

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



Louise Greenfield



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Foundation for Alternative Cancer Therapies

Foundation for Alternative Cancer Therapies, 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.

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Raw Diet Beats Cancer

by Louise Greenfield

In December of 1977 two hard lumps located close to each other were removed from my right breast. A biopsy was performed and the lab report said I had "an infiltrating adenocarcinoma of the breast." My surgeon said I MUST have an operation within ten days. He recommended a modified mastectomy and implied how lucky I was that they no longer advised radical mastectomies.



Louise Greenfield

Totally unprepared for this pronouncement, I was thrown into absolute terror. I did not smoke and had cut down drastically on beef and junk foods for ten years, innocently thinking these measures would save me from ever hearing this dreadful news.

We knew of Dr. Jack Goldstein, author of *Triumph over Disease — by Fasting and Natural Diet*. In this book, which reads like an adventure story, Dr. Goldstein, a podiatrist and nutritional consultant in Livonia, Michigan, tells how he cured himself of a devastating case of ulcerative colitis.

Since my mind had stopped working I never even thought of him, but fortunately my husband suggested we seek his advice.

Dr. Goldstein had me come in for a consultation and took my history. He said it was to my benefit I had not had radiation or chemotherapy because of resultant destruction of normal cells. He drew up a diet plan for me and with its help I have defeated my cancer.

It is now three years later and without having had the mastectomy, radiation, chemotherapy or any drugs, I am in good health, I function normally, and I have TWO BREASTS.

The diet was a RAW diet for the first two months. For that length of time I was allowed nothing cooked and nothing hot, not even a cup of herb tea. It is basically a detoxifying type of diet designed to make things easy for that important organ, the liver.

It consists mainly of raw vegetable juice followed by raw blended salad, whole salad without dressing, whole fruit, raw-milk, unsalted cheese, raw unsalted nuts, and some seeds. The first thing I had to do was buy a juicer and heavy-duty blender.

These foods were to be eaten slowly to allow digestion to start in the mouth. Nuts were to be chewed to a cream. Water for drinking and cooking was to be distilled. I was to avoid taking any medication and was to have nothing artificial in my food, and of course, nothing cooked.

In the beginning most of the foods tasted awful. Only the threat of a mastectomy made me stick to it. I spent hours dreaming about HOT food. I would have sold my soul for a hot vegetable.

I begged for hot tea at the very least. But Dr. Goldstein said the first four months — indeed the first year — were crucial in changing my internal chemistry. During the first two months on the raw diet I gradually lost twenty pounds, going from a size twelve to a size eight. My stools changed drastically. They became very light in color, also soft, enormous, and frequent. Believe me, raw diet is a sure cure for constipation.

After two months Dr. Goldstein allowed me to use tahini dressing and eat a few lightly steamed vegetables. I will never forget my first hot food — it was an utterly plain baked potato, no salt, no butter. But every bite was heavenly.

When nearly a year had gone by, Dr. Goldstein allowed me occasional fish and chicken. The first time I ate fish I almost died from the unaccustomed load on my stomach.

I must mention that I had a physical ailment that caused me many problems with the diet. About two years before learning about the cancer I had developed colitis — inflammation of the colon with attendant gas, pain and diarrhea. My family doctor put me on a bland diet which relieved the pain but caused chronic constipation. When I began the new diet, you can imagine the difficulty my system had tolerating raw foods.

However, I persisted because anything was better than losing a breast. After a few months on the raw diet the colitis became much better. It continues better unless I experience unusual stress; as a rule I have neither diarrhea nor constipation and very little pain.

One reason I was so determined to maintain the diet was because I had two friends who had been stricken by cancer. Both accepted conventional medical treatment, submitting to countless operations, radiation and chemotherapy. Both developed unhealthy brown complexions and terrible fatigue. Both died.

The diet is very time-consuming to prepare and clean up after. Sometimes I feel like a rabbit. Other times I could beat my head against the wall in sheer boredom.

