

REASSIGNED

Extreme gender ideology drives the United States to provide transgender medical care to younger children, while Europe goes a safer and more scientific route.



Do No Harm

BACKGROUND

The belief that biological sex and gender are socially constructed has made its way into American classrooms,¹ courtrooms,² bathrooms,³ and boardrooms.⁴ The mainstreaming of this belief system has coincided with a substantial increase in the number of children receiving transgender medical care. Between 2017 and 2021, the number of children known to be on puberty blockers or cross-sex hormones more than doubled.⁵

Skeptics have raised the alarm, pointing out that the surge in sex reassignment interventions (i.e., puberty blockers, cross-sex hormones, and sex reassignment surgeries) might be explained, at least in part, by social contagion. According to this argument, the increase in interventions for adolescents is caused not by an authentic increase in the incidence of gender incongruence but by the spread of gender ideology across all facets of American life. This concern is exacerbated by the degree to which the medical establishment allows such ideology to compete with or even usurp the scientific method as a guide to research and medical practice.⁶

The American approach to transgender medical treatment for children is known as “gender affirmation,” which assumes that gender incongruence can manifest as early as age four and that questioning a minor’s gender self-definition is harmful and unethical. The American Academy of Pediatrics has embraced an affirm-only/affirm-early policy since 2018,⁷ and most states abide by its guidance despite withering medical and scientific criticism. Gender-affirming care remains the standard across most of the United States.

Yet Northern and Western Europe, which share the United States’ broad support for transgenderism, reject the gender-affirming care model for children. In fact, several countries, including the United Kingdom, Sweden, and Finland, have explicitly abandoned it in recent years in part due to fear that medical intervention has become overprescribed (studies show that only 12% to 27% of cases of childhood gender dysphoria persist into adulthood).⁸ In a sharp departure from the gender affirmation model employed in the United States, these countries now discourage automatic deference to a child’s self-declarations on the grounds that the risks outweigh the benefits, while also calling for months-long psychotherapy sessions to address co-occurring mental health problems. Notably, in the United Kingdom, the Cass Review attributed the lack of safeguards for children at the largest pediatric gender center to the “affirmative model,” which “originated in the USA.”⁹

The different approaches between the United States and Western and Northern Europe lead to a concerning reality: In the U.S., much younger patients are eligible for invasive surgeries and/or potentially irreversible and medically harmful dispensation of puberty blockers and cross-sex hormones.

This report identifies the different legal requirements for gender change-related treatments and actions between the U.S. and Western and Northern European countries. Most information contains references with web links to original sourcing. Some information was procured through consultation with local experts, often though not exclusively an individual affiliated with a gender clinic. In the interest of their privacy, their identities are kept anonymous.

Overall, our policy review reveals the United States is the most permissive country when it comes to the legal and medical gender transition of children. Only France comes close, yet unlike the U.S., France's medical authorities have recognized the uncertainties involved in transgender medical care for children and have urged "great caution" in its use.

Given the growing body of evidence and the European consensus, which is grounded in medical science and common sense, the United States should reconsider the gender-affirming care model to protect the youngest and most vulnerable patients.

LEGAL REQUIREMENTS TO CHANGE GENDER

CONTEXT: Many countries now allow individuals to change the gender listed for them on government-issued documents. The requirements imposed for civil registries to recognize individuals as belonging to a gender other than their biological sex sheds light on the degree to which gender affirmation is established in law.

