



## PRESIDENT'S MESSAGE

I hope that you had a warm and happy holiday season.

Preparing for the annual filing of the Massachusetts Chapter report to the AAP provides an opportunity to reflect on the Chapter's many achievements over the past year. Five ongoing focus areas that were highlighted in this year's report and the accompanying activities undertaken to address these focus areas are:

### Child Abuse Prevention and Treatment

- Members of this committee have met with the medical examiner's office in an effort to establish communication and a forum for ongoing education regarding the science of abusive head trauma.
- As they continue to work with the DCF commissioner, medical director, and senior staff on an ongoing basis, the Chapter has made a formal request of the secretary of Health and Human Services for the development and funding of a more formal medical evaluation system.

### Children and Youth with Special Health Care Needs (CYSHCN)

- This committee has finalized a mission and goals statement and has prioritized a set of 11 focused goals. Subcommittees with chairs have now been established for the top four.
- The top four priorities are listed as follows:
  - Individualized education programs (IEPs) and translation services
  - Transportation for CYSHCN
  - Pediatric long-term nursing
  - Transitional care into adult services

*continued on page 3*

## Table of Contents • Winter 2017 • Volume 18 No. 1

President's Message . . . . .	1	21st Annual MIAP Pediatric Immunization Skills Building Conference . . . . .	6
The Perfect Collaboration: School Nurses and Their Docs . . . . .	1	2017 Immunization Initiative Webinar Series . . . . .	7
Editor's Note . . . . .	2	Upcoming Conferences and Meetings . . . . .	7
ShotClock . . . . .	5	2017 MCAAP Call for Nominations . . . . .	8
Use Immunization Data to Understand and Inform Your Patient Population . . . . .	5	The 2017 MCAAP Annual Meeting . . . . .	9
Resource Spotlight — Boston Public Health Commission Student-Produced HPV Videos to Use in Your Practice . . . . .	6	Book Corner . . . . .	9
		Job Postings . . . . .	10

## The Perfect Collaboration: School Nurses and Their Docs

At a recent statewide meeting of the Essential School Health Services program, school health physicians joined school nurse leaders in a wonderful, far-reaching, and informative morning of nursing and medical education focused on the health

of children in schools in the Commonwealth. The day was a joint effort of the Massachusetts Department of Public Health School Health Unit, the School Health Institute for Education and

*continued on page 4*



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## EDITOR'S NOTE

### After November 8

Hello MCAAP friends,

I imagine we have all been spending lots of time talking with patients, parents, staff, and our own families about the recent election. To quote President Obama the day after, "Regardless of which side you were on in the election, regardless of whether your candidate won or lost, the sun would come up in the morning." And then he went on to say, "The sun is up... the day after, we have to remember that we're actually all on one team. This is an intramural scrimmage. We're not Democrats first. We're not Republicans first. We are Americans first. We're patriots first. We all want what's best for this country."

I've found President Obama's words to be incredibly inspiring as I try to stay centered in what seems like a rapidly changing world. Members of my diverse staff have been harassed by individuals emboldened by the election results. Patients and their parents have worried they or their friends will be in jeopardy due to immigration status. Many have asked about the security of their health insurance benefits if the Affordable Care Act is amended or repealed. Anxiety is rampant among both children and adults.

Now more than ever, we need to support the families we care for and advocate for children. Our patients need to know we will continue to support their rights and needs, and we have a responsibility to model fair-mindedness in discussion and discourse. Those who need to be shielded by us need protection. Those who are angry need help channeling that anger into positive efforts. Those who are anxious need healing.

Finally, again from President Obama's speech: "That's the way politics works sometimes. We try really hard to persuade people that we're right. And then people vote. And then if we lose, we learn from our mistakes, we do some reflection, we lick our wounds, we brush ourselves off, we get back in the arena. We go at it. We try even harder the next time."

Wishing us all success and the courage of our convictions as we get back in our own arenas, and reflect, brush ourselves off and continue to work hard, on behalf of the children of the Commonwealth, every day.