On occasion when I am unduly stressed, hard painful lumps appear in one of my breasts. I eliminate all cooked items, get more rest, and in three or four weeks the lumps disappear. I call it a miracle — a miracle of MY body.

I have survived some severe bouts of flu and congested lungs merely by following the same regimen. Dr. Goldstein always tells me, "Your body will get better when it's ready, don't rush it." Unfortunately everyone is in a big rush these days and it's hard to slow down.

A raw diet allows the body to heal itself because vitamins and minerals have been through the "digestive system of the plant," so to speak, and therefore are very quickly assimilated by the body.

I've done a lot of studying on my own. The average cancer patient needs to become his own expert. In fact, the average person is well advised to become his own best expert on health. There is no "mystique" about one's body. If a doctor can learn, limb by limb and gland by gland, so can we. All we've got to do is make up our minds that we can. As Dr. Goldstein quotes in his book, "The mind is like a parachute — it only functions when open."

Flouridation & its Consequences

Letter to Eastern Shore Times, Ocean City, Maryland — Richard A. Passwater, Ph.D.

Dear Editor

The Times recently presented pro and con statements about the suggestion to fluoridate Ocean City's water supply. The article ended with an opinion from the proponent contending "there is no safety issue which needs determination." This is a serious issue of public safety, and the public should know the facts.

There are several areas of concern including kidney, thyroid, liver and spleen damage as well as increased cancer death rate, birth defects and allergies.

Consider the following from the enclosed 1978 article published in the scientific journal *Bios* by Dr. K. Hansen of the Department of Pathology at the College of Medicine and Dentistry of New Jersey.

"There has been speculation that flouride replaces iodine in the body. It is claimed that the number of thyroid cancers in San Francisco has gone up five times since the introduction of fluoridation (Lough et al., 1975). According to McLaren (1976), fluoride appears to be actively concentrated by thyroid cells.

"The purpose of the research described herein was to study the histological effects of various concentrations of fluoridated water on the thyroid, spleen, liver, kidney, heart, stomach, intestine, and bone of female mice. . . .

"Fluoride in the diet of female CSE mice at levels as low as 1 ppm causes pathological changes in kidney, thyroid, liver and spleen. This fluoride concentration approximates that added to public water supplies."

Thus we have an uncontested, current, peer-reviewed scientific confirmation by a qualified expert of the damage caused by 1 ppm fluoridated water to the kidney, thyroid, liver, and spleen.

Earlier, studies had shown that kidney patients had accelerated damage from fluoridated water (Journal of the American Medical Association 222 (13) 783-5 (1972); Marier (1977) and Mer-nagh et al. (1977) from attachment 7 of my letter to Mayor Kelley and the City Council).

Drs. Summers and Keitzer of the Akron General Medical Center reported a significant increase in calcium-based kidney stones after fluoridation of Akron's water supply.

Drs. Summers and Keitzer of the Akron General Medical Center reported a significant increase in calcium-based kidney stones after fluoridation of Akron's water supply (*Ohio State Medical Journal*, Jan. 1975). In 1961, Dr. Taylor of the University of Texas reported fluoride caused kidney stones in mice, a condition not encountered before in his mouse colony.

THYROID

How many Ocean City residents have either hypothyroidism or hyperthyroidism? As mentioned earlier, Dr. Hansen has shown that fluoridated water causes thyroid damage. Drs. Day (1972) and Teotia (1975) have shown that fluoridated water increases the occurrence of goiter. Dr. Crawford (1972) has reported that fluoride in drinking water blocks iodine absorption . . . a proportion of the population may come to have suboptimal iodine intake. The effects might be subtle and slow to develop, and would certainly not be picked up by the crude screening used at present (Ref: see attachment 7). Dr. Bobek observed that fluoride caused a decrease in blood thyroxine which alters thyroid hormones.

