

התאחדות

הוסיפו
נשרו קונס
כמורה נש
העבת מ
היום סבו
השני יוש
במסכת ה
אחד הנש
מרבית גור
יכול למק
אותו קובע
אשר זני
אומלציה א
בנושא ה
ה

עתון התנועה העולמית של המזרח והמזרח
מייקד ועורך השנת הרב כוזב ברודס

ב"ה יום רביעי, ימי השלי חשים (10.10.1979) . שנה
ז"א . גליון 12183 . המחיר 7.00 . מולל מט ערך מוסף

אמנות
סוים איר
שני כמל
אשם הים
לגות נאמ
הכללי ב
כמו יז
עמוק ב
התנועה ה
לא לעוב
14 נוס
דמ זי
החוסס ה
שז בליה
מר כ ה
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הרמנות הראשית לישראל



גילוי דעת

הגני להודיע בזה כי לאחר שראינו הדגמת הזריקות
הנעשות לאפרוחים ולעופות, בנתי לכלל מסקנה,
שעל פי התלכה זנין להזריק יותר באיזור הצואר,
מחשש פגיעה בושט, אלא להזריק בחצי העליון
של השוק.
לפיכך יש לוותר את העוסקים בהזרקה בכל המשקים
להקפיד שלא להזריק אלא אך ורק בחצי העליון של
השוק.
ולשומעים יגשם ושליהם המוא ברכת הטוב.

עובדיה יוסף

האשון לעיני הרב הראשי לישראל

אין להניח רוח טובה בלב, כמו בקרב שוחטים אחרים
בקואליציה, אין שביעות רצון מהמנהל ומן הדרך בה ממלאת
הממשלה את הפקידות. מובן גם לעיני חושבים כי התחלתו
של טר זה או אחר בלבד יבטאו הנמיתים את היקוכם. מיותר
להלוטין, ודאי זה מוסר, אם נבוא לפרט את התלויה של
הממשלה האחריות כלפי המדינה. כחייבת להודיש ולומר
במסעות ובמהירות: המצב הנוכחי אסור שימשך.
את הדיון בממשלה הסקת המסקנות והגמורות יש לפרך
ולכנס לפני שטר גרליך יחיה ויסע. בעוד בשבועיים, לחוץ
לארץ.

דיוע המעשה האדם שתעה בדרך. משג באיש אחד ושאל
זוהו באינו דרך ללכת כדי להגיע אל היעד. השיב לו הויש:
באין דרך שלך ללכת אינני כבר אתה, ברור ואני מיישן לך
בדרך-לו בה אמתה הולך על ידך.

חובתם של ונדרי העובדים בבלי"ל

לא פחות מעטרים ואחר עסקים מביז עובדי הנין לאומי
כניסים של הכנין, מעם כה ומהם שון, במדילות לב ובהתבטאות
על פני ההנהלה, הנין לנלל ביצורו תלקוחות, בשוחתם את
תלקוחות מכסיר להגדלת עסקם, ועדי העובדים מנסים עתה
להסביר ולהגדיר פגיעה זו כ"אזהרה" להנהלה, וזו מסתייגים
להלוטין כהחכמה ילדותית זו.

נבחר כבר עתה ונאמר, כי אינה מובנת כלל ה"סחבת" בה
נהגה ההנהלה, כאשר נתבקשה לשבת לשולחן הדיונים. למרבה
הפער, "סחבת" זו הפכה כמת מולגה, גוקטים בה גם משרדי
הממשלה וגם ראשי מוסדות ומפעלים ציבוריים ומפלגתיים שונים.
העובדים והעובדות והעובדות והעובדות