COUNTRY	REQUIREMENT
United States	Requirements vary from state to state, with the option not available in some. Birth certificate changes are prohibited in Montana, Oklahoma, Tennessee, and West Virginia. ¹⁰ Driver's license changes are permitted in all states, but requirements vary. In Massachusetts, for example, a gender change on a driver's license is a matter of self-determination. ¹¹ Tennessee, however, requires "a statement from the attending physician that necessary medical procedures to accomplish the change in gender are complete." ¹² U.S. State Department and Social Security Administration documents (i.e., passports and Social Security records) allow for self-determination. ¹³
Belgium	Gender-changes in the civil registry are self-determined. ¹⁴
Denmark	Gender changes in the civil registry are self-determined. ¹⁵
Iceland	Gender changes in the civil registry are self-determined. ¹⁶
Ireland	Gender changes in civil registry are self-determined. ¹⁷
Finland	An applicant must have "medical expert evidence of being transsexual" and have "undergone sterilization or is for other reasons infertile." ¹⁸
France	Individuals wishing to change their gender in the civil registry must prove that they socially live as the other gender. Evidence may include family testimonies, photographs, and medical certificates. One piece of evidence is not enough. ¹⁹
Luxembourg	"The applicant must demonstrate, by producing sufficient evidence, that the gender status currently recorded in the civil register does not reflect their gender identity. Such evidence may include: The fact that the person's gender expression matches the gender being applied for; The fact that the person is identified by their family, friends and professional or other personal entourage as the gender being applied for; The fact that the person has previously obtained a change in first name to match the gender being applied for." ²⁰
Netherlands	The government requires a statement from a doctor, psychologist, or psychotherapist which affirms "that you (the applicant) have declared to this expert that you have the permanent conviction that you belong to another gender than stated on your birth certificate. And that you understand the repercussions of your decision to change your gender identification." ²¹
Norway	Gender changes in civil registry are self-determined. ²²
Sweden	Changes require a medical diagnosis of transsexualism. Moreover, "anyone who wants to change their legal gender ... must have been in contact with a gender clinic for at least two years before an application can be sent to the Legal Council." ²³
United Kingdom	Applicants must have a diagnosis of gender dysphoria from a doctor, live as "affirmed" gender for at least 2 years, and intend to live in that gender for the rest of one's life. The requirement that one have a dysphoria diagnosis can be waived if the applicant has been living in their affirmed gender for at least 6 years and had gender affirmation surgery. ²⁴

MINIMUM AGE TO CHANGE GENDER IN CIVIL REGISTRY

CONTEXT: Some countries allow individuals to change their gender identity on government-issued documents. But not all of them let minors do this, and practices vary across the countries that permit it.

COUNTRY	REQUIREMENT
United States	The United States has a piecemeal approach, as both states and the federal government are custodians of civil registration. There is no minimum age for changing gender on passports ²⁵ or in Social Security Administration (SSA) documentation. ²⁶ For minors, changes to either require the consent of both parents. Some states, including New York, California, Colorado, Connecticut, New Jersey, Pennsylvania, and Washington, permit minors to change their birth certificate gender markers with parental consent. ²⁷
Belgium	Minors aged 16 or 17 must obtain parental consent and consultation with a psychiatrist. ²⁸
Denmark	The limit is currently 18, though in 2022, the government proposed removing age limits and requiring consent for those under the age of 15. ²⁹
Iceland	Iceland has no age restrictions, though individuals younger than 18 need parental consent. ³⁰
Ireland	An individual who is 16 or 17 must have parental consent, approval from a medical practitioner, and an application to the High Court, otherwise, the requirement is 18 years of age. ³¹
Finland	The minimum age requirement is 18. ³²
France	The minimum age requirement is 18. ³³
Luxembourg	There is no age limit. For youth under age 5, applications are sent to the Ministry of Justice. For youth over age 5, applications are sent to the “competent district court.” Parental consent is required until age 18. ³⁴
Netherlands	The minimum age requirement is 16. ³⁵
Norway	Changes are possible, with parental consent, from age 6. Without parental consent, a person must wait until age 16. ³⁶
Sweden	The minimum age requirement is 18, though there is ongoing debate about lowering it to 16. ³⁷
United Kingdom	There is no age minimum, though parental consent is required up until age 18. ³⁸

LEGAL GENDER OTHER THAN MALE OR FEMALE

CONTEXT: Some countries recognize a gender other than male or female, thereby tacitly endorsing the idea that gender and sex are social constructs.