BONE

High fluoride content of drinking water caused bone abnormalities in 251 Tanzanian children including deformed feet, barrel-shaped chests and leg abnormalities (Christie, *Radiology*, 1980). Dr. Christie commented "Excessive fluoride ingestion in pregnant women may possibly poison and alter enzyme and hormonal systems in the fetus, causing disturbances in bone formation and mineralization." The children had incapacitating pains never known in previous generations. Researchers used to believe it took 20 to 30 years of drinking water with a high fluoride content to produce osteofluorosis. Until recently, there had been only a few reports of these skeletal changes in children."

Earlier bone deformations had been reported to be extensive in a region in India having 3.5

ppm of fluoride in the drinking water (Krishnamachar, *Lancet*, 1973). In a special report on osteoporosis in the January 1980 *Consultant*, Dr. G. Gordon stressed "fluoride causes fluorosis with pain, poor quality bone, fractures, ectopic calcification, and neurologic disturbances . . . Fluoride combines with hydrochloric acid, a substance that frequently produces peptic ulcers and hematemesis."

Yet fluoride proponents try to tell us that it's good for the bones! The editorial in the February 1980 issue of the *Journal of the American Medical Association* stressed that in patients with osteoporosis treated with fluoride, there is a high prevalence of side effects and no reduction in fracture frequency. The major side effects occurring in 42 percent of such patients taking fluoride include synovitis (painful joints), painful plantar fascial syndrome, recurrent vomiting and anemia (Specht, *Western Journal of Medicine*, October 1980). Other side effects include gastric ulcer, joint stiffness, hair loss, neurological disease, cerebral demyelination, Parkinson's disease, peripheral neuritis, and retinal macular degeneration (Riggs, *JAMA*, Feb. 1980).

In 1975, Dr. Inkovaara found substantially more fractures in a fluoride treated group (370 versus only 32 in the equal non-fluoride group) (*Brit. Med. J.*). It seems that fluoride can harden bone, but it makes bone (and teeth) more brittle.

The level of fluoride in fluoridated water (1 ppm) is sufficient to cause the mottling of teeth, which is an indication of bone and tooth damage.

MOTTLED TEETH

After fluoridating Newburgh, NY for 10 years, 18 percent of the children had mottled teeth compared to 1 percent in Kingston (Asst, *J. Amer. Dental Assoc.*, 1956). After fluoridating Grand Rapids, Mich., 19 percent of white children and 40 percent of black children had mottled teeth (Russell, *J. Amer. Dental Assoc.*, 1962). In Casa Grande, Ariz., the level was 86 percent (*U.S. Pub. H. Rpt.* 68).

CANCER

The link between fluoridation and cancer has been established by several investigators. The best way of summarizing the evidence is to refer

to the evidence given in open court against the Director of Public Health State of Illinois, et al. over a period of ten weeks during this past spring. Drs. Dean Burk and John Hiamouyiannis presented the findings of one of the largest and most sophisticated epidemiological studies in modern science, covering the fluoridation-cancer experience of 18 million Americans over 30 years. There were controls for known and unknown variables, including geographic, demographic, environmental, and dietary factors; consideration of periods before and after the introduction of fluoridation in the experimental cities; double-blind design to control for bias; an objective and manageable index of time trends studied; together with elaborate adjustments for age, race, and sex by direct and indirect methods. A significant increase in cancer deaths in humans was associated with the introduction of fluoridation. The data show that 10,000 to 30,000 Americans die of cancer each year due to the effects of fluoridation.

A principle of scientific logic, called "Occam's Razor," dictates that this evidence is considered as fact unless someone can conduct a similar study that holds up to scientific criticism which shows otherwise. The essence of logic is that given a strong association between observed phenomena, one should assign the first, most obvious and natural explanation as to the cause, and this must be taken as fact, unless and until the contrary be demonstrated. To upset such a causal inference, it is not enough to postulate other possibilities; any alternative thesis must be proven as fact, or at least to be more plausible or probable, otherwise the first-assigned cause stands.