המפלגה הדתית לזומויות לשכת המזכ"ל

הודעה לחברי ההנהלה

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Background

1. In the poultry husbandry practices of today, it is commonplace to vaccinate chickens/turkeys for the prevention of disease. Vaccines are administered in many fashions, depending upon the requirements for disease protection as dictated by geographic areas. Most chickens are vaccinated with at least two or more types of vaccine. (1)
2. The Jewish Laws of Kashruth ordain that any perforation of the pharynx (wide part of the gullet), or esophagus, regardless of the minute size of the perforation, renders the animal unkosher.
 - 2.1 The gullet has two skins (the tunica mucosa and the tunica muscularis). For practical purposes the perforation of either renders the animal unkosher.
3. Most, if not all, fowl are inoculated subcutaneously in the upper-most back of the neck, just below the skin for Marek disease protection. "They are vaccinated at the hatchery as day old chicks and the vaccine is administered under the loose skin on the back of the neck." (3) To be specific, the injection for Marek's disease is given "subcutaneously on the dorsum of the neck, two to three centimeters distal to the nuchal crest."
 - 3.1 As turkeys grow, many of them are injected under the back neck skin for cholera and eripipelas, particularly turkey hens used for breeders. (2)

Questions

1. Is it at all possible, or even probable, that during the administration of the Marek's injection, the needle could or would come in contact with and pierce the membrane of the esophagus tube of the "day old" chick? NO

What percent (estimate) may be attributed to this possibility?

2. Many chickens are vaccinated at the same time--hundreds/thousands per hour. Is it possible or likely that the vaccinators:

- (a) may not all be experienced/trained *possibility, but are supervised by more skilled employees.*
- (b) and if experienced/trained, may not readily sense if they have punctured, even minutely, the esophagus. NO

What percent (estimate) may be attributed to this possibility?

-
- (1) per American Scientific Laboratories, division of Schering Corporation
 - (2) per State of Wisconsin, Department of Agriculture, Trade and Consumer protection.
 - (3) per State of New York, Department of Agriculture and Markets.

3. In the event the hatchery utilizes an automatic machine-- (vs. manual)-- for the subcutaneous injection, is it possible or likely for the injection to go into the trachereal area? Hard syringes' ½ inch needle? Automatic vaccinators' 1 inch needle?

is placed in position on automatic machine NO, because the bird

3.1 Could faulty handling of the chick or misplacing it on the automatic machine lead to the injection going into the trachael area?

NO because conformity of neck would miss the shot

What percent (estimate) may be attributed to this possibility?

4. Do any of the above problems apply equally to a vaccination administered by "pneumatic hypo"?

NO

What percent (estimate) may be attributed to this possibility?

Problem

We, as Rabbis, are unqualified/incompetant to conduct any valid scientific test. We appeal to you, if at all possible:

(a) to answer our above questions

(b) conduct an independent scientific test by injecting several day old chicks with a colored or radioactive dye subcutaneously in the back of the neck and immediately determining whether the vaccine entered the trachea or esophagus or not. Thus, if the dye will be found, for example, in the tongue of the fowl, does this mean that this was an immediate result of the injection (vs. having traveled through the bloodstream)? In the event colored dye is found in the windpipe or esophagus, does that mean that the vaccination penetrated and punctured them?

Of course, such a test would be conducted where the chicks are separated after inoculation to prevent beak fights, etc. and other scientific procedures to guarantee the integrity of the findings.

We believe that your answer, coupled with the results of such a scientific test, would solve/settle this problem--which is the cause of great concern to the entire orthodox Jewish community.

This is a costly research project, that would serve no purpose. You are assuming that one chance in a million could be injected improperly. If you are concerned then I would get my bird supply from a very reliable company whom vaccinates properly.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
FEDERAL BUILDING
HYATTSVILLE, MARYLAND 20782

September 19, 1979

Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711 12th Avenue
Brooklyn, NY 11219

Dear Rabbi Gross:

Your letter of September 4, 1979, to Dr. David P. Ducharme concerning the administration of vaccines to poultry has been referred to me for reply.

As you have stated in your letter, Marek's Disease Vaccine is usually given subcutaneously (SC) under the loose skin at the back of the neck below the base of the skull. The vaccine may be administered manually by an individual or by mechanical apparatus. Needles used for either method are approximately one-half inch long. Since both methods utilize people, there is, of course, a possibility of error and injections could be made other than SC. However, with a properly trained and experienced vaccinator the likelihood of improper administration would be minimal--probably less than one-half of one percent for either the manual or mechanical methods.

