



THE ROLE OF IPSS IN COMBAT TO THE COVID-19 PANDEMIC

LINO MAIA

Presidente da CNIS

President of CNIS

March 2020 will forever be a milestone in world history. The declaration by the WHO – World Health Organisation of the state of global pandemic caused by the new coronavirus – covid-19, on March 11th, due to its alarming levels of dissemination and propagation, required the governments of nations to take stringent containment and mitigation steps that began a process of great change in the way societies were organised until then.

The Portuguese Government, even before the declaration of a pandemic, took the first steps to contain the outbreak, such as suspending events with more than 5,000 people, flights to Italy – where the outbreak was most active – and visits to elderly people in residential structures in some regions of the country. The days that followed were marked by new decisions: in the context of a pandemic, at a meeting of the Council of Ministers, a set of “Extraordinary measures to contain and mitigate coronavirus” were decreed.

Gradually, the steps were defined, and their implementation expanded. Within four days, the suspension of visits to users in homes throughout the national territory was extended and the suspension of academic and non-teaching activities with the presence of children in teaching establishments and in early childhood support facilities (including day-care, family day-care centres and nannies) or disability and social support activities carried out in occupational activities centres, day centres and leisure activities centres. To reduce social contacts, namely group activities, temporary suspension of the activities was also advised in the social responses of the Service and Social Rehabilitation Centre for People with Disabilities (the activities aspect) and the Conviviality Centre. Faced with a flood of new needs, over a weekend, the Institutions of the Social and Solidarity Sector were encouraged to review, once again, their entire form of organisation and functioning. From the reorganisation of their way of working, with in-house care and services of responses whose activity was suspended, but whose needs demanded that they continue to be provided for many of its users without family support, through the constitution of new work teams, to the communication

of all changes to users and their families. Institutions thus faced with a set of new and demanding challenges that they had to respond to very rapidly.

Even prior to the measures decreed by the Government, the Institutions drew up and implemented demanding contingency plans that, either due to the need to adapt to the guidelines received from public entities, or due to the difficulty of operationalizing some of the actions set forth therein, namely as far as replacing or strengthening their work teams, required a permanent process of review and adaptation. The guidelines transmitted were many and diffused, not always consistent with one another, requiring an increased effort of interpretation and adaptation.

In view of the context, many workers were involuntarily prevented from working because they were considered “people at risk” or because they had to provide follow-up to children under 12 (although they were later considered professionals in essential services and Institutions’ directions could deploy them for work, with each grouping of schools having an educational and/or social support establishment that ensured the reception of the children of these workers). Managing people has become an even greater challenge than usually seen in Institutions and evidenced the resilience and dedication of these professionals. Telecommuting – a new reality for most Institutions and workers, who looked at this form of work with suspicion, resulting from ignorance – was the solution for all who, involuntarily prevented from working in the field, had duties compatible with this modality, and whose experience identified it as a possibility to be explored in the future. The remaining workers, directly related to the provision of care and services to users, were replaced, firstly by colleagues from other social responses (in situations where the Institutions developed other responses, temporarily suspended, namely early childhood support and people with disabilities), but also by volunteers or new people hired in the meantime. Difficulties in recruiting qualified personnel, usually very heavy in the sector, have aggravated in this context of pandemic, mandatory confinement and fear of exposure to a high risk of contagion. However, volunteering also took on growth – civil society mobilised and constituted a pool of volunteers, which sought to fill in the gaps, but faced challenges in meeting the needs of demand and the features of supply. Training people who came to reinforce work teams, very rarely or almost never, was carried out prior to them taking on their duties. Theoretical knowledge, good practices and internal work procedures (also subject to revision due to necessary adaptation to the guidelines of health authorities) were transmitted in a practical work context, in a training-action methodology, by professionals from the teams of the institutions. Routines have changed, the teams have changed, and the teams have moved to the institutions. For fear of contagion, proper, of users and their families, thousands of workers began to “live” within the Institutions, deprived of their homes, their families and their

right to rest. Mirror teams were set up with work shifts of 8 to 12 hours, ranging from 3 to 14 consecutive days. The emotional management of workers became a priority. Managing fear, doubts, anxiety, pressure and fatigue, simultaneously with the crucial reinforcement of their motivation, were tasks shared by management, technical teams and peers.

