

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ADVANCEMENT IN CANCER THERAPY, LTD.

**Medical Jargon: Lesions
in the Language
by Alfred D. Berger...10**

FDA Watch.....6

**Triumph Over 30-Year
Physical Decline
by Verdeen Davies...5**

**The Cancer Answer
by Leo Roy, M.D....3**

**Ruth Sackman's
Notebook...8**

Foundation for Advancement in Cancer Therapy

Foundation for Advancement in Cancer Therapy, Ltd. is a non-profit, tax-deductible organization. It supports and encourages biological cancer research, nutritional science investigations; disseminates information about non-toxic treatment for cancer to cancer victims; provides financial assistance; and fights to eliminate carcinogenic substances from the environment.

The material contained in Cancer Forum is not copyrighted. Our role is to disseminate information as widely as possible; therefore, we encourage the reprinting of articles, but would appreciate credit.

Board of Trustees

- Ruth Sackman, President
- Pat Judson, Vice President
- Martin M. Fall, Treasurer
- Corrine Loreto, Secretary
- Rhoda Koeppel, Counselor
- Nicholas Daflos, Ch. of FACT Safe Water Committee
- Consuelo Reyes, Trustee
- In Memoriam*
- Leon Sackman. Co-founder

National Headquarters

F.A.C.T., LTD.
 Box 1242, Old Chelsea Station
 New York, N.Y. 10113
 Tel.: 212-741-2790
 Ruth Sackman, President

Editor: Ruth Sackman
 Production: Consuelo Reyes
 Proofreader: Irving Wexler

In this Issue

The Cancer Answer by Leo Roy, M.D.....	3
Triumph Over 30-Year Physical Decline by Verdeen Davies.....	5
FDA Watch.....	6
Ruth Sackman's Notebook.....	8
Medical Jargon: Lesions in the Language by Alfred D. Berger.....	10
Letters.....	11
Recipes.....	13
Tape List.....	14
Book List.....	15

Dear Reader,

This issue of *Cancer Forum* contains a mix of articles. One of them is a follow-up of the previous issue about the FDA. We seem to have a plethora of items about the contradictions in the FDA's standard relative to the health movement and conventional health values represented by the pharmaceutical and chemical industry. Is this surprising when people from the industry guide their products through the FDA system for approval? Is this ethical for a watch dog agency? Moreover, does the system protect the consumer, or are we being snookered when a company's advertising claims "FDA Approved" as though that indicates safety and quality?

I read an article in one of my newspapers that the FDA was concerned about sprouts. The agency warned that they may be contaminated with salmonella. Any food may become contaminated with salmonella if it is not refrigerated or stored properly; why the unusual concern about sprouts? Seems as though there is a bias against the health industry and an unusual tolerance for poisoning from chemicals in food and drugs.

Sprouts are a wonderful and tasty way to have fresh greens available during all seasons of the year. Added to soups and salads they provide a pleasant flavor and crunch. And the variety of seeds that are available for sprouting lends itself to new flavors. When home sprouted, they are inexpensive and very simple to grow. What a boon for people on small incomes to have available a very healthy food that they can easily afford.

It is indecent for the FDA to discourage people from using sprouts by scare tactics.

To Your Good Health,



The Cancer Answer

by Leo Roy, M.D., N.D.

According to the way our minds have been conditioned, we believe there's nothing that can be done for cancer except to kill the cancer cells and tumors.

We have been taught to see cancer as a formidable, mysterious, insidious disease — a diabolical enemy. We have been taught to accept that cancer is a force that has no face other than a tumor; that our body is ignorant and helpless; that there is nothing we as a patient can do; that our body has no wisdom of its own in guiding us back to health.

We have been given a message: "Don't think for yourself. Be a gentle and compliant soul. Whatever can be done, must be done for us by doctors and hospitals. Go along with every treatment that our sincere, good-hearted family physician, aided by the brilliant oncologist, has to offer." Even if it kills us. (And it might!)

Medical Misguidance

Western medicine has maintained that cancer is an invasion of the body from inside by cells that have gone wild. Cancer cells are formed throughout life, but are normally detected and routinely destroyed by the immune system. Cancer will develop when this system fails. Treatment consists of efforts to remove or destroy cancerous cells through surgery, radiation or drugs.

Such ideas do not come from medical science or knowledge.

I no longer believe in the helplessness and inadequacy the medical profession offers to its cancer patients. There are answers to our fears, anxieties, frustrations and suffering. Just understanding the nature of cancer, and understanding why and how it developed within the body, will lift the emotional burden from life and make the months ahead much easier to face.

There are five positive principles that form a basic starting point. Read them carefully. Digest them. Learn to appreciate them. Keep these principles foremost in your beliefs. Then use them. They are powerful weapons of healing.

- Cancer does not mean you have to die. It means you have to take your life in your own hands

and care for it.

- It is not possible for disease and health to co-exist in a body. If your total health is restored, your disease must disappear.

- Your body knows infinitely more about healing itself than any scientist, doctor or healing professional. Only your body knows what it needs for healing. For the secret remedy, look to your body — not to the ignorance of the past, not to books, not to someone else's body or to remedies that were beneficial to, and effective for, somebody else. Don't succumb to treatment which destroys tumors, but does nothing to get rid of the causes or rebuild resistance, healing and health.

- Your body alone has the capacity to heal. Doctors don't. Find out which of your body's healing mechanisms have been compromised — what nutrients, enzymes, proteins, minerals, vitamins, oils and life-forces are missing. Provide your body with everything it needs. It is also essential to break down and eliminate any barriers to healing. Believe in your body's ability to replace sick and dying cells with healthy cells. This is healing

- Free will is integral to human nature. Nothing can interfere or override this prerogative. If we don't want to take hold of our lives, no one can make us. Of course, when what is required for health and joy in life is depleted, destroyed or blocked, we may not want to live. That is the problem.

The ideas I offer come from three sources: research into personal experience, understanding the world of the living cell, and knowing many patients who experienced permanent cures and have subsequently enjoyed years of health, free of disease.

Conquering cancer is achieved through enhancing immunity and resistance to disease while finding and eliminating all possible causes that may have created health problems. I have also seen those less fortunate, who have not been blessed with total cures. Yet, none of these people lived out the rest of their days with more than a minimum of distress, almost no pain and none of the tortures usually associated with cancer.

We're Poisoning Ourselves

From our parents and ancestors, and through the life stages — pregnancy, birth, childhood and adulthood — we continually allow abnormal influences and forces into our lives and bodies. We pile stone upon stone until we have built our own tombstone. The overload breaks down the body's protective and healing abilities until we finally succumb to the onslaught of disease.

We constantly poison ourselves unconsciously, insidiously and daily. We prolong the stagnation and retention of food, year after year, through constipation and inadequate elimination of body wastes and toxins. The toxic supersaturation of the body increases with each day that we eliminate less than what we have eaten.