Most vaccinating in the United States is performed by supervised crews at large hatcheries or integrated poultry operations located in the broiler areas--Delmarva Peninsula, North Carolina, South Carolina, Georgia, Arkansas, Texas, and California. The supervisor of the crew is responsible for the techniques used in the administration of the vaccine. This includes the proper functioning of the equipment used (syringes, needles, automatic equipment, handling of the chicks, administration of proper dose, etc.) as well as supervision and training of the vaccinators. Again the likelihood of incorrect administration would be extremely small.

To the best of my knowledge, there has been little or no use of a "pneumatic hypo" in chickens. Proper evaluation of such a procedure would require a great deal of experimentation and probably a modification of the jet injector itself.

A study such as you propose would serve only to evaluate the skill of the individual vaccinator. In order for such a study to be meaningful, one would need to randomly select several vaccinators, vaccinate several thousands of birds using the different methods of administration, and then evaluate the results. Such a study would be very expensive and time consuming and the results could turn out to be questionable. To complicate

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Rabbi Sholom Y. Gross

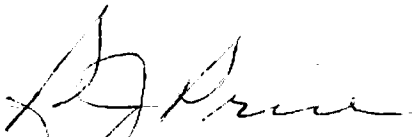
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the picture further, funds for such a study are not available from Animal and Plant Health Inspection Services (APHIS).

Quite frankly, the chances for incorrect administration of the vaccine are so low with the present techniques I seriously doubt if a study of this nature could be justified from either a technical or an economic point of view.

I trust the above will be helpful.

Sincerely,



R. J. Price
Senior Staff Veterinarian
Biologics Licensing and Standards
Veterinary Services



STERWIN LABORATORIES INC. Subsidiary of Sterling Drug Inc.
P.O. Box 537 • Millsboro, Delaware 19966 • Area (302) 934-9274

September 18, 1979

Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711 - 12th Avenue
Brooklyn, NY 11219

Dear Rabbi Gross:

In response to your letter of Sept. 4, I will be glad to answer your questions to the best of my ability.

1. It is certainly possible but not probable that the esophagus could be pierced during administration of Marek's vaccine into the neck of a chick. I would guess that the percent so inoculated would be very small.
2. a. Due to the type of work, I would expect that personnel changes are rather frequent. The new people are certainly inexperienced but should be trained.
b. If not aware of the possibilities, they would never know whether they had punctured the esophagus. Certainly the possibility is greater with an inexperienced operator.
- 3.1 Yes
4. Yes, but I do not believe any chicks are being vaccinated with the pneumatic "hypo" used in human medicine. An automatic vaccinator run by compressed air is used but it is the same design as the electric solenoid activated models.

As a monitoring procedure, some hatcheries add a food dye to their vaccine on occasion. The dye is visible under the skin and the number of chicks not vaccinated can be determined. I have never observed dye in the mouth of any chicks inoculated with this colored vaccine.

If birds are handled carefully and placed in the proper position on the automatic vaccinator, there is no chance of puncturing the esophagus, windpipe or throat. A potential problem arises when the operator tries to vaccinate too fast. Neck injuries can kill and cripple a percentage of the birds. Poor adjustment of the machines may also be a factor.

Rabbi Sholom Y. Gross
September 18, 1979
Page 2

In closing, I would like to remind you that Marek's vaccine has been very effective in reducing losses from this widespread and serious disease. Our chickens are healthier today as a result of its use. As an inspector, I am certain you are well aware of this.

I hope that the information I have given will be of value in alleviating your concern.

Very truly yours,

Frank Wills

Frank K. Wills, V.M.D.

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cc: Ed Ralph

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
FEDERAL BUILDING
HYATTSVILLE, MARYLAND 20782

September 18, 1979

Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711 12th Avenue
Brooklyn, NY 11219

Dear Rabbi Gross:

This is in response to your letter of September 4, 1979, concerning the vaccination of poultry. The answers to your specific questions posed in your letter by number are as follows:

