**Department of Extension Family and Consumer Sciences**

**Quarterly Newsletter**

**March 2013**



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**What’s in a Name? The NMSU Food Protection Blog**

Sonja Koukel, Ph.D.  
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Wikipedia defines a blog as a discussion or informational site published on the Internet and consisting of entries ("posts") typically displayed in reverse chronological order (the most recent post appears first). Until 2009 blogs were usually the work of a single individual, occasionally of a small group, and often covered a single subject.

Blogs serve many purposes:

* Provide commentary on a particular subject
* Function as an online diary
* Provide brand advertising of a particular individual or company

The NMSU Food Protection blog is an informational site. It is an online tool used for accessing current and archived resources. The blog concept was conceived following the 2012 Cooperative Extension In-service held in Albuquerque. Prior to the In-service, county agents were made aware of all government and industry food recalls/allergy alerts via email messages sent to their university mailboxes, most often, by Extension Specialists. The agents asked for a database where the notifications could be accessed by the public and archived for future reference.

It was the ACES Educational Media Productions professionals who took the initiative in creating the blog for Extension. The blog was launched in April 2012. It was featured:

* on the NMSU website homepage,
* on KRWG,
* in the Albuquerque Business Weekly, [www.bizjournals.com](http://www.bizjournals.com)
* in the Phoenix Business Journal,
* in the Las Cruces Sun News, and
* on 101 Gold FM radio station.

Plus! The USDA Food Safety and Inspection Media Supervisor, Dirk Fillpot, made a direct call and asked to have the FSIS Twitter feed alerts added to the NMSU blog!

The Blog is available at <http://nmsufoodsafety.blogspot.com/>

It is maintained by the Southwest Border Food Safety and Defense Center staff. Posts are continuously updated following notification of food recalls/allergy alerts affecting NM and surrounding states: Arizona, Colorado and Texas. A Search tool allows users to use key terms to find archived posts. For example, entering “e. Coli” into the Search bar results in five postings.

In April 2012, there were 252 visits to the blog compared to 732 in January 2013. All time history (April 2012 to present) is 8,592 total visits from an international audience consisting of the United States, Russia, France, United Kingdom, Germany, Philippines, Ukraine, China, Latvia, and South Korea.

Don’t let the name “Blog” put you off from using this valuable tool. Add the URL to your newsletters. Share it with your County Food Alliance members and the general public. It was created for YOU!

**Stomach Flu? No – It’s Norovirus**

Sonja Koukel, Ph.D.  
Community & Environmental Health Specialist

December 2013 – The New Mexico Department of Health has confirmed that cases of norovirus have been occurring around the state. Every year 70,000 people are hospitalized and 800 deaths are caused by the virus. This year confirmed laboratory cases are 63% higher than the number reported at this point last year. Estimates suggest that this means that, in total, there have been well over a million cases of norovirus in the 2012–13 outbreaks.

The strain, identified as Sydney 2012, was first reported in Sydney, Australia, last March and has spread to Europe, Canada and now the U. S. The number of affected individuals in NM is so great that the NM Environmental Health Department facilitated a Norovirus Conference in February 2013. The reason this bug is particularly contagious is because no one is immune to the unique combination of two strains of this year’s norovirus.

No deaths have been attributed to these infections, but several hospitalizations have occurred. The NM Department of Health is recommending that everyone take precautions, especially around the very young, elderly and immune-compromised who are at risk for more serious illness due to norovirus infection.

“Washing your hands is one of the best ways to protect yourself from norovirus,” said State Epidemiologist Michael Landen, M.D. “If you have norovirus infection, stay home to avoid passing it on to others and definitely keep away from people in long-term care facilities.”

**Is it the flu or is it a norovirus?**

The norovirus is often mistakenly referred to as the “stomach flu.” The most common symptoms include nausea, repeated vomiting, severe diarrhea, and stomach cramping. The flu (or influenza) is a respiratory illness caused by influenza virus. Flu symptoms start with the abrupt onset of fever, headache, fatigue, and body aches. Symptoms of vomiting and diarrhea are not associated with influenza.

