

8/17/90

This explains the
purpose and goals
of D.A.M.S. and
suggest means of
operation.

Foundation For Toxic Free Dentistry

P.O. Box 580160 - Orlando, FL 32858-0160

(A.) D.A.M.S.

(A) DENTAL AMALGAM MERCURY SYNDROME

STATEMENT OF PURPOSE: To utilize every possible means to guarantee FREEDOM OF CHOICE for dental patients choosing to not have silver/mercury amalgam dental fillings for themselves and their loved ones and to promote the public's RIGHT TO KNOW the potential health hazards of constant daily exposure to mercury from these fillings. To establish the right of concerned health professionals to inform their patients of this issue. To encourage INFORMED CONSENT legislation for the use of dental silver/mercury amalgam fillings in order to guarantee the public's constitutional rights.

GOALS:

1. Establish rosters of concerned citizens.
2. Establish rosters of concerned health professionals.
3. Provide factual information to the public through:
 - 1) Newspaper articles.
 - 2) Newspaper letters to the editor.
 - 3) Radio talk shows.
 - 4) TV health programs.
 - 5) Radio and TV news broadcasts.
 - 6) Distribution of literature; ie, through health store outlets.
 - 7) Public presentations.
 - 8) Through environmental groups.
4. Provide factual information to government agencies:
 - 1) U.S. Senators and Congressmen.
 - 2) State Governors.
 - 3) State Legislators.
 - 4) State public health agencies.
 - 5) State dental boards and departments of professional regulation.
5. Promote "Informed Consent" legislation for the use of dental silver/mercury amalgam fillings to insure the "Right to Know" and "Freedom of Choice" for dental patients.

Foundation For Toxic Free Dentistry
FORMING A(N) (A.) D.A.M.S. CHAPTER

One person can do a lot! In several states, dramatic progress has been made through the efforts of a single determined person. However, the progress that has been made in Sweden on this issue has demonstrated the value of a unified group effort. Politicians can appease special interests only if the voting public does not strenuously object.

A lot of people know the dangers of mercury poisoning and agree with us on the issue of constant daily exposure to mercury from silver/mercury amalgam dental fillings. We can accomplish a great public service to our country if we activate them and focus the attention of the nation on this issue. We may even change the course of history. Historians acknowledge that the decline and fall of the great Roman civilization may have been due to chronic lead poisoning from cooking and eating utensils. History may also attribute the decline of our civilization to chronic mercury poisoning if we do not do something about it.

Our basic goal is to provide information; this information must be accurate and it must be reasonable. Statements and positions that are not defensible destroy our credibility and harm our cause. The Foundation for Toxic Free Dentistry provides 'fact sheets' that establish defensible positions on each aspect of the issue. Provide every member of your chapter with these fact sheets and as much other literature as is possible; they will then know more about the issue than will the professionals who oppose them. Keep our goals in mind; to inform the country accurately, we must first be well informed ourselves. **CREDIBILITY IS THE VITAL FACTOR!**

To be effective, we must present a uniform, well conceived and coordinated national effort. This can only be accomplished if proper procedures are established and utilized in every state. To do so, certain steps are desirable. The following checklist will be helpful in starting a patient support chapter.

FORMING A CHAPTER - CHECKLIST

1. Incorporate in your state as a non-profit organization.
2. Open a bank account.
3. Establish officers: Designate responsibilities.
4. Establish dues.
5. Prepare a welcome letter for new members: Include a case history form and preliminary information, such as 'fact sheets'.
6. Establish information sources and affiliations.
7. Begin compiling research and information library.
8. Obtain lists of potential members in your state.
9. Obtain lists of mercury-free dentists and other concerned health professionals in your state.
10. Begin compiling files of desired contacts: Media, government officials and agencies, health store outlets, environmental groups, etc.

This information packet contains recommendations on each of these areas. Requirements of incorporation vary from state to state. Check with your local state legislator's office to obtain information on your state's specific requirements.

Foundation For Toxic Free Dentistry

ESTABLISHING OFFICERS

Initially, one or two people will have to assume the responsibility for getting started. Keep in mind, however, that any effort is more effective when more people are involved in responsible positions and feel useful to the organization. To insure that no one person is overburdened, each officer should have areas of defined responsibility. For example:

PRESIDENT: Directs over-all effort, including supervision of other officers. Insures that all duties are being performed. Conducts periodic meetings of officers and other key members. Arranges and conducts public meetings with speakers if possible.

VICE-PRESIDENT: In most organizations, the vice-president simply presides when the president is absent. This is a tremendous waste. The VP is, or should be, a key individual and should play an important role. For example, the VP can have the responsibility of establishing the files of media and governmental contacts and even send a letter of introduction from DAMS to these contacts. This establishes a preliminary relationship and prepares them to receive information from DAMS.

SECRETARY: Records minutes of all meetings and also maintains an up-to-date roster of membership. Should also send new members welcome letters and preliminary material that is both informative and motivating. The secretary can also have the responsibility for formal correspondence, or at least maintaining files of them.

TREASURER: Pays all bills and maintains records of all income and disbursements. Fulfills reporting obligations for non-profit organizations in your state. May also be given the responsibility for establishing the non-profit incorporation, as well as soliciting contributions from sympathetic health professionals or other potential sources.

As the membership grows, activities and responsibilities should be delegated to other members, under the supervision of the appropriate officer. This is important! People join organizations for a reason; they WANT to help and feel useful. If they join an organization and then hear no more, they become disillusioned with the organization and often tell others. If they immediately receive contact, an effective welcome letter or packet, and an easily accomplished task, they feel valuable and impressed with the organization. If nothing else, they at least speak favorably to others about the group. Start new members with a small task first. An example would be sending welcome packets to other new members, obtaining information on media or government contacts, or contacting an environmental group. Providing a case history of their personal experience with amalgams, if applicable, is another idea. Be certain that the appropriate officer maintains contact.