COUNTRY	REQUIREMENT
United States	Twenty-two states as well as the District of Columbia allow individuals to place an X (rather than an M or F) on a driver's license; 16 states plus D.C. allow it on birth certificates. Passports offer an X gender option. ³⁹
Belgium	The government only recognizes male and female, though pending rule changes would remove gender altogether from identity cards. ⁴⁰
Denmark	Denmark allows an X marker on IDs, but the civil registry is binary. ⁴¹
Iceland	Government allows for third gender and/or nonbinary designations. ⁴²
Ireland	Ireland allows a third option on passports but not in the civil registry. ⁴³
Finland	Male and female are the only recognized genders. ⁴⁴
France	Male and female are the only recognized genders. ⁴⁵
Luxembourg	Male and female are the only recognized genders. ⁴⁶
Netherlands	Gender neutral designation on official documents is possible, but only through request to a district court. ⁴⁷
Norway	The X designation is not allowed, though as of August, 2022 it was under consideration. ⁴⁸
Sweden	Male and female are the only recognized genders. ⁴⁹
United Kingdom	Male and female are the only recognized genders. ⁵⁰

NOTABLE REQUIREMENTS FOR MEDICAL TRANSITION

CONTEXT: Recognizing that gender-affirming care is largely irreversible and that only 12% to 27% of cases of childhood gender dysphoria persist into adulthood,⁵¹ countries impose various barriers to medical intervention. These barriers are intended to screen out cases that are unlikely to persist or in which mental distress would not be improved through gender-affirming care.

COUNTRY	REQUIREMENT
United States	Diagnosis of dysphoria is required for insurance purposes, but an individual paying out of pocket could medically transition without such a diagnosis. ⁵² A diagnosis is typically, though not exclusively, made by a psychologist or psychiatrist. Testosterone is a controlled substance, so depending on state law there are restrictions on which practitioners can prescribe it. Clinics that use WPATH guidance impose few or no other limitations to receiving hormonal or physical treatment. For example, the transgender clinic at the University of California San Francisco advises that “Medical providers who feel comfortable making an assessment and diagnosis of gender dysmorphia, as well as assessing for capacity to provide informed consent (able to understand risks, benefits, alternatives, unknowns, limitations, risks of no treatment) are able to initiate gender affirming hormones without a prior assessment or referral from a mental health provider... Prescribing gender affirming hormones is well within the scope of a range of medical providers, including primary care physicians, obstetricians-gynecologists, and endocrinologists, advanced practice nurses, and physician assistants. Depending on the practice setting and jurisdiction, other providers with prescriptive rights (naturopathic providers, nurse midwives) may also be appropriate to prescribe and manage this care.” ⁵³
Belgium	Those seeking gender-affirming healthcare must have a referral letter from a psychologist, psychiatrist, or sexologist before they can receive care from an endocrinologist. ⁵⁴
Denmark	Treatment requires diagnosis of dysphoria and treatment by an interdisciplinary team. “When carrying out gender reassignment treatment – as well as in the evaluation hereof – the team must have relevant medical specialist qualifications including obstetrician-gynecologists or endocrinologists (medical specialist doctor in internal medicine in the field of endocrinology). ... In relation to the investigation and treatment of gender identity for individuals under the age of 18, the team must be comprised of relevant medical specialists qualified in pediatrics (pediatric endocrinology, growth, and reproduction) as well as in child and adolescent psychiatry.” ⁵⁵
Iceland	Individuals who want hormone treatment are observed for at least 6 months to ensure that they are psychiatrically fit to receive treatment. ⁵⁶
Ireland	Individual seeking gender-affirming surgery or hormones must receive a dysphoria diagnosis and live full time as their preferred gender identity for a significant period of time. An individual seeking sex-reassignment surgery must obtain the approval of a psychiatrist or psychologist. ⁵⁷
Finland	The dysphoria of a minor seeking hormone treatment must be deemed “severe” and “permanent.” Prescription of puberty blockers or cross-sex hormones to minors requires that no contraindications to early treatment are identified. ⁵⁸
France	An endocrinologist or general practitioner can prescribe hormones, but surgery requires consent from the national health insurance fund, an endocrinologist, and a surgeon. ⁵⁹
Luxembourg	A psychiatrist must diagnose an individual with transgenderism and rule out other potential pathologies for that individual to receive gender-affirming care. An individual must be seen by a psychiatrist for at least one year before qualifying for surgery. ⁶⁰