1. I would consider it next to impossible that the needle would penetrate the esophagus or pharynx of the chicken.
- 2(a)(b). The term experience/trained is a subjective term. However, the actual procedure of vaccination by whatever method is easily learned. Because of the location of the site of vaccination irrespective of the type of vaccinator used, it is my opinion that it would be next to impossible to penetrate the esophagus or pharynx of the chicken.
3. Irrespective of the type of vaccinators used, the actual usable portion of the needle is less than 1/2 inch. Again, it is my opinion that it would be next to impossible to perforate the pharynx, the esophagus, or even be near the tracheal area.
4. If by pneumatic hypo you mean an aerosol applicator similar to the Debeakovac, this vaccinator only sprays vaccine on the mucus membranes. This type of exposure would occur under normal rearing practices when the bird was exposed to the environment or when eating or drinking water containing exogenous sources of viruses. Therefore, I would say that of the vaccinators that I am familiar with, it would be next to impossible to perforate the pharynx or esophagus of the chick when vaccinating chicks.

I have tried to provide the answers to your questions to the best of my ability.

In response to Problem (b) in your summary, I would like to state that this research work has been done with organic dyes. Much of this work has been unpublished but is commonly known in the industry. The results indicate that the vaccine is deposited in the area posterior to the neck and well away from the trachea, esophagus, and pharynx. Vaccination errors are made at times by passing in and then out of the skin and depositing the vaccine outside of the chick; but in my opinion, it is next to impossible to penetrate in the area that you are concerned about.

Rabbi Sholom Y. Gross

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I hope that I have relieved you of any concern about the problem that you presented in your letter. If you want further proof, I would suggest that you actually try vaccinating a few chicks and you will quickly understand why I am so positive in my responses.

Sincerely,

Irvin L. Peterson
Irvin L. Peterson
Chief Staff Veterinarian
Swine and Poultry Diseases Staff
Veterinary Services



Agriculture
Canada

Health of Animals Branch Direction de
L'Hygiène Vétérinaire

801 Fallowfield Road
Box 11300, Station H
Nepean, Ont. K2H 8P9

Sept. 14, 1979

Your file Votre référence

Our file Notre référence 100.09

Mr. Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711-12th Avenue
Brooklyn, New York 11219

Dear Rabbi Gross

This will hereby acknowledge receipt of your letter of Sept. 4, 1979 addressed to Dr. Langer in which concern is expressed by the Jewish community as to the possible perforation of the trachea, pharynx and esophagus following vaccination of birds by the subcutaneous route.

We agree with you that many vaccines are administered subcutaneously in the area of the back of the neck. However, to the best of our knowledge, we would not anticipate perforation of the above mentioned structure as these are ventrally situated and anatomically protected by the cervical vertebrae. Should the needle be introduced too deeply, it would make contact with these bony structures.

As a federal laboratory it would not be possible to conduct a test as referred to in your letter. While we are not discouraging the conduct of such a test, we believe it would be advisable to contact an independent agency.

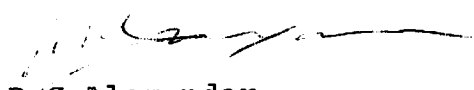
It is suggested that you may want to get in touch with the following people:

Dr. R.J.Price
Sr. Staff Veterinarian
Biologics Licensing and Standards
United States Dept. of Agriculture
Animal and Plant Health Inspection Service
Federal Building
Hyattsville, Maryland 20782

contd.

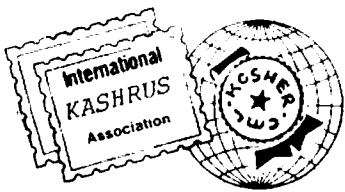
Dr. Bruce W. Calnek
New York State Veterinary College
Ithaca, New York 14850

Yours sincerely



D.C. Alexander
Chief, Veterinary Biologics
Animal Health Directorate

EWM/sb



ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711- 12th Avenue

Brooklyn, New York 11219



September 4, 1979

Dear Sir:

I am coming here to you with our most sincere and heartfelt request which we hope you will give your thoughtful consideration --- and grant us.

This problem, relating to certain vaccination practices in the fowl hatcheries is quite complex to us ---basically men of the 'cloth.'

The procedures, which cause us questions, and the detection necessary to solve our problems generally require the use of sophisticated scientific equipment and laboratory analytical techniques, a process which is unfamiliar to us.

