The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

Number 10 1995

A PREVIEW OF OUR EIGHTH CONGRESS

The Eighth International Montreux Congress on Stress will be held February 18-23, 1996 at the Biotonus Bon Port Clinic, in Montreux, Switzerland. As in prior events, this Congress will offer state-of-the-art presentations and cutting edge advances in stress research by internationally recognized authorities. Their varied backgrounds will illustrate the multidisciplinary approach required for advancing our understanding of the myriad psychophysiologic effects of stress. It will also demonstrate how basic research can be integrated with clinical observations, to facilitate a synergistic synthesis that provides unanticipated mutual rewards.

Subtle Energy Medicine

This Congress will explore a variety of topics that have attracted increased attention in recent years. In particular, there will be a Plenary Session dealing with Subtle Energy Medicine, in honor of Dr. Elmer Green, this year's Hans Selye Award Recipient. This will be chaired by Dr. Pat Norris, and will review the scientific evidence for the role of subtle energies in influencing health and illness. Presentations will include the detection of subtle energies, energy communication systems, and the relationship between physical fields and states of consciousness. There will be a follow-up on last year's report of the ability to boost natural dehydroepiandrosterone (DHEA) production utilizing a new electromagnetic stimulation device. More recent research suggests that application at specific acupuncture sites, known as the "Ring of Fire", may produce impressive relief of symptoms in patients with diabetic neuropathy.

No treatment is available for this progressively debilitating disorder, which can occur in patients with relatively recent or mild and well controlled diabetes. There may be persistent pain, burning and numbness in the feet, and the lack of sensation leads to infections, ulcerations, and often amputation. Anything to alleviate or retard this process would be a blessing.

As noted in a prior Newsletter, this does not appear to be mediated by DHEA, but progesterone has recently been shown to promote the healing of injured peripheral nerves, and both of these hormones are derived from the same steroid precursor, pregnenolone. There will also be a discussion of subtle energy effects on the immune system and basal carcinoma, and a demonstration workshop on subtle energy natural healing.

(Continued on page 2)

ALSO INCLUDED IN THIS ISSUE

The NEWSLETTER OF THE AMERICAN INSTITUTE OF STRESS is published monthly. Annual subscription rate $35.00 (U.S.), $45.00 (Foreign).

The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

Paul J. Rosch, M.D., F.A.C.P.
Editor-in-Chief

How Do Stress And Personality Contribute To Illness?

The notion that stress and certain personality traits can increase susceptibility to certain diseases, or adversely influence their clinical course, is as old as the history of medicine. Stress is frequently cited as a contributor, or even cause of hypertension, heart attacks, sudden death, cancer, rheumatoid arthritis, peptic ulcers, inflammatory bowel disease, irritable bowel syndrome, numerous dermatologic disorders, as well as a host of infections ranging from AIDS and tuberculosis, to herpes and the common cold. In most instances, such anecdotal observations and speculations have been viewed as little more than folklore, because of lack of proof, or any scientific rationale that might explain such relationships.

Hans Selye's pioneering research vastly extended our view and vista of stress research. His emphasis on the necessity for an integrated and multidisciplinary approach has been largely responsible for our current increased understanding of the role of stress in health and illness. Over the past few decades, remarkable progress has been made in this regard, as carefully controlled studies have confirmed what were previously dismissed as "old wives' tales". One obvious example is coronary heart disease, where the important role of Type A behavior and stress induced catecholamine secretion have increasingly been demonstrated in the pathogenesis of heart attacks and sudden death. This has been discussed in depth during previous Congresses, and was updated last year in a state-of-the-art session organized and chaired by Dr. Ray Rosenman, our Hans Selye Award recipient, and the co-founder of the Type A behavior hypothesis. The role of central nervous system influences not mediated by endocrine effects was also explored, as demonstrated by advances in chaos theory, and the identification of specific brain structures that appear to be responsible for mediating such responses.