Lisa Dobberteen, MD, FAAP



Photo by Lisa Dobberteen



## President's Message

*continued from page 1*

### Poverty

- The MCAAP Board has drafted a policy statement to guide poverty-related advocacy efforts. MCAAP representatives have met with policymakers, submitted testimony, and actively participated in coalitions concerning the following issues:
  - Minimum wage
  - Family leave
  - Earned income tax credit
  - Wage theft
  - Immigrant health
  - Unaccompanied immigrant children
- The MCAAP now partners with the Massachusetts Public Health Association (MPHA), whose mission is to advocate for effective policies to address health inequities.
- Articles describing the many faces of poverty encountered in our practices are now a recurring feature of the Chapter newsletter, and we encourage members to continue to submit these.

### School Health

- The Chapter sponsored a Massachusetts Medical Society resolution to encourage school districts to adopt policies to utilize their emergency epinephrine single-use auto-injector supplies rather than requiring families to purchase them.
- The MCAAP collaborated with sleep experts about advocacy initiatives around healthy sleep times.
- The Chapter recruited an intern to work with the DPH to create a current list of Massachusetts school health physicians; a list of MA school health physicians has not been available for at least 10 years. We now have a working directory of school physicians and have recently recruited two new members to our School Health Committee.

### Immunizations

- The Chapter sponsored and participated in collaborative activities with individual members and organizations (e.g., the DPH, Boston Public Health Commission, Dana-Farber Cancer Institute, Massachusetts Medical Society, Massachusetts Parent Teacher Association, and Massachusetts School Nurses Organization) to

discuss barriers to optimal immunization and how to address them.

- We developed educational activities, including conferences, Grand Rounds seminars, and webinars, which address barriers to optimal immunization (e.g., vaccine hesitancy and refusal).
- We created and developed immunization content targeted to health care providers. We also utilized the Chapter website, the e-newsletter, the newsletter, and social media to communicate content, including best immunization practices.

It's important to note that the AAP reports only required submissions on five focus areas, but we have many committees and initiatives, which actively work to ensure the health and well-being of children in a wide variety of ways (see listing of committees on page 8).

For more information about becoming involved in the Chapter, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

Best wishes for the New Year.

— *DeWayne Pursley, MD, MPH, FAAP*

## School Nurses and Their Docs

*continued from page 1*

Leadership Development (SHIELD) at the Boston University (BU) School of Public Health, and the Continuing Nursing Education Provider Unit, also at BU.

Ms. Mary Ann Gapinski, MSN, RN, NCSN, director of the School Health Services at the Massachusetts Department of Public Health, served as moderator. School systems in the Commonwealth are mandated to have a school physician/medical consultant under MGL chapter 71, section 53. The template from the Massachusetts School Health Manual (2007) for the school physician/medical consultant role was reviewed, with its essential elements as follows:

- Administration and Planning
- Liaison to Community Physicians
- Direct Service
- Clinical Consultation
- Policy Consultation
- Health Education
- Public Relations
- Advocacy
- Systems Development Consultation

Topics discussed by panel participants included mental health consultation, concussions, and the role of developmental-behavioral pediatricians in working with

schools. We hope to include more from these participants in future issues of the *Forum*.

Participants, all of whom worked in very different districts and under a variety of paradigms across the state, agreed on the following as essential elements for a successful relationship between the school nurse leader and the school physician:

- Good communication in every way possible (e.g., in person, by phone, by email)
- Clear roles and responsibilities
- Flexibility to meet unexpected demands
- Creativity and the ability to think outside the box
- A good sense of humor!

In thinking about support for the role of school health physician/medical consultant, we urge those of you with an interest in school health to get involved. The newly invigorated School Health Committee of the MCAAP, chaired by Dr. Karen Sadler and Dr. Lisa Dobberteen, is eager to tackle issues of importance to school health and the Chapter. The committee meets quarterly, twice in person and twice “virtually.” We welcome all members with an interest in school health and especially school physicians. In addition, Linda Grant, MD, MPH, medical director, School Health Services, Boston Public Schools, and executive board member of the AAP’s Council on School Health

(COSH), reminded us that there is great support available through COSH and its active list serve as well as programming at the National Conference and Exhibition.