The Burk-Yiamouyiannis evidence withstood all challenge during the trial and no counter evidence could be proposed by experts summoned by the defense. This surely dictates that a community should not fluoridate unless new studies can determine the present studies are in error.

We can see suggestions as to the truth of the evidence here in Maryland. It may be a coincidence, but Maryland ranks in the top four states in percentage of population drinking fluoridated water and ranks number one in cancer death rate. Baltimore, which has been fluoridated since 1952 is the most cancer-prone city for white males, and Washington, D.C., also fluoridated in 1952, is first in cancer death rate for black males. Somerset County which has

drinking water contaminated with a high fluoride level has a cancer death rate of 316 per 100,000 population compared to the state rate of 184 per 100,000. Dorchester County, which has a high percentage of the population drinking water contaminated with a high fluoride level has the second highest rate, 285 per 100,000 population.

The statement that "link between fluoridation and cancer has not been proven" is particularly alarming. First of all, the legal burden lies on those who are proposing to contaminate the public water supply to prove safety. The accepted procedure for other drugs (fluoridation is mass medication) and food additives is to conduct a series of tests in two or more animal species. Unfortunately, Dr. Al Taylor of Texas A & M has shown that fluoride does indeed promote cancer in animals.

Secondly, everyone has the freedom to choose whether or not they will ingest a cancer-causing chemical or even only a "suspected" cancer causing chemical. Some people are "not impressed" with the evidence linking cigarette smoking with lung cancer. Others are. But we don't force everyone in the community to smoke. Fluoridation forces everyone that drinks or eats food prepared in that community to ingest fluoride.

ALLERGIES

In the Illinois trial, Dr. G. Walbott testified that allergies (intolerance) to fluoride in drinking water is a fairly common phenomenon. Typical signs are musculoskeletal symptoms including pains in joints, muscles and chest, muscle weakness and twitching, and backache; neurological symptoms, including headache, numbness in hands and feet, dizziness, visual disturbances, ringing in the ears, and convulsions; stomach symptoms, including pain, nausea, vomiting, and bloated abdomen; bowel symptoms, including pain and diarrhea; and a number of other symptoms including hives. Fluoridated water can bring misery to the one-to-ten percent of any population allergic to fluoride.

BIRTH DEFECTS

In 1976, Professor A.H. Mohammed of the University of Missouri reported "As little as 1 ppm of fluoride in drinking water can produce permanent genetic damage in mice. The chromosomal damage and breakdown observed in the study is believed to be the direct result of fluoride acting on the DNA." Dr. Mohammed's

findings have withstood scientific cross-examination in court challenges to fluoridation. Mongolism (Down's Syndrome) is a birth defect that has two separate aetiological processes — one affecting younger mothers and independent of maternal age and the other, a more frequent phenomenon, affecting older mothers (Stoller, 1963). Dr. Rapaport has shown in three studies (1956, 1959, 1961) that a parallelism has been observed between the incidence of mongolism and the fluoride content of drinking water. Dr. W. Berry confirmed this in a Texas study. A 1974 study in Massachusetts by Dr. Needleman claimed not to find an elevated risk for mongolism, but Dr. J.R. Lee stated that the data do suggest that fluoride causes an elevation of mongolism. While the mongolism question is still a question, the genetic damage is established.

NERVE DAMAGE

Fluoride impairs the central nervous system. Fluoride affects metabolism in nerve cells and disturbs receptor function and the transmission of nerve impulses (Gabovich and Ovrutsky, 1977). The Executive Director of the Feingold Association of New York for Hyperactive Children stated that fluoride cannot be tolerated by hyperactive children because it has a severe adverse reaction upon their nervous systems (Gelardi, 1976).

ENZYME DAMAGE

Four Nobel prize winners — Euler, Warburg, Theorell, and Summer — working independently, have shown that a number of enzymes of great importance are destroyed by fluoride at concentrations between 0.2 and 1 ppm.