The new reality and new guidelines from health authorities dictated the need to adjust the provision of care and services to users. In addition to the usual personal protective equipment and hygiene and safety care, which have always been present and used, there were others that limited, between users and between workers, the contact, interaction and proximity that are typical of and distinguish the provision of care and services in Institutions, namely for the elderly, dependents and people with disabilities. They were meant to become barriers to the virus, but they did not prevent this care from being provided with the usual professionalism, humanity, attention and dedication. The routines of social responses changed. To meet needs, some exchanged the Institutions' own spaces for users' homes, to secure basic auxiliary health and well-being care, food and hygiene. Others, albeit developed in the usual facilities, are now "confined" to certain spaces, obeying circulation and access circuits and taking place at revised schedules based on the necessary constitution of small groups. Group activities that favoured interaction between users were cancelled and, where possible, replaced with individual stimulation actions, wings were reorganised according to the risk level of users, those who tested positive were isolated, and contacts with the outside world were limited to the strictly necessary, always in accordance with strict preventive measures.

All changes in the way in which care and services are provided to users, long associated with the suspension of visits to users in residential units, the change in routines, the impediment to their free movement, the limitation of contacts between users and between them and the workers caused doubt, fear, anxiety and stress to users, with an impact on their health and biopsychosocial well-being. The study promoted by CNIS in partnership with the Polytechnic Institute of Bragança, on "Mental Health in the Population of CNIS Member Institutions", whose main conclusions were recently presented, shows that "89% of the Institutions believe that the mental health of professional teams has an impact on the mental health of users", also stating that "*more than 80% of the institutions noted cognitive, sensory and motor losses in users, namely loss of autonomy in locomotion, greater demand for care and aggravation of existing cognitive losses*". Such scientific evidence will certainly be deepened, given the importance of its clarification.

Throughout this context, and not very used to being under the media spotlight, the Institutions became the object of wide media coverage and subject to public assessments, in most cases coated with ignorance about its duties, attributions, responsibilities and forms of organisation and functioning of the Organisations of the Social and Solidarity Sector. Public scrutiny soon rushed to report positive cases, the limitations of human resources and the “inability” to provide health care, “forgetting” to quantify the representativeness of these positive cases, the source of many contagions, the reasons for work teams to be reduced and exhausted, the obligations of Institutions regarding the provision of health care, the obligations, namely, on primary health care in the follow-up of users in residential responses, Institutions took preventive steps much before the recommendations and guidance from public entities, the hundreds of Institutions without positive cases and the very good work that was done by such Organisations.

Added to this media pressure on Private Social Solidarity Institutions were the needs and obligations of communication and simultaneous articulation with a number of interlocutors from different entities. Firstly, and from an internal perspective, with workers, users and their families – either in view of establishing a new form of communication and contact between them, due to the impossibility of visits, with technology allowing to shorten distance, bridging the hugs that one could not give; or in providing information on the preventive measures that were being adopted and on the health and well-being of their family members. From an external perspective, with the local community, the municipality, social security and local, regional and national health authorities, and with the representative entities and crisis management committees since established. The information received by Institutions was vast, from different entities and not always coincident. On the other hand, they were asked to provide the same information, with very short response times, by more than one interlocutor, overloading the management and technical teams.

In this context of pandemic and great uncertainty as to its duration, the mandatory confinement periods brought about the suspension of the functioning of social responses, with the consequent loss of income from family contributions, and aggravated its costs, highlighting the financial fragility in which these Institutions live and survive, contributing to an increase in their financial gap. The acquisition, in a first stage, of personal protective equipment well above the usual market values, reinforcement of work teams and payment of overtime work, domiciliation of care and services, implementation of contingency measures and changes in work processes resulted in additional costs that institutions were not prepared for. Prices have stabilised, but the needs for which they are used have not diminished. Despite the acknowledged commitment of the MTSSS – Ministry of Labour, Employment, Solidarity and Social Security in defining support measures, such

as Lay-Off, MAREESS – Measure to Support Emergency Strengthening of Social and Health Equipment, and others that allowed minimising the challenges felt in areas such as human resources, training and personal protection equipment – with the signing of Protocols between the MTSSS and the OSSSS – Representative Organisations of the Social and Solidarity Sector, with a view to reopening the suspended social responses, and in Cooperation – namely with the determination that the amount of the financial contribution from social security due to the institutions, in the responses that were suspended, remained unchanged until June 30th, 2021, compared to the figure for the month of February 2020, if the frequency registered was lower than in that month – the weaknesses felt by the institutions are many, in fact, and the support was manifestly insufficient, covering only a few social responses. This support was far from covering the Institutions’ needs and did not materialise in liquidity to face the increase in expenditure.