Accordingly, we appeal to you, most sincerely, to review our question and assist us.

Attached you will find, in detail, the background of the situation as it relates to our needs and the problems arising therefrom.

With many thanks in advance, we remain ---

Respectfully yours,

Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

מסמכים רשמיים. ראוי ייבנה. קבלת ודאית מידע כי בכל ארץ יש

Background

1. In the poultry husbandry practices of today, it is commonplace to vaccinate chickens/turkeys for the prevention of disease. Vaccines are administered in many fashions, depending upon the requirements for disease protection as dictated by geographic areas. Most chickens are vaccinated with at least two or more types of vaccine. (1)
2. The Jewish Laws of Kashruth ordain that any perforation of the pharynx (wide part of the gullet), or esophagus, regardless of the minute size of the perforation, renders the animal unkosher.
 - 2.1 The gullet has two skins (the tunica mucosa and the tunica muscularis). For practical purposes the perforation of either renders the animal unkosher.
3. Most, if not all, fowl are inoculated subcutaneously in the upper-most back of the neck, just below the skin for Marek disease protection. "They are vaccinated at the hatchery as day old chicks and the vaccine is administered under the loose skin on the back of the neck." (3) To be specific, the injection for Marek's disease is given "subcutaneously on the dorsum of the neck, two to three centimeters distal to the nuchal crest."
 - 3.1 As turkeys grow, many of them are injected under the back neck skin for cholera and eripipelas, particularly turkey hens used for breeders. (2)

Questions

1. Is it at all possible, or even probable, that during the administration of the Marek's injection, the needle could or would come in contact with and pierce the membrane of the esophagus tube of the "day old" chick?

What percent (estimate) may be attributed to this possibility?

2. Many chickens are vaccinated at the same time--hundreds/thousands per hour. Is it possible or likely that the vaccinators:
 - (a) may not all be experienced/trained
 - (b) and if experienced/trained, may not readily sense if they have punctured, even minutely, the esophagus.

What percent (estimate) may be attributed to this possibility?

(1) per American Scientific Laboratories, division of Schering Corporation

(2) per State of Wisconsin, Department of Agriculture, Trade and Consumer protection

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3. In the event the hatchery utilizes an automatic machine-- (vs. manual)-- for the subcutaneous injection, is it possible or likely for the injection to go into the trachereal area? Hard syringes' ½ inch needle? Automatic vaccinators' 1 inch needle?

3.1 Could faulty handling of the chick or misplacing it on the automatic machine lead to the injection going into the trachael area?

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4. Do any of the above problems apply equally to a vaccination administered by "pneumatic hypo"?

What percent (estimate) may be attributed to this possibility?

Problem

We, as Rabbis, are unqualified/incompetant to conduct any valid scientific test. We appeal to you, if at all possible:

(a) to answer our above questions

(b) conduct an independent scientific test by injecting several day old chicks with a colored or radioactive dye subcutaneously in the back of the neck and immediately determining whether the vaccine entered the trachea or esophagus or not. Thus, if the dye will be found, for example, in the tongue of the fowl, does this mean that this was an immediate result of the injection (vs. having traveled through the bloodstream)? In the event colored dye is found in the windpipe or esophagus, does that mean that the vaccination penetrated and punctured them?

Of course, such a test would be conducted where the chicks are separated after inoculation to prevent beak fights, etc. and other scientific procedures to guarantee the integrity of the findings.

We believe that your answer, coupled with the results of such a scientific test, would solve/settle this problem--which is the cause of great concern to the entire orthodox Jewish community.



October 11, 1979

Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711-12th Avenue
Brooklyn, NY 11219

Dear Rabbi Gross:

Your letter of September 4 has been referred to me for comment. Accordingly, I will try to answer the questions in the order listed.

