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Roma in the COVID-19 Crisis: Transformative Elements That Emerge from the Research

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Abstract: Research on the impact of the COVID-19 pandemic on the Roma community consistently demonstrates that it has exacerbated pre-existing social exclusion and marginalization. However, few studies have specifically addressed the transformative actions or strategies that helped to mitigate these adverse effects. This study aimed to identify and analyze transformative elements through a systematic review, following PRISMA guidelines. The search was conducted across Web of Science, SCOPUS, and Google Scholar, yielding 995 records, of which 46 were included in the final phase and 25 in our synthesis. Our analysis focused on community-led initiatives that addressed inequalities, particularly when Roma community members were involved in the design of solutions or took on mediation roles. The results underscore the critical importance of inclusive, community-driven actions in overcoming structural barriers and promoting long-term resilience within Roma communities during the pandemic.

Keywords: Roma; Gypsy; COVID-19; pandemic



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1. Introduction

The pandemic resulting from COVID-19 and all the socioeconomic measures that countries have taken to deal with it have highlighted the vulnerability that we all have in the face of health emergencies. However, while this situation was initially considered to be somewhat unifying, as it affected everyone equally, time has shown that vulnerable populations are more at risk from the effects of the pandemic, although the use of aggregate data masks this fact (Platt and Warwick 2020). Some authors have argued that this demonstrates the effects of racism on health (Razai et al. 2021).

Several research studies have delved into how vulnerable groups, including migrants, refugees, or minority groups, are particularly affected. For example, the African-American population in the United States was twice as likely to die (Tai et al. 2021); in the United Kingdom, Black, Asian, and Minority Ethnic (BAME) individuals were the group most diagnosed with COVID-19, which could not be explained by cardiometabolic, socioeconomic, or behavioral factors (Raisi-Estabragh et al. 2020).

Regarding the development of policies to address the pandemic, research has also echoed the need to take into account minority groups. For example, Bhopal (Bhopal 2020) highlights the need to pay adequate attention to undocumented migrants, given their particular vulnerability. Hargreaves (Hargreaves et al. 2020) does the same by drawing attention to refugee camps. Some of the tools that have been put in place are technological, and it has been demonstrated that there are ethnic disparities in this area among vulnerable populations (Hendl et al. 2020).

In this regard, many studies have pointed out the need to address these disparities derived from ethnicity (Bhala et al. 2020). However, when talking about inequality based on origin or ethnicity, we first face the issue of the non-existence of accurate data, as they are not collected, especially in the case of racialized populations or cultural minorities within countries.

In Europe, the most significant ethnic minority is the Roma population, making up between 10 and 12 million people. Approximately six million of them are citizens or residents of the EU. When we refer to Roma as a heterogeneous collective, their common characteristics stand out: "community solidarity, close extended family bonds, and cultural traditions" (Cook et al. 2013). However, it should be noted that the inequality that Roma face is common to all of them, including their relatively low socioeconomic status compared to non-Roma and their greater likelihood of living at the margins of European political and social systems.

The latest Roma Survey reports notable differences in, among others, education, poverty, the labor market, and access to decent housing (European Union Agency for Fundamental Rights 2022). The health disparities that they experience have been previously studied. For example, a systematic review analyzing data between 2003 and 2012 points out that the Roma community reported poorer self-reported health and a significantly higher mortality risk than non-Roma communities (Cook et al. 2013). It also refers to a higher prevalence of risk factors for the health of Roma children, including environmental risks, low birth weight, and lower vaccination coverage (Cook et al. 2013). Specifically, in the field of health, the European study conducted in 2014 points out that the Roma population has a significantly lower life expectancy than non-Roma, even reaching a 20-year difference; they also have a higher incidences of major chronic diseases (including heart disease, stroke, cancer, diabetes, and arthritis) compared to the general population (Cook et al. 2013; European Union and Matrix 2014). Mihailov's report concerning the health of the Roma community points out other disparities, such as those in the specific area of reproductive health: Roma women visit gynecologists less often, which directly influences the detection of diseases such as cervical cancer (Mihailov 2013). In addition to this fact, research found that Roma women are particularly vulnerable in all the studied areas (European Union Agency for Fundamental Rights 2022). While it is necessary to point out that there are also essential differences between European countries, specific studies have been carried out, for example, in the case of Spain (Latorre-Arteaga et al. 2017), Bulgaria, Hungary, and Italy (Masseria et al. 2010).

