

# I use the pronouns she/her/hers: Care Considerations for those who are Gender Diverse

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# Conflict of Interest and Disclosures

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- \* I have no financial relationships or otherwise with any commercial interest related to the content of this activity.
- \* I am not here representing my home institution but expressing my own views, opinions and recommendations that are solely my own or those gathered from literature.
- \* I may discuss off label use of medication as it relates to hormone therapy in care of the gender diverse community. These are not my recommendations but a review of how medications are used.

# Learning Objectives

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- ❖ The learner will be able to correctly use terminology as it relates to gender diverse persons.
- ❖ The learner will be able to develop a comprehensive care plan including the risks and implications of hormone therapies, psychosocial and medical needs for gender diverse patients
- ❖ The learner will be able to identify and deliver culturally competent care to the gender diverse population with specific attention to the 2025 ANA Code of Ethics for Nurses.

# Unofficial Disclosures

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- ❖ I am a cis-gender female
- ❖ I am a pediatric cardiac CRNA
- ❖ This discussion is not all inclusive

# Outline

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- ❖ The gender diverse community
- ❖ Terminology
- ❖ Perioperative considerations
- ❖ Implicit bias
- ❖ Culturally competent care
- ❖ ANA code of ethics

# The Gender Diverse Community

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US Trans Survey 2022



# USTS 2022

2022 U.S.  
TRANS  
SURVEY

Health Family Jobs & Housing Education Safety Public Life [About the Survey](#)  [Español](#)

A SURVEY FOR TRANS PEOPLE, BY TRANS PEOPLE.

## Project Overview

The 2022 U.S. Trans Survey was fielded from October 19 to December 5, 2022. As a community-based survey, the USTS was developed with the assistance of dozens of individuals and organizations with robust connections to trans people and communities throughout the United States and with subject-matter expertise.

- ❖ Gender-diverse patients experience significant disparities
- ❖ 47% had at least one negative healthcare experience
- ❖ 24% avoided care due to fear of mistreatment

# Mental Health Disparities

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- ❖ 44% report serious psychological distress
- ❖ Compared to ~4% in general U.S. population
- ❖ High rates of depression and anxiety

# Suicide Risk

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- ❖ 38% considered suicide in past year
- ❖ 40% attempted suicide in lifetime
- ❖ 78% lifetime suicidal ideation