BUILDING MEMBERSHIP

The key to any public action group is the effectiveness of its membership in getting its message to the public. If new members are effectively welcomed and introduced to the organization and its goals they will tell others, becoming valuable missionaries. The importance of an impressive first impression cannot be over emphasized. This is your most important first task. Initial prospects may be obtained from a number of sources:

1. **The Foundation for Toxic Free Dentistry:** This non-profit organization constantly receives inquiries from interested citizens. Affiliation of your chapter with the FTFD will establish this source.
2. **Mercury-free dentists and other concerned professionals:** Names of those in your state may be obtained from the FTFD and the International Academy of Oral Medicine and Toxicology, as well as some other established sources. These health professionals may be able to provide you with the names of people who have already had experiences with mercury fillings. Do not forget chiropractors and nutritional counselors; they are frequently aware of and well informed on this issue. Send them an informational letter.
3. **Health food stores:** Prepare an informational flyer that is eye catching. Most of these stores will be delighted to set them out for their customers and will even refer people to you.
4. **Environmental groups:** Obviously, these consist of civically active concerned citizens. First, just establish informational contact with these groups; let them know who you are and what you are about. Later, you may get permission to send information to their members. Stress environmental impact of mercury disposal.
5. **Public exposure:** Brief, persuasive newspaper articles and letters to the editor, as well as calls to or appearances on radio talk shows almost always generate responses. Be certain that the audience is given contact information and try to stimulate the need for public action in order to achieve the required political action.

Remember, your membership will be useless if they are not well informed and motivated to be effective. Each member should be provided with accurate and effective information (such as the FTFD fact sheets). A rewarding initial task for each member is to provide a brief medical and dental history of their own experience with mercury fillings (if they have had one) on a special form provided by you. This furnishes the chapter with valuable data and also provides an informational store for future distribution to the media and governmental agencies. Give receptive new members a small task, such as obtaining the name, address and telephone number of politicians, government agencies, media contacts, health food stores, or environmental groups.

DUES

The establishment of chapter dues is at the discretion of the Executive Board (Officers) of the chapter. Initial expenses will be minimal, but will occur and may include:

1. Possible filing fee for incorporation as a non-profit organization in your state. If the services of an attorney are required, attempt to get the service donated.
2. Possible accounting fees for reports to the state if required. Again, attempt to get the service donated from a sympathetic accountant.
3. Letterhead stationery and envelopes. (Optional)
4. Postage.
5. Telephone expenses (long distance calls).
6. Copying costs for needed literature.
7. Literature costs. (Some may be obtained at no cost, others may be acquired on a consignment basis.)

Initial expenses may be covered by soliciting small donations from sympathetic health professionals (especially when you have tax exempt status as a non-profit organization).

Keep dues as low as possible to encourage people to join; \$10.00 to \$20.00 per year is a reasonable starting point. Additional income can be derived from donations and from the consignment sale of pertinent literature.

As the organization grows other expenses will appear, but income will obviously also increase from membership dues and sale of literature. Eventually, the treasury may even support partial reimbursement of expenses to key members for attendance at important meetings.

Be certain that the treasurer keeps accurate records of income and disbursements as required by your state.

BECOMING EFFECTIVE

Try not to put the cart before the horse. The natural inclination is to shout your cause from the nearest mountaintop. You will be far more effective if you first establish a solid foundation that can accommodate the efforts of a large number of people. Once the basic organizational tasks have been accomplished, attention can be directed to the ultimate goal of getting the message out to public and to the government (theoretically these are the same entities and will be if we do our job well!).

STEP 1: You should now be compiling membership lists along with their case histories. You should also be compiling lists of mercury-free dentists and other concerned health professionals. Some of these may have already joined your group; you should make it clear to them that it is definitely in their best interests.

STEP 2: Compile information on the best people to contact in the separate media areas, public officials and government agencies, and environmental groups. A good task for new members.

STEP 3: Establish the necessary library of information so that the membership can become familiar with the actual facts in the mercury amalgam controversy and to also provide the media and governmental contacts with factual information along with the case histories.

STEP 4: Select case histories of members that would be most likely to capture the interest of the media and the government. Some members may be suitable candidates for radio talk show appearances or newspaper interviews. Some may even be suitable for TV appearances, especially on health shows. Thoroughly prepare these members for their appearance; make certain they emphasize the goals of DAMS and the need for public awareness.

STEP 5: RADIO TALK SHOW CAMPAIGN: Send a letter to all members requesting that they call local radio talk shows about the mercury amalgam issue. These shows welcome responsible, informative calls on important issues. Provide a list of local shows including their time, name of host, and telephone number. Instruct members to emphasize the **INTEREST OF THE PUBLIC HEALTH** and either tell their own story or provide factual information on the overall issue emphasizing the patient's **RIGHT TO KNOW** and **FREEDOM OF CHOICE**.

STEP 6: LETTER TO THE EDITOR CAMPAIGN: This is more difficult to accomplish. Many newspapers are reluctant to print something so controversial, but may feel compelled if enough people write. Instruct members to be brief and concise in their letter. Again emphasize the public's right to know and freedom of choice.

STEP 7: NEWSPAPER ARTICLES: Prepare factual reviews of varying lengths. The previous two efforts should have stimulated the interest of some reporters. Seek out reporters who are inclined towards health issues, especially those that are controversial.

STEP 8: LETTERS TO GOVERNMENT OFFICIALS: Include U.S. Senators and Representatives, state Governor and Legislators, state Health and Environmental departments. These letters can be longer and more descriptive; pertinent literature may also be enclosed. Letters can be from (A)DAMS, but individual members should also write letters. The same letter, addressed appropriately, can be sent to all officials. Member letters should be in their own words to avoid the 'form letter' appearance. Government officials can ignore the public only so long; they must eventually respond to our needs. If enough people write and valid information is provided often enough, the message will get through.

STEP 9: STATE DENTAL BOARDS AND DEPARTMENTS OF PROFESSIONAL REGULATION: These agencies have applied phenomenal pressures on mercury-free dentists. They are extensions of the pro-amalgam dental establishment and have the power to restrict or suspend dental licenses, and have already done so in several instances. Members of these agencies are familiar with the position of the American Dental Association on amalgam, but are totally unaware of the actual documented research on the issue. Contact with these agencies and information provided to them will have immediate impact on the the amalgam controversy by demonstrating public and scientific support for anti-mercury professionals. It would also clearly point out the responsibility to the public health that these agencies have. Again, emphasize **RIGHT TO KNOW** and **FREEDOM OF CHOICE**. Some states have "sunshine" laws and cannot deny you your voice!! If they are not cooperative or are close-minded, do not hesitate to report them to the governor's office and your state legislators.

STEP 10: STATE LEGISLATION: Begin the campaign to obtain 'informed consent' legislation for the use of silver/mercury amalgam dental fillings. This would require dentists to inform patients of their chronic daily exposure to mercury from amalgam fillings and also require written consent from patients before they are placed. This guarantees the patient's **RIGHT TO KNOW** and **FREEDOM OF CHOICE**. Some state legislators will be more inclined to consider this issue. Responses to your letter campaign will give clues. Environmental activist groups, such as Greenpeace and the Sierra Club, would know of legislators favorably inclined to environmental issues.