This pandemic is not over. The uncertainty remains. The residential structures were the first to receive vaccination – now its boost – but the teams do not have the opportunity to “rest”, otherwise the bill will be too high.

With no end in sight, it is time to look at the recent past, present and future, which will not return to the reality and “normality” known before, so that one can outline, in a critical, structured and sustained way, strategies, measures and concerted action to be implemented in and by the Social and Solidarity Sector. The next few years appear to be of deep crisis, thus the Institutions of the Social and Solidarity Sector will be even more, and as usual in critical periods, called on to intervene and respond to the needs of those who saw their incomes decrease or lost their jobs and of those that, already in a situation of social vulnerability, got worse or went into a situation of poverty. There is an urgent need to rethink public policies for social aid and reinforce the ability of Institutions to intervene to solve social issues, as agents promoting the effecting of citizens’ rights to social protection.

This context unequivocally demonstrated the need to review not only the State’s model of financial contribution to Private Social Solidarity Institutions, but also how they intervene and relate. It is important to recover the Cooperation Pact for Social Solidarity, signed in 1996, and outline new models of cooperation and effective articulation between the different State bodies that intervene in Institutions, local public entities such as Municipalities and Boroughs, and Organisations of the Social and Solidarity Sector and the private sector (market). As this pandemic has shown, only joint work between the Entities that make up the triangle - State (including local

administration), Social and Solidarity Sector Organisations and Private Sector – may be truly effective in building a more participatory, inclusive, fair and developed Society.

In an internal reflection, this period also exposed the weaknesses of Institutions, acknowledged by them, which, despite having been worked on in recent years, still need improvement, reinforcement, systematisation and consolidation. Improving the system of remuneration, rewards and career progression that allows recruiting and retaining qualified professionals and build multidisciplinary teams; developing training programs tailored to the needs and type of Institutions and workers; strengthening the technical skills of managers with a view to greater professionalization of management; creating or improving internal and external communication channels, methodologies, procedures and tools; maintaining permanently active teams and action plans in crisis situations and appointing responsible persons, regular practices and mechanisms for articulation within and among institutions, are the main areas requiring more attentive and structured intervention, to allow Social and Solidarity Sector Institutions to not only improve and develop their action, but also consolidate and reveal their role and their importance to the community, transparently and unequivocally.

This is (because it is not over) an experience (which we all want without repetition) of which it is critical that we make a concrete, critical and proactive assessment, to reflect on the countless opportunities for improvement that allow, in view of (re)thinking the future, implementing new forms of organisation and work, outlining faster and more effective response mechanisms, that can be improved and adjusted at any time to the evolution of the context, allowing to reduce reaction times and effectively activate the articulation networks, namely places that were undoubtedly perfected and sedimented. On the other hand, this assessment will demonstrate what the Sector has been perpetuating in the country for years: the intense and unsurpassed performance of IPSS, their capillarity, which makes them go where (almost) no one goes, ensuring that those in need are supported. Yesterday, today and always, IPSS are where they are needed to respond to those in need, people, users and the community. IPSS make an invaluable contribution to social cohesion.

Reflecting on the role that IPSS have in social cohesion, territories and their populations... IPSS typically respond to needs that populations identify and experience in their daily lives, providing services and managing social facilities while locally contributing to the solution of employment problems.

Regardless of their legal nature, the reasons that led to their constitution and the purposes they pursue, IPSS act based on a common framework of values, and their action is substantiated by the interrelationship between: solidarity, proximity, diversity, inclusion, participation, subsidiarity and perseverance. The human dimension, citizenship, social and economic usefulness, as well as territorial capillarity and proximity to people, combined with the ability to bring together diverse interests, mobilisation, innovation and an entrepreneurial spirit are in the DNA of Institutions. Unequivocally contributing to social cohesion, it is these features that make each institution a preponderant agent for sustained economic growth, serving people and communities, adapting responses to their needs and expectations.