Each one of the billions of cells that die every day is a toxin — the equivalent of a micro-cadaver, a rotting carcass. To some degree, this process involves the poisoning of the body every single minute of the day.

Accept that your body, as healthy as it may feel, is continually battling these poisons.

Unless you detoxify and eliminate daily, there is no way that you can escape the effects of toxins. It can take up to two years to detoxify the body, especially under the ecologically dangerous conditions many of us live in.

Every body needs diligent detoxification.

Understanding Detoxification

Any good health-restoring regimen will release a flood of toxins into the blood and body fluids. Toxic substances are transported by the blood directly to the liver. The liver is the main detoxifying organ equipped to handle, neutralize and eliminate most body poisons. As long as the liver is healthy and fulfilling its multitude of tasks, healing can progress. Essential in supporting the liver's function are the actions of the other organs of detoxification: colon, kidneys, lungs, skin and the lymphatic system.

It is possible to heal too fast — to eliminate *too many* body poisons at any one time. Going on prolonged fasts or taking large amounts of detoxifying remedies can free too many stored poisons too quickly. These poisons then overload and swell the liver — like sewage “plugging up a sponge.” They

can saturate and exhaust the liver and the organs of detoxification and elimination. This excessive detoxification will leave you feeling as if your treatment is acting adversely. You may fear that your treatment is doing you harm. Not really. Your body is merely ridding itself of toxins at a rate faster than your organs of detoxification and elimination can handle. What you experience at such times is a toxin “hangover.” This is a normal process, like the body ridding itself of alcohol after a horrible binge. Take enemas repeatedly, often enough to completely eliminate the poisons that cause the “hangover.” You may need 5 or 10 enemas or whatever it takes for relief.

Essential Enzymes

There are over 25 million cells dying every minute — one and a half billion every hour — and over 36 billion dead cells to handle every day. The cell cadavers are made up of dead, burned-out, cell biochemicals. The process of cell disintegration is the same as a cadaver rotting. The body must handle and neutralize every cell molecule, flushing them out through its organs of elimination. If not, the cell cadavers will form toxic wastes — the accumulation of harmful substances.

The breaking down of all cell substances is done by enzymes. There are hundreds of thousands of enzymes in the body performing an equal number of functions. There are enzymes which digest all cells and foods. They are manufactured in and by the stomach and the pancreas. Enzymes will digest cells everywhere in the body. They attack and destroy all cells that are worn out, dying and abnormal. They destroy every cell that is not a part of our healthy body structure; amazingly enough, enzymes “know” to attack only these.

The enzymes are not destroyed in this process, nor will they touch the normal cells.

Enzymes are essential in the fight against cancer. Cancer cells are denatured enough that they are no longer recognizable as part of our bodies. They, too, fall under the axe of the digestive enzymes. But not always. Sometimes abnormal cells accumulate and form tumors.

Maintaining a vibrant immune system and good host resistance will seek out these abnormal cells as foreign substances and eliminate them. ❀

Triumph Over 30-Year Physical Decline

by Verdeen Davies

This article may seem out of place and irrelevant for the cancer patient. It is not. The problems that are caused by a TMJ misalignment are numerous, but rarely given much attention by doctors during an annual checkup. The condition isn't even understood in-depth by many dentists. "Every time our jaws close, making occlusal contact, our entire nervous system is programmed," states W. B. May, D.D.S., an expert in TMJ misalignment. Any interference with nerve signals can lessen the efficiency of our entire glandular system and produce pathologies — a condition that cancer patients need to avoid.

I am a 58-year-old widow and grandmother who wants others to hear my story in hopes it will save another who has been told his or her illness is of unknown cause and without remedy.

In 1994, after a 30-year physical decline, I was finally diagnosed with Multiple Sclerosis (MS). Ironically, after seeing countless medical doctors,

my miracle-maker was not a medical doctor, but a dentist/nutritionist — Dr. Larry Lytle.

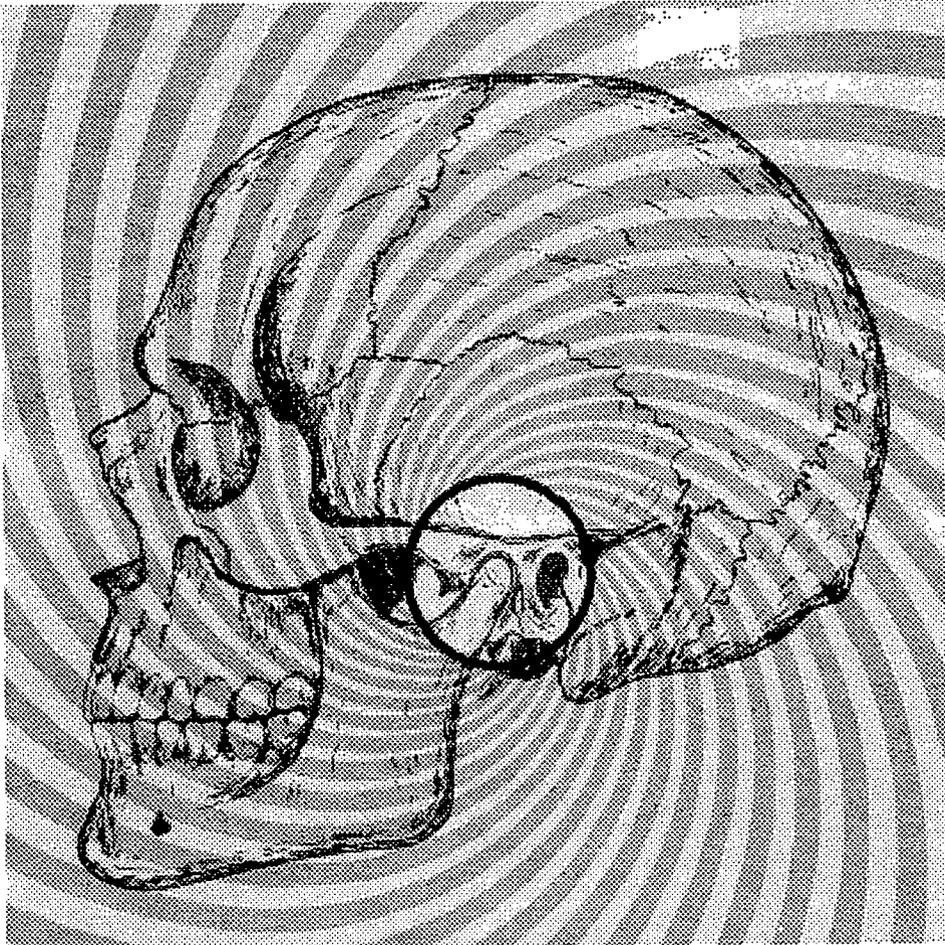
Through one of life's strange coincidental course of events, I heard about Dr. Lytle, his use of laser-bonded splints on one's back teeth for correcting jaw imbalance and his views on the health-dam-

aging effects of low-level electrical energy between mercury fillings plus the toxic effect of mercury.