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P.O. Box 580160 - Orlando, FL 32858-0160

SAY "NO" TO SILVER/MERCURY DENTAL FILLINGS

Many people have experienced reversal or improvement of persistent health problems after removal of their silver/mercury dental amalgam fillings. More and more are experiencing these life-altering improvements, some after years of suffering and frustration with the inability of the medical profession to find the cause of their illness.

We, the victims of mercury exposure from dental amalgam fillings, feel a strong obligation to our fellow citizens. We have launched determined efforts to inform the public of this potential health hazard. Although removal of silver/mercury amalgam fillings does not guarantee health improvement, scientific documentation has now proven that bearers of these dental fillings are constantly exposed to mercury, a dangerous poison, twenty four hours a day throughout the lifetime of these fillings.

The dental patient has rights! We have the **RIGHT TO KNOW** the potential hazards of chronic mercury exposure! We have the **FREEDOM OF CHOICE** to not have these fillings for ourselves and our loved ones if we so desire!

The pro-amalgam dental establishment is very powerful. A courageous handful of professionals have valiantly tried to protect our rights. **THEY NEED OUR HELP!** Please join our effort to inform the public and influence the government on this issue so vital to the health of our country. Join (A.) D.A.M.S. now by writing the Foundation for Toxic Free Dentistry, a non-profit organization aiding our cause. **AN AROUSED PUBLIC CANNOT BE IGNORED ANY LONGER!!!**

NATIONAL (A.) D.A.M.S. COUNCIL

Louise Herbeck

Shirley Brown

Robert O. Stephenson

Elizabeth Ridenour

Carolyn Smith

Downers Grove, Illinois

Denver, Colorado

Fairbanks, Alaska

Greensboro, North Carolina

Grand Haven, Michigan

MERCURY

MERCURY: The only common metal occurring as a liquid (not solid).

TOXICITY: According to documented scientific research, mercury is more toxic than lead, cadmium, and arsenic. World experts on mercury toxicology (USEPA, WHO, etc.) state that the lowest level of exposure to MERCURY VAPOR that can be considered harmless to humans is unknown!

VOLATILE: Metallic mercury easily evaporates (becoming MERCURY VAPOR), even at temperatures below the freezing point of water (34 degrees Fahrenheit). Its rate of evaporation doubles for every 10 degree (Celsius) increase in temperature. Mercury easily evaporates at body temperature (98.6 degrees F.), and even more readily when exposed to hot foods or fluids.

OXIDATION: Mercury loses an electron very easily (this is called 'oxidation'), becoming a MERCURY ION. In this form, mercury is very active chemically and therefore physiologically in the body.

FORMS OF MERCURY:

ELEMENTAL MERCURY:

METALLIC

VAPOR

IONS

ORGANIC MERCURY: Mercury ions combined with organic compounds containing carbon. (i.e. methylmercury, ethylmercury)

INORGANIC MERCURY:

1. Mercury ions combined with elements (chlorine, selenium, etc.) or groups (nitrates, etc.).
2. Mercury ions combined with chemical groups in tissues (called 'ligands'). The strongest bond is with the combination of sulfur and hydrogen, which is called 'thiol' or 'sulfhydryl'. Thiols occur in certain amino acids which are the building blocks of proteins forming body cells, hormones and enzymes.

*** The toxic action of mercury occurs when it combines with these tissue groups (ligands), no matter what form the mercury is in when it enters the body. ***

ABSORPTION RATE: The relative toxicity of the different forms of mercury depends only on its ability to enter the body and its cells. MERCURY VAPOR is especially poisonous because it has no electrical charge and dissolves easily in fats (lipids); it has an absorption rate of 74-100 %, averaging 80%. Methylmercury also is easily absorbed into the body, averaging 90-100% of each dose.

ELIMINATION RATE: The body eliminates mercury very slowly, averaging 30-70 days for the elimination of one half of one dose. (Remember, you inhale more than 17,000 times each day!)

DENTAL AMALGAM FILLINGS
AKA
(SILVER -, MERCURY -, AMALGAM -, OR SILVER/MERCURY FILLINGS.)

<u>COMPONENT</u>	<u>APPROX. %</u>	<u>AMOUNT IN 1 AVERAGE FILLING</u>
Silver	33%	515 milligrams (mgs)
Copper & sometimes tin or zinc	17%	265 milligrams (mgs)
Mercury	50%	780 milligrams (mgs)

"PHASES": The metals in dental amalgam unite randomly in various combinations, called 'phases'. There are a number of different phases, depending on the metals present. (These are named GAMMA, GAMMA 1, GAMMA 2, BETA, BETA 1, DELTA, NONA, NONA PRIME, etc.)

"ELECTRICAL POTENTIAL": Every metal, and combination of metals, has a different capability to donate or receive electrons when placed in an "ELECTROLYTE", which is a solution that can dissolve metal particles. This movement of metal particles (ions) is what generates an electrical current.

"ELECTROLYTES" in the mouth = Saliva, plaque, bone fluid, tissue fluid, dentinel fluid (in the teeth), ingested fluid drinks.

"MINIATURE BATTERIES": The battery in your car usually contains lead and zinc, with an acid as the electrolyte. An electrical current is established by the movement of particles (ions) of the metals into and through the electrolyte. It is impossible for dissimilar metals to be stable in an electrolyte solution. Dental amalgam fillings become 'miniature batteries' in the mouth; they always generate electrical currents and therefore always have movement of the metals.

Therefore -

IT IS PHYSICALLY IMPOSSIBLE FOR MERCURY TO BE 'LOCKED IN' THE AMALGAM FILLINGS ONCE THEY ARE PLACED IN THE TEETH!

Beginning in 1880 (not 1980), documented scientific research has clearly proven that amalgam fillings generate electricity in the mouth. The electrical current is greater when other metals (such as gold) are also present. Even dental textbooks state this and that mercury is not 'locked in' amalgam fillings:

Chase, HS. American Journ. of Dental Science, 1878-79

Schriever, W & Diamond, LE. Journ. Dental Research, 1952

Phillips, RW. Skinner's Science of Dental Materials, 1973

Many, many others.

MERCURY IS RELEASED FROM DENTAL AMALGAM FILLINGS!

Scientifically, it has now been conclusively established that mercury is not 'locked in' dental amalgam fillings. Numerous research studies have been published demonstrating the release of mercury in the forms of vapor, ions, and abraded particles. The mercury is released continuously no matter how old the fillings are. The amount released is greatly increased by chewing, brushing and exposure to hot fluids and it takes at least 90 minutes for the mercury levels to return to baseline levels after these stimulations.