# Healthcare Avoidance

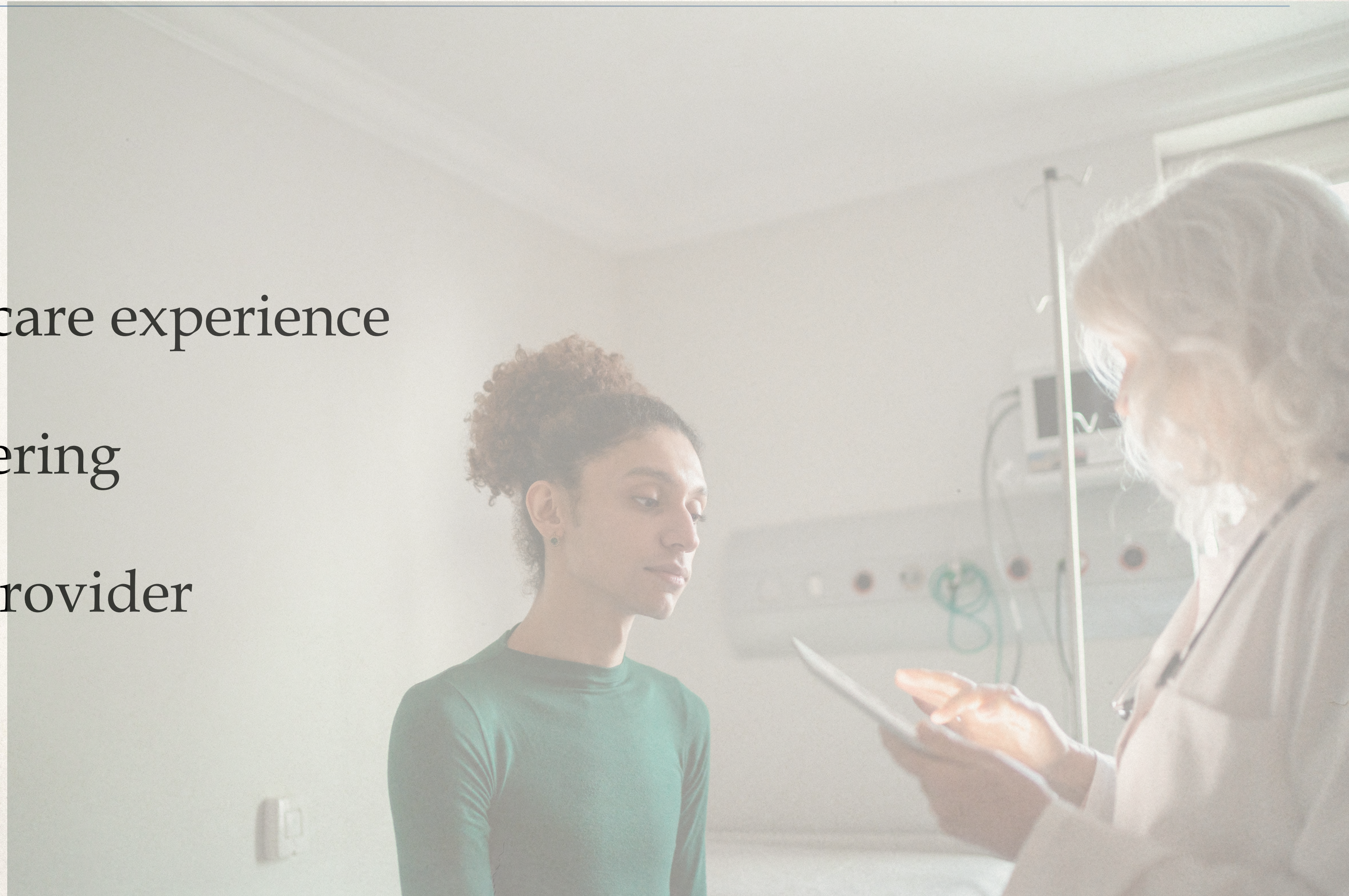
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- ❖ 24% avoided care due to fear of mistreatment
- ❖ 28% avoided care due to cost
- ❖ Delayed or unmet medical needs

# Negative Healthcare Experiences

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- ❖ 47% had a negative healthcare experience
- ❖ 37% experienced misgendering
- ❖ 18% had to educate their provider



# Discrimination in Healthcare

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in healthcare

- ❖ Reports of:
  - ❖ Being refused care
  - ❖ Harassment or disrespect
- ❖ ~1 in 3 experienced mistreatment

# Insurance & Financial Barriers

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- ❖ 87% insured (vs ~92% general population)
- ❖ 45% only partial coverage for gender-affirming care
- ❖ Cost remains a major barrier

# Education Gaps in Healthcare Providers

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- ❖ 18% of patients report educating their provider
- ❖ Many providers lack formal training
- ❖ Knowledge gaps impact care quality

# Pediatric & Adolescent Considerations

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- ❖ Gender-diverse youth:
  - ❖ Less likely to access preventive care
  - ❖ More likely to report poor health
  - ❖ High vulnerability population

# Impact of Gender-Affirming Care

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- ❖ 98% report improved life satisfaction with hormones
- ❖ 97% report improved satisfaction after surgery
- ❖ Associated with improved mental health



# Understanding the Data: USTS 2015 vs 2022

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## \* 2015 USTS

- \* 27,715 respondents
- \* Largest survey of transgender people at the time
- \* All 50 U.S. states, D.C., territories, and U.S. military bases

## \* 2022 USTS

- \* ~92,000 respondents
- \* Nearly 3× larger than 2015
- \* More diverse representation across:
  - \* Race/ethnicity
  - \* Age groups
  - \* Gender identities

# 2015 vs 2022: What Has Changed?

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- ❖ Healthcare avoidance
  - ❖ 2015: 23% avoided care due to fear
  - ❖ 2022: 24% avoided care  
→ No meaningful improvement
- ❖ Negative healthcare experiences
  - ❖ 2015: 33% reported negative experience
  - ❖ 2022: 47% reported negative experience  
→ Worsened