Although work has been conducted to reduce this inequality and studies have been carried out in the public policy arena (Escobar-Ballesta et al. 2018; Fésüs et al. 2012), the gap has not been narrowed. New perspectives on research with the Roma community advocate conducting research that informs "(1) a more nuanced understanding of the causes of poor health and wellbeing among diverse Roma populations and (2) actions that may have greater potential to improve the health and wellbeing among these populations" (Orton et al. 2019, p. 1). The health inequalities affecting Roma communities have been extensively documented from a clinical perspective over the years (Parekh and Rose 2011). These studies have emphasized the need for further research focused on actions that can effectively improve the health outcomes of this group. Building on this body of evidence, we propose an investigation into the impact of COVID-19 on the Roma community, particularly in terms of health and socioeconomic outcomes.

Several researchers have highlighted how the Roma community has been disproportionately affected by the pandemic. Platt and Warwick (2020) for example, identifies key factors such as systemic discrimination, inadequate living conditions in some Roma settlements, and poor sanitation that have made Roma populations particularly vulnerable to COVID-19. Holt also notes that "across Europe, [Roma] have been disproportionately affected by the disease, both directly—through increased rates of infection, hospitalization, and death (though official data on mortality remain unavailable)—and indirectly, with regard to increased inequality and stigmatization" (Holt 2020).

Research indicates that the living conditions of Roma populations deteriorated during the pandemic, exacerbated not only by the spread of the virus but also by the absence of a sustainable social system that could support marginalized populations in achieving decent living standards (Macías León 2022; Macías León and Del Pino-Brunet 2023). Trust in state health institutions has emerged as a critical factor in determining the perceived effectiveness

of public health measures, including vaccinations, mask-wearing, social distancing, and other preventive practices. While Roma communities generally place trust in healthcare professionals, their trust in political and public authorities remains low, which poses a challenge for effective public health outreach (Riza et al. 2021).

Segregation remains a significant issue affecting many Roma communities, with some experiencing what has been described as "negative quarantine", a concept that encompasses both structural and discursive dimensions (Berescu et al. 2021). This phenomenon involved the scapegoating of Roma for poor hygiene and the imposition of containment measures that ignored the lack of basic utilities and the overcrowded conditions in which many Roma live (Del Valle Nievas 2023). These conditions often implied that Roma's inability to comply with health protocols, such as hygiene and social distancing, was a choice rather than a direct consequence of their living environment. Gypsy, Roma, and Traveller (GRT) communities are known to suffer from significantly poorer health outcomes, including shorter life expectancy, higher incidence of physical and mental health issues, and a greater tendency to engage in high-risk health behaviors. These disparities are compounded by barriers related to culture, language, and health literacy, which limit access to healthcare services, including vaccinations and maternal or child healthcare (Cârstocea 2023). Racism and securitization practices have long contributed to the marginalization of Roma communities, and these issues were exacerbated during the pandemic. Roma populations were frequently blamed for spreading COVID-19, reinforcing existing prejudices and further entrenching their social exclusion (Berescu et al. 2021). The characterization of Roma as "transmitters of COVID-19" intensified stigmatization and conflict, worsening social inequalities. Within the Roma community, women and minors were particularly vulnerable. Roma youth in Slovakia and countries like Bulgaria (Kamburova and Georgieva 2021) faced significant barriers to development, including difficulties meeting basic needs and persistent discrimination in education, employment, and daily life. Unsafe schools and neighborhoods, along with the prevalence of early pregnancy and marriage, contributed to high dropout rates and limited future opportunities (Miconi et al. 2021). The pandemic intensified these pre-existing challenges, exacerbating mental health issues and increasing family conflicts. This vulnerability was particularly evident in education, where pandemicrelated disruptions severely affected Roma students and their mothers, who were often their primary caregivers.

In this article, we focus on how the Roma community has responded to the challenges posed by COVID-19 to gather insights that enable the development of more successful policies and actions with the community. This approach aims to inform the creation of a more targeted and inclusive public health response. To achieve this, we conducted a systematic review of existing studies that explore these issues, with an emphasis on the European context.