RESEARCH STUDIES PROVING THE RELEASE OF MERCURY FROM AMALGAM

Gay, DD, et al.	Lancet	1979
Svare, CW, et al.	Journ. Dental Research	1981
Reinhardt, JW, et al.	Journ. Prosthetic Dentistry	1983
Abraham, JE, et al.	Journ. Dental Research	1984
Vimy, MJ & Lorscheider, FL.	Journ. Dental Research	1985
Patterson, JE, et al.	Bull. Environ. Contam. Toxicol.	1985
Fredin, B.	Swedish Dental Journ.	1985
Nemali, MR, et al.	Journ. Dental Research	1985
Rao, GS, et al.	Journ. Dental Research	1985
Takaku, S.	Bull. Tokyo Dental College	1985
Brune, D & Eveye, DM.	Science Total Environ.	1985

These published research studies prove that subjects with dental amalgam fillings are being constantly exposed to mercury, 24 hours each day.

Scientists have compared these exposures to standards established for workers in industrial environments (with only 40 hours per week of exposure to mercury) and concluded that exposure to mercury from dental amalgam fillings is not insignificant:

Vimy, MJ, & Lorscheider, FL.	Journ. Dental Research	1985
Vimy, MJ, et al.	Journ. Dental Research	1986
Skare, I. (Sweden OSHA)	Abst. Scand. Occup. Hyg. Meet.	1987
Clarkson, TW, et al.	Biolog. Monitor. Toxic Metals.	1988

[NOTE: The last report is in the toxicology reference book "The Biological Monitoring of Toxic Metals", Plenum Press, NY, 1988. The report was compiled by Drs. T.W. Clarkson, L. Friberg, J. Hursh, and M. Nylander. The first three are world respected toxicologists and Dr. Nylander is a dental researcher at the famed Karolinska Institute in Stockholm, Sweden. The credentials of these experts are beyond challenge. They concluded: "The release of mercury from dental amalgams makes the predominant contribution to human exposure to inorganic mercury including mercury vapor in the general population."]

DENTAL AMALGAM MERCURY DOES ENTER THE BODY

It has now been scientifically proven that the mercury released from dental amalgam fillings does enter the patient's body and builds up with time. Animal studies established this fact and four published human autopsy studies have shown a direct correlation between the amount of mercury found in the brain tissue of subjects and the number of dental amalgam fillings that were present. There have been no research studies published, human or animal, that contradict these findings.

These findings are to be expected; it is well known that mercury vapor (because it is neutral electrically and fat soluble) easily enters the body and its cells. It is also known that it takes the body at least 30-70 days to eliminate one half of each dose. Even though the doses of mercury vapor received from dental amalgam may be very small, humans inhale at least 17,280 times per day (12 inhalations/minute x 60 minutes/hour x 24 hours/day). Since it takes 30-70 days to eliminate 1/2 of each dose, it is obvious that mercury will accumulate in the body with time.

HUMAN AUTOPSY STUDIES

Schiele, R, et al.	Inst. Occup. & Social Med. Sympos.	1984
Friberg, L, et al.	Lakartidnigen.	1986
Nylander, M, et al.	Swed. Dental Journ.	1987
Eggleston, DW, et al.	Journ. Prosthetic Dentistry	1987

ANIMAL STUDIES

Cutright, DE, et al.	Journ. Oral Medicine	1973
Danscher, G, et al.	Intern. Soc. Trace Elem. Res.	1986
Horsted-Bind.,P.,et al.	Royal Dent. Coll., Denmark	1987
Fredin, B.	Sci. Total Environ.	1987

MEASUREMENTS OF MERCURY IN THE BLOOD AND URINE

The most common defense used to claim that silver/mercury amalgam fillings are harmless is that the levels of mercury found in the blood and urine of people with amalgams are not extremely high. The use of this argument demonstrates a lack of understanding of mercury and a lack of knowledge of the scientific research.

FACT: It has been repeatedly proven in the scientific literature that the levels of mercury found in the blood and urine do not correspond to the amount of mercury in the body tissues or to the toxic effects of that mercury.

This has been known since the 1960's: "Those investigators who have studied the subject are in almost unanimous agreement that there is a poor correlation between the urinary excretion of mercury and the occurrence of demonstrable evidence of poisoning." (Goldwater, LJ, Ladd, AC, & Jacobs, MB. Arch. Envir. Health. 1964)

Even the National Institute of Dental Health and the American Dental Association have publically admitted this: "The distribution of mercury into body tissues is highly variable and there appears to be little correlation between levels in urine, blood or hair, and toxic effects," (NIDR/ADA Workshop on Biocompatibility of Metals in Dentistry. Journ. American Dental Assoc. Vol. 109. September, 1984.)

When a person is exposed to mercury, no matter how it enters the body, the mercury first passes into the blood. If the exposure is high, the blood levels will raise a lot. If the exposure is small the blood levels will only raise slightly. So, the levels of mercury in the blood do reflect **EXPOSURE** to mercury.

If the exposure is to methylmercury, the kind of mercury found in fish and seafood, most of the mercury enters the red blood cells and stays there. Therefore, measurements of methylmercury in the blood may indicate the amount in the body.

MERCURY VAPOR, however, is soluble in lipids (fats) and has no electrical charge. Research has proven that it passes rapidly from the blood into the body tissues before it can be accurately measured in the blood. This is especially true if the exposure to mercury vapor is in multiple small doses over a long period of time, as occurs with mercury amalgam fillings.

MERCURY IN THE URINE is a reflection of mercury in the blood and is therefore also invalid for determining toxicity. Furthermore, mercury damages the kidneys, preventing release into the urine. Diagnostic testing for urine mercury is only valid after a **CHALLENGE**, where mercury binding agents are introduced into the body. Stored mercury will then be carried into the urine.

