciate what a heavy lift it is,
2 but at the same time how much this does to increase
3 the -- the ability to provide quality services and to
4 increase outreach to the community.

5 So congratulations to the New Jersey
6 Department of Health and to all of the staff members
7 who contributed so much time and effort to the
8 reaccreditation effort. And I see the applause there.
9 Thank you. Congratulations to you all.

10 Our next meeting is scheduled for July
11 14th at 11:00 a.m.

12 May I have a Motion to adjourn?

13 MS. CHAMBERLAIN: This is Carol
14 Chamberlain.

15 MS. CAREY: This is Stephanie Carey.

16 DR. WEBB: This is Suffiyah Webb.

17 MS. CHAMBERLAIN: And this is Carol
18 Chamberlain. I will second that Motion.

19 MS. PENNANT: So we have Ms. Stephanie
20 Carey --

21 MS. CAREY: Yes.

22 MS. PENNANT: -- and Ms. Carol
23 Chamberlain --

24 MS. CHAMBERLAIN: Yes.

25 MS. PENNANT: -- and Dr. Suffiyah Webb?

1 DR. WEBB: Yes.

2 MS. PENNANT: Thank you, all.

3 MS. CAREY: Thank you very much,
4 everybody, and enjoy -- enjoy your -- the rest of your
5 week.

6 MS. CHAMBERLAIN: Thanks, Steph.

7 MS. CAREY: Thank you.

8 (Meeting was concluded at 4:00 p.m.)

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C E R T I F I C A T I O N

STATE OF NEW JERSEY

COUNTY OF CAMDEN

I, Cindy Pineiro, a Certified Shorthand Reporter and Notary public of the State of New Jersey, do hereby certify that I reported the meeting in the above-captioned matter; that the foregoing is a true and correct transcript of the stenographic notes of testimony taken by me in the above-captioned matter.

I further certify that I am not an attorney or counsel for any of the parties, nor a relative or employee of any attorney or counsel connected with the action, nor financially interested in the action.



Cindy Pineiro, CSR #30XI00181500

Notary Public #50010742 Exp. 2/24/30

Dated: June 16, 2025

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