2. Materials and Methods

The method used for the review process followed the PRISMA Declaration (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Liberati et al. 2009; Moher et al. 2009). The PRISMA Statement consists of a 27-item checklist and a four-stage flowchart and helps authors to improve the reporting of systematic reviews. This type of reviews allowed us to synthesize relevant information regarding a specific topic, analyze quantitative and qualitative elements of the selected literature, and obtain results and conclusions on that topic (Grant and Booth 2009). In this case, PRISMA guaranteed the study's transparency, validity, replicability, and updateability (Moher et al. 2009).

The research question was formulated based on the Population, Intervention or Indicator, and Context of the study (PICo) approach (Boland et al. 2017). Following this approach, this systematic review aimed to answer the following question: What elements have helped to overcome the inequalities created or exacerbated by the COVID-19 pandemic that have affected the European Roma community in the social sphere?

2.1. Search Procedure

An extensive search was conducted on 7 October 2024 using the Web of Science (WOS), SCOPUS, and Google Scholar databases. Given the novelty of the topic, the keywords selected were intentionally broad to ensure comprehensive coverage. Therefore, the terms "Roma", "gypsies", and "pandemics" were chosen. These keywords were compared to the United Nations Educational, Scientific, and Cultural Organization (UNESCO) thesaurus to ensure their reliability. "COVID-19" was included as a keyword, as it yielded more specific results compared to using only "pandemics".

When executing the searches, we applied an initial filter in the search engines: (a) the date filter, which was set to limit the search to publications from 2020 (the year the pandemic was declared) to the present date (October 2024). We began with a search in WOS, which resulted in 268 entries. The search was further refined by limiting the type of document to peer-reviewed journal articles only, excluding book chapters, reports, or conference proceedings, resulting in 141 entries.

To supplement this information, we replicated the search in SCOPUS and Google Scholar. The initial search in SCOPUS yielded 543 results, which included our search keywords in their titles, keywords, or abstracts. After selecting only peer-reviewed articles, the final number was 206.

Finally, we consolidated the searches from the first two databases. Using artificial intelligence for analysis, duplicates were removed (110), leaving us with a total of 237 results. We eliminated 16 articles that focused exclusively on health and 38 that referred to Rome as a city. After reviewing the titles and abstracts in line with the objective of our research, we excluded 74 articles for being outside the scope of this study, leaving us with 109 articles.

We then added the results from Google Scholar. The initial search in Google Scholar yielded 184 results that included our search keywords in their titles. In this case, we used, in addition to "Roma" and "gypsies", the terms "COVID" and "pandemics," including the term "COVID-19" for more precise results. After selecting only peer-reviewed articles focused on Europe, the selection was reduced to 67. After removing duplicates from previous databases, we were left with 11 results.

These 130 initial results were manually reviewed and further narrowed down as follows:

- Previously undetected duplicates (4);
- Book chapter not previously identified (1);
- Journal letter (not peer-reviewed) (1);
- Outside the article's scope (34);
- Study selection: inclusion and exclusion criteria.

For these 90 remaining results, an initial review of the abstracts was conducted to assess their alignment with the research objective: to explore how COVID-19 has affected the Roma community beyond purely health-related aspects and how the Roma community has responded with actions to overcome these challenges. The following inclusion criteria were applied to the 90 resulting articles:

- The article addresses the social needs of the Roma community caused or exacerbated by the pandemic, or the solutions implemented to address them;
- Health-related issues are linked to other areas such as education, social services, or civic organizations;
- The article exclusively discusses Roma or explicitly includes them within broader groups.

After applying these inclusion and exclusion criteria to the 90 articles, 12 were excluded for not focusing explicitly on the Roma community and/or not being directly related to COVID-19, leaving a final set of 78 articles.

2.2. Second Phase of Analysis

In the second phase, the 78 articles were analyzed in depth, applying a second selection criterion. We focused on articles that included actions aimed at overcoming challenges, whether these actions were initiated by the community itself or implemented by NGOs or governmental organizations. Organized by thematic areas, we identified 20 articles on education, 16 on community, 15 on health, 12 on communication, 8 on discrimination across different sectors, 5 on religion, and 2 on multiple areas simultaneously. We then further refined the selection and removed the following articles:

- Two articles on education (leaving 18);
- Two on community (leaving 14);
- Twelve on health (leaving 3);
- Nine on communication (leaving 3);
- Six on discrimination (leaving 2);
- Five religion (keeping 5);
- One that addressed multiple areas.