Psychoimmunology And Psychoneuroimmunology

But what about the link between stress and rheumatoid arthritis, cancer, colds and other viral linked disorders? There is no evidence that these are the direct result of either excessive catecholamine secretion or central nervous system activities. Atrophy of the thymus and lymphatic tissues was a hallmark of Selye's "Alarm Reaction", apparently resulting from increased secretion of cortisone-like hormones, but its possible clinical significance was not appreciated at the time. While increased stress has been implicated in the onset or aggravation of rheumatoid arthritis, the administration of such hormones were paradoxically found to provide remarkable relief of joint pain, swelling, and stiffness. On the other hand, their long term administration could clearly activate latent tuberculosis, and facilitate or aggravate the development and course of this and other infectious diseases. These responses appeared to be mediated by something mysterious called "the immune system". However, it was not clear what the immune system consisted of, where it was located, or what it did. In addition, it could be shown that stress affected certain immune system components without the participation of cortisone or any other endocrine secretions, suggesting direct communication pathways between the brain and the immune system.

More than 30 years ago, George Solomon hung a sign on his office door proclaiming it a

(Continued on page 3)

"Psychoimmunology Laboratory". His research activities since then have been devoted to demonstrating relevant interrelationships between the mind and the immune system, and by 1984, two decades later, he was able to list 10 hypotheses that should be able to prove such close connections. Four years later, his list had grown to 65, and it is now well over 100, indicating the phenomenal recent growth in this area. The term "psychoneuroimmunology" was coined by Robert Ader and attracted scientific attention with the publication of his book bearing this title in 1981. Some indication of the rapid explosion of interest in this new discipline may be gained by noting that there was no reference to AIDS or the Human Immunodeficiency Virus (HIV) in its index. The second edition, 10 years later, was dedicated to Dr. Solomon, who was also the senior author of the concluding chapter, "Psychoneuroimmunologic Aspects of Human Immunodeficiency Virus Infection" with 150 references.

Psychoneuroimmunology has now become a popular "buzz" word to refer to almost any purported mind/body effect that contributes to illness, or conversely, can improve health. However, although there has been a tremendous amount of experimental research, little of this seems to have been applied to clinical practice. At last year's Congress, I asked Dr. Ader to organize a session entitled, "How Can Basic Psychoneuroimmunologic Research Be Put To Practical Use?". Due to illness, this was chaired by his associate, Dr. Nicholas Cohen, and included presentations on the effects of psychological intervention on immune and inflammatory responses, the impact of emotional status on cancer progression, and psychoimmune factors in juvenile rheumatoid arthritis. Although these confirmed the important effects that the mind and emotions could have on various parameters of immune system function, it was difficult to see how this could assist physicians in the prevention or treatment of disease. As Dr. Cohen noted, "despite the large body of evidence validating psychoneuroimmunology as a bona fide interdisciplinary field with potential clinical relevance, the current applications of research in this area are still more in the realm of wishful thinking than in reality".

At this year's session, we will again explore this intriguing topic in a session entitled, "Clinical Applications of Psychoneuroimmunology", organized and chaired by Dr. Solomon. One of the papers will demonstrate that recent advances now make it possible to predict with some accuracy, not only the likelihood of acceptance or rejection of bone marrow transplants, but how carefully designed interventions can reduce rejection rates in selected individuals who might otherwise have only a fifty-fifty chance of a take. Others will discuss psycho-neuroimmune responses in AIDS and victims of natural disasters, and their clinical implications, as well as the effects of psychological influences, and such varying stressors as social isolation in the elderly, and examination pressures in college students. I have also asked Dr. Solomon to speculate on what the future might hold in terms of research activities that are most likely to have significant clinical applications.

Psychoelectroneuroimmunology?

At our 1988 Congress, Björn Nordenström reported on his hypothesis that there was an "electrical circulatory system" in the body that may play an important role in maintaining health. His initial interest in this was prompted by noting that in some patients with malignancies in the lung, there appeared to be an aura around the tumor on routine chest X-rays. Others had also occasionally noted this phenomenon, but could offer no explanation. His further investigations revealed that this presumed artifact was actually due to an energy field around the malignancy, and that the electrical characteristics of cancers differed from healthy tissues. Over the next two decades, during which he served as Director of the Department of Radiology at Karolinska Institute, and Chairman of the Selection Committee for the Nobel Prize in Physiology and Medicine, he continued his laborious research, which has ultimately led to a very novel and successful treatment for certain malignancies. Some believe that his findings could be as important as William Harvey's discovery of how blood circulates in the body.