NOTABLE REQUIREMENTS FOR MEDICAL TRANSITION

COUNTRY	REQUIREMENT
Netherlands	Puberty suppression requires a diagnosis of gender identity disorder, persistent dysphoria since childhood, and no “serious comorbid psychiatric disorders that may interfere with diagnostic assessment.” ⁶¹
Norway	If diagnosed with transsexualism, the patient undergoes a “real-life experience” for a minimum of 12 months, during which the person lives in accordance with their gender identity. After the real-life experience, and endocrine and other metabolic examinations, hormones are prescribed. Patients are assessed for surgery after 1–3 years of hormone therapy. ⁶²
Sweden	Requires diagnosis of gender dysphoria (DSM-5) and treatment from an interdisciplinary medical team. The key prerequisite for hormonal treatment of youth is the prepubertal onset of gender dysphoria that is long-lasting (a 5-year minimum is mentioned), persists into adolescence, and causes clear suffering. ⁶³
United Kingdom	Surgery requires having socially transitioned at least 12 months before the procedure. Puberty blockers and hormonal treatments require assessment from a multi-disciplinary team “over a period of time” and recommendation from two specialists involved in the client’s care, including a consultant endocrinologist and a senior psychosocial clinician. ⁶⁴

MINIMUM AGE FOR PUBERTY BLOCKERS

CONTEXT: Puberty blockers suppress the release of sex hormones so that gender-questioning youth do not sexually develop in a way that diverges from their gender identity. For gender-questioning youth young enough to receive them (they are not administered to individuals who have reached full sexual maturation), puberty blockers are the first medical intervention administered. Blockers are known to decrease bone density⁶⁵ and contribute to infertility when administered alongside cross-sex hormones.⁶⁶ They may also inhibit cognitive development.⁶⁷

COUNTRY	REQUIREMENT
United States	Some states restrict minor access to puberty blockers, and lawmakers in others seek such restrictions. ⁶⁸ The most permissive states do not impose restrictions, and blockers can be administered from the earliest stages of puberty. According to The New York Times, “Many physicians in the United States and elsewhere are prescribing blockers to patients at the first stage of puberty — as early as age 8.” ⁶⁹ In most states, puberty blockers cannot be administered before age 18 without parental consent. Oregon is a notable exception: Children are legally entitled to receive puberty blockers from age 15 and up, and they receive Medicaid assistance in doing so. ⁷⁰
Belgium	Puberty blocks are available with parental consent from Tanner Stage II and without parental consent at age 18. ⁷¹
Denmark	Puberty blockers can be prescribed from age 12 with parental consent ⁷² and from age 15 without parental consent. ⁷³
Iceland	There is no minimum age for puberty blockers with parental consent, so minimum age is a matter of clinical judgement. Adolescents 15 and younger must obtain parental consent, though they can appeal to the ombudsman for children and receive government permission to bypass parental consent. ⁷⁴
Ireland	Available “under 16 years old” with consent, and from 16 without consent. ⁷⁵
Finland	Available from “about age 13” with parental consent, and from 18 without consent. ⁷⁶
France	In theory, puberty blockers could be prescribed for minors at any age, though in practice it is not done until Tanner Stage II. ⁷⁷ Blockers are available without consent from age 18. ⁷⁸
Luxembourg	No official guidance exists. In practice, adolescents almost always receive blockers in a neighboring country. ⁷⁹
Netherlands	According to protocol, blockers are available from age 12 without consent, ⁸⁰ though younger cases have been recorded. Blockers are available without consent from age 16. ⁸¹
Norway	Puberty blockers are available with consent once physiological signs of puberty manifest. ⁸² They are available without consent from age 16. ⁸³
Sweden	Puberty blockers can be prescribed from age 12 with parental consent and from 18 without consent. ⁸⁴
United Kingdom	Blockers are available from the earliest stages of puberty, with or without parental consent. ⁸⁵ Instances of children under 16 receiving blockers without consent are reportedly rare. ⁸⁶

MINIMUM AGE FOR CROSS-SEX HORMONES

CONTEXT: Medical intervention can include cross-sex hormone therapy, whereby sex hormones (estrogen or testosterone) are administered to alter a person's secondary sex characteristics to better align with their gender identity. Observational analysis indicates that biological males who receive hormone therapy might be at elevated risk for cardiovascular problems.⁸⁷ Some changes that hormones manifest are irreversible.⁸⁸