The communicative methodology was applied to these latter articles, distinguishing between inclusive and exclusive elements. A total of 25 articles referred to transformative actions that had been implemented. This approach enabled us to adequately address our research question: What elements have helped to overcome the inequalities created or exacerbated by the COVID-19 pandemic that have affected the European Roma community in the social sphere?

This left us with 25 articles that, in some way, focused on the transformative aspects of inequality in the Roma community during the pandemic. This procedure is summarized in the following flowchart (Figure 1).

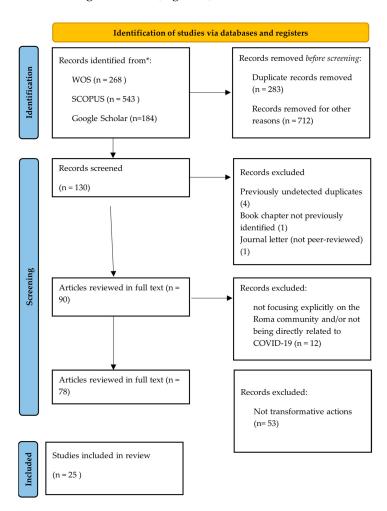


Figure 1. Prisma flowchart.

3. Results

Transformative dimensions were the focus of our sample, specifically those that have helped to overcome the challenges faced by the Roma community during the pandemic. It is important to note that many articles excluded from our review primarily addressed health inequalities without focusing on solutions. These articles frequently examined communication and discrimination, highlighting how the pandemic amplified existing discrimination against the Roma as reflected in media reports and user comments. However, our goal was to emphasize aspects that have demonstrably contributed to reversing these inequalities by fostering a more positive perception of the Roma community.

3.1. Community Actions to Overcome Inequalities

Community leadership and the mobilization of internal networks were essential during the pandemic (López de Aguileta et al. 2024). Amaro Agudo et al. (2023) highlight that the active involvement of the Roma community was crucial in managing local responses, enabling public health policies to be tailored to the community's specific needs. Beyond immediate responses, Jóźwiak et al. (2020) underscore the role of digital networks and transnational activism in maintaining connections within Roma communities during the most critical moments, illustrating their long-term adaptability. Jóźwiak et al. also introduce the concept of "e-romanipen", which describes how Roma culture adapted to the digital realm during the pandemic, showcasing collective agency aimed at preserving cultural cohesion and group solidarity despite existential challenges. Community mediators played a key role in facilitating access to resources during the pandemic. Stenroos et al. (2023) emphasize how these mediators assisted Roma families in navigating bureaucratic processes needed to access social and economic support. Budian and Blaga (2024) further highlight the vital role of health mediators in bridging gaps between the healthcare system and Roma communities. These mediators acted as cultural facilitators, providing accurate information about COVID-19 and vaccine hesitancy, while also advocating for equitable medical care for Roma individuals facing discrimination. Their work was critical for promoting trust between the Roma community and health institutions, enabling better health outcomes. Building on this, Abella et al. (2024) emphasize how Roma women played a leading role in health preservation within their communities during the pandemic, breaking stereotypes by ensuring compliance with health measures and mobilizing resources. Similarly, Aiello et al. (2022) document how Roma women utilized the Roma Women Students' Gathering as a democratic space to address community challenges, fostering solidarity and strategies to overcome uncertainties unleashed by the pandemic. Cioran Jupîneanț et al. (2024) describe how migrant Roma women in Spain redefined the home as a space of resilience, reproducing and adapting their living conditions to support their families during the crisis. They also took on vital roles in distributing food and medical supplies, ensuring that resources reached the most vulnerable members of the community (Soares et al. 2024). Such actions highlight the capacity of the Roma community to leverage internal solidarity networks to address pressing needs. These community-driven efforts were complemented by initiatives that connected internal networks with external organizations. Villani et al. (2021) document how community-health partnerships in Ireland combined culturally sensitive communication with advocacy, significantly reducing health inequities among Roma populations. Additionally, the comparative analysis by Renedo et al. (2023) illustrates further examples of resilience. Roma communities across Europe leveraged their networks to disseminate accurate COVID-19 information, often countering misinformation that exacerbated vaccine hesitancy. These networks also supported educational initiatives, where possible, adapting community spaces to ensure that children had access to learning environments. Moreover, these authors highlight how grassroots organizations collaborated with NGOs and governmental agencies to implement culturally sensitive health campaigns, ensuring that public health guidance was effectively communicated and adapted to the Roma's cultural practices.