MERCURY EXPOSURE STANDARDS

Attempts have been made to compare the amount of mercury vapor patients receive from dental amalgam fillings to standards established for workers in occupational environments. The most common standards used in the U.S.A. are those of The Occupational Safety and Health Administration (OSHA) and The National Institute of Occupational Safety and Health (NIOSH). Attempting these comparisons presents severe problems:

1. Both agencies specifically limit their standards to workroom exposures of only 40 hours per week. Obviously, people inhale a great deal more in seven full days than they do in 40 hours.
2. The standards are not absolute guarantees against harm. The documents of both agencies even present information showing harm to subjects exposed to mercury levels below their standards. Currently, research toxicology experts, including the World Health Organization and the U.S. Environmental Protection Agency say that no amount of exposure to mercury vapor can be considered totally harmless.
3. Neither agency considers individuals who might be more susceptible to harm, such as unborn babies, children, the elderly, or people with other illnesses. The standards are designed only for healthy citizens of working age.
4. The source of worker exposure is mercury outside of the body, somewhere in the workroom. The source of patient mercury exposure is implanted directly into the body, thereby enhancing the potential for absorbing more of the mercury.
5. The standards are based solely on the appearance of readily observable signs and symptoms of neurological damage in exposed subjects. Scientific research clearly shows that these signs and symptoms are late developments in chronic mercury poisoning and sometimes never even show up. It is also known that mercury damages a great deal more than the nerves of the body.
6. The OSHA standard is based on research done in the 1930's on workers in the fur felt industry exposed to mercuric nitrate. The absorption rate of mercuric nitrate is 15% whereas the absorption rate of inhaled mercury vapor averages 80%. The NIOSH standard is based on a 1970 study of workers exposed to mercury vapor in the manufacture of chlorine. Published research has clearly shown that much less mercury vapor is absorbed when it is mixed with chlorine vapors and that the signs and symptoms of nerve damage appear much later when chlorine and mercury vapors are mixed.

DIETARY MERCURY COMPARED TO AMALGAM MERCURY

A number of individuals, in an attempt to justify continued use of silver/mercury dental amalgam fillings, have claimed that patient exposure to mercury from amalgam fillings is trivial compared to mercury intake from the diet, which is predominately methylmercury derived from fish. They claim that the dietary mercury intake is far more serious in terms of both amount and toxicity of the different forms. If challenged, this position would be impossible to defend for the following reasons:

1. There have been no scientific studies published proving that more mercury is absorbed from eating fish than is derived from having dental amalgam fillings, or that the mercury from fish causes more harm. The position is based on mere conjecture and opinion that cannot be supported scientifically.

2. The U.S. Environmental Protection Agency states that the average intake of mercury from the diet in the U.S.A. does not exceed 10 micrograms per day for the 154 pound adult. (USEPA. Mercury Health Effects Update. Washington, D.C. 20460. Report No. EPA-600/8-84-019F. 1984.)

In a recent publication by world experts on toxicology it was determined that, according to documented research, the average intake of mercury vapor alone from dental amalgam fillings is 2.5-17.5 micrograms per day. This does not include the swallowed mercury mixed in foods and fluids. (Clarkson, TW, et al. The Biological Monitoring of Toxic Metals. Plenum Press, NY. 1988.)

3. The very prestigious National Academy of Sciences evaluated the published research on the toxicity of methylmercury derived from fish compared to methylmercury from other sources. They found that it has been scientifically established that fish with high levels of methylmercury contain even higher levels of selenium and stated "the most consistent beneficial influence of selenium has been the reduction of the lethal and neurotoxic effects of methylmercury compounds". They cited 23 studies establishing and verifying the protective effect of selenium against mercury toxicity. The NAS concluded "Recent studies of human populations that consume large quantities of tuna have revealed no definitive signs of poisoning, although some individuals had elevated mercury levels in blood and hair" and "Methylmercury in tuna, swordfish, and other large ocean fish appears to be less toxic than methylmercury ingested under other circumstances". (National Academy of Sciences. An Assessment of Mercury in the Environment. Washington, D.C. 1978.)

SCRAP (LEFTOVER) DENTAL AMALGAM IS A TOXIC HAZARD

When the metals of dental amalgam are mixed together to produce a filling, not all of it is used. There is almost always leftover material. This 'scrap amalgam' is considered a toxic waste disposal hazard by OSHA (The Occupational Safety and Health Administration), the USEPA (U.S. Environmental Protection Agency), and the ADA (The American Dental Association) :

ADA: Has published rigid recommendations to dental personnel for the handling of dental amalgam and the disposal of scrap amalgam. (ADA Council on Dental Materials, Instruments, and Equipment: Recommendations in Dental Mercury Hygiene. Journ. American Dental Assoc. 109:617-9. 1984.)

1. "All amalgam scraps should be salvaged and stored in a tightly closed container. The scrap should be covered by a sulfide solution such as X-ray or photographic fixer solution."
2. "A no touch technique of handling amalgam should be used. Skin that is exposed to mercury should be cleaned. Precapsulated alloy should be used. Water spray and high-volume evacuation should be used when removing old or finishing new dental restorations. Evacuation systems should be passed through filters, strainers, or traps. A face mask should be used to avoid breathing amalgam dust."

OSHA: Has classified dental amalgam as a hazardous material. The excess material must be disposed of according to its Material Safety Data Sheet (MSDS). (OSHA To Begin Enforcing 'Hazard' Rule. ADA News. 19(15):1. August 1, 1988.)

USEPA: Recently fined 58 dentists for mercury contamination of a disposal site for dental amalgam, and are also charging the metal recycler and four dental suppliers. (EPA - Dentists Settle in Mercury Cleanup Case. ADA News. 19(16):1. August 15, 1988.)

No explanation has been given as to how dental amalgam can be a toxic hazard to dental personnel, in dental offices, and to the environment and yet be totally harmless when implanted into the teeth of patients!

PRO-AMALGAM POSITIONS

Various arguments have been used to justify the use of dental amalgam fillings. These positions are based on opinion, not scientific evidence:

#1: "Mercury is 'locked' into the filling material once the metals are mixed together.": This statement is totally false! It is contrary to documented scientific proof. Even dental textbooks deny this, as do the National Institute of Dental Research and the American Dental Association, who publically stated "Studies have demonstrated that patients are exposed to mercury vapor when amalgams are placed as a restoration, when existing amalgams are removed, and during chewing". (NIDR/ADA Workshop. Journ. American Dental Assoc. Vol, 109. September 1984.)

#2: "Patients are exposed to mercury from dental amalgam fillings, but the amount is not enough to be harmful unless the patient is hypersensitive (allergic) to mercury.": There is absolutely no scientific research to support this position, it is merely opinion. Currently, world experts on toxicology, such as the World Health Organization and the USEPA, maintain that no amount of exposure to mercury vapor can be considered harmless.

#3: "Dental amalgam has been thoroughly tested for safety and has been proven to be harmless.": This is absolutely a false statement. There has not been one single true research study published that has investigated the health effects of mercury exposure from dental amalgam fillings and found it to be totally harmless. All of the amalgam support articles are 'review articles' or 'opinion papers'. These articles base their conclusions of safety on measurements of mercury in the blood or urine, which have clearly been proven to be invalid for determining the body burden or toxic effects of mercury, especially for exposure to mercury vapor.