(Continued on page 4)

Obviously, early clinical trials could only be conducted on seriously ill patients who had failed to respond to conventional treatment, or where surgery was contraindicated. At our 1988 Congress, he presented two cases of metastatic cancer of the lung treated with weak levels of electrical energy directly applied to the tumor for 24-48 hours, depending on specific parameters. In one 21 year old woman, two metastatic tumors had appeared in each lung two years following a hysterectomy for uterine cancer. At ten year follow-up, the patient was alive and well, and X-rays revealed almost complete disappearance of all four tumors. The other patient was a 66 year old female who had developed a metastatic tumor of the lung four years after having undergone surgery for ovarian cancer. In the interim, she had suffered two serious heart attacks, complicated by an arrhythmia that precluded surgery. Following treatment, the tumor progressively regressed, and five years later, only a minimum scar remained. Since then, the success of Nordenström's treatment protocol has been confirmed by others in thousands of patients all over the world. Chinese physicians have treated over 4,000 patients with all kinds of cancers in more than 400 hospitals, with an 80% rate of total or partial regression. Of particular interest is evidence of activation of the immune system, by mechanisms which have been referred to as "Distal Field Effects".

There are many mind/body phenomena in which there is no evidence of possible mediation by immune or endocrine influences based on present measurement techniques. Powerful placebo responses, the role of a strong faith in spontaneous remission of cancer, and the varied salubrious rewards of a strong social support system would appear to fall into this category. There is also evidence of profound effects on cell growth by extremely subtle energies that cannot be explained in terms of Newtonian physics, or laws of thermodynamics that govern ionic traffic across cell membranes, such as an increased incidence of birth defects in infants whose mothers used electric blankets during pregnancy, and higher rates of malignancies in humans and animals living in close proximity to high power lines.

However, such observations might be explained by an emerging new paradigm that posits the existence of receptor sites on cell membranes for subtle energies, as well as neuropeptides. In addition to the external environmental influences noted above, could such stimuli originate internally? It may well be that EEG waves are not merely the noise of the brain's machinery, but rather specific signals being sent to specialized receptors all over the body. The essential characteristic of cancer cells is that they are out of control, and do not communicate normally with their neighbors. Is it conceivable that the feeling of control that comes from having a powerful faith can somehow be communicated to malignant cells through previously unappreciated biologically closed electrical circuits? I have again invited Björn Nordenström to provide us with an update on his theory and treatment results at our forthcoming Congress. In addition we will explore further the possibility that "psychoelectroneuroimmune" mechanisms may explain a variety of widely acknowledged, but poorly understood mind/body phenomena, that at the present time we can only marvel at.

Post-Traumatic Stress Disorder, And Stress In Health Care Professionals

A session on Post-Traumatic Stress Disorder has been organized by the International Critical Incident Stress Foundation, one of the co-sponsors of the Congress. This will be chaired by Dr. George S. Everly, Jr. and includes research on victims of the Oklahoma City bombing, and similarities that have been observed in these individuals, and victims in Kuwait who have been studied. There will also be reports on the experience obtained in the Serb-Croat struggle in what was formerly Yugoslavia, and the Russian-Czechen conflict. Of particular interest is a presentation of the new and controversial technique of Eye Movement Desensitization Reprocessing (EMDR) in the treatment of acute psychological trauma.

The Center for Professional Well-Being, another co-sponsor, has organized a workshop session chaired by its Director, Dr. John-Henry Pfifferling. This will focus on the growing problem of stress in

(Continued on page 5)

physicians and other health care professionals. Certain classes of physicians have significantly higher rates of divorce, alcoholism, substance abuse, suicide and violent deaths. The emphasis here will be on how individuals at increased risk can best be identified and treated, and how such problems can hopefully be prevented.

Music, Other Novel Stress Reduction Approaches, The Hans Selye Round Table Panel, And Much, Much More

A variety of new stress monitoring and stress reduction devices have been developed in Western and Eastern Europe, and Russia. Some examples have been presented at prior events, and the latest advances will be featured at our forthcoming Congress. Other presentations and demonstrations will deal with the stress reduction and immune system effects of music. A special segment is being organized in connection with French authorities to discuss the role of stress in automobile accidents. This will include presentations on the role of anger, risk taking behavior, and coping skills, by experts from the United States and Europe, illustrating the distinctions between the major problems experienced in different countries.