The social bonds established, geographical proximity, access to “public” civil space through the development of civic participation and partnership with the State, configure the specificity of IPSS and, naturally, the activities and projects of these Institutions. The civil nature of IPSS allows not only for the representation of the interests of the most vulnerable groups, but also, by liaising with the populations they serve, to become, according to Luís Capucha, “*decisive instruments in the territorialisation process of social policies*” (Luís Capucha, *Solidarity*, 07/31/98, p. 42). It is precisely in view of the assertion of social and regional singularities that political measures can be applied locally.

According to data from the last report of the social charter (2018), of the 71.3% non-profit entities that own the social equipment services network, 61.3% were entities of the Social and Solidarity Sector (IPSS, equivalent and other private non-profit organisations). Together, the non-profit entities of the solidarity and public network were responsible for 83% of the 11,500 social facilities in operation, which confirms the importance of these sectors in terms of social protection for populations. In the previous year, the same report had already demonstrated the relevance of the Social and Solidarity Sector in the social protection system, showing, for example, that IPSS had equipment for children and elderly people in 70.8% of the total number of boroughs in Mainland Portugal, and were the only entities with such responses in 27.2% of boroughs.

These figures demonstrate the capillarity and proximity of the Institutions and strengthen the importance of Solidarity, based on mutual responsibility between the members of a community, reinforcing the social bonds that unite them for the common good in achieving the purposes of cooperation: a balanced response to social issues, based on complementarity between the responsibility of the State and the initiative of civil society, translated into a commitment between the State and institutions in making decisions that guarantee adequate, effective and close social

protection to citizens, considering their level of intervention. Always from a perspective of balance and respect for the autonomy and identity of the Institutions and accepting that, subject to compliance with applicable legislation, IPSS carry out their activities in their own right and are inspired by their axiological framework, provided for in 1996 in the Cooperation Pact for Social Solidarity. The law ensures freedom and autonomy of institutions and establishes that cooperation between the State and the Social and Solidarity Sector consists of a relationship of partnership and loyalty, with the aim of developing a procurement model based on the sharing of common goals and interests, as well as division of obligations and responsibilities (Decree-Law no. 120/2015, June 30th).

Based on their civil character and the close connection with the populations they serve, one of the main specificities of IPSS is focusing on the way in which they articulate the social and economic aspects, with the aim of making a development project that they tend to continuously adjust to the supply and demand for social support services. As public micro-spaces, IPSS foster social relations and dialogue between providers and users, necessary for the emergence of proximity services through the joint construction of supply and demand. The joint construction of proximity services that respond to local needs favours the building of trust and contributes to develop a sense of belonging to a community. Hence, it is absolutely critical to open IPSS to the community based on transparent and effective exchange of information. It should also be noted that the activity of IPSS not only benefits users, the local economy and job creation, but also has a significant impact in terms of social benefits that relate to the well-being of a wider population, namely family members and people close to users, thus contributing to strengthen social cohesion.

A CNIS study on the “Economic and Social Importance of IPSS in Portugal”, carried out by the Catholic University –Regional Centre of Oporto, in 2017, reviewed a facet of the social and economic importance of IPSS, which is the multiplier effect they have in their local economies, because they capture income locally from public funding, donations and other sources, which is then used to pay the salaries of workers residing in their territory and pay local suppliers for goods and services. The study data allow concluding that each euro raised by an IPSS for its municipality is multiplied, on average, by at least 4.218 euros. This means that 1 euro circulating in the local economy generates an increase in income of more than 4 times that value.

The main facet of the social and economic importance of IPSS is to provide social support goods and services to people who need them and cannot pay for them at a price that covers their cost. As such, IPSS are seen as a key element in the strategy of territorial development and social

inclusion of the territories in which they are located, contributing sustainably to the correction of socioeconomic imbalances.

The administrative change of the country's map, namely through the process of merging boroughs – increasing the territorial scale, but moving the nucleus away from the periphery – reinforced this role of Institutions, which no longer have competition in the sphere of public organisation, in this approximation to citizens. In many places, from the point of view of employment and care for the population, they are still the ones that maintain the viability, albeit precarious, of these communities.