#4: "It is more dangerous to remove amalgams than to leave them in place because patients are exposed to much more mercury.": There is no scientific research to support this position. If it were true, then it must be only if the fillings are replaced with a non-metal material. All dentists routinely remove amalgam fillings to replace them with new amalgams or gold fillings.

#5: "Amalgam fillings are harmless to patients because we have been using them for over 160 years.": While it is true that dentistry has used amalgam for over 160 years and it has been thoroughly tested for effectiveness, it has never been tested for safety. It has been 'grandfathered' past current requirements for the biocompatibility testing for new dental materials. This position is ANECDOTAL! It is neither scientific, professional, or humane when considering the known chronic exposure to mercury vapor that patients receive from dental amalgam fillings.

CHRONIC MERCURY POISONING

Poisoning by mercury can be acute or chronic. Acute poisoning results from receiving large doses of mercury over a short period of time. Chronic poisoning results from receiving small doses over a long period of time. The amount of mercury builds up in the body with time because it takes the body 30-70 days to eliminate one half of each dose. Bearers of amalgam fillings receive a tiny dose of mercury vapor each time they inhale (at least 17,280 times per day). Besides this, some released mercury is mixed with foods and fluids and swallowed and some passes directly through the tissues of the mouth and nose.

At this time, there are no controlled published studies proving that mercury from dental amalgam fillings causes any known general disease state. There are published studies demonstrating that it can cause GINGIVITIS, an inflammation of the gum tissues in the mouth.

Unfortunately, there are no valid tests for diagnosing chronic mercury poisoning. Measurements of mercury in the blood, urine or hair are not valid indicators by themselves. Presently, the best indicators of damage from chronic mercury exposure are clinically observable signs and symptoms, which are unfortunately late developments in most cases.

Chronic mercury poisoning can effect all of the body tissues and can mimic many common diseases. Many people recover from these diseases after removal of amalgam fillings (some do not improve). This is called CLINICAL EVIDENCE by believers and ANECDOTAL by non-believers. The most prevalent signs and symptoms of chronic exposure to mercury are:

PSYCHOLOGICAL (ERETHISM): Irritability, anxiety, depression, fits of anger, loss of self control, nervousness, shyness or timidity, loss of self confidence, memory loss.

NEUROLOGIC: Chronic or frequent headaches, dizziness, speech difficulties, coordination difficulties, fine tremors.

CARDIOVASCULAR: Irregular heartbeat (fast or slow), feeble and irregular pulse, alterations in blood pressure, pain or pressure in chest.

RESPIRATORY: Persistent cough, shallow and irregular respiration, emphysema.

OTHER: Joint pains, muscle weakness, fatigue, anemia, allergies, metallic taste in mouth, excessive salivation, bleeding gums, foul breath, loosening of teeth and bone loss, excessive perspiration, cold and clammy skin, subnormal temperature, edema, abdominal cramps, colitis, diarrhea.

MERCURY HYPERSENSITIVITY (ALLERGY)

The official position of the dental profession is that only people who are hypersensitive (allergic) to mercury should have amalgam fillings removed and that this constitutes less than 1% of the population. No documentation can be found that supports that figure. Furthermore, there is a great deal of confusion as to what constitutes hypersensitivity and how it is determined.

Hypersensitivity is not the same as toxicity, it refers only to the reaction of the immune system. Toxicity is a poisonous effect on all of the body cells.

HYPERSENSITIVITY: "A state of altered reactivity in which the body reacts with an exaggerated immune response to a foreign agent." The reaction can be **IMMEDIATE** (B-Cell) mediated by antibodies and causing redness by a release of histamine or other substances, or it can be **DELAYED** (mediated by T-Cells) which causes responses such as graft rejection or autoimmune diseases. [Dorland's Medical Dictionary.]

PATCH TESTING: The application of a test patch to the skin can only determine Immediate Hypersensitivity. There are no tests for detecting the T-Cell mediated Delayed Hypersensitivity response.

DOCUMENTED RESEARCH: Studies on the prevalence of mercury hypersensitivity testing 4836 subjects have shown a range of 5% to 14%. These were done with a variety of different mercury compounds at varying strengths:

- _ 14.0% : Underwood et al. 1946. 400 subjects.
- _ 11.0% : Djerassi & Berova. 1969. 240 subjects.
- _ 5.0% : N. American Contact Dermatitis Group. 1973. 1200 subjects.
- _ 11.3% : Brun, R. 1975. 1000 subjects.
- _ 6.7% : White & Brandt. 1976. 396 subjects.
- _ 9.6% : Nebenfuhrer et al. 1983. 1538 subjects.
- _ 8.0% : Mobachcn et al. 1984. 50 subjects.
- _ 8.0% : Eversole et al. 1984. 12 subjects.

The study by Djerassi & Berova was especially interesting. The 240 subjects were four groups of 60, one group having no amalgam fillings (control group). **NONE OF THIS GROUP** tested positive for allergy to mercury. One group of 60 had a history of allergies; 26.6% of them tested positive to mercury. One group of 60 had other illnesses; 13.3% tested positive to mercury. The fourth group of 60 had amalgams but had no record of illness or allergy; 8.3% of these tested positive to mercury. Of the subjects who had amalgam fillings less than 5 years, 5.8% tested positive, while 22.52% of those having amalgams longer than 5 years tested positive.

SUMMARY OF SCIENTIFIC FACTS

1. Mercury is very toxic, more so than lead, cadmium, or arsenic. Methylmercury and mercury vapor are the most toxic forms.
2. There is no known toxic threshold for mercury vapor. Some authorities say that no amount of exposure to mercury vapor can be considered totally harmless.
3. Dental amalgam fillings are approximately 50% mercury. One average sized amalgam filling contains about 780 milligrams of mercury, which is enough to exceed the USEPA Mercury Intake Standard for over 100 years.
4. Mercury is not 'locked' into the amalgam. Subjects with amalgams are constantly exposed to mercury every day. The amount of exposure is greatly increased when the fillings are exposed to chewing, brushing or heat. It takes at least 90 minutes for these increases to 'cool down' to pre-stimulated levels.
5. Mercury vapor very easily enters the human body and its cells. It also easily penetrates the blood-brain barrier and the placental membrane. On an average, humans inhale at least 17,280 times each day. It takes the body 30-70 days to eliminate one half of each dose of mercury.
6. Human autopsy studies prove that dental amalgam mercury enters the patient's body and builds up with time.
7. Mercury is known to damage the brain and nervous system, the thyroid, pituitary and adrenal glands, the heart and lungs, as well as hormones and enzymes. Mercury is a very potent suppressor of the immune system and is known to damage the brain and nervous system of unborn babies.
8. It has been scientifically proven that even one amalgam filling will generate electrical currents when placed in the teeth. The health effects of these currents are as yet unknown.
9. There is no published research connecting mercury exposure from dental amalgam fillings to any human disease state. On the other hand, there is no published research proving such connections do not exist. In over 160 years of use of dental amalgam, no controlled biocompatibility studies have been done, even though patient exposure to mercury from these fillings has been known for years!
10. The American Dental Association, OSHA, and the USEPA, have declared leftover scrap dental amalgam to be a toxic hazard to dental personnel, to the dental office, and to the environment!