A special feature of this year's event will be a panel presentation of Hans Selye Award Recipients (Stewart Wolf, Jim Henry, Björn Folkow, Yujiro Ikemi, Lennart Levi, Joel Elkes, Ray Rosenman, Elmer Green) and invited participants on the Past, Present, and Future of Stress Research. This will include personal reflections on individuals who had a strong influence on their careers, current interests, and thoughts on the future of stress research. Entertaining after dinner talks on various subjects such as job stress, results of combined DHEA and Melatonin administration in elderly individuals, and new approaches to stress measurement, are planned. The highlight of these presentations will be an update by Dr. Richard H. Rahe on the present status of the Holmes-Rahe Scale, and improvements which have resulted due to the modifications he has made over the past decade.

What's So Unique About This Event?

One of the factors that makes these events so different is its very special ambiance. The Five Star Grand Hôtel Excelsior is world renowned for its service and cuisine. Located on Lake Geneva just across from Evian, every room has a breathtaking, panoramic view of the majestic beauty of the French and Swiss Alps. This elegant but informal atmosphere encourages close personal as well as professional relationships, particularly while enjoying the truly gourmet dining, and after dinner get togethers in the main salon. This provides an unusual opportunity for Faculty and Registrant interactions and intimacy, since attendance is strictly limited by the accommodations available at this outstanding facility.

In the past, there was little opportunity for participants to enjoy the beauty of natural surroundings or local attractions, without the stress of having to miss important presentations. While this is primarily an educational event, it makes little sense to travel to Switzerland and be confined to a Conference Room, while tantalizing delights that are close by can never be enjoyed. As a result, at our Eighth Congress, afternoons and ample time has been set aside for skiing, shopping and visiting the numerous nearby attractions. We plan to organize trips to Mont Blanc in France, picturesque Swiss towns such as Gruyères, where the creameries that make its world famous cheese can be visited, and Zermatt, where no cars are allowed, and the highest open air railway in Europe provides a magnificent view of the Matterhorn and its glistening glaciers. The Jungfrau, Lausanne, Geneva, and Gstaad are close by, and Vevey, and Rochers-de-Naye, with its magnificent vista of all the great Alps and Evian are only minutes away.

Rates at the Five Star Grand Excelsior Hôtel-Biotonus Bon Port Clinic for this event are a fraction of their regular costs, and special fares are available from Swissair and Delta for early Registrants, but space is limited. For further information, contact Jo Ann Ogawa, (914) 963-1200 or (800) 24-RELAX.

Paul J. Rosch, M.D., F.A.C.P.
Editor

Preventing And Coping With Holiday Stress

In the original Holmes-Rahe scale rating the magnitude of stressful life events, Christmas ranked higher than such violations of the law as getting a speeding ticket or disturbing the peace. As the holiday season approaches, we are invariably warned about the "Christmas Blues", and an alleged increase in attempted suicides, prisoner uprisings and mental hospital riots, although there is little hard data to support such claims. Several years ago, Jane Brody stated in the *New York Times* that, "Christmas is the most depressing time of year." When pressed for proof, she explained that "psychiatrists are busiest then", and "the suicide rate rises".

One National Center for Health Statistics study found that there are more suicides in April than any other month, and December actually had the fewest. In another Ohio State mental hospital report, there was no increased incidence of depression in patients admitted during the holiday season, and those already hospitalized felt most depressed in early fall, rather than around Christmas. Although the "holiday blues" has now become a widely accepted phenomenon, it may well be more of a recent media creation. In 1974, the *Readers Guide to Periodical Literature* did not list a single article related to holiday depression. However, ten years later, so many had appeared that a separate subject heading for this had to be created. Has holiday stress really increased that much?

Even if this could be corroborated, it might be erroneous to impugn Christmas as the cause. December 21st is the shortest day of the year, and it is well known that depression tends to worsen when days become darker. Patients with Seasonal Affective Disorder (SAD Syndrome) are particularly affected when there is less daylight, and may improve remarkably when exposed to artificial light for an hour before sunrise and after sunset. However, it is less appreciated that patients with other forms of depression also experience an intensification of their symptoms when deprived of daylight. While the holiday season is often viewed as the period between Thanksgiving and New Year's Eve, some psychiatrists refer to a "holiday strip" of depression and family discord that begins a month earlier. By mid-fall, the benefits of any summer vacation has worn off. For parents with children, Halloween can pose certain problems, and a reminder that greater family Thanksgiving and Christmas hassles are just around the corner. Nevertheless, it is certainly true that for many normal people, the holidays can be depressing, especially when they bring back memories of a departed family member who can no longer join in the festivities.