Because of my fruitless attempts to resolve my health situation, I was not enthusiastic about seeing a dentist, whom I could not conceive would be able to do much for me.

After I presented my medical history to Dr. Lytle, he performed a thorough dental examination and observed a considerable jaw imbalance, due to the effects of a prolonged bad bite, and that several of my teeth contained mercury fillings. He detailed his many years of experience in treating temporomandibular dysfunction (TMD)*, and how TMD may be misdiagnosed as other medical illnesses or ignored as an associate in a disease process such as MS.

* TMD is known more commonly as TMJ.



He educated me about proprioception, the instant electrical feedback to the brain. He said it was more delicate in the mouth than anywhere else in the body.

He explained that there are 136 different muscles connected with the jaw. When some of these tense, it influences the vertebrae in the neck, causing proprioception. It becomes really disrupted when the jaws are over-closed due to the teeth either not growing in high enough or wearing down too much.

He then related that while mercury has been confirmed as a highly toxic substance, the principle problem with mercury fillings occurs when the saliva turns acidic and thereby conducts a low level of electrical current between one mercury filling and another or between a mercury filling and any other metal in the mouth. He said this current may not be present in all people and is controlled by the acidity of the saliva. Acidity is controlled by diet and stress.

Finally, he described my treatment: first, the splint would be laser-bonded to both sides of my lower back teeth so it will be worn 100 percent of the time and adjusted as needed; second, the replacement of mercury fillings with non-toxic, bio-electrical, neutral dental materials; and third, a nutritional program designed specifically for my health needs.

Three days after I began wearing the splint, I called Dr. Lytle. Nearly exploding with joy and relief, I exclaimed that for the first time in years, I was able to get up in the morning without having to hold on to the bed for several minutes and wait for the room to stop whirling. I told him it was as though a light switch had just flicked on inside my head. During the next two months my progress continued in all areas, particularly in a lessening of dizziness and balance difficulties.

Few things have been more pleasurable to me than when I was finally able to throw away my annoying cane. Also, another delight was my restored ability to stand on one leg for a count of 20, a feat that I had lost the capability of doing 25 years earlier.

My health improved so dramatically that in four months Dr. Lytle removed the splint and began replacing my mercury fillings as well as doing per-

manent onlays to maintain both the restored jaw alignment and the correct distance separating my upper and lower teeth. As the mercury fillings were respectively replaced, the remaining lost sensation in my body started returning with incredible quickness.

My health has improved a fantastic 90 percent. In the evenings when I have overexerted, some tingling and numbness reappears in my hands and feet; however, I know that after a good night's sleep those symptoms will be gone.

In time, Dr. Lytle said it is reasonable, relative to his experiences with other patients, to expect even these temporary symptoms to no longer occur. I am a reborn person, enjoying hobbies of woodcraft, knitting, crocheting — passions long ago stolen from me. I am even more thankful for the gift of being able to play vigorously with my grandchildren for the first time.

No longer fearing the prospect of a wheelchair, nursing home, or helpless existence is a wonderful weight to have lifted off oneself. In an absolutely real sense — my savior was Dr. Larry Lytle.

Reprinted from International DAMS Newsletter

FDA Watch

"FDA Watch" is a follow up on our last issue (Vol.17, No.11/12), which focused on FDA and the fact that far too often this tax-payer-supported "watch dog" agency has not been looking out first and foremost for the public whose safety it is obligated to protect. As always, we urge you to let your Congressional representatives know how you feel.

WARNING ON DRUGS

...**FOR PAIN.** The popular prescription pain reliever Ultram can cause addiction or seizures in some patients and must be used cautiously, the Food and Drug Administration (FDA) warned.

Known chemically as tramadol, a year after the drug was approved it had already been used by 5 million patients suffering chronic pain, from back problems to broken bones.

The FDA received 115 reports of patients who

became dependent on tramadol or abused it, sometimes intentionally overdosing, and 83 reports about patients who suffered seizures, usually when they took Ultram with certain other medicines, including the antidepressant Prozac.

So the FDA and manufacturer Ortho-McNeil Pharmaceutical wrote 900,000 health-care providers that Ultram should never be prescribed to patients who take certain drugs that affect the brain, like antidepressants, or who have epilepsy or other neurological disorders.

Also, it should not be given to patients who have ever abused addictive painkillers or who are allergic to codeine. A few people allergic to codeine have suffered anaphylaxis, a life-threatening reaction, after taking Ultram.

...**AND FOR LICE.** Parents must not overuse lindane, a prescription drug for killing lice, because too much could cause neurological damage, the FDA said.

Lindane is safe when used as directed, the FDA said. But problems can arise when zealous parents pour too much on a child's head or reuse it because the child still itches after a first application, the agency said. The FDA said a warning should be added to the label saying parents should choose lindane only when less risky lice medicines fail. Several nonprescription drugs use different lice-killing ingredients such as permethrin in Nix or pyrethrin in RID Lice Shampoo.

CALCIUM BLOCKER PROBLEM. Researchers ended a study of a drug meant to help protect patients' brain functions during open heart surgery after eight of the 75 patients taking it died.

Only one person died among the 74 patients who received a placebo for the drug nimodipine in the study at Bowman Gray School of Medicine in Winston-Salem, N.C.

Nimodipine is one of a class of compounds known as "calcium antagonists" or "calcium channel blockers," which researchers hoped would protect patients by dilating arteries and allowing more blood to flow to the brain.

The drug, brand name Nimotop and made by Bayer AG, the German drug and chemical com-

pany, was approved for sale in the United States in 1988.

Calcium channel blockers are widely used to treat high blood pressure or chest pains called angina, but have in recent months been criticized by several scientists who feel they may bring on heart attacks.

Dr. John Hammon, a Bowman Gray surgeon, said that while there is insufficient evidence to warrant discontinuing the use of nimodipine in connection with surgery, "emerging evidence" exists that users of calcium antagonists have an increased risk of bleeding.

—The Associated Press, reprinted from *Newsday Edit, Note: The preceding drugs are all still on the market, albeit with warning labels that were not present when they first came out.*

FDA ADVISORS TIED TO PHARMACEUTICAL INDUSTRY

Washington—A study conducted by *USA Today* found that more than half the "experts" hired to advise the Food and Drug Administration (FDA) on the safety and effectiveness of medicines have financial ties to the pharmaceutical companies that will be impacted by those decisions. *USA Today's* Dennis Cauchon reported that while experts are supposed to be independent, 54 percent of the time they have a direct financial interest in the drug or topic they are asked to evaluate. The conflicts of interest include items such as stock ownership, consulting fees or research grants. While federal law prohibits FDA from using experts with such conflicts, FDA has waived the restriction more than 800 times since 1998, *USA Today* found.