The Integrated Plan for the Roma of the Catalan Government, as described by Khalfaoui et al. (2023), exemplified transformative health-focused actions. This program promoted health literacy and labor inclusion, enabling participants to improve their working conditions while reducing infection rates and countering stigma against the Roma. Health literacy campaigns not only helped the community to adopt evidence-based health practices but also empowered individuals to make informed decisions about their wellbeing. Additionally, Maeva and Erolova (2023) emphasize that internal support networks built on strong community ties facilitated mutual assistance during the most challenging periods. This mutual support not only addressed immediate needs but also strengthened community cohesion, ensuring that collective action could persist despite the difficulties posed by the pandemic.

3.2. Spirituality as a Resilience Resource

Religion and spirituality played a central role in the resilience of the Roma community during the pandemic, meeting both material and emotional needs. Churches not only provided spiritual support but also served as hubs for the distribution of material aid. Datelinka et al. (2022) emphasize that Christian practices within the Roma community were pillars of emotional stability and social cohesion, with churches distributing food and other essential resources. In addition to material support, Doležalová (2021) highlights the role of prayer and other religious practices as coping mechanisms during the pandemic, offering emotional relief to Roma families. According to Vansac and Sivák (2022), religious leaders quickly adapted to pandemic restrictions by providing virtual services that maintained community cohesion and allowed continued participation in religious life. Women also played a critical role in maintaining spiritual and material support. Slavkova (2023) underscores the role of Roma women in evangelical communities, where they took on leadership roles and organized both spiritual and material support networks. These women were vital in leading food distribution efforts and providing emotional support to the most vulnerable, particularly the elderly and those in isolation. Cârstocea (2023) also highlights the importance of religious networks as spaces for emotional and spiritual support during the pandemic, noting that religious practices helped to maintain social cohesion during periods of isolation.

3.3. Education as a Tool for Equality

Education emerged as another critical area where the Roma community faced significant challenges during the pandemic. The digital divide severely impacted Roma students, marginalizing many from accessing remote education. Velicu, Barbovschi, and Rotaru (Velicu et al. 2022) document how the lack of access to technological devices and stable internet connections affected Roma students. However, community resilience extended to education, with communities quickly responding to mitigate this exclusion. For instance, Lambrev (2024) highlighted that teacher preparation in culturally responsive pedagogies is crucial. Martínez-Lozano et al. (2023) emphasize that providing devices to the most vulnerable families helped to reduce technological inequalities, ensuring that Roma students could continue their education. These inclusion strategies were critical to school resilience, enabling effective coordination among teachers, volunteers, social educators, and families to develop educational activities suited to exceptional circumstances. Adapting educational resources and strategies to the individual circumstances of students was essential. Khalfaoui et al. (2023) and Martínez-Lozano et al. (2023) stress the importance of tailoring curricula to socially excluded contexts, as well as providing emotional support to sustain student engagement. These adaptations were particularly evident in schools serving vulnerable communities, where resilience mechanisms proved critical to addressing inequities (Dunajeva 2023; Bešter and Pirc 2020). For instance, Bešter and Pirc (2020) analyze the strategies implemented in Slovenia, highlighting the collaboration between Roma families, assistants, and educators to ensure that children remained connected to their schools despite limited resources. Other initiatives emphasized the importance of