We are also eager to connect to any school physicians serving in independent, parochial, and charter schools, as well as other settings outside of public school systems. Please make yourselves known to the MCAAP and our School Health Committee.

School health is a fascinating blend of public health and pediatrics. As we know, school is the work of children. Our school-aged patients spend the majority of their waking hours in school Monday through Friday. The school nurse is uniquely poised as the only medical professional in the building to keep an eye on the needs of our patients during the school day. Good communication between school nurses and doctors, whether related to an individual patient or to a district-wide policy issue, is key. When the school nurse calls, emails, or needs a moment from you, remember how useful her or his information will be to the care of your patient!

Lisa Dobberteen, MD, co-chair of the MCAAP School Health Committee and editor of the *Forum*, can be reached at [ldobberteen@mcaap.org](mailto:ldobberteen@mcaap.org).

— *Lisa Dobberteen, MD*



# ShotClock

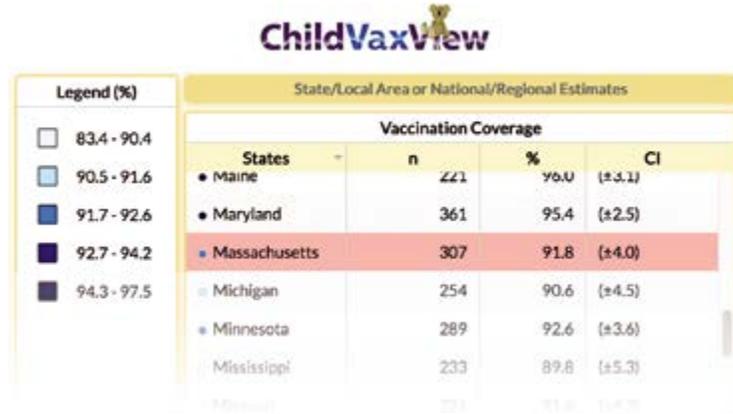
## Use Immunization Data to Understand and Inform Your Patient Population

Within a pediatric practice, providers often see families with a wide range of feelings and questions about vaccines. As a health care professional, your strong recommendation for vaccines is one of the most important messages a parent can hear. In addition to explaining how vaccines are safe and effective, it's important to understand vaccine rates in your area to better tailor your conversations. While Massachusetts enjoys high rates of vaccination coverage overall, there are regions and communities with lower vaccination rates and higher rates of vaccine exemption at school entry. Even within highly vaccinated areas, there may be individual school communities with more exemptions or children who have not received all of the recommended, or required, vaccines for their age. These communities may be more susceptible to vaccine-preventable diseases and outbreaks.

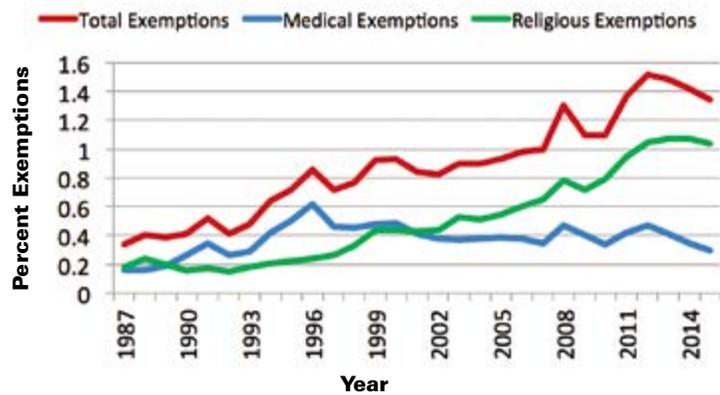
There are several publically available sources of data to help you understand immunization rates and trends nationally, in Massachusetts, and in your community.