In the paper's analysis, between January 1, 1998 and June 30, 2000, at least one member had a financial conflict at 92 percent of committee meetings, half or more of the FDA advisors had conflicts of interest.

"The best experts for the FDA are often the best experts to consult with industry," Linda Suydam, FDA senior associate commissioner, told *USA Today*. Suydam is in charge of waiving conflict-of-interest restrictions

—From *Natural Products Industry Insider*

RUTH SACKMAN'S NOTEBOOK

METABOLIC SYSTEM OF CANCER CONTROL

Many cancer patients opt for a metabolic system to control their cancer problem. A metabolic system is primarily a system of nutrition and detoxification. There is a tendency on the part of some to use nutrition very conscientiously but rebel at detoxification. They, unfortunately, do not quite understand the physiology of a metabolic system; and that limited understanding can include practitioners. I think the confusion is due to a mistaken assumption that a system which depends on nutrition is simplistic when, on the contrary, it is quite complex. Therefore, it requires experience to design an individualized program. It also requires in-depth knowledge to guide a patient through the metabolic process.

The metabolic program's goal is to correct abnormal cell production. This requires a correction of a biochemical imbalance that, in the metabolic system of healing, is considered the basic problem. This repair is complicated, but must be undertaken to restore normal cell production. Unless that is accomplished, abnormal cell production will continue and result in a metastasis.

A metabolic program includes a wide range of areas that need special consideration. Nutrition and detoxification are both of paramount importance. Sometimes nutrition has to be emphasized; at other times detoxification has to receive primary attention. An experienced practitioner can make the determinations as to when one or the other is put in place.

A whole network of internal processes is included in a metabolic system: digestion, immune activity, waste elimination, circulation, nerve responses, glandular function (i.e., liver, pancreas, thyroid, adrenals, kidney, etc.). More obvious considerations are quality of the food (preferably organic), pure water (distilled), pure air, stress relief and exercise. A careful evaluation of organ function and correction has to be included to be sure the elements in the food are metabolized into their

microcomponents to be available for normal cell production. Any impaired organ function must be remedied or boosted with carefully selected food supplements in order to regain and maintain health.

With improved cell production, weaker cells will automatically be displaced by healthier cells. This is a normal body process that goes on continuously. On a metabolic program, this process is sped up somewhat and dead cells that are collected by the bloodstream can overload it faster than routine elimination can handle. Detoxification is needed to assist the body in cleaning the bloodstream. An experienced practitioner knows how and when to accomplish this "house cleaning."

When detoxification is indicated, it is not a choice but mandatory. Without it the patient will suffer from autointoxication, a condition that can easily be avoided. The symptoms of autointoxication can manifest in severe headaches, diarrhea, skin breakouts, fever, flu-like symptoms, profuse sweating and sometimes nosebleeds. The body in its wisdom will attempt to discard this excess waste through any aperture if the normal channels of elimination (colon and kidney) are overloaded. A system of detoxification done regularly will help the patient avoid the above complications. In making a metabolic repair, knowledge is your best companion.

If you choose to incorporate a metabolic system to control cancer, and I think it is essential for complete recovery, select a resource with a proven track record of success over a long period of time. In the conventional medical community, tumor reduction is used to measure the success of a protocol. That yardstick does not necessarily serve for long-term recovery. The same yardstick exists in some alternative cancer therapies with the same limited results.

Metabolic programming is not a role for amateurs. Let your motto be "Caveat Emptor!"

THYROID

Are you aware that pesticides used in growing and processing your food mimic estrogen? And that this in turn creates an estrogen/progesterone (hormonal) imbalance which plays havoc with the normal function of the body. It is already known that a hormonal imbalance is creating a low sperm

count in males. No doubt it is upsetting hormonal balance in women as well and is responsible for the rise in osteoporosis. It is not necessarily the lack of calcium in the diet that is causing osteoporosis as calcium is the most prolific element in the food chain. It is found in fruits, vegetables, nuts and grains. If it is not missing in the diet then the deficiency may be due to the body's inability to metabolize calcium efficiently due to the hormonal imbalance.

A doctor recently recommended to the medical community that a thyroid test should be a routine part of the typical annual physical checkup. This suggestion recognizes that the thyroid probably is not functioning as efficiently as it should and may be causing unrecognized problems. The typical thyroid measurement may indicate that it is within the normal range, but at the low end of the test. At that point the function may just be a little too low to maintain adequate homeostasis. Alan Nittler, M.D., author of the book, *New Breed of Doctor*, always claimed that the thyroid parameters used in thyroid testing were incorrect and adjusted his recommendations accordingly.

The thyroid is key to calcium metabolism. The hormonal imbalance from pesticide use may be affecting hormonal balance, ergo, thyroid function which in turn affects calcium metabolism. It makes sense to measure thyroid function to determine if there is a root cause for osteoporosis before taking calcium tablets. As a matter of fact, if the thyroid secretion is inadequate, more calcium cannot be the solution to the problem. (Warning: if thyroid activity needs attention and the doctor feels it is necessary to prescribe thyroid hormone to achieve normal metabolism, ask him/her to use a natural thyroid such as Armour's instead of Synthroid or Thyroxin.

ARE YOU AFRAID OF ANTHRAX AND WHAT DO YOU KNOW ABOUT CIPRO?

Information about Cipro can be found in the *Physician's Desk Reference (PDR)* in medical and other libraries. I was shocked to find that the information covered 10 pages. That is most unusual and Bayer, the manufacturer of Cipro, is wise in presenting as much information as possible.

Cipro has many serious, negative aspects so that the user should be extremely knowledgeable and

careful about its use. Here is a list of "post marketing adverse events:"

BODY AS A WHOLE: change in serum phenytoin.
CARDIOVASCULAR: postural hypotension, vasculitis.

CENTRAL NERVOUS SYSTEM: agitation, confusion, delirium, dysphasia, myoclonus, nystagmus, toxic psychosis.

GASTROINTESTINAL: constipation, dyspepsia, flatulence, hepatic necrosis, jaundice, pancreatitis, pseudomembranous colitis. (The onset of pseudomembranous colitis symptoms may occur during or after antimicrobial treatment.)

HEMIC/LYMPHATIC: agranulocytosis, hemolytic anemia, methemoglobinemia, prolongation of prothrombin time.

METABOLIC/NUTRITIONAL: elevation of serum triglycerides, cholesterol, blood glucose, serum potassium.

MUSCULOSKELETAL: myalgia, possible exacerbation of myasthenia gravis, tendinitis/tendon rupture.