**How do people become infected with noroviruses?**

Norovisruses are oral-fecal transmitted diseases. The virus particles are found in the stool and vomit of infected people. The viruses are very contagious with infection occurring in several ways:

* Food – eating food or drinking liquids that are contaminated.
* Hands – touching contaminated surfaces or objects (e.g., carpets, toilets, and doors) and then placing hands around or in the mouth. Studies have shown the virus to survive for up to 12 days on hard surfaces.
* Person to person – having direct contact with another person who is infected. For example, when caring for, or sharing foods or eating utensils with someone who is ill.
* Airborne –being exposed to aerosolized vomitus (droplets that can be spread in the air).

**Can noroviruses be prevented?**

There is no vaccine to prevent norovirus infection and no drug to treat people who are infected. Antibiotic drugs are ineffective because they fight against bacteria, not viruses.

Decrease your chance of coming in contact with noroviruses by following these preventive steps:

* Wash your hands – frequently!
  + Especially after toilet visits, changing diapers, and before eating or preparing foods.
  + Wet your hands with warm water before adding soap. This opens the pores and allows the soap to get into the skin.
  + Wash your hands with soap. New research has found hand sanitizers are not affective in killing the virus.
* Wash fruits and vegetables before eating.
* Use a bleach-based household cleaner to clean and disinfect contaminated surfaces thoroughly and immediately after an episode of illness (e.g., toilets, walls). Bleach is the only product that will kill the virus.

Persons who are infected with norovirus should not prepare food while they have symptoms and for at least 2-3 days after they recover from their illness. Food that may have been contaminated by an ill person should be disposed of properly.

Resources: [www.cdc.gov](http://www.cdc.gov) and [www.fda.gov](http://www.fda.gov)

**Is Phosphorus the New Trans Fat?**

Carol W. Turner, Ph.D., R.D., L.D.

Food & Nutrition Specialist

During the 2012 Academy of Food and Nutrition’s Conference and Expo I attended a presentation titled “Is Phosphorus the New Trans Fat?” by Dr. Geoffrey Block and Janeen Leon M.S., R.D., L.D. Most of the presentation focused on patients with impaired kidney function who require dialysis to process the toxins that our bodies produce. Individuals on dialysis are required to monitor phosphorus levels as well as other electrolytes in their diets which are common knowledge to those who have worked with renal patients. What did catch my attention was the research that was presented linking a high phosphorus intake with heart disease in healthy people.

**Link between high phosphorus intake and heart disease.**

According to Dr. Block, our bodies have a protein called FGF-23. Eating a diet high in phosphorus raises the levels of FGF-23. High FGF-23 levels have been shown to cause an enlargement of the muscle lining of the wall of the heart, ventricular hypertrophy, which is a risk factor for heart disease. The link between phosphorus intake and heart disease is still in the early stages for the general healthy population, but certainly warrants additional study.

**So what is phosphorus?**

It is a mineral found naturally in a wide variety of whole foods such as eggs, dairy products, meat, poultry, seafood, beans, and nuts. We need to consume it in our diet so that our bodies can carry out essential functions such as:

* building strong bones and teeth,
* storing and using energy, and
* manufacturing our DNA.

We absorb about 60% of the phosphorus that occurs naturally in plant-based foods and about 80% of that found in animal products. For healthy individuals, this is not the phosphorus we need to worry about consuming. The form that is of most concern to us is that which is found in food additives – added to processed foods to extend shelf life, improve flavor and preserve moisture and color among other things. In this man-made additive form, our bodies absorb 100% of the phosphorus consumed.

**Where is phosphorus found?**

Although phosphorus-content is not required to be listed on the Nutrition Facts label, you will likely be able to locate it on the ingredient list of any packaged food you buy. Some examples include:

* dicalcium **phos**phate
* monosodium **phos**phate
* potassium tripoly**phos**phate
* pyro**phos**phate
* tetrasodium pyro**phos**phate and . . . the list goes on.

**Look for “phos” on the ingredient list and limit**

A good rule of thumb for the consumer is to look for any ingredient with “phos” in it and limit those foods. Phosphorus additives are commonly added to ready-to-eat foods such as:

* Meats/Poultry/Seafood
  + Processed items such as chicken nuggets, hot dogs, deli meats, crab
  + Items enhanced with a broth solution such as quick frozen chicken, turkey
* Bakery products
  + Biscuits, snack cakes
* Cheeses
  + Processed and spreadable cheeses
* Instant products
  + Puddings, sauces
* Beverages
  + Colas, flavored waters, fruit drinks

**Bottom line**

While there needs to be further research done in the area of phosphorus and heart disease before a link is conclusive, it seems prudent to limit your intake of this additive now. I am not recommending that you avoid all foods with these additives, but suggest that you start reading food labels. You may be consuming a lot more than you think!