# 2015 vs 2022: What Has Changed?

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- \* Serious psychological distress
  - \* 2015: 39%
  - \* 2022: 44%  
→ Worsened
- \* Suicide attempts (lifetime)
  - \* 2015: 40%
  - \* 2022: ~40%  
→ Persistently high

# Areas of Progress

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- ❖ Increased:
  - ❖ Visibility
  - ❖ Access to gender-affirming care
  - ❖ Social awareness
- ❖ High reported benefit:
  - ❖ 97–98% improved satisfaction with care
  - ❖ More patients engaging with healthcare systems

# Terminology

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# Pronouns

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- ❖ He/Him/His
- ❖ She/Her/Hers



- ❖ They/Them/Theirs
- ❖ Ze/Hir/Hirs
- ❖ Xe/Xem/Xyrs
- ❖ Ey/Em/Eirs
- ❖ Per/Per/Pers
- ❖ Ve/Ver/Vis



# Transgender

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- ❖ Individuals whose gender identity is different from the sex they were assigned at birth

# Gender Non-Conforming

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- ❖ Individuals whose gender expression does not adhere to societal expectations or traditional norms associated with their assigned gender at birth

# Gender Diverse

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- ❖ A broad term that encompasses a wide range of gender identities and expressions



# Gender Identity and Gender Expression

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- ❖ Gender identity:
  - ❖ How people see themselves socially and culturally and how they feel about themselves internally regarding their gender
  - ❖ How people express their identity outwardly in everyday life
- ❖ Gender expression:

# Gender Incongruence

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- \* A condition where an individual's experienced gender does not align with the sex assigned at birth. It replaces the previous term, "gender dysphoria," in the International Classification of Diseases-11.
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# Gender-Affirming Hormone Therapy

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- ✦ Use of hormone treatments to align physical characteristics with gender identity, such as estradiol and testosterone

# Gender-Affirming Surgery

- \* Surgical procedures to alter physical characteristics to align with gender identity, such as chest reconstruction or genital surgeries



# Deadnaming & Misgendering

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- ❖ Deadnaming:
  - ❖ Referring to a transgender person by their birth name, which they no longer use
- ❖ Misgendering:
  - ❖ Using incorrect pronouns or terms that do not align with an individual's gender identity

# Transitioning

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- ❖ The process of aligning physical appearance, social roles, and legal status with one's gender identity

# Intersex

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- ❖ Individuals born with sex characteristics that do not fit typical definitions of male or female

# Non-medical Affirmation (Social Transition)

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- \* Changes in name, pronouns, clothing, or appearance to align with one's gender identity without medical intervention



# Cisnormativity

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- ❖ The assumption that being cisgender is the norm, leading to biases in social and medical contexts.

# Binding and Tucking

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- ❖ Practices used to alter physical appearance, such as chest binding or genital tucking, to alleviate gender incongruence

# Sexual Orientation vs Gender Identity

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- ❖ Sexual orientation refers to attraction (for example, heterosexual or gay), whereas gender identity is one's internal sense of being male, female, or nonbinary.

# Hormone Blockers (Puberty Blockers)

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- ❖ Medications used to pause puberty in transgender youth, allowing them time to explore their gender identity

# Perioperative Considerations

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# Preoperative Assessment

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- ❖ Gender identity & name/pronouns
- ❖ Medical history
- ❖ Surgical history
- ❖ Hormone therapy
- ❖ Relevant present anatomy

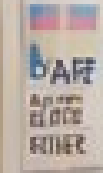
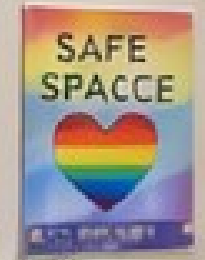
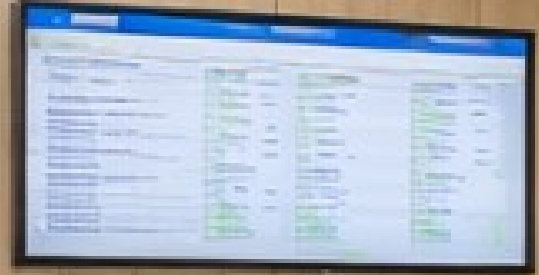
# Creating a Safe Preoperative Experience

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- ❖ Use correct name and pronouns
- ❖ Ensure privacy and respect
- ❖ Minimize unnecessary exposure