COUNTRY	REQUIREMENT
United States	Some states restrict minors' access to gender-affirming hormone treatment, and lawmakers in other states are considering restrictions. In some states, the practice has been documented with parental consent in children under the age of 13. ⁸⁹ Oregon is the most permissive state, with individuals able to access cross-sex hormones from age 15 without consent and with Medicaid assistance. ⁹⁰
Belgium	Cross-sex hormone are available from age 16 with consent ⁹¹ or 18 without consent. ⁹²
Denmark	Available from age 16 with or without parental consent. ⁹³
Iceland	Available from age 16 with or without parental consent. ⁹⁴
Ireland	Available from age 16 with or without parental consent. ⁹⁵
Finland	Available from age 16 with consent ⁹⁶ or 18 without consent. ⁹⁷
France	There are no age restrictions on the use of cross-sex hormones, but clinicians generally will not administer them before Tanner Stage II. ⁹⁸ Use of hormones under age 18 requires parental consent. ⁹⁹
Luxembourg	No official guidance exists. Patients almost always receive hormones in a neighboring country.
Netherlands	Cross-sex hormones are available from age 16 with or without consent, though younger cases have been documented in adolescents with consent. ¹⁰⁰
Norway	Available from age 16 with or without consent. ¹⁰¹ However, consent is required for individuals 16-18 if the treatment is considered irreversible. ¹⁰²
Sweden	Available from age 16 with consent. ¹⁰³ Available from age 16 without consent so long as the individual is deemed sufficiently mature. ¹⁰⁴
United Kingdom	Age 16 regardless of consent, but individuals must have been receiving puberty blockers for at least one year. ¹⁰⁵

MINIMUM AGE FOR SEX-REASSIGNMENT SURGERY

CONTEXT: For some gender-questioning individuals, intervention culminates with sex-affirming surgeries, including mastectomy (breast removal), hysterectomy (uterus removal), vaginoplasty (vagina creation), and phalloplasty (penis creation). These dramatic physical alterations are largely irreversible.

COUNTRY	REQUIREMENT
United States	Some states restrict minors' access to sex reassignment surgery, and lawmakers in other states are considering it. The World Professional Association for Transgender Health issued more liberal guidance in June 2022, which recommends some surgeries from the age of 15. ¹⁰⁶ Top surgeries as young as 14 have been documented. ¹⁰⁷
Belgium	Sex-reassignment surgery is not performed before age 18. ¹⁰⁸ Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Denmark	Not performed before age 18. ¹⁰⁹ Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Iceland	Not performed before age 16. ¹¹⁰ Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Ireland	Officially, sex-reassignment surgery is not performed before age 16. In practice, it not available until 16.5, as individuals must receive cross-sex hormones for at least six months beforehand. Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Finland	Not performed before age 18. ¹¹¹ Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
France	Theoretically permissible from age 14, but researchers say that to their knowledge, torsoplasties are the only surgeries that have been performed on trans youth. ¹¹² Without parental consent, surgery is not available until age 18.
Luxembourg	Sex-reassignment surgery is not available before age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent. ¹¹³
Netherlands	Mastectomies are available from age 16, and all other procedures from age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent. ¹¹⁴
Norway	Mastectomies are performed from age 16 with consent. ¹¹⁵ All other procedures are unavailable until age 18. ¹¹⁶
Sweden	Not performed before age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent. ¹¹⁷
United Kingdom	Not performed before age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent. ¹¹⁸

NUMBER OF YOUTH GENDER CLINICS

CONTEXT: Some countries relegate the assessment and treatment of minors with gender dysphoria to a handful of clinics or even one. These clinics are not immune from problems—the lone pediatric gender clinic in the United Kingdom is being shuttered because of unsafe practices—but centralizing care has the benefit of greater oversight and accountability.