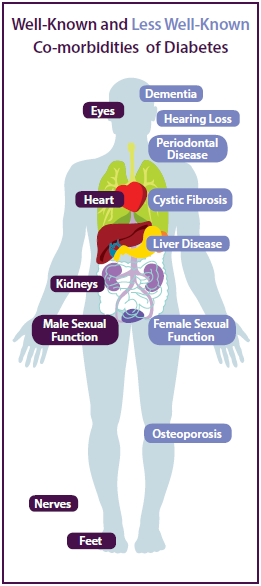
**Lesser Known Complications of Diabetes, Part 1**

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Extension Diabetes Coordinator

You have probably heard that uncontrolled diabetes damages the heart, kidneys, eyes, feet, nerves, and male sexual function. However, many people with diabetes suffer from other complications that are not as well-known. This article briefly discusses the relationship between diabetes and hearing loss, periodontal disease, and dementia and offers some suggestions for caring for patients with these complications.

**Hearing Loss:** People with diabetes are more than twice



as likely to have hearing loss as people without diabetes.

Data suggest that one-third of adults ages 50 to 69 years

with diabetes have difficulty hearing low or mid-frequency

sounds and that 70% have high-frequency hearing

impairment. Unfortunately, only 1 in 5 individuals who

could benefit from a hearing aid actually wear one.

Hearing loss can make it challenging for people to learn

how to manage their diabetes, especially if they are unaware

of their hearing loss or choose not to mention it to their

health care educators. Here are some approaches that

educators can use to improve communication:

1. Ask, “Can you hear me?” when first meeting a patient.
2. Watch for clues that the patient might have difficulty

hearing:

* Frequent requests to repeat information.
* Responses that do not match the question asked.
* Short answers.
* Limited participation in group classes.

1. Make sure the patient has an unobstructed view

of the speaker’s face in individual and group settings.

1. Minimize background noise.
2. Ask the patient to rephrase what has been

said to make sure the information was received.

1. Give written information to reinforce what was said.

Make sure it is at a reading level the patient can

understand.

**Periodontal Disease:** People with diabetes are more likely to have oral health problems. One of them is periodontal disease, which attacks the gums and bone that surround and support the teeth. People with diabetes are two to three times more likely to have periodontal disease. The relationship between periodontal disease and diabetes works both ways—periodontal infection is associated with poorer blood sugar control in people with diabetes, and people with poorly controlled diabetes are at higher risk of periodontitis.

Patients with diabetes should have regular medical, nutritional, and dental evaluations. Dental care is recommended every 3-6 months, depending on the individual’s periodontal health. People with diabetes should, at a minimum, brush twice and floss once daily. Patients must be taught how to maintain good blood sugar control to manage their diabetes and minimize the risk of oral disease.

Patients with diabetes should eat something with a balance of carbohydrate, protein, and fat at least one hour before dental appointments to avoid hypoglycemia. Some procedures may cause oral pain and affect eating for several hours or days. A soft or liquid diet may be required during recovery. Patients should discuss in advance how procedures may impact their food intake. Communication between the diabetes team and the dental team is essential to provide consistent messages to the patient.

**Dementia:** Dementia can affect memory, reasoning, language, behavior, and thinking. Diabetes is linked to vascular dementia (VD) and Alzheimer’s dementia (AD). VD is caused by small strokes that damage discreet areas of the brain. It may be prevented by avoiding tobacco and controlling blood pressure and diabetes.

Research is being done to better understand the relationship between diabetes and AD. A study in the *British Journal of Psychiatry* indicated that diabetes not only increases the risk of developing cognitive impairment and dementia, but it also increases the risk of progression of cognitive decline. Other studies support that multiple factors are involved in people with diabetes developing AD, most of them related to poor blood sugar control. There is still a lot of controversy regarding the nature of cognitive decline in diabetes and what approaches may slow or prevent cognitive decline.