PRE-OP  
CHECK-IN



PRE-OP  
CHECK-IN

SAFE  
SPACE  
ALL ARE WELCOME HERE  
#TransHott: ILGST&GUMMEL



- \* Small changes can have a big impact



# Hormone Therapy: Overview

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- ❖ Estrogen

- ❖ Testosterone

- ❖ May include:

- ❖ Anti-androgens

- ❖ Often long-term therapy



# Hormone Therapy: Perioperative Considerations

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- ❖ Typically continued perioperatively
- ❖ Consider:
  - ❖ Venous thromboembolism (VTE) risk
  - ❖ Decisions should be individualized

# Venous Thromboembolism (VTE) Risk

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- ❖ Estrogen therapy may ↑ VTE risk
- ❖ Risk influenced by:
  - ❖ Dose
  - ❖ Route (oral vs transdermal)
  - ❖ Patient comorbidities
- ❖ Use standard VTE risk assessment

# Preoperative Testing Considerations

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- \* Routine pregnancy testing is recommended for all individuals of reproductive potential undergoing surgery, regardless of gender identity. This includes transgender men, non-binary, and gender non-conforming individuals who were assigned female at birth.

# Prior Surgeries: Why They Matter

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- ❖ Prior gender-affirming surgeries may impact:
  - ❖ Airway
  - ❖ Genitourinary anatomy
  - ❖ Positioning

# Airway Considerations

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- ❖ Consider history of:
  - ❖ Chondrolaryngoplasty (tracheal shave)
  - ❖ Mandibular contouring / reduction
  - ❖ Maxillofacial (orthognathic) surgery
  - ❖ May impact airway management

# Genitourinary Considerations

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- ❖ Neovagina / phalloplasty considerations
  - ❖ Foley catheter placement may require modification
  - ❖ Know surgical history before insertion

# Positioning Considerations

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- ❖ Chest Surgery → caution with prone positioning
- ❖ Surgical sites may be vulnerable
- ❖ Avoid heat over hormone patches (eg. forced-air warmer)

# Dignity & Surgical Exposure

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- ❖ Minimize unnecessary exposure
- ❖ Use appropriate draping
- ❖ Limit non-essential personnel

# OR Culture & Professionalism

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- ❖ Maintain respectful communication
- ❖ Avoid inappropriate or non-clinical discussion
- ❖ Promote inclusive team culture

# Postoperative Care

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- ❖ Patient-centered, individualized care
- ❖ Maintain dignity and respect
- ❖ Focus on safety, comfort, and recovery

# Communication in the Postoperative Setting

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- ❖ Use patient's name and pronouns
  - ❖ Ensure handoff communication includes this information
  - ❖ Maintain consistency across care team

# Pain Management Considerations

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- ❖ Use standard pain management protocols
- ❖ Consider:
  - ❖ Type of procedure
  - ❖ Prior surgeries
- ❖ Avoid assumptions about pain tolerance

# Emergence & Immediate Recovery

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- ❖ Patients may experience:
  - ❖ Anxiety
  - ❖ Confusion
  - ❖ Maintain calm, respectful environment

# Room Assignment & Privacy

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- ❖ Assign rooms based on:
  - ❖ Gender identity
  - ❖ Patient safety and comfort
- ❖ Ensure privacy and respect

# Postoperative Complications & Monitoring

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- ❖ Monitor using standard protocols
- ❖ Consider:
  - ❖ Surgical history
  - ❖ Hormone therapy context

# Psychosocial Considerations

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- ❖ Patients may have:
  - ❖ Prior negative healthcare experiences
  - ❖ Increased anxiety
  - ❖ Provide supportive, affirming care

# Discharge Planning

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- ❖ Consider barriers to care
- ❖ Ensure:
  - ❖ Clear instructions
  - ❖ Access to medications
  - ❖ Follow-up care

# Across the Perioperative Space

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- ❖ Maintain dignity and respect
- ❖ Communicate clearly and consistently
- ❖ Focus on safe, individualized care

# Implicit Bias

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# What Is Implicit Bias?