- National Immunization Survey** — The National Immunization Survey (NIS) includes telephone surveys that report on immunization levels of children (19–35 months of age), teens (13–17 years of age), and flu vaccination rates for multiple populations. NIS includes national and state data, as well as some city data. You can find NIS data sets and maps on the Centers for Disease Control and Prevention website at [www.cdc.gov/vaccines/imz-managers/nis/index.html](http://www.cdc.gov/vaccines/imz-managers/nis/index.html). VaxView, also on the CDC website, provides an interactive map of vaccine coverage for all ages for state and local areas at [www.cdc.gov/vaccines/vaxview/index.html](http://www.cdc.gov/vaccines/vaxview/index.html).
- School Immunization Surveys** — The Massachusetts Department of Public Health (MDPH) Immunization Program surveys all licensed group child cares and private and public preschools, kindergartens, and seventh grades for compliance with immunization requirements for schools. All data are self-reported by child care centers or schools. Data for centers or schools with at

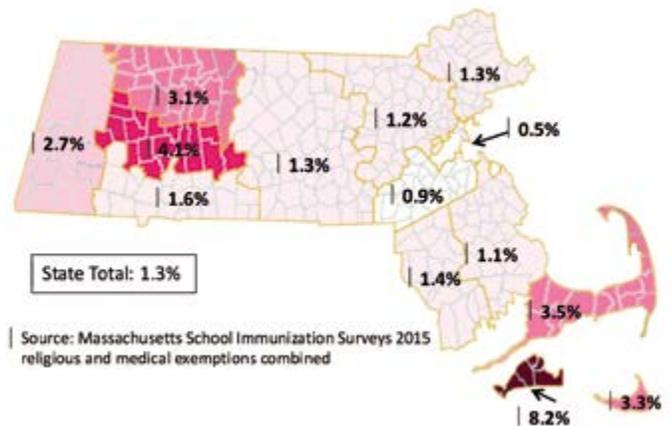
Measles, mumps, and rubella (MMR) vaccination coverage among children 19-35 months by State, HHS Region, and the United States, National Immunization Survey (NIS), 2015



Rates of Massachusetts Kindergarten Students with an Exemption to One or More Vaccines Required for School Entry, By County, 2015



Immunization Exemptions among Kindergarten Students, 1987–2015



least 30 children in the reported grade are posted to the Immunization Program website at [www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/school-immunizations.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/school-immunizations.html). These data show state- and county-wide immunization rates for over two decades, and rates by centers or schools since the 2013–14 school year. Data are available in Excel spreadsheets for easy sorting and analysis. These data reveal geographic variations in exemption rates across the state, and trends in immunization rates and exemptions over time.

- The Massachusetts Immunization Information System** — The Massachusetts Immunization Information System (MIIS) allows providers to run coverage reports on their own patient population. When logged in to the MIIS, select Reports from the menu on the left-hand side, and then choose Coverage Reports. Standard reports for childhood coverage (24–35 months) or adolescent (13–17 years) are available, as well as a custom report where you choose the timeframe, age, vaccines, or other parameters for the report. Standard reports show immunization coverage levels, as well as rates of missed opportunities. A missed opportunity is a time when a patient is in the office and receives one or more vaccines, but not all vaccines for which they are due. Reducing missed opportunities is an effective way to increase immunization rates. These reports allow you to measure your coverage and to monitor your progress or assess new practices.

We encourage you to explore these sources of immunization data. By understanding rates in your state, your community, and your practice, you can:

- Focus your vaccine conversations
- Spread awareness about local immunization data
- Choose projects and activities, such as continuous quality improvement, in your own practice to increase your immunization rates and decrease your missed opportunities

If your practice is interested in implementing vaccine-related continuous quality improvement activities, please contact the MDPH Assessment Unit at (617) 983-4330. We can sign you up for AFIX, our continuous quality improvement process. As a trusted health care provider, you have the power to strongly recommend vaccines and your insight into immunization data can support your education efforts. — *Kathleen Shattuck, MPH, Assessment Coordinator, Immunization Program, Massachusetts Department of Public Health*

## Resource Spotlight — Boston Public Health Commission Student-Produced HPV Videos to Use in Your Practice

The Division of Child and Adolescent Health at the Boston Public Health Commission (BPHC) has implemented an HPV awareness campaign in all of its adolescent youth engagement, peer leadership, health education, and school-based health center programs. The BPHC sponsors a youth pathway to health careers program through the Boston Area Health Education Center (BAHEC). BAHEC summer students recently learned about HPV and the importance of HPV vaccination. Armed with this knowledge, the students decided to take action by writing and producing the following public service

announcement (PSA) videos to motivate their peers to get vaccinated.