For now, health professionals should encourage patients with diabetes to manage their blood sugars, avoiding extreme variations in glucose concentrations, as they may worsen cognitive decline. They should watch for signs of cognitive decline, such as inexplicable problems following the treatment plan or evidence of memory lapses. If there is a concern, simple cognitive assessments are available and recommended to help identify patients with cognitive decline. Early identification and treatment may delay cognitive decline and allow the patient to manage his or her own care longer.

From: Less Well-known Co-morbidities of Diabetes. *On the Cutting Edge*. Winter 2012, Volume 33, Number 6. *On the Cutting Edge* is a peer-reviewed publication by the Diabetes Care and Education dietetic practice group of the Academy of Nutrition and Dietetics.

**Safe Enough**?

Nancy Flores, Ph.D.

Extension Food Technology Specialist

When it comes to food safety, when is a food safe enough to eat? We consume foods and ingredients from all over the world and conversely the US provides food and ingredients to consumers worldwide. With this in mind the US Food and Drug Administration (FDA) has adopted an approach to food safety to include an assessment of risk which will be implemented as a result of Food Safety Modernization Act (FSMA, 2011).

Risk assessment has a very specific application to evaluate collected data and information that is then entered into a database to calculate a value of risk. This type of analysis requires years of data collection so that norms as well as extreme actions are considered. As an example, think of an insurance company issuing a car insurance policy. The company will evaluate many factors or conditions before issuing the policy. What is the risk of issuing a policy to a driver in Las Cruces between the age of 16 to 25 male driver compared to a female driver in the same age group? What is the risk of these drivers compared to an older driver living in smaller city having no citations or driving violations? However, if the older driver has displayed risky behavior or poor driving skills, then the younger drivers would be considered safer and less risky to insure. The assessment of risk of an individual behavior or practice is compared to similar practices based on years of collect data with a known outcome.

There are very sophisticated risk assessments that have been done to determine the likelihood of illness associated with specific types of foods and hazards such a particular type microbial contamination. An example of a risk assessment that has been done to determine the likelihood of an illness if a person eats listeria contaminated fresh cheese. This assessment is only applicable to fresh cheese and cannot be used for processed, aged or any other type of cheese. What can be extrapolated from this type of assessment are the conditions or factors that are considered in the assessment to determine the level of risk.

The FDA conducted a qualitative risk assessment of farm related food processing activities that would be considered low risk. This was done to satisfy requirements of the FDA Food Safety Modernization Act (FSMA) to conduct a science-based risk analysis and to consider whether to exempt small or very small businesses that are engaged only in specific types of on-farm manufacturing, processing, packing, or holding activities. The FDA risk assessment identified the following as low-risk activity/food combinations that are EXEMPT from the requirements of sections 418 (risk analysis) and 421(mandatory inspection) of FSMA, but these activities may be regulated under a state statute:

* Making hard candy, fudge, taffy, toffee;
* Making cocoa products from roasted cocoa beans;
* Making honey;
* Making jams, jellies and preserves from acid foods (e.g., acid fruits);
* Making maple syrup;
* Making soft drinks and carbonated water;
* Making sugar from sugarcane and sugar beets;
* Artificial ripening of intact fruits and vegetables;
* Boiling/evaporation of maple sap to make maple syrup;
* Coating intact fruits and vegetables (e.g., caramel apples) and coating peanuts and tree nuts (e.g., adding seasonings);
* Chopping peanuts and tree nuts;
* Cooling intact fruits and vegetables using cold air;
* Drying/dehydrating intact fruits and vegetables (without sulfiting), grains and grain products, peanuts and tree nuts, coffee beans, and cocoa beans;
* Extracting oils from grains (e.g., corn, soybeans, oilseeds);
* Fermenting cocoa beans and coffee beans;
* Grinding/milling/cracking/crushing grains (e.g., making grain products such as corn meal), coffee beans, cocoa beans, and peanuts and tree nuts (e.g., making ground peanuts);
* Labeling (including stickers) intact fruits and vegetables, grain and grain products (other than those containing wheat in a form that would not be recognized as containing wheat without a label declaration), intact single-ingredient peanuts or tree nuts (shelled and unshelled), honey, maple sap, maple syrup, sugarcane, sugar beets, sugar, coffee beans, cocoa beans, hard candy, cocoa products from roasted cocoa beans (other than milk chocolate), jams/jellies/preserves, and soft drinks and carbonated beverages;
* Mixing intact fruits and vegetables, grain and grain products, peanuts, tree nuts, honey, maple sap and maple syrup, coffee beans, and cocoa beans;
* Packing or re-packing (including weighing or conveying incidental to packing or re-packing) intact fruits and vegetables, grain and grain products, peanuts, tree nuts, sugarcane, sugar beets, sugar, coffee beans, cocoa beans, cocoa products, hard candy, fudge, taffy, toffee, honey, maple sap, maple syrup, soft drinks and carbonated water, jams, jellies, and preserves
* Packaging intact fruits and vegetables (other than modified atmosphere or vacuum packaging); grains and grain products; peanuts and tree nuts (including modified atmosphere or vacuum packaging); honey; maple syrup; sugarcane, sugar beets and sugar; coffee beans; cocoa beans; cocoa products, hard candy, fudge, taffy, toffee; jams, jellies and preserves; and soft drinks and carbonated water;
* Salting peanuts and tree nuts;
* Sifting grains and grain products;
* Shelling/ hulling intact fruits and vegetables (e.g., dried peas and beans), peanuts, tree nuts, and cocoa beans (i.e., winnowing);
* Sorting, culling and grading intact fruits and vegetables, grain and grain products, peanuts, tree nuts, sugarcane, sugar beets, sugar, coffee beans, cocoa beans, cocoa products, hard candy, fudge, taffy, toffee, honey, maple sap, maple syrup, soft drinks and carbonated water, jams, jellies, and preserves;
* Storing intact fruits and vegetables, grain and grain products, peanuts, tree nuts, sugarcane, sugar beets, sugar, coffee beans, cocoa beans, cocoa products, hard candy, fudge, taffy, toffee, honey, maple sap, maple syrup, soft drinks and carbonated water, jams, jellies, and preserves;
* Treating intact fruits and vegetables, grains and grain products, peanuts, tree nuts, coffee beans and cocoa beans against pests other than during growing, e.g., fumigation; and
* Waxing (wax, oil, or resin used for the purpose of storage or transportation) intact fruits and vegetables.

Adapted from DRAFT Qualitative Risk Assessment Risk of Activity/Food Combinations for Activities (Outside the Farm Definition) Conducted in a Facility Co-Located on a Farm (August 2012). Center for Food Safety and Applied Nutrition Food and Drug Administration U.S. Department of Health and Human Services.

**Other resources**

Risk Assessment:

<http://www.fda.gov/food/scienceresearch/researchareas/riskassessmentsafetyassessment/>

<http://www.michigan.gov/mdard/0,4610,7-125-50772-275514--,00.html>

FSMA:

<http://www.fda.gov/Food/FoodSafety/FSMA/ucm247546.htm>

**Health and Wealth: A Similar Approach**

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Family Resource Management Specialist

This year, the America Saves Week that ran from February 2013 to March 2, is followed immediately by the National Nutrition Month. While many may think that health and wealth are poles apart, they can in fact be very similar, especially with regards to issues and improvement approaches. These are a few of them –issues and solutions:

1. **Problems Develop Gradually:** According to USDA surveys[[1]](#endnote-1), American caloric intake has risen from 2,234 calories per day in 1970 to 2,757 in 2003. These 523 calories per day increase equals to a one-pound increase per week[[2]](#endnote-2). With the increase of sedentary lifestyles, the actual weight gain could be worse. Financial issues may start small by buying unnecessary things and succumbing to impulse purchase. Later on, we may need to borrow from others for a necessary purchase. Revolving credits will snowball into large debts with accumulation of interests and fees.



1. **People Fear Drastic Changes and Large Numbers**: Recommendations to save $1 million for retirement or to walk 10,000 steps per day may be so intimidating to many that they don’t even bother to attempt it. Just because you set high goals does not mean that you have to reach it in a matter of days. Working up gradually to reach experts’ recommendations is the way to go for most people. In fact, that is probably the most healthy and realistic way to approach these issues. To participate in a mini-marathon, people need to gradually increase training difficulty. People may also increase savings by bringing lunch bags from home instead of buying their lunch, provided that the saved money will be used for savings, and not purchasing something else.
2. **Lots of Technical Jargon:** All Natural vs. organic? HMO vs. PPO? S&P, DOW? Preferred Stock? Rebalancing investment? T-bill? Deductible vs. co-insurance? Let’s face it, health and wealth can be very technical with their terms. A slight misunderstanding of these terms may result in serious injuries or even death and loss of thousands of dollars. Food labeling, credit card Schumer Box, and regulations have been imposed by the government to reduce confusions for customers. Consumers can significantly help themselves by keeping abreast of main health and wealth issues.
3. **Need for Routine Check-Ups:** Preventative measures and screening tests are essential to detect health and wealth issues at early stages. In both health and wealth issues, early detection may save thousands of dollars and spare you from the stress involved. Although one may argue that health issues may be harder to detect, people may overlook the financial problem buildup. Medical screening tests include Pap smear, colonoscopy, vision, and ultrasound scans for various purposes. Wealth checkups include credit report check, investment progress, debt ratio, and budget auditing.