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- ❖ Unconscious attitudes or stereotypes
- ❖ Influence perception and behavior
- ❖ Can occur even in well-intentioned individuals

# Implicit Bias in Healthcare

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- ❖ Impacts:
  - ❖ Clinical decision-making
  - ❖ Communication
  - ❖ Patient outcomes

# Implicit Bias in Clinical Practice

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- ❖ Often occurs without awareness
- ❖ May affect:
  - ❖ Assessment
  - ❖ Diagnosis
  - ❖ Treatment decisions

# Implicit Bias & Gender-Diverse Patients

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- ❖ May contribute to:
  - ❖ Misgendering
  - ❖ Assumptions about anatomy
  - ❖ Unequal treatment

# Defensive Responses to Bias

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- ❖ Can limit growth
- ❖ Common reactions:
  - ❖ Denial
  - ❖ Discomfort
  - ❖ Defensiveness

# Recognizing Bias in Ourselves

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- ❖ Pause and reflect
- ❖ Question assumptions
- ❖ Be open to feedback

# Strategies to Reduce Implicit Bias

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- ❖ Increase awareness
- ❖ Use structured decision-making
- ❖ Focus on individual patient

# Creating Behavior Change

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- ❖ Use intentional language
- ❖ Standardize practices
- ❖ Foster accountability

# Implicit Bias

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- ❖ Bias is universal
- ❖ Awareness enables change
- ❖ Small actions improve care

# Culturally Competent Care

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# What Is Culturally Competent Care?

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- ❖ Providing care that is:
  - ❖ Respectful
  - ❖ Responsive
  - ❖ Patient-centered
  - ❖ Tailored to individual patient needs

# Why It Matters

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- ❖ Improves:

- ❖ Patient trust

- ❖ Communication

- ❖ Outcomes

- ❖ Healthcare avoidance

- ❖ Disparities

- ❖ Reduces:

# Core Principles

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- ❖ Respect patient identity
- ❖ Use appropriate language
- ❖ Focus on clinical relevance
- ❖ Avoid assumptions

# Communication Strategies

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- ❖ Ask, don't assume
- ❖ Use patient's name and pronouns
- ❖ Keep questions clinically relevant

# Clinical Behaviors That Matter

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- ❖ Base care on:
  - ❖ Anatomy when relevant to care
  - ❖ Medical/Surgical history
  - ❖ The patient in front of you

# Environment & Systems

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- ❖ Inclusive documentation practices
- ❖ Visible signs of inclusion
- ❖ Standardized workflows

# Team Responsibility

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- ❖ All team members play a role
- ❖ Promote respectful culture
- ❖ Address inappropriate behavior

# Barriers to Competent Care

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- ❖ Limited education
- ❖ Discomfort or uncertainty
- ❖ System-level constraints

# Action Items

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- ❖ Ask and use correct name/pronouns
- ❖ Avoid assumptions
- ❖ Focus on patient-centered care
- ❖ Speak up when needed

# Culturally Competent Care

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- ❖ Culturally competent care improves outcomes
- ❖ Communication and behavior matter
- ❖ Every interaction impacts patient experience

# ANA Code of Ethics

2025 Revision



# ANA Code of Ethics: Ethical Foundation of Nursing Practice

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- ❖ Nursing practice is guided by:
  - ❖ Ethical principles
  - ❖ Professional standards
- ❖ The ANA Code of Ethics provides this framework

# Provision 1: Respect for Human Dignity

*"The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."*

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- ❖ Nurses practice with compassion and respect
- ❖ Recognize inherent dignity of every person

# Provision 2: Commitment to the Patient

*“A nurse’s primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.”*

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- ❖ Primary commitment is to the patient
- ❖ Prioritize patient needs and well-being

# Provision 3: Advocacy & Protection

*“The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.”*

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- ❖ Advocate for patient rights, health, and safety
- ❖ Protect patients from harm

# Provision 5: Duty to Self

*“The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.”*

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- ❖ Maintain personal integrity
  - ❖ Engage in continued learning
  - ❖ Reflect on personal biases
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- ❖ The nurse owes the same duties to self as to others...

# Provision 6: Ethical Work Environment

*“Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.”*

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- ❖ Promote a safe, respectful environment
- ❖ Contribute to team culture
- ❖ Address inappropriate behavior

# 2025 ANA Code of Ethics

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- ❖ Maintains an ethical guide to practice
- ❖ Moves from individual ethics → systems ethics
- ❖ Makes health equity an ethical obligation



THANK YOU

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