The holidays can also affect your physical well being in different ways. "Holiday Heart Syndrome" refers to episodes of abnormal heart rhythms that tend to occur following heavy holiday or weekend sprees of drinking. Overindulgence in favorite foods not only increases caloric and cholesterol intake, but in patients susceptible to attacks of gout or kidney stones, could be a ticket to the hospital. The holiday season can also give you a headache, both literally and figuratively. The head of the National Headache Foundation reports that "from Thanksgiving to New Year, we see a greater incidence of tension-type headaches and migraines. At my private headache clinic in Chicago, we treat about 40% more patients than we would in a normal 40 day period—we're busy." While increased stress may be a factor, altered sleep patterns because of late night parties could be important. Chronic sleep deprivation causes some people to sleep later on days off, leading to a build-up of carbon dioxide in the blood that can precipitate headaches. Christmas also often coincides with the flu season, and there may be a tendency for increased colds because of greater and closer indoor contact with others, and more frequent travel.

For most of us, Christmas is most apt to be a nuisance because of trying to find the right gifts for everyone at the right price, remembering to send cards to everybody you should, wrapping presents, crowded stores, long lines, last minute oversights, busy schedules, unavoidable confrontations with relatives you'd rather not be with, career and travel obligations that conflict with family functions, too many parties or events you can't get out of, etc. The best way to avoid such problems is to prevent them. Stress results from the feeling of having little control over threats and challenges, or faulty perceptions about their real significance. Many Holiday problems can be prevented by proper planning well in advance, which is why the following tips have been included in this October issue of the Newsletter.

(Continued on page 7)

(Continued from page 6)

- Sit down today and decide on how much you want to budget for Holiday expenses and stick to it. Then make a list of all the people you want to give gifts to, and about how much you are willing to spend on each. Don't forget to include any birthdays or anniversaries that also come in December that may require presents, as well as unavoidable entertainment, decorating, and travel expenses.
- Start your shopping when there are Thanksgiving sales and you have had adequate time to compare prices. Get on as many store mailing lists as possible, so that you will have advance notice of sales, get preferred prices, and avoid the crowds. It's even better to shop earlier in the year, and to stockpile gifts that can be given to several people, such as books, tapes, compact discs, specialty foods and items, newspaper or magazine subscriptions, etc.
- If you are on a tight budget, start trying to save money now, by cutting back on eating out and entertainment, or possibly even bringing your lunch to work. Try to avoid the urge to treat yourself by buying unnecessary items on impulse. When feasible and appropriate, a homemade gift is often much less expensive and more appreciated.
- If you need to get something really special, and finances are not a problem, be innovative. Limousine service and/or tickets to an opera, ballet, or concert might be welcome, or an oversized bottle of fine wine. Consider clean up maid service, arrangements for a massage, or other unusual things, especially if this is something the recipient might want to give to someone else, and be sure to indicate that they have that option.
- Know how much you owe on your credit cards before you start racking up bills.
- Write down your expenses as you incur them, indicating whether you spent cash, or charged a credit card, and keep a running total so you don't exceed your budget.

Be sure to get plenty of rest and sleep. If the Holidays give you a headache, a variety of stress reduction strategies may be helpful. If all else fails, consider taking a vacation to some sunny climate.

New Treatment For "SHOP TILL YOU DROP" Syndrome

While the holiday season is most likely to cause you to "shop till you drop", for some individuals, impulsive or compulsive shopping can be a constant preoccupation. One in four American adults are estimated to suffer from some sort of addiction. While tobacco, alcohol, or drugs usually come to mind, people can also get hooked on such things as eating, gambling, sex and shopping. Some show traits similar to those seen in obsessive-compulsive disorder, where there are persistent or repetitive thoughts and actions, despite the fact that they may be annoying or even unpleasant. The main difference is that shopping and other addicts pursue their habits because of the pleasure it provides.