Many of the action items towards improving health and wealth are similar. In fact, they can be adopted concurrently.

1. **Track Your Current Habits**: Recognizing your current habit helps in finding ways to improve on your health and wealth habits. A budget is a popular financial tool to track current spending habit. For health, the use of pedometer, calorie counter[[3]](#footnote-1), food diary, and physical activity diary will definitely help determine current habits. Having your current habits in written form will significantly help you to refine your goals, devise strategies to meet these goals, and ask for S.M.A.R.T. advice from experts.
2. **Meet Yourself Halfway**: On one hand, we enjoy our morning latte and having lunch with friends at restaurants. On the other hand, we know that these habits may be costly and perhaps not healthy – to burn calories in a typical latte, you have to walk 38 minutes or jog 16 minutes non-stop[[4]](#endnote-3). Since going cold-Turkey is very challenging for many, suggested steps are eating half as much as you do (especially on the junk food), halve the latte visit frequency, increase water intake, and bring lunch from your last night’s leftover half of the time. Notice that some of these healthy actions will automatically save you money. A more direct way to save money include halving the time you go shopping and reducing your vacation budget by 40% by looking for deals.

Figure 1. Use apps and internet resources to facilitate health and wealth improvements



1. **Learn the Standards**: Among the things people need to learn are the recommended levels and standard in health and wealth. For instance, people need to know how big a serving of meat is, the weekly recommended period of physical activity at different rigorous levels, and recommended emergency funds. WebMD has a wallet size portion size guide on its website[[5]](#footnote-2).
2. **Small Remedies Make a Difference**: You are not on the Biggest Loser, such that you have to make drastic changes in a short period of time. With specific and realistic goals in mind, people can make small changes that lead to significant health and wealth improvements. Continuous improvements add up quickly like Compound Interest Rate, which Albert Einstein has famously referred to as the 8th wonder of the world. Examples of these seemingly small actions are using less butter and salad dressing, substituting cheese cake with fruits for desert, consuming less soda, taking the stairs, biking to work, automatically assigning an extra one-percent of your paycheck amount to retirement savings, and using money saved from want (unnecessary) activities to pay debt.

Figure 2. A serving of meat is NOT equivalent to a size 10 shoe

1. These similarities between health and wealth are focal points to promote these healthy behaviors in the [Small Steps to Health and Wealth](http://njaes.rutgers.edu/sshw/)® program. Besides a full curriculum, the program contains videos, posters, teaching materials, and quarterly competition with cash prizes. Check out the site (<http://njaes.rutgers.edu/sshw/>) for information on how to improve our health and wealth behaviors.

1. Golan, E. & Waquiu, H. (2005). Economics of Food Choice: Income, Price and Availability. USDA. Retrieved 21, from <http://www.csrees.usda.gov/nea/food/pdfs/roundtable_presentations_golan.pdf> [↑](#endnote-ref-1)
2. BMI Calculator <http://www.bmi-calculator.net/bmr-calculator/harris-benedict-equation/calorie-intake-to-gain-weight.php> [↑](#endnote-ref-2)
3. E.g. MyFitnessPal (<http://www.myfitnesspal.com/>)

   2WebMD Portion Size Guide <http://img.webmd.com/dtmcms/live/webmd/consumer_assets/site_images/media/pdf/diet/wallet-portion-control-guide.pdf> [↑](#footnote-ref-1)
4. CalorieKing Wellness Solutions, Inc. <http://www.calorieking.com/foods/calories-in-coffees-caffe-latte-whole-milk_f-ZmlkPTE1MjM5Ng.html> [↑](#endnote-ref-3)
5. [↑](#footnote-ref-2)