RENAL/UROGENITAL: albuminuria, candiduria, renal calculi, vaginal candidiasis.

SKIN/HYPERSENSITIVITY: anaphylactic reactions, erythema multiforme/Stevens-Johnson syndrome, exfoliative dermatitis, toxic epidermal necrolysis.

SPECIAL SENSES: anosmia (sense of smell).

There are many people who are afraid of anthrax. Inordinate fear is not necessarily justified. Visualize the postal facility with hundreds of workers but only one or two may be victims. Why? Because those unaffected may have adequate host resistance. That means their own immune systems are providing protection and can probably do it much more efficiently and safer than Cipro.

Good immune function or host resistance is the same mechanism that protects people exposed to any germ or virus. Some people are vulnerable; others are not. We need to look for the answers in those who do not automatically catch the flu bug or other prevalent ailments of the season. Perhaps taking steps to enhance immune activity might afford better and safer protection than Cipro. Perhaps a glandular such as thymus to strengthen immunological function would be the right choice.

Medical jargon: lesions in the language By Alfred D. Berger

A medical student I know reported that a patient was sweating heavily. She was corrected sharply—her clinical instructor insisted she write “diaphoresing profusely.” She was well on her way to becoming a doctor. What doctors do to English can make an editor weep.

Never mind that there's no such verb as diaphorese. Even if it were correct, what combination of stuffed shirt and tin ear would prefer such polysyllabic gobbledygook to real words?

Remember what that master of the language, Winston Churchill, kept hammering home: the best in English have one syllable, and their roots are Anglo-Saxon. Better a high blood level than an elevated one.

Discussing the awkwardness of medical writing four years ago, physician-novelist Michael Crichton wrote, “The usual explanation of humanists is that scientists are illiterate, or only slightly acquainted with English prose. We can reject this as spiteful.”

Can we? Pre-med students are taking more and more technical courses and pass up many chances to study English. Once in medical school there's no chance at all.

To this faulty background add a natural desire to pick up the lingo of the big guys—the residents and faculty. Throw in a certain amount of laziness—it's easier to use an all-purpose buzzword like “procedure” than to select a more precise word, such as test, operation, method, or technique. Add a pinch of pomposity—it sounds grander to “perform” than just to do. Stir well, and out pours medical jargon.

Why else would doctors, when they want to talk about people highly likely to get diabetes, refer to them by so grotesque an expression as “individuals at high risk for diabetes?” Anyone who thinks “at high risk” is acceptable English needs to take high school grammar over again, this time paying attention. Oh, well, at least they're one-syllable words.

Why else would they use “localize” when they mean locate, or find, or spot? Localizing a lesion doesn't mean finding out exactly where it is; it means keeping it from moving or spreading. Another favorite “ize” word is “visualize,” which of course means to see in one's mind's eye, not to make

visible on a cathode-ray tube or film.

A good deal of the verbal abuse, of course, is a conscious effort to use an arcane vocabulary non-professionals won't understand. This makes the users feel wiser and more learned than the non-users and also lets them talk over the heads of the uninitiated, like parents spelling words out so the children won't understand.

The technique isn't new. When I was much younger, a street pitchman who called himself The Mighty Atom used to work our neighborhood. Part of his act was a medical routine. “You go to a doctor and tell him your joints are inflamed. He tells you you have arthritis and charges you \$5. Know what arthritis means? Inflamed joints.” He knew.

There's no more excuse today for such usages as hepatocytes for liver cells, which takes the same space in print and is a syllable shorter in speech—and infinitely easier to understand. And renal may be shorter than kidney, but it's clearly stuffier.

Among minor irritations are the euphemisms. Laboratory animals never seem to get killed, they're “sacrificed.” To what god, I often wonder. Studies are never paid for, they're “funded.” Sounds less crass to some writers, presumably. Although dictionaries may have given in, fund is still a better noun than it is a verb.

Misplaced snobbery is another minor annoyance. Such spelling as orthopaedic for orthopedic—which has not been correct on these shores since Noah Webster published his *American Dictionary of the English Language* in 1828—seems pointless. It's curious that some orthopods cling to this archaic diphthongery, but pediatricians don't. Can it be that youth has rubbed off on one group, and orthodoxy on the other?

The worst thing about medical jargon is that it's contagious. The first thing an editor has to teach a beginning science writer is that it's important to know what all the technical terms mean, including those that are mere jargon—but that doesn't mean it's all right to use them.

Now, if only we could teach that to doctors.

*The author is the managing editor
of Medical World News.*

Letters

Dear Mrs. Sackman:

Enclosed find a check in the amount of \$50.00 to be allocated as follows: \$25, hopefully, will cover my membership dues, and remaining \$25 is for a new subscription as a gift to a friend.

I also would like to inquire if you are familiar with any chiropractic doctor that might practice Dr. Epstein's manipulation technique, Network Spinal Analysis (NSA) in my area, as I'm very interested. I would greatly appreciate if you could forward his/her name and address or phone.

I would like to call your attention again to my new address, which I already sent, but I'm reiterating as I don't want to miss any of the *Cancer Forum*. M.M.

Edit. note: We do appreciate you're letting us know in advance any change of address — saves return postage and insures delivery to you!

Dearest Ruth,

I hope this letter finds you well.

It's hard to believe that another year has passed. My life gets sweeter and physically stronger with every passing year. This summer I had my 61st birthday.

I'll always be grateful to you for your wonderful advice and unending patience with a very scared person in 1992, 1993, 1994. N.B.

Dear Ruth,

Many thanks, once again, for your continued support via FACT of my research program. Indications are that its over-long dormancy will end some day next month. What a relief this will be!

I enjoy the practice of medicine, but it is no consolation for the seemingly never ending frustration of these past years.

The research is my life's goal and I am determined to see it consummated. Without the help from you and FACT this would have become impossible years ago.

Many thanks again, Duncan McCollester, M.D.

To All at FACT:

Today, once again, Mrs. Sackman was a great help to me. FACT and Mrs. Sackman have helped our family on many occasions over the past twenty years or so since we have been members. We appreciate the work of everyone at FACT.

I am enclosing my check for \$5.00 to cover cost of the Information Packet. Please send it to the above address.

Yours truly, P.C.W.

Attention: Ruth Sackman

I contacted you about 3 years ago when my husband was diagnosed with pancreatic cancer. Even though some alternative therapies helped, he passed away Oct. 15, 1998.

However, I have 2 friends I'm concerned about and am interested in maintaining contact with your organization. With the loss of so many to this disease — it seems to me that the "conventional" methods of treatment simply don't work.

God bless you for your efforts in this valuable research and therapies. Sincerely, M.V.

Dear Ruth,

I appreciate all that you do to promote health.