COUNTRY	REQUIREMENT
United States	More than 60 pediatric gender clinics and 300 clinics provide hormonal interventions to minors. ¹¹⁹
Belgium	There are two facilities in the country where patients can be reimbursed for puberty blockers or sessions with a psychologist, which are required for anyone seeking blockers. ¹²⁰
Denmark	Hormone therapy is administered to individuals of any age at one of three locations. These clinics are responsible for assessment and coordination of treatment. ¹²¹
Iceland	The assessment and treatment for minors is administered through one hospital. ¹²²
Ireland	The assessment and treatment for individuals of all ages is administered through one hospital. ¹²³
Finland	The assessment and treatment for individuals of all ages is administered through two hospitals. ¹²⁴
France	Care is decentralized. Any doctor can prescribe treatment for medical transition. ¹²⁵
Luxembourg	There is one gender clinic in the country, though treatment is more commonly sought abroad. ¹²⁶
Netherlands	One clinic provides sex reassignment interventions to 95% of the population. ¹²⁷
Norway	Assessment and treatment for individuals of all ages is administered through one hospital. ¹²⁸
Sweden	Assessment and treatment for individuals of all ages is administered through four hospitals. Three of the four hospitals provide surgery. ¹²⁹
United Kingdom	Care for adolescents has been exclusively handled at the Tavistock clinic, which is scheduled to close in 2023 after a review deemed it unsafe. ¹³⁰ Once it closes, assessment and treatment for adolescents will be handled through two clinics. ¹³¹

NOTABLE CHANGES IN PROTOCOLS FOR TREATING MINORS

CONTEXT: The concern that children are too quickly referred for gender-affirming medical treatment has arisen in several European countries. Given questions about the wisdom and judgement of children to make life-altering and permanent decisions about their health, officials have revised policies and guidance about gender-affirming care.

COUNTRY	REQUIREMENT
United States	No major medical organization has reversed its guidance. ¹³² Some states, however, have issued their own guidance to prohibit minors' access to sex reassignment interventions. For example, treatment is banned in Florida following November 2022 guidance issued by the Florida Board of Medicine and the Florida Board of Osteopathic Medicine. ¹³³
Belgium	No changes ¹³⁴
Denmark	No changes ¹³⁵
Iceland	No changes ¹³⁶
Ireland	No changes yet, but the adult national gender service is urging the Department of Health to drop its support for the World Professional Association for Transgender Health (WPATH) model, noting that a "significant number" of patients who have graduated from the youth to the adult gender service are autistic and exhibit "unclear gender identity." ¹³⁷
Finland	In 2020, the Finnish Health Authority (PALKO/COHERE) "deviated from WPATH's 'Standards of Care 7' by issuing new guidelines that state that psychotherapy, rather than puberty blockers and cross-sex hormones, should be the first-line treatment for gender-dysphoric youth. This change occurred following a systematic evidence review, which found the body of evidence for pediatric transition inconclusive." ¹³⁸
France	"The National Academy of Medicine in France has issued a press release in which it cautions medical practitioners that the growing cases of transgender identity in young people are often socially-mediated and that great caution in treatment is needed. The Academy draws attention to the fact that hormonal and surgical treatments carry health risks and have permanent effects, and that it is not possible to distinguish a durable trans identity from a passing phase of an adolescent's development." ¹³⁹
Luxembourg	No changes ¹⁴⁰
Netherlands	No changes ¹⁴¹
Norway	No changes ¹⁴²
Sweden	In December 2022 the Swedish National Board of Health and Welfare published updated guidance that urges greater caution in administering hormonal treatments or sex reassignment surgeries to minors. Such treatments should only be administered to minors in "exceptional" cases and must be tracked for research purposes. Insufficient evidence, an unexplained increase in dysphoria diagnosis among girls ages 13-17, and occurrences of detransition are specifically cited as reasons for greater caution. ¹⁴³
United Kingdom	An official review from the former president of the Royal College of Pediatrics and Child Health deemed the Tavistock youth gender clinic "not a safe or viable long-term option" for children. The National Health Service has begun to implement several notable changes, including: the start of closing the Tavistock youth gender clinic; repudiating the affirmation model in favor of one that treats claims of dysphoria with greater skepticism and uses psychotherapy as the first intervention; discouraging the use of social transition in prepubescent children; limiting the use of puberty blockers to formal research settings; clarifying that a true multidisciplinary team is comprised not only of "gender dysphoria specialists," but also of experts in pediatrics, autism, neurodisability and mental health, to enable holistic support and appropriate care for gender dysphoric youth." ¹⁴⁴

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