Sensitive to the country's desertification process, the abandonment of the interior by populations, the aging of these communities, the closure of public services, both a cause and a consequence of this human desertification of the interior periphery of Portugal, IPSS may take an even more critical role in these territories. A differentiated and asymmetric model of cooperation between the Institutions and the different services, public or of general interest, will be considered, based on contracted forms on a case-by-case basis, so that they can ensure the provision of services that are no longer provided by their typical providers. It should be noted that with many institutions operating 24 hours a day, such as equipment with residential units, it would be possible, for example, to maintain a reception desk and distribution of mail in the event of extinction of a post office or, in the event of closure of a health centre, possible provision of nursing care, clinical care or blood collection for analysis on their premises. However, implementing this concept would require the State services to abandon the design of IPSS staff complemented and linked exclusively by social response, enabling the flexible management of human resources, compatible with the differentiated nature of new potential competencies or attributions.

Also in this perspective, and as agents for promoting local social development, IPSS see as an area for the expansion of their activities, initiatives that bear the principles of social innovation, in the sense of restoring vitality to the interior of the country.

In some way, the functioning model of new competences in this framework could replicate a model of deep tradition in rural areas, in the interior of the country, which still exists in some communities and has a broad-spectrum profile in the list of its activities: the Houses of the People. It would not be a question of reconstituting this former corporate body with legal autonomy, but of configuring a matrix for the functioning of an atypical establishment, within an existing IPSS –

not as a kind of branch or delegation, of public services, but to discharge its own competences, by legal attribution or by contract.

It is thus urgent to delineate new models of cooperation between the State, as a financing and normative entity of Institutions, but also as responsible for defining social policies, local public entities such as Municipalities and Boroughs, Solidarity Economy Organisations and the private sector (market). Only joint work between the entities that make up the triangle – State (including local administration), Solidarity Economy Organisations and the Private Sector – can be truly effective in building a more participatory, inclusive, fair and developed society.

Communication, partnership and cooperation among institutions seem to be key words in the joint design of integrated strategies for local development based on the actual needs of the territory that respond effectively and sustainably to a more global strategy for regional, interregional and national development.

According to article 81 of the Constitution of the Republic, it is primarily the responsibility of the State, in the economic and social sphere, to promote the increase of social and economic well-being and the quality of life of people, especially the most disadvantaged, within the framework of a sustainable development strategy.

If institutions arise from the community's initiative to respond to their needs and provide goods and services that ensure the achievement of their social and citizenship rights, the State is co-responsible for their sustainability, as institutions are the instrument of the State in social protection.

In this context, institutions, as important agents of development, thinking globally to act locally, also count on a perspective of networking and cooperation, with the participation and active role of all organisations/entities, people – workers, users and families – and the community itself, in a perspective of mutual collaboration, to design, plan, execute and assess their intervention, with true involvement and commitment of all.

Co-sustainability is, according to José Alberto Pitacas, sustainability through cooperation. *“Since the social economy is a place where cooperation relations take precedence over competitive relations, it is important to refocus the place of cooperation in the governance and management of social economy entities, to overcome the enormous challenges they face. The answer to these challenges involves creating cooperation and relationship networks between entities from the same*

family, or from other families in the social economy, preserving their specific identity, their local base, in articulation with the closest communities, their proximity action, but gaining scale and technical, human, economic and financial ‘muscle’”.

The very IPSS Statute emphasises this importance, stating that “*institutions may establish with one another forms of cooperation aimed, in particular, common use of services or equipment and development of social solidarity actions, of equally common responsibility or under a complementarity scheme*”. Inter-institutional articulation and work in partnership thus arise as an important path to be followed.

Having an essential role in social and local development, institutions face major challenges, as if they were wagers, which will allow them, today and in the future, to consolidate their presence and indispensable character in societies. From the outset, the result of technological evolution, and the inevitable transition that must take place, creating constant stimuli, namely in terms of capacity building for the organisation and its physical and human structure, with a great need for training of its workers and managers. Leaders are required to have management skills, due to the mission they fulfil. Good management practices are, and should be, an important motto for sharing, interaction and inter-institutional articulation. Proximity support should be based on strengthening the existing articulation between local entities (namely, local authorities, health and education services, social and solidarity sector institutions) with the aim of concerting strategies and efforts to develop the territory and promote the rights of citizens.

These challenges also include differentiation in the quality of services provided, promoting internal effectiveness and efficiency and the adoption of new models of organisation and financing, which, without losing focus on their mission, create new sources that allow, simultaneously, to respond to needs of the community in which they are inserted and make their functioning viable, as long as this is necessary.

Despite the greatness of these challenges, the social and solidarity sector has in itself all the conditions to overcome them.

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