mentoring and personalized support for Roma students. Dunajeva (2023) explore how Roma Special Colleges in Hungary implemented mentoring programs to address students' unique needs, providing both academic assistance and a sense of belonging during remote learning. Similarly, Mourão et al. (2023) reveal that Portuguese Roma students faced significant barriers due to the lockdown, such as the inability to access remote classes. Their research underscores the need for policies that address social diversity and propose targeted measures for minority students, especially at the secondary school level. Additionally, Rodrigo-Martín et al. (2023) note how the urgent virtualization of academic activities in Spain exposed the existing inequalities in technological access and training among Roma students. Their findings emphasized the dual need for technological equipment and capacity-building initiatives for both families and students. Meanwhile, Patache et al. (2022) draw attention to the compounded challenges faced by Roma families in Romania, where economic insecurity and limited technological infrastructure blocked many children from accessing online education. This was further exacerbated by societal perceptions undervaluing education within some marginalized communities. Finally, Zamorano (2022) demonstrated how the pandemic exacerbated pre-existing structural barriers, such as segregated schools and intergenerational inequality, which hindered Roma children's access to quality education in Ukraine. The study highlighted the critical role of community agency in counteracting these systemic obstacles, offering insights into transformative strategies that blend structural and grassroots approaches. Together, these studies underscore the importance of adaptive and inclusive strategies, emphasizing that education systems must go beyond standard approaches to address the unique needs of Roma students. Through the provision of technological resources, mentoring, curricular adaptation, and communitydriven resilience, these efforts serve as models for overcoming educational inequalities during crises. The study by Renedo et al. (2023) further reinforces this point, concluding that community-led educational spaces were critical in filling the gaps caused by lockdowns and limited digital access. These spaces provided Roma children with essential resources such as books, tutoring, and emotional support. The efforts of Roma women, in particular, were instrumental in coordinating these learning spaces and ensuring their effective operation.

4. Conclusions

As previous research has shown, the COVID-19 pandemic exacerbated pre-existing inequalities faced by Roma communities across Europe. Historically marginalized and subjected to systemic discrimination, the Roma were particularly vulnerable to both the virus and its socioeconomic impacts. Those working in informal sectors were especially affected, as lockdown measures and economic slowdowns led to significant job losses and income reductions, pushing many Roma families deeper into poverty. Without the support of their relatives and community networks, many of these families struggled to meet basic needs such as food, shelter, and healthcare. Limited access to healthcare services, exacerbated by cultural barriers and discrimination within the healthcare system, further marginalized Roma individuals. They were less likely to receive timely and adequate medical care, which contributed to higher rates of infection and poorer health outcomes. The pandemic highlighted how entrenched structural racism and discrimination have further marginalized Roma communities. In certain neighborhoods, Roma populations were disproportionately targeted with stricter preventive measures, reinforcing negative stereotypes and justifying discriminatory practices. This scapegoating of Roma as "COVID-19 transmitters" had long-lasting implications for social cohesion and inclusion, perpetuating narratives that frame Roma as outsiders and contributing to further social exclusion. The impact on education was equally profound. The shift to online education exposed the severe digital divide, as many Roma students lacked access to digital devices, reliable internet, and conducive learning environments. For many Roma children, school closures resulted in a complete halt in their education. The protective role of the family, particularly mothers, was crucial in mitigating this educational disruption. The digital divide not only

affected education but also limited Roma communities' access to critical services, including information, healthcare, social services, and economic support programs. As many services transitioned online, Roma families also faced difficulties completing necessary procedures, which further isolated them and exacerbated the challenges that they faced during the pandemic.

As evidenced by the results presented, community-based strategies emerged as pivotal for mitigating all these challenges faced by Roma people during the COVID-19 pandemic. Therefore, public policies aiming for such transformation can draw on these findings and incorporate the community into their design process. Strong community networks, mutual aid, and the role of mediators, especially those from within the Roma community, played a critical role in supporting families through the crisis. These strategies illustrate the importance of involving Roma community members in designing and implementing policies and interventions. If the goal is to address the deep-rooted inequalities faced by Roma communities, comprehensive and inclusive policies must be designed with Roma, not merely for Roma. These policies should not only target the immediate effects of the pandemic but also address the root causes of marginalization and discrimination that have long affected Roma populations. Several key recommendations emerge from this study. To improve digital access and education, targeted initiatives should provide digital devices, reliable internet access, and culturally sensitive educational resources that recognize and respect Roma culture and history. In the healthcare sector, policies must address the specific barriers faced by Roma, including providing intercultural competency training for healthcare professionals and improving outreach and communication with Roma communities. Ensuring the accessibility of healthcare services is a critical priority to guarantee that Roma individuals can receive the care they need. Governments must also intensify efforts to combat structural racism across public systems, which became more evident during the pandemic. Implementing robust anti-discrimination laws, promoting diversity and inclusion in all sectors, and fostering dialogue between Roma and non-Roma communities are critical steps toward creating a more equitable society.

Future research should explore the long-term effectiveness of these community-based strategies and policy interventions, as well as expand the scope of studies to include other marginalized groups across different regions. By doing so, we can gain a deeper understanding of the transformative potential of inclusive and community-driven actions for mitigating the impacts of global crises such as the COVID-19 pandemic.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

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