I have reached a time in my life when I must "scale down" and find new homes for many books and tapes. I am sending some to you, hoping you will find a place in FACT's library. If not there, will you please direct them to someone who might appreciate them?

God bless you, J.J.

Dear Ms. Sackman,

Enclosed please find check for \$300 (my share of tax cut rebate). I am sending this to you because of your work disseminating information on non-mainstream medical therapies (especially those not approved by our present government and medical establishment).

I vehemently opposed this tax cut. It is a purely political maneuver generally benefitting those who don't need it, stealing from our grandchildren and our elderly and our future. I consider this money to be tainted (dirty!!!) and hope that your use of it will be of better use to society than it would have been in our government's hands.

Subsequent events in New York and Washington have proven the idiotic folly of this tax cut measure. Sincerely yours, B.H.

Dear Ruth & Friends at FACT:

I certainly do miss the conventions, but thank you for the memories I have of those I did attend.

Thanks also for *Cancer Forum*. I look forward to each issue and read them end to end.

And, thanks also for the help you offer to those in need of advice.

Sincerely, D.B.

Dear Sirs:

Enclosing check for US \$25.00 to renew subscription to *Cancer Forum*.

Only suggestion I have is to change the name so as to avoid the word "cancer," substituting a positive name implying health and well-being. It has been understood for many years that repeated focus on what we do not want for ourselves proves a powerful attractor to it, whereas focus on what we do wish for ourselves also proves a powerful attractor.

Thank you, Dr. F. Noah Gordon (Australia)
Edit. note: Yes, we agree with you about being positive. That's why we have the word "advancement" in our name.

Dear Ruth ,

Thank you again for your very informative *Cancer Forum* which I read from cover to cover over and over again.

Enclosed is my check for the amount of thirty dollars for membership renewal and, please, do take care of yourself, Ruth, as you are a very special lady.

Sincerely, T.M.

Dear Ms. Sackman:

We are pleased to enclose herein a check in the sum of \$400 made out to FACT. These were proceeds donated as a result of the recent book promotional party for Steven Altman's Deprivers Project.

We hope that you shall receive additional proceeds in the future from this project and look forward to a continuing relationship.

Very truly yours,

Paul J. Edelstein

Edelsteins, Faegenburg & Brown

Thank you for including FACT in Steven Altman's Deprivers Project!

Dear Ruth,

Thank you so much for all your help.

Thank you for sending us the colema board also. Really showed us how much you cared and really touched our hearts.

God bless you richly, M. & C. Gray

Dear Mrs. Sackman,

Enclosed you will find a check for \$20.00. This is a donation for FACT. I would like to be put on the mailing list for the *Cancer Forum* magazine.

It was nice to talk to you today. I called and spoke to Betty Fowler, as you recommended. She told me the information I needed to hear. The plan sounds good. She actually commended me for NOT going through with the next (hospital planned) surgery that was scheduled for

February 6th.

I feel like I now have a positive direction to work towards. Before, when the only thing I was being offered made me cringe at the thought of being "shot by the BIG GUNS of CANCER TREATMENT."

Thank you very much; I look forward to receiving the magazine and speaking with you again in the future.

In Good Health, D. M.K.

Dear Ruth

Just a note to thank you, as always, for your dedication, knowledge, and supreme effort in disseminating information to help so many people. I'm extremely grateful for the extra care you've given my mother. She greatly depends on you and you've always been there for her. Please accept my contribution of \$250 as a small token of my appreciation.

I'm also enclosing an article about the use of honey during surgery to prevent colon tumors, which I thought might interest you (if you haven't seen it).

Please also find my check for \$17 for Dr. Epstein's book, *Healing Myths, Healing Magic*. His articles in the *Cancer Forum* (Vol. 17, No. 5/6) are very much in alignment with the work I do with my patients as psychotherapist, Holistic doctor and yoga master.

I trust all is well with you and look forward to speaking to you soon. Please send my best regards to Consuelo.

Humbly and lovingly, Dr. Julian Neil

Dear Ruth,

Thank you so very much, once again, for speaking with me about my daughter's illness. I need to tell you—you are tops in your field—totally knowledgeable, receptive, informative, and more than that—inordinately patient and kind. You make things so clear and understandable.

I want to thank you again for being the lovely and gentle woman that you are.

May Good Health come to stay with all of us.

Very gratefully, S.P.

Dear Ruth,

Enclosed is the \$5.00 fee for the Information Packet you have already mailed me.

I want to thank you for our discussion today. You calmed me down and gave me hope. There are so many people taking advantage of cancer patients, and when you get this diagnosis, you are so desperate and vulnerable.

I hope you will be able to provide guidance to me on my path to getting well.

Sincerely yours, G.W.

Recipes*

Cashew Sour Cream

1 cup raw cashews
1/2 cup distilled water

1. Blend cashews and 1/2 cup of water until smooth. Add more water for thinner consistency. Pour into jar or bowl, cover loosely. Let stand at room temperature for 2 or 3 days, until fermented.
2. Cover tightly and refrigerate. Use as a dressing for steamed vegetables or salad. Lasts about a week when refrigerated.

Variation: Before serving, stir in fresh dill, chives or any other desired herb.

Sweet Potato Soup

2 medium sweet potatoes
2 cups cooking water
1/4 cup cream

1. Cut sweet potatoes in chunks and put in pot with enough water to cover. Boil, then simmer until just soft.
2. Place sweet potatoes and 2 cups cooking water in a blender or food processor. Mix until smooth. Add more water if too thick.
3. Heat to just below the boiling point, stir in cream, and serve. Garnish with chopped chives, if you like.

Date Nut Roll

1 cup tightly packed pitted dates
4 Tbsp. water (1/4 cup)
1/4 tsp. ground cardamom or to taste
1/2 tsp. cinnamon or to taste
1/2 cup chopped raw walnuts
1/3 cup raw almonds, ground

1. Put the dates in a food processor with the water, cardamom and cinnamon. Chop finely. Add more

spices, if desired. Pour the date mixture into a small mixing bowl.

2. Grind walnuts or chop coarsely and mix into the date mixture. Shape into walnut-size balls.
3. Pour ground almonds onto a cutting board or plate and roll date nut balls in the almond meal. Keeps in refrigerator at least a week or two, or longer in freezer.

Maple and Spice Squash

2 cups cooked and mashed winter squash
1/4 cup pure maple syrup, or to taste
2 Tbsp. butter (opt.)
1/2 tsp. cinnamon
1/2-1 tsp. fresh grated ginger



1. Bake, steam or boil any ripe winter squash (Hubbard, butternut, or butternut are recommended) until tender. Baking will result in a drier mash. Cut in half for quicker cooking.
2. Once the squash is cooked, scoop the meat out of its shell, mash and measure. The ingredients listed above are for approximately 2 cups, so adjust to accom-

moderate for the amount that you have.