The short PSA videos are available free-of-charge, in both English and Spanish. The English-language video can be found at <https://vimeo.com/145564922>. The Spanish-language video can be found at <https://vimeo.com/162013120>.

For more information about the videos or the HPV awareness campaign in the Child and Adolescent Health Division at the Boston Public Health Commission, please contact the Division Director, Philomena Asante, MD, MPH, at [PAAsante@bphc.org](mailto:PAAsante@bphc.org) or (617) 534-5671. — *MCAAP Immunization Initiative*

## 21st Annual MIAP Pediatric Immunization Skills Building Conference

More than 400 health care professionals attended the 21st Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference, held on October 27, 2016. The Conference included both plenary sessions and breakout sessions, and viewings of immunization-themed videos.

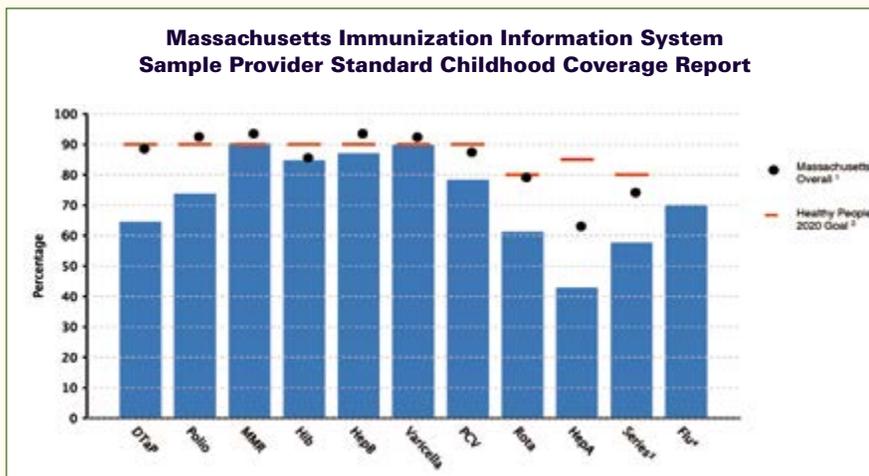
MIAP Conference Awards were presented to Colin Marchant, MD, MPH, Boston University School of Medicine/Boston Medical Center, and John Snyder, MD, FAAP, Tufts University School of Medicine/Amherst Pediatrics.

Dr. Marchant was recognized as a pediatric infectious disease specialist and clinical trial investigator, focused on the epidemiology of vaccine preventable diseases and the immunogenicity, efficacy, and safety of vaccines to protect Massachusetts children and adolescents from vaccine-preventable diseases.

Dr. Snyder was recognized for his leadership in the pediatric community, and as a passionate advocate for a science-based approach to building vaccine confidence in Massachusetts.

Ronald Samuels, MD, MPH, FAAP, also was recognized as the 2016 Massachusetts recipient of the CDC's Childhood Immunization Champion Award.

The MIAP Conference Organizing Committee would like to thank the following speakers for their outstanding presentations: Plenary Sessions: Susan Lett, MD, MPH; John Snyder, MD, FAAP; Raymond Strikas, MD, MPH; Pejman Talebian, MA, MPH; Breakout



Sessions: Milagros Abreu, MD, MPH; Tricia Charles, BA; Marissa Chiang, MPH; Nancy Harrington; Robert Morrison; Katie Reilly, MPH, MSN, RN, APHN-BC; Ronald Samuels, MD, MPH; Devin Smith-Clark, BS; Theodora Wohler, MPH; and Sergut Wolde-Yohannes, EdM, MPH.

Conference presentations have been archived and can be downloaded at <http://mcaap.org/immunization-cme/#MIAP16>.

The MIAP Conference Organizing Committee also would like to thank Sanofi-Pasteur for an unrestricted educational grant in support of the Conference.

— *MCAAP Immunization Initiative*

## 2017 Immunization Initiative Webinar Series

Initiated in 2012, the goal of the Immunization Initiative Webinar Series is to improve Massachusetts childhood and adolescent

immunization rates through continuing education for health care professionals.