DENTAL AMALGAM AROUND THE WORLD

Worldwide, silver/mercury amalgam is far and away the most commonly used dental filling material. Its use is especially prevalent in industrialized countries. No nation has yet banned its use. However, some countries have begun serious investigation of its health effects and have even issued warnings against its use, especially in pregnant women.

SWEDEN: A large and very vocal group of patients has accomplished a great deal, by voicing their combined opinions to the media and to the government. As a result, in December of 1985 the Swedish government Department of Health and Social Services (Socialstyrelsen) appointed a special commission to investigate the actual scientific basis of the controversy. The commission consisted of scientists and physicians, as well as dentists. They spent 18 months reviewing the scientific literature. In May of 1987 the Socialstyrelsen publically announced their findings: "Amalgam is toxic and unsuitable as a dental filling material." They recommended that the government stop its use. In the summer of 1988 the spokesman of the Socialstyrelsen reversed his position, without presenting any scientific reason for doing so. This raised an alarm in the public and scientific sectors. The government issued a warning against the use of amalgam in pregnant women and the Swedish parliament launched an investigation of the issue in the fall of 1988. In February of 1989 the Swedish parliament issued a statement calling for the stopping of the use of amalgam as soon as suitable replacement materials are available. Research funds for investigating the health effects of dental amalgam were provided.

WEST GERMANY: The Department of Health issued a public warning against the use of dental amalgam in pregnant women. Warnings have also been issued against the use of amalgam and gold placed together in the mouth.

JAPAN: The government temporarily closed one dental school for environmental contamination caused by mercury from discarded scrap amalgam. It is now rumored that several dental schools have stopped teaching the use of amalgam fillings; this is as yet unconfirmed.

NORWAY & DENMARK: As in Sweden, there has been considerable public exposure to the issue. Research on the health effects of dental amalgam is being conducted in both countries.

Active anti-amalgam movements are also underway in Canada, Great Britain, Australia, New Zealand, France, Holland, Switzerland, Austria, and Brazil.

RIGHT TO KNOW/FREEDOM OF CHOICE

Unfortunately, the average practicing dentist is not well informed about mercury or the health effects of silver/mercury dental amalgam fillings. Very few dentists read actual scientific studies on the subject. They rely only on information provided to them in opinion papers by leaders of the dental profession. By knowing and understanding the information in these fact sheets provided by the Foundation for Toxic Free Dentistry, you will be much better informed than they are. This is extremely important when discussing the issue with representatives of the government and the media.

It is also vitally important that we do not establish unreasonable positions or make statements that we cannot firmly substantiate. What happens to patients is extremely important to us, that is why we are all making this effort. However, some people consider ANECDOTAL evidence to be invalid. Can we put the mercury fillings back into a recovered victim to prove they were the cause of health problems? Certainly not! Relating personal experiences is extremely important, and should not be avoided. However, we should clearly differentiate them from that which we can clearly substantiate scientifically, which is:

PEOPLE WHO HAVE MERCURY/SILVER DENTAL AMALGAM FILLINGS ARE BEING CONSTANTLY EXPOSED TO MERCURY VAPOR FROM THESE FILLINGS. HUMAN AUTOPSY STUDIES PROVE THAT THE MERCURY FROM THESE FILLINGS SLOWLY BUILDS UP IN THE BODY WITH TIME. SCIENTIFIC RESEARCH HAS PROVEN THAT MERCURY IS MORE TOXIC THAN LEAD, CADMIUM, AND ARSENIC AND NO TOXIC THRESHOLD FOR EXPOSURE TO MERCURY VAPOR HAS BEEN FOUND.

We have a responsibility to our fellow citizens to make certain that they are made aware of these facts. Patients have the RIGHT TO KNOW these facts and the FREEDOM OF CHOICE to not have these fillings if they so choose. This can be best guaranteed by INFORMED CONSENT legislation for the use of amalgam fillings in each state. This legislation would require dentists to inform patients of the scientific facts before placing amalgam fillings.

Our emphasis should be placed on guaranteeing these rights for our most susceptible citizens, especially unborn babies, children, and the elderly. Some countries are issuing public health warnings against the use of dental amalgam in pregnant women.

Should we seek a ban on amalgam? Probably not! This would eliminate the freedom of choice for those who would still want to have amalgam fillings simply because they are harder and might possibly last longer in some situations.

Submit in duplicate
Fee: \$10.00

MAIL TO:
COLORADO SECRETARY OF STATE
CORPORATIONS OFFICE
1560 Broadway, Suite 200
Denver, Colorado 80202
(303) 866-2361

ARTICLES OF INCORPORATION
(SEE INSTRUCTIONS BELOW)

This document must be
typewritten

NOV 9 1987
STATE OF COLORADO

The undersigned person(s) acting as incorporator(s) of a corporation under the Colorado Nonprofit Corporation Act, sign, and, acknowledge the following Articles of Incorporation for such corporation.

FIRST: The name of the corporation is Dental Amalgam Mercury Syndrome Victim Support Group

SECOND: The period of duration is Perpetual
(a stated number of years, or the word PERPETUAL)

THIRD: The purpose or purposes for which the corporation is organized see attached
(ARTICLE VII)

FOURTH: The address of the initial registered office of the corporation in Colorado is _____

Irakewood, Colorado 80226
(Address must include Building number, Street (or rural route number), Town or City, County and Zip code.)
and the name of its initial registered agent at such address is Shirley A. Brown

FIFTH: Address of the principal office same as above

(if not the same as its registered office)

SIXTH: The number of directors constituting the initial board of directors of the corporation is (at least one) five (5), and the names and addresses of the persons who are to serve as the initial directors are:

NAME	ADDRESS
<u>see attached (ARTICLE VII)</u>	

Incorporator(s) (Note) _____
State of Colorado
County of Jefferson

Acknowledged before me this 9th day of November, 19 87.
by Shirley A. Brown, agent DAMS Victim Support Group
Louise E. Herbeck, agent (Dental Amalgam Mercury Syndrome)
(Insert name(s) as signed above, title(s), and correct name of corporation)

Shirley A. Brown
Louise E. Herbeck
C. Thomas R. Wenzelbach
Notary Public

My commission expires May 4, 1991

Note: One or more persons may incorporate. The name and address of each incorporator is to be typed below his signature unless one or more of the incorporators are also initial directors, the address of such incorporator(s) need not be repeated.