3. Beat in the maple syrup to taste, starting with a quarter cup and add more as desired. At this point, add the butter and spices. (You might want to start with a little less than is called for and add more as you like. Remember, each squash will have its own unique taste and sweetness, so a recipe is only a guide.)

4. Place the squash in a casserole dish and warm in the oven until ready to serve (about 15 minutes at 350° F. to warm). Garnish with any of the following:

pine nuts, chopped filberts or pecans
chopped fresh herbs (parsley, cilantro, or dill)
Serves 2-4 people.

* Recipes adapted by Consuelo Reyes

Convention Tapes

\$ 5.00 each. 12 tapes for \$50.00
Mail to FACT, Box 1242, Old
Chelsea Station, NY NY 10113.

Karl O. Aly, M.D.

- (14) Cancer Program at Tallmogarden

Stanley Bass, D.C.

- (173) Testing Nutrition Theories with Mice
- (187) Discovery of the Ultimate Diet

Edward Berk, Herbalist

- (55) Rebuilding the Immune System

Peter H. Duesberg, Ph.D.

- (133) The Role of Drugs in AIDS

Edwin Flatto, M.D.

- (151) Exercise—A Vital Tool for Restoring & Maintaining Health

Jorge Estrella, M.D.

- (79) Improving Host Resistance With Cellular Therapy
- (164) Immune System, Cancer and Cell Therapy
- (174) Boosting the Body's Healing Ability

Charlotte Gerson, Director of Gerson Clinic

- (167) The Gerson Therapy

Jane Goldberg, Ph.D., Psychoanalyst

- (24) How Stress Alters Normal Body Function
- (62) Psychological Immune System
- (92) Using Your Emotions for Better or Worse
- (114) Who Lives and Why
- (143) Emotions - Friend or Foe?
- (185) How the Mind Affects the Body

Martin Goldman, M.D.

- (113) Integrative Approach for Strengthening Host Resistance
- (123) Oriental Medicine for Bio-Repair
- (168) Oriental Medicine—An Adjunct for Host Defense

Phillip Incao, M.D.

- (126) Role of Fever in Immune Response
- (131) Inflammation—The Natural Enemy of Cancer
- (148) How Weakening the Immune System Causes Cancer
- (162) Prevention of Cancer Starts in Childhood

Bernard Jensen, D.C., Ph.D., Nutritionist

- (2) Moving the Whole Body to Health
- (27) Tissue Cleansing Through Bowel Management
- (77) Helping Host Resistance Naturally
- (180) Nutritional Pathway to Health

Chaim Kass

- (186) Alzium Update

William D. Kelley, D.D.S.

- (21) Individualized Metabolic Nutrition for the Cancer Patient

John R. Lee, M.D.

- (64) Connection Between Fluoride Toxicity & Cancer
- (83) New Information Regarding the Fluoridation/ CancerLink
- (117) Fluoridation /Cancer Link
- (163) Progesterone—A Natural Cancer Fighter
- (178) Xenobiotics—Endocrine Disturbance

Duncan McCollester, M.D.

- (169) Autologous Immune Therapy for a Variety of Cancers—Developmental Studies

Shary Oden

- (171) Workshop: Healing Power of Love, Laughter, and Music

William H. Philpott, M.D.

- (176) Role of Magnetics in Cancer

Ribner, Richard, M.D.

- (145) Healing the Mind/Healing the Body

Leo Roy, M.D., N.D.

- (28) Individualized Nutrition for the Cancer Patient

- (42) Enzymes: Life's Miracle Workers

- (68) Immunity & Host Resistance

- (94) Individualized Metabolic Programs to Improve Host Resistance

- (128) Biochemical Individuality and Biological Repair,

- (138) Pro Life - Yours!

- (152) A Trip Through Your Inner World

Ruth Sackman, President of FACT

- (5) Symptoms Associated with the Restoration of Health

- (29) Cancer Causes & Prevention

- (60) Deciphering the Proliferation of Cancer Therapies

- (88) Making Sense Out of the Confusion Surrounding Cancer Information

- (129) Concept of Biological Healing

- (135) Causes of Cancer and Balancing Body Chemistry

- (136) What Are Your Choices?

- (144) Comparing Conventional & Alternative Therapies; Healing the Host

- (166) Metabolic Approach in Controlling and Preventing Cancer

- (172) FACT—An Optimum Resource for Cancer Patients

- (175) Caveats on Alternative Health

William F. Welles, D.C.

- (134) Colon Health to Improve Host Resistance

- (150) The Colon—Key to Immune Integrity

John Yiamouyiannis, Ph.D.

- (12) The Fluoridation Cancer Link

- (46) Fluoride & Cancer

Recovered Cancer Patients, Personal Case Histories

- (6) Michael Whitehill (Thymoma)

- (80) Betty Fowler (Skin)

- (41) Richard Mott (Lung)

- (43) Kay Windes (Breast)

- (58) Walter Carter (Pancreatic)

- (98) June McKie (Lymphosarcoma)

- (99) Bernard Nevens (Colon)

- (108) Kay Windes (Breast)

- (112) Louise Greenfield (Breast)

- (119) Bernard Nevins (Colon)

- (125) Louise Greenfield (Breast)

- (132) Pat Judson (Colon)

- (139) Lou Dina (Lymphoma) & Hy Radin (Spinal)

- (146) Tom Buby (Lymphoma)

- (147) Doris Sokosh (Breast) and Lou Dina (Lymphoma)

- (155) Neta Conant (Breast) and Kay Windes (Breast)

- (158) Moshe Myerowitz (Liver)

- (159) Doris Sokosh (Breast)

- (165) Greg Hagerty (Hodgkins)

- (170) Lou Dina (Lymphoma)

- (179) Greg Hagerty (Hodgkins)

Panels of Recovered Cancer Patients

- (44) Doris Sokosh (Breast), Daniel Friedkin (Testicular), Ruth Williams (Melanoma)

- (67) Jeannie Glickman (Ovarian), Betty Fowler (Skin), Daniel Friedkin (Testicular)

- (45) Pat Judson (Colon), Doris Sokosh (Breast)

- (72) Hy Radin (Spinal), Doris Sokosh (Breast)

- (161) Doris Sokosh (Breast) and Michal Ginach (Breast)

- (189) Doris Sokosh (Breast), Lou Dina (Lymphoma) and Daniel Friedkin (Testicular)

- (190) qGreg Hagerty (Hodgkins), Barbara McClary (Ovarian) and Michal Ginash (Breast)

Please Order Tapes by Number

BOOKS

Add \$ 3.00 for postage and handling on all book orders. Add \$3.50 for first-class postage. Make checks payable to FACT, Ltd. and mail to FACT, Ltd., Box 1242, Old Chelsea Station, N.Y.C. 10113. FOREIGN ORDERS: USE POSTAL MONEY ORDERS.