Obsessive shopping is said to affect up to 6% of Americans, and in severe cases, can lead to financial ruin. It is more common in women who mostly purchase clothing, shoes and makeup. Men tend to buy electronic devices, sports equipment, or wearing apparel. Psychological counseling is usually not very effective, but antidepressant drugs prescribed for obsessive-compulsive disorder, may offer great promise. They have been successfully used to treat gambling addicts, and appear to act by boosting brain serotonin levels, and possibly blocking neurotransmitter responses associated with risk taking and pleasure seeking.

In one recent report, 9 out of 10 compulsive shoppers were able to reduce their buying by at least 50% after taking a drug commonly prescribed for obsessive-compulsive behavior. They not only shopped less often, but became more frugal in other ways, began to pay off debts, and had fewer fights with their spouses, many of which had been triggered by excessive shopping bills. One man had essentially been living off his wife's income, since he habitually spent most of his $800 take home pay on new clothes. After one month, this was reduced to $200, and he reported being much happier and content. A larger double blind study is now planned to demonstrate that the improvement noted was not simply a placebo response. "Addiction medicine" is one of the fastest growing areas of psychiatry, and will soon be recognized as a legitimate sub-specialty.

Associated Press-5/25/95

Book Reviews • Meetings and Items of Interest

Book Review

Textbook of Psychopharmacology, Schatzberg, A. F., M.D., and Nemeroff, C. B., eds., M.D., Ph.D., The American Psychiatric Press, Inc., Washington, D.C., 1995, 896 pgs., $100.00

The remarkable proliferation of information and progress in psychopharmacology in recent years, has resulted in the development of more effective anti-depressants, anti-psychotics, and mood stabilizers. Several decades ago, such drugs generally came into use as a consequence of serendipitous empirical observations, rather than a clear understanding of mechanisms of action. Today, advances in neurochemistry, and state-of-the-art imaging techniques, have remarkably increased our understanding of how, why, and where these chemicals work. As a consequence, this has enabled us to develop more effective medications, one example of which are the selective serotonin re-uptake inhibitors for depression. The enormous amount of relevant material that must be covered because of the need for an extraordinary, multi-disciplinary approach is reflected by the size of this massive volume of 900 pages. The 100 or so contributors are a veritable "Who's Who" from the fields of psychiatry, internal medicine, neuropsychopharmacology, neuropathology, and the behavioral sciences, who discuss every possible pertinent or even remotely related topic.

The book is divided into 4 comprehensive sections, the first of which, Principles of Psychopharmacology, includes chapters on neurotransmitters, electrophysiology, pharmacokinetics, molecular neurobiology, and other topics to provide extensive background information. Section II deals with classes of psychiatric drugs, and Section III covers clinical psychobiology and psychiatric syndromes, ranging from mood disorders and schizophrenia, to Alzheimer's disease, substance abuse, and eating disorders. The final section deals with psychopharmacologic treatment and includes a very valuable appendix listing promising new drugs that are not yet available in the United States.

Of particular interest, is the excellent discussion of the hypothalamic-pituitary-adrenal axis response to stress, which results not only in an increase in the synthesis and release of ACTH, but also beta endorphins and other pro-opiomelanocortin (POMC) products. These have been extensively studied and demonstrated to be intimately involved in the pathophysiology of depression, substance abuse, and the aging process. Clinicians will find the chapters dealing with psychopharmacology and medically ill and geriatric patients particularly valuable. The references are extensive and up-to-date, and the more than 200 tables, figures, and illustrations are exceptionally clear and informative. Space limitations make it impossible to do justice to this monumental tome, which would be a bargain at double the price.

Meetings and Items of Interest

Dec. 4-10 The Psychology of Health, Immunity & Disease sponsored by NICABM, Hyatt Regency, Hilton Head Island, SC, call (800) 743-2226

Dec. 6-10 Training in Mind Body Medicine & Ayurveda, Deepak Chopra, M.D., and David Simon, M.D., San Diego, CA, call (800) 757-8897

Dec. 7-9 1995 Meeting of the Pavlovian Society, Radisson Lord Baltimore Hotel, Baltimore, MD, call Dr. Pare (410) 642-2411, ext. 5427

ISSN # 1047-2517

The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

124 Park Ave., Yonkers, New York 10703

Non-Profit Organization
U.S. Postage
PAID
Yonkers, NY
Permit No. 400