1. It is highly unlikely that during the Marek's vaccination technique the needle would even come close to the esophagus, much less pierce the membrane or any portion of it.
 - (1) The injection is given under the skin on the opposite side from the esophagus. In order to pierce the esophagus the chick would have to be injected in an upside down position.
 - (2) In all of my years experience I have never seen the esophagus of a single chick pierced during the Marek's vaccination of millions of baby chicks.
2. The people who vaccinate the baby chicks are highly trained individuals in the art of subcutaneous injections. Even a raw recruit would have difficulty injecting Marek's vaccine into the esophagus.
 - (1) Further, I would estimate that from 95-98% of all chicks today are vaccinated with an automatic, electronic or pneumatic vaccinator. These units are designed to correct vaccination techniques



Rabbi Sholom Y. Gross
October 11, 1979
Page Two

via retention or holding plates for the chick. Correct head and neck position is assured when these machines are used, thus further reducing the possibility of incorrect vaccination.

- (2) In the unlikely event that the esophagus was punctured the vaccinators would not be able to detect the puncture wound. The speed of vaccination (3,000/hour) would prevent detection of this fact.
- (3) In my opinion the possibility of an esophagus puncture during Marek's vaccination would be less than 0.001%, maybe less than this.

I hope that I have answered your questions satisfactorily. If not, please contact me further at your convenience. Also, should you care to view the actual vaccination procedure we probably can make the necessary arrangements.

Sincerely,

Jack T. Tumlin, D.V.M.
Director of Technical Services

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ועד הכשרות

המרכזית העולמית

International Kashrus Association



4711-12th Avenue

Brooklyn, New York 11219

September 4, 1979

Dr. Otto Schwabe, D.V.M.
Rutgers, Cook College
Poultry Health Laboratory
2569 East Landis Avenue
Vineland, New Jersey 08360

Dear Sir:

I am coming here to you with our most sincere and heartfelt request which we hope you will give your thoughtful consideration --- and grant us.

This problem, relating to certain vaccination practices in the fowl hatcheries is quite complex to us --- basically men of the 'cloth.'

The procedures, which cause us questions, and the detection necessary to solve our problems generally require the use of sophisticated scientific equipment and laboratory analytical techniques, a process which is unfamiliar to us.

Accordingly, we appeal to you, most sincerely, to review our question and assist us.

Attached you will find, in detail, the background of the situation as it relates to our needs and the problems arising therefrom.

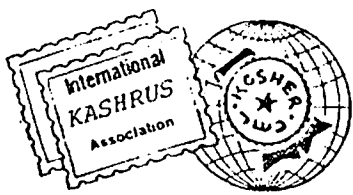
With many thanks in advance, we remain ---

Respectfully yours,

Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

מסתייגות רבנים, ראשי ישיבות, קהלות ולגבי חוקים כי בכל ארץ וזמן



ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711-12th Avenue

Brooklyn, New York 11219



September 4, 1979

Director
American Scientific Laboratories
Galloping Hill Road
Kenilworth, New Jersey 07033

Dear Sir:

I am coming here to you with our most sincere and heartfelt request which we hope you will give your thoughtful consideration --- and grant us.

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Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לחיקון מצב הכשרות

מאוסוסת רבני. רבני זיגות. קולות ולשני חוסי די בעל ור ורר

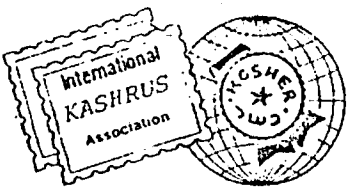
ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711-12th Avenue

Brooklyn, New York 11219



September 4, 1979

Dr. David P. Ducharme, D.V.M.
Division of Drugs for Avian Species
Bureau of Veterinary Medicine, HEW
Food and Drug Administration
Rockville, Maryland 20852

Dear Sir:

I am coming here to you with our most sincere and heartfelt request which we hope you will give your thoughtful consideration --- and grant us.

This problem, relating to certain vaccination practices in the fowl hatcheries is quite complex to us --- basically men of the 'cloth.'

The procedures, which cause us questions, and the detection necessary to solve our problems generally require the use of sophisticated scientific equipment and laboratory analytical techniques, a process which is unfamiliar to us.

Accordingly, we appeal to you, most sincerely, to review our question and assist us.

Attached you will find, in detail, the background of the situation as it relates to our needs and the problems arising therefrom.