Registration is now available for the following 2017 webinars:

Thursday, February 9, 2017, 12:00–1:00 p.m.

### **Vaccine Storage and Handling and VFC Compliance Training**

Kathleen Shattuck, MPH, Assessment Coordinator, MDPH Immunization Program

Thursday, March 9, 2017, 12:00–1:00 p.m.

### **You Are the Key to HPV Cancer Prevention: Strategies for Raising HPV Vaccination Rates**

*Communicating about HPV vaccination: Lessons learned from physicians and parents*  
Melissa Gilkey, PhD, Assistant Professor of Population Medicine, Harvard Medical School, Harvard Pilgrim Health Care Institute

*Increasing HPV Vaccine Coverage through AFIX Utilization*

Kathleen Shattuck, MPH, Assessment Coordinator, MDPH Immunization Program

Thursday, April 6, 2017, 12:00–1:00 p.m.

### **2017 Childhood Immunization Schedule Review; MDPH Vaccine Update**

Susan Lett, MD, MPH, Medical Director, MDPH Immunization Program

Register today at [www.mcaap.org/immunization-cme](http://www.mcaap.org/immunization-cme).

Archived webinars can be found at <http://mcaap.org/immunization-cme-archives>.

— *MCAAP Immunization Initiative*

## Upcoming Conferences and Meetings

### **MCAAP Immunization Initiative Advisory Committee Meeting**

Monday, April 3, 2017, 6:30 p.m.  
Massachusetts Medical Society, Waltham

For more information, contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org).

### **22nd Annual Massachusetts Adult Immunization Conference**

Tuesday, April 25, 2017  
Best Western Royal Plaza Hotel, Marlborough

Updated information will be posted as it becomes available at <http://maic.jsi.com>.

### **MCAAP Immunization Initiative Advisory Committee Meeting**

Wednesday, September 13, 2017, 6:30 p.m.  
Massachusetts Medical Society, Waltham

For more information, contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org).

### **MCAAP Immunization Initiative Advisory Committee Meeting**

Tuesday, December 5, 2017, 6:30 p.m.  
Massachusetts Medical Society, Waltham

For more information, contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org).



Plenary Session Question and Answer Panel, 21st Annual MIAP Pediatric Immunization Skills Building Conference. From left to right: Raymond Strikas, MD, MPH, Leader, Education Team, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC); Pejman Talebian, MA, MPH, Director, MDPH Immunization Program; Susan Lett, MD, MPH, Medical Director, MDPH Immunization Program.

## 2017 MCAAP Call for Nominations

The MCAAP 2017 election will fill vacancies on the Executive Board for district representatives in Districts 4, 6, 7, and 9. Individuals are eligible if they are voting members of the chapter and live or work in one of the vacant districts.

Please send names of nominees to Cathleen Haggerty via email at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org), or fax them to (781) 895-9855. You may mail nominations to 860 Winter Street, Waltham, MA 02451. Also, please contact Cathleen if you have any interest in serving on the MCAAP Nominating Committee. Nominations must be received by February 28, 2017.

Electronic ballots will be emailed and mailed in mid-March. Individual communities within each district can be found at

**SAVE THE DATE**

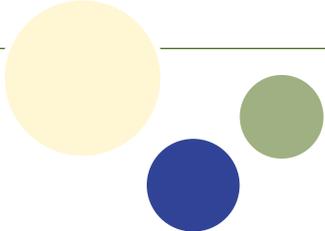
## The 2017 MCAAP Annual Meeting

### Pediatric Injury and Overdose Prevention

The Annual MCAAP Edward Penn Memorial CME Lecture and Business Meeting will take place on May 11 at the Massachusetts Medical Society from 9:30 a.m. until 4 p.m. The focus this year is on Injury and Overdose Prevention. The morning will include an expert panel discussion on the pediatrician's response to the opioid crisis. We will switch gears in the afternoon with

infant injury prevention and will be providing ABP MOC Part 2 and Part 4 credit opportunities. We will be introducing an easy, computer-based injury prevention practice QI project that will fulfill your ABP MOC part 4 requirement.

For more information or to pre-register, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).