ARTICLES OF INCORPORATION
of
DAMS Victim Support Group

The undersigned, acting as incorporator of a corporation under the Colorado Nonprofit Corporation Act, adopts the following Articles of Incorporation for such corporation.

ARTICLE I

The name of the corporation is: Dental Amalgam Mercury Syndrome Victim Support Group

ARTICLE II

The period of its duration shall be perpetual

ARTICLE III

The purpose or purposes for which the corporation is organized are to provide education and sources of proper treatment for victims of mercury poison; to prevent the use of mercury and other poisons used in the mouth through dentistry; to achieve total recognition of 20th century diseases attributed to mercury poison from amalgam fillings by the FDA, ADA and AMA; to achieve full benefit coverage by all insurances for treatment of sickness and disease related to mercury poison through amalgam fillings; provide education and related materials directly to individuals, families, schools, agencies, and organizations; to distribute information and materials to people engaged in the treatment for mercury poison with the aim of deleting the amalgam practice dentistry forever.

ARTICLE IV

A. No part of the income or net earnings of the corporation shall inure to the benefit of, or be distributable to, any member, director or officer of the corporation or any other private individual (except that reasonable compensation may be paid for services rendered to or for the corporation effecting one or more of its purposes, and reimbursement may be made for any expenses incurred for the corporation by any officer, director, agent or employee, or any other person or corporation, pursuant to and upon authorization of the Board of Directors); and provided further that no member, director or officer of the corporation, or any other private individual shall be entitled to share in any distribution of any of the corporate assets on dissolution of the corporation or otherwise: No substantial part of the activities of the corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. The corporation shall not participate or intervene in any political campaign on behalf of any candidate for public office.

B. No part of the assets of the corporation shall inure to the benefit of or be distributable to any organization whose income or net earnings or any part thereof inure to the benefit of any private shareholder or other individual or any substantial part of the activities of which consists of carrying on propaganda or otherwise attempting to influence legislation.

C. Upon dissolution of the corporation, all of its assets shall be paid over or transferred to one or more exempt organizations of the kind described in section 501(c) (3) of the Internal Revenue Code.

D. Notwithstanding any other provision hereof, this corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization which is tax exempt under the provisions of section 501(c) (3) of the Internal Revenue Code of 1954, as amended from time to time.

ARTICLE V

The members of the corporation shall have no voting rights except as provided from time to time in the bylaws.

ARTICLE VI

The address of the initial registered office of the corporation is _____, Lakewood, Colorado 80226, and the name of its initial registered agent at such address is Shirley A. Brown.

ARTICLE VII

The number of directors constituting the initial Board of Directors of the corporation is five(5), and the names and addresses of the persons who are to serve as the initial directors are:

Mrs. Wm. Prentice

Dr. John W. Quigley

Mrs. Patricia Roberts, att.

Dr. Wm. E. Doell

Mr(s) Ed Hughes

ARTICLE VIII

The name(s) and address(s) of the incorporator(s) are:

Mrs. Shirley A. Brown 7812 West Jewell Ave.
Lakewood, CO 80226

Mrs. Luoise E. Herbeck 4525 Statton Place
Downers Grove, ILL 60515

Catherine R. Wenzel
Notary Public

Address

My Commission expires May 4, 1971

BY-LAWS

for

DAMS INC. VICTIM SUPPORT GROUP

ARTICLE I - NAME

The name of this organization is DAMS INC. (Dental Amalgam Mercury Syndrome Victim Support Group

ARTICLE II - PURPOSE

The purpose or purposes for which the corporation is organized are to:

- A. provide education and sources of proper treatment for victims of mercury poison
- B. to prevent the use of mercury used in the mouth through dentistry
- C. to achieve total recognition of 20th century diseases attributed to mercury poison from amalgam fillings by the FDA, ADA, and AMA through favorable publicity
- D. to achieve full benefit coverage by all insurances for treatment of sickness and disease related to mercury poison through amalgam fillings
- E. provide education and related materials directly to individuals, families, schools, agencies, and organizations
- F. to distribute information and materials to people engaged in the treatment for mercury poison with the aim of deleting the amalgam practice dentistry forever
- G. Maintain a continuing campaign for new members

ARTICLE III - MEMBERSHIP

Membership will be encouraged through professionals treating victims for mercury poison

ARTICLE IV - OFFICERS

The officers of the DAMS INC. Victim Support Group shall consist of a president, secretary, and treasurer. The officers shall be elected by the Board of Directors and shall hold office until their successors are elected and qualified.

BY-LAWS
continued -

SECTION 2. The President shall be the chief executive officer of the corporation and shall have the general powers and duties of supervision and management usually vested in the office of President of a corporation.

SECTION 3. The Secretary shall give, notice of all meetings of directors, and all other notices required by these By-Laws, and in case of his absence or refusal or neglect to do so, any such notice may be given by any person thereunto directed by the President, or by the directors, upon whose requisition the meeting is called as provided in these By-Laws. He shall record all the proceedings of meetings of the corporation in a book to be kept for that purpose.

SECTION 4. The Treasurer shall have the custody of the corporate funds and shall keep full and accurate account of receipts and disbursements in books belonging to the corporation. He shall deposit all moneys and other valuables in the name and to the credit of the corporation.

ARTICLE V - MEETINGS

Annual meetings shall be held at a time and place voted by the members. In the absence of such action the president shall call the meeting. Other meetings may be called by the president as necessary.

SECTION 2. The fiscal year of the corporation shall be determined by the date of incorporation.

ARTICLE VI - AUTHORITY

The rules contained in Roberts' Rules of Order shall govern the organization.

ARTICLE VI - AMENDMENTS

These By-Laws may be altered and repealed and By-Laws may be made at any annual meeting.

SAMPLE TREASURER'S REPORT

ANNUAL REPORT FOR _____

Presented (date)

BALANCE CARRIED FORWARD

RECEIPTS

Lecturer

Memberships

Donations

3 Brochures

TOTAL

TOTAL FUNDS RECEIVED

TOTAL OPERATING FUNDS

DISBURSEMENTS

Post office box rent

Rent of hall (if needed)

Postage

Printing of letters & envelopes

TOTAL

TOTAL FUNDS EXPENDED

BALANCE (date)

SUBMITTED BY:

, Treasurer