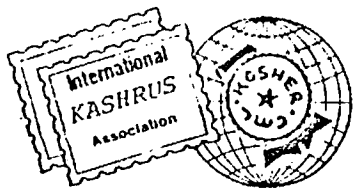
With many thanks in advance, we remain ---

Respectfully yours,

Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לחיקון מצב הכשרות

בשיתוף רבני. ראו ישיבות קולות ואנשי חיים כי בכל שני השנה



ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711- 12th Avenue

Brooklyn, New York 11219



September 4, 1979

Dr. Frank W. Kingsbury, D.V.M.
College of Agriculture and Environmental Science
Rutgers --The State University
New Brunswick, New Jersey

Dear Sir:

I am coming here to you with our most sincere and heartfelt request which we hope you will give your thoughtful consideration --- and grant us.

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Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לחיקון מצב הכשרות

מחברת: רבני. רחמי יצחק. קולות ולשני חוסי בני גלל את אשר

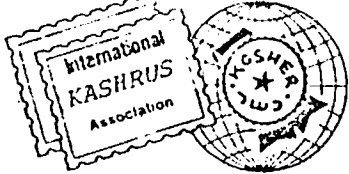
ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711- 12th Avenue

Brooklyn, New York 11219



September 4, 1979

Dr. Philippe Demers, M.V.
Director
Veterinary Dept., Ministere de L'Agriculture
200-A Chemin Sainte -Foy
Quebec, Que. G1R 4X6

Dear Sir:

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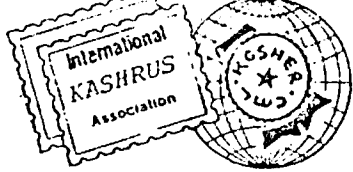
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Rabbi Sholom Y. Gross,
Administrator

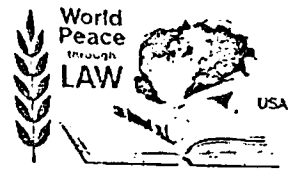
ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

בתיאום ובניסוח רבני יזיבת קולות ולשני חוסי די ככל שר חר



ועד הכשרות

המרכז העולמי



International Kashrus Association

4711-12th Avenue

Brooklyn, New York 11219

September 4, 1979

Director
Vineland Laboratories
Vineland, New Jersey 08360

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Rabbi Sholom Y. Gross,
Administrator

P.S. Dr. Frank Wills, D.V.M. of Sterwin Labs suggested that I communicate my problem to you.

ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

באחריות רבנית. ראוי יציבות קבולה ולחיי חרות כי בכל אור ואור



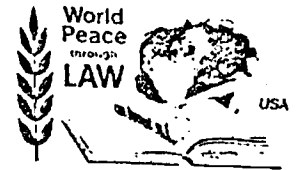
ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711-12th Avenue

Brooklyn, New York 11219



September 4, 1979

Dr. Palmer Myhers, D.V.M.
Salisbury Laboratories
Charles City, Iowa 50616

Dear Sir:

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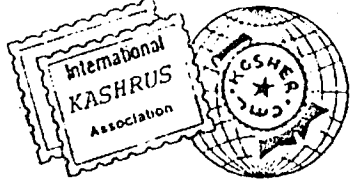
With many thanks in advance, we remain ---

Respectfully yours,

Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

מסמכים רבניים, דברי יציבות, קולנו ולעניי חיים די בכל ארץ וזו



ועד הכשרות

המרכזית העולמית



International Kashrus Association

4711-12th Avenue

Brooklyn, New York 11219

September 4, 1979

Dr. Frank K. Wills, V.M.D.
Sterwin Laboratories
POB 537
Millsboro, Delaware 19966

Dear Sir:

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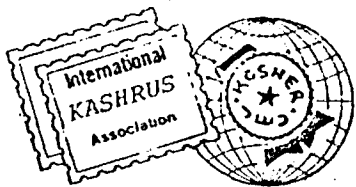
With many thanks in advance, we remain ---

Respectfully yours,

Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

בית המדרש הרבני, רחוב ישיבה, קולנוע ולובי חנוכי 12 בגלל אורח



ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711- 12th Avenue

Brooklyn, New York 11219



September 4, 1979

Dr. John E. Spaulding, Acting Director
Residue Evaluation and Surveillance Division
Science, Food Safety And Quality Service
U.S. Department of Agriculture
Washington, D.C. 20250