[www.house.gov/representatives/find](http://www.house.gov/representatives/find). For new Massachusetts congressional district maps, go to [malegislature.gov/district/proposeddistrictmaps](http://malegislature.gov/district/proposeddistrictmaps).

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### BOOK CORNER

## Nurturing Language Development

According to the U.S. Census Bureau (2012), the Hispanic population is the largest minority living in the United States, and Spanish is the most common language used in households that report using a language other than English (i.e., 62 percent; U.S. Census Bureau, 2013). Understanding how children from bilingual households learn two languages has important implications for all professionals working with children and families, including pediatric clinicians. Many of us who do not speak a second language fluently wonder if we are over- or under-diagnosing language concerns. Challenged by our inability to communicate and understand fluently, we often wonder if we are missing something in our bilingual patients?

Though many misconceptions exist, research comparing monolingual and bilingual children indicates that vocabulary size is similar across groups when words in both languages in bilinguals are combined to assess total vocabulary size. Unfortunately, less is known about the effects of language input on the developing brain of the bilingual child or infant.

A recent study by Ramirez-Esparza (“The Impact of Early Social Interactions on Later Language Development in Spanish-English Bilingual Infants,” Ramirez-Esparza N, Garcia A, Kuhl P. *Child Development*, September-October, 2016) and colleagues addressed just this issue. They followed a cohort of twenty-five 11- and 14-month-olds from the Seattle metropolitan area. All families

reported that both English and Spanish were spoken in the home and that at least one parent reported Spanish as their first language. Instead of relying on parental reports or short-recorded interactions, they used the LENA system (Language Environment Analysis Foundation, Boulder, Colorado) to assess everyday social interactions between adults and infants in their natural settings over several consecutive days. They not only examined the exact words spoken but language input was characterized by social interaction variables, defined in terms of speech style (*parentese* vs. standard speech) (ed. note: *parentese* is a universal form of musical, child-directed speech with exaggerated syllables used by caregivers in all languages to communicate with babies and small children) and social context (one-on-one vs. group). For the outcome measure at 24 months, parents reported the number of words produced based on the 680-word checklist section of the Communicative Development Inventory in English and in Spanish when the children were 24 months of age.

Their results were consistent with recently published studies demonstrating that toddlers exposed to two languages develop each of their languages as a function of relative exposure. Vocabulary is related to the number of words the child hears. In addition, like other studies in monolingual language development, vocabulary is linked to the characteristics of language input children receive in their everyday lives. The richness of experience

and social interaction are necessary for language development.

The current study further demonstrated that bilingual infants are like monolingual infants in that they benefit from interactions in parentese that occur in a one-on-one setting but differ from monolingual infants in that they *also* benefit from parentese in *group* speech. The authors hypothesize that Latinos spend more time in group interactions and European Americans spend more time alone. This “group time” response suggests that there is a more intricate language-learning path in bilingual children, with their opportunity to learn two languages.

This study is important because it reinforces the basic principles of language development for mono *and* bilingual children: the more words they hear spoken as part of nurturing relationships, the more their own language develops. As the world becomes increasingly multicultural and multilingual, the study of bilingual language learning is both crucial and fascinating. Relevant to pediatric clinicians, we need to seize the opportunity to give *all* parents the opportunity to bring more words to their child everyday by reading aloud to them in any language! What we say and what they say can make a difference!

For more information about Reach Out and Read and early literacy, email the Massachusetts Program Director Alison Corning-Clarke at [alison.clarke@reachoutandread.org](mailto:alison.clarke@reachoutandread.org) or the Massachusetts Coalition Medical Director Marilyn Augustyn at [Marilyn.augustyn@bmc.org](mailto:Marilyn.augustyn@bmc.org).

## JOB CORNER

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### Looking to Hire or Be Hired?

Contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

Published by the **Massachusetts Chapter of the American Academy of Pediatrics, P.O. Box 549132, Waltham, MA 02454-9132**. Designed and printed by the Massachusetts Medical Society.

# The Forum

Massachusetts Chapter  
American Academy of Pediatrics  
P.O. Box 549132  
Waltham, MA 02454-9132

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10

Winter 2017

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