- Bass, Dr. Stanley: *In Search of the Ultimate Diet* (\$6.00)
Bieler, Dr. Henry: *Food Is Your Best Medicine* (\$5.99)
Brandt, Johanna: *Grape Cure* (\$4.95)
Cranton, Dr. Elmer: *Bypassing Bypass* (\$12.95)
Duesberg, Dr. Peter and Yiamouyiannis, Dr. John: *AIDS* (\$ 15.00)
Epstein, Dr. Donald: *Healing Myths, Healing Magic* (\$14.00)
Flatto, Dr. Edwin: *Cleanse Your Arteries and Save Your Life* (\$8.00)
Gerson, Dr. Max: *A Cancer Therapy, Results of Fifty Cases* (\$19.95)
Haight, S.J.: *Censured for Curing Cancer - American Experience of Dr. Max Gerson* (\$8.95)
Hay, Dr. William Howard: *How To Always Be Well* (\$6.95)
Heede, Dr. Karl O.: *Sure Ways to Health and Joy of Life (Waerland Dietary System)* (\$1.00)
Heritage Press: *Composition and Facts About Foods* (\$12.95)
Howell, Dr. Edward: *Enzyme Nutrition* (\$8.95)
Hume, E. Douglas: *Bechamp or Pasteur?* (\$20.00)
Hunsberger, Eydie Mae: *Eydie Mae's Natural Recipes* (\$5.95)
Hunsberger, Eydie Mae: *How I Conquered Cancer Naturally* (\$7.95)
Jensen, Dr. Bernard: *Arthritis, Rheumatism and Osteoporosis, an Effective Program for Correction Through Nutrition* (\$7.00)
Jensen, Dr. Bernard: *Beyond Basic Health* (\$11.95)
Jensen, Dr. Bernard: *Blending Magic* (\$6.00)
Jensen, Dr. Bernard: *Doctor/Patient Handbook* (\$8.00)
Jensen, Dr. Bernard: *Foods That Heal* (\$14.95)
Jensen, Dr. Bernard: *The Greatest Story Ever Told* (\$7.95)
Jensen, Dr. Bernard: *The Healing Power of Chlorophyll* (\$6.50)
Jensen, Dr. Bernard: *A Hunza Trip and Wheel of Health* (\$7.95)
Jensen, Dr. Bernard: *Nature Has a Remedy* (\$12.95)
Jensen, Dr. Bernard: *A New Lifestyle for Health & Happiness* (\$7.00)
Jensen, Dr. Bernard: *Rejuvenation & Regeneration* (\$7.00)
Jensen, Dr. Bernard: *Tissue Cleansing Through Bowel Management* (\$8.00)
Jensen, Dr. Bernard and Dr. Donald Bodeen: *Visions of Health* (\$12.95)
Jensen, Dr. Bernard: *What Is Iridology?* (\$ 5.95)
Kelley, Dr. William D.: *One Answer to Cancer* (\$11.95)
Kimmel, Dean: *6 Weeks to a Toxic-Free Body* (\$9.95)
Kime, Dr. Zane: *Sunlight Could Save Your Life* (\$19.95)
Lane, Dr. Sir W. Arbuthnot : *The Prevention of the Diseases Peculiar to Civilization* (\$2.00)
Lauritsen, John: *The AIDS War* (\$20.00)
Lauritsen, John: *Poison By Prescription: The AZT Story* (\$12.00)
Lee, Dr. John: *Natural Progesterone* (\$10.00)
Levine, Barbara H.: *Your Body Believes Every Word You Say* (\$11.95)
Meyerowitz, Steve: *Fasting and Detoxification* (\$10.95)
Owen, Bob: *Roger's Recovery from AIDS* (\$10.00)
Ramos, Dr. Federico O.: *Treatment of Cancer By Means of Cell Therapy* (\$1.00)
Roy, Dr. Leo: *The Liver* (\$4.00)
Sokosh, Doris: *Triumph Over Cancer* (\$10.00)
Stickle, Robert W.: *One Man's Fight to Control Malignancy* (\$3.50)
Tilden, Dr. John H.: *Toxemia Explained* (\$5.50)
Waerland, Are: *Health Is Your Birthright* (\$3.00)
Waldbott, Dr. George L.: *Fluoridation—The Great Dilemma* (\$5.00)
Walker, Dr. N.W.: *Becoming Younger* (\$5.95)
Walker, Dr. N.W.: *Colon Health* (\$5.95)
Walker, Dr. N.W.: *Diet and Salad Suggestions* (\$6s.95)
Walker, Dr. N.W.: *Fresh Vegetable and Fruit Juices* (\$6.95)
Walker, Dr. N.W.: *Vibrant Health* (\$5.95)
Wigmore, Dr. Ann: *Be Your Own Doctor* (\$3.95)
Wigmore, Dr. Ann: *Recipes for Life* (\$9.95)
Wigmore, Dr. Ann: *The Sprouting Book* (\$9.95)
Yiamouyiannis, Dr. John: *Fluoride, The Aging Factor* (\$14.95)

The books on this book list are very carefully selected. The nutrition books are based on *clinic experience*, not theory or laboratory work.

Information Packet \$5.00 (includes 1st class postage)

CANCER FORUM
10 BACK ISSUES \$5.00
20 BACK ISSUES \$10.00

FACT is a non-profit organization. All proceeds from book sales are used by the Foundation for Advancement in Cancer Therapy for your benefit.

Foundation for Advancement in Cancer Therapy, Ltd.
P.O. Box 1242 Old Chelsea Station
New York, NY 10113

ADDRESS SERVICE REQUESTED

Non-Profit Org.
U.S. Postage
PAID
New York, N.Y.
Permit No. 5769

Visit the
FACT Website!
WWW.FACT-LTD.ORG

Please notify us if you change your address. Our non-profit mail will be returned to us at a charge of 35c and you will miss copies of *Cancer Forum* until your address is corrected. This mail is not forwarded.

Foundation for Advancement in Cancer Therapy, Ltd., Box 1242, Old Chelsea Station, New York, NY 10113

To help us help you and to support alternative cancer therapies, make your most generous, tax-deductible contribution to FACT. We plan to send receipts only upon request, to ensure more funds for FACT programs. If you do wish a receipt check here.

(please check amount)

\$1,000 \$500 \$100 \$50 \$25 \$10 Other \$_____

Please make checks payable to FACT

Name _____ Telephone _____

Address _____ Apt. # _____

City _____ Zip _____

E-mail address _____

A copy of the last annual financial report filed with the New York State Board of Social Welfare may be obtained upon request by writing to: New York State Board of Social Welfare, Office Tower, Empire State Plaza, Albany, NY 12223.