Dear Sir:

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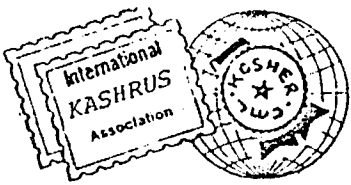
With many thanks in advance, we remain ---

Respectfully yours,

Rabbi Sholom Y. Gross,
Administrator

ארגון עצמאי ובלתי מפלגתי המוקדש לתיקון מצב הכשרות

מסמכים ומכתבים. רחמי ייחבתי. קש"א ומועצת חר"י בני ברק א"י ונ"י



ועד הכשרות

המרכזית העולמית

International Kashrus Association

4711- 12th Avenue

Brooklyn, New York 11219



September 4, 1979

Director
Agri-Bio Corp.
Box 280
Ithaca, New York 14850

Dear Sir:

I am coming here to you with our most sincere and heartfelt request which we hope you will give your thoughtful consideration --- and grant us.

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ארגון עצמאי ובלתי מפלגתי המוקדש לחיקון מצב הכשרות

מאגיסטרי רבנים. ראשי ישיבות קטנות ולחצי מיליון מודים כי בכל שנה נשאר



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 4711 12th AVENUE
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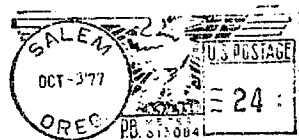
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 Brooklyn, New York 11228

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DEPARTMENT OF AGRICULTURE
PHILLIP ALAMPI, SECRETARY
TRENTON 08625

Mr. Sholom Y. Gross
Executive Director
International Kashrus Assn.
P. O. Box 163
Dyker Heights Station
Brooklyn, New York 11228

State of Wisconsin



MADISON
53713

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Executive Director
International Kashrus
Association
P.O. Box 163
Dyker Heights Station
Brooklyn, NY 11228

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UNITED STATES DEPARTMENT OF AGRICULTURE
N. C. STATE UNIVERSITY AT RALEIGH
RALEIGH, NORTH CAROLINA 27607

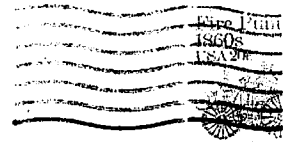
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Mr. C. Y. Gross
Executive Director
International Kashrus Association
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Brooklyn, NY 11228

SOCIETY OF JEWISH SCIENCE
BOX 114
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OLD BETHPAGE, N. Y. 11804



Rabbi Sholom J. Gross
4711-12th Ave.
Bklyn., NY 11219



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DEPARTMENT OF AGRICULTURE
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1525 SHERMAN STREET
DENVER, COLORADO 80203

Sholom Y. Gross, Executive Director
International Kashrus Association
Box 163, Dyker Heights Station
Brooklyn, New York 11228

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Mr. Sholom Y. Gross
Executive Director
International Kashrus Association
P.O. Box 163
Dyker Heights Station
Brooklyn, New York 11228



Agriculture
Canada

ANIMAL PATHOLOGY DIVISION
801 FALLOWFIELD RD.
POSTAL STATION H
P.O. BOX 11300
OTTAWA, ONTARIO
K2H 8P9



Mr. Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711-12th Avenue
Brooklyn, New York 11219



DAMON CORPORATION 115 FOURTH AVE., NEEDHAM HTS., MASS. 02194



Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711-12th Avenue
Brooklyn, NY 11219

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
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Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711 12th Avenue
Brooklyn, New York 11219

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AL AND PLANT HEALTH INSPECTION SERVICE**

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AGR-101



Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711 12th Avenue
Brooklyn, NY 11219



RWIN LABORATORIES INC.
A subsidiary of Sterling Drug Inc.
30x 537 • Millsboro, Delaware 19966

Rabbi Sholom Y. Gross
Administrator
International Kashrus Association
4711 - 12th Avenue
Brooklyn, NY 11219



Spartan Laboratories Charles City, Iowa 50616

Rabbi Sholom Y. Gross, Administrator
International Kashrus Association
4711 - 12th Avenue
Brooklyn, New York 11219