The enzymes catalase and superoxide dismutase help protect against cancer, but they are destroyed by fluoride. Dr. Holman pointed out in 1961 that "many observations have suggested that agents which decrease the catalase of cells may predispose to tumor formation. Since fluoride can inhibit catalase and since it is a cumulative poison, the danger of increasing the cancer-inducing potential in humans must be considered." Dr. Steyn commented in 1964 that catalase destruction is known to be associated with mutagenic and carcinogenic processes. The relationship of fluoridation to cancer was discussed earlier.

All the chemical reactions necessary to the life and function of the body depend on enzymes.

Continuous depression of enzyme activity by fluorides produces alterations of function and symptoms of disease.

TOXICITY

The danger of fluoride is not so much the immediate threat of poisoning, as it is the insidious cumulative effect of slow damage to the body. Yet fluoride is a poison several times more toxic than arsenic. Several cases have been documented wherein people have died solely from the direct toxic effect of fluoride in drinking water. Others have died from swallowing fluoride gels or mistakes in fluoridating drinking water. Last year in Berlin, while a State Public Health Official was guaranteeing the audience at the Berlin debate that such accidents can't happen because of safeguards, an Annapolis man lay dead at that very moment because of a fluoride "spill".

A list of reports that are often quoted as demonstrating safety is enclosed. The mistakes made in each report is discussed. The best way to illustrate the lack of adequate safety testing is to quote from Congressional proceedings.

DISREGARD FOR SAFETY

The following excerpts from the House Select Committee to Investigate the Use of Chemicals in Food chaired by Congressman Delaney illuminate the lack of safety concern by fluoridation proponents.

From Page 1632 of the Record:

Dr. Miller (physician and Congressman): "There are answers you have not found to questions relative to the effects of fluoride upon other than dental functions of the body. Do you think that the public interest is best served by a more cautious attitude about the use of fluoride?"

Dr. Arnold (Public Health Service): "No, sir. I think the public interest is best served by having the public start putting fluoride in the water supply today."

Page 1754:

Dr. Miller: "Since the studies have not been completed on what happens to children with damaged kidneys and nothing has been done on adults, how can you say positively that there are no deleterious effects? Do you know of any experiments that have been carried on by the Public Health Service or

the American Dental Association or the American Medical Association in relation to what happens to old people, people that may have chronic disease, diseased kidneys — the effects of fluoride on that group?”

Dr. Ast of the New York State Health Department, Director of the Newburgh fluoridation project, did not know of any such experiments.

Page 1759:

Dr. Miller: “No experiments have been carried on as to the effects on older people or even pregnant women?”

Dr. Ast: “Yes, that is correct.”

Dr. Miller: “And there might be some deleterious effects to people with damaged kidneys or pregnant women or those with chronic diseases, in the older group?”

Dr. Ast: “If that were qualified by the statement that the likelihood is very remote, and that is based on the endorsement by such organizations as the American Medical Association, the National Research Council, the American Public Health Association, and others.”

Dr. Miller: “These organizations have made no experiments, no examinations as to the effects — by their own testimony.”

Dr. Ast: “Yes.”

Dr. Miller: “So why should they endorse?”

Page 1784:

Dr. Heyroth (representing the National Research Council): “I still feel that we need investigations of the ability of abnormal kidneys to excrete fluorides.” . . . “We are dealing there with abnormal people and we can’t make general regulations that would apply. We don’t prohibit sugar because some people can’t take it because of diabetes.”

(Note: The important issue is that they are not forced to eat sugar against their wishes.)

Mr. Kleinfeld (Counsel to the Committee): “Is it not true, doctor, that you can live without sugar but you have got to have water?”

Dr. Heyroth: “That is right. The advice would be to drink some water that is free from fluoride, which could be done.”

Mr. Kleinfeld: “He would have to get his water privately?”

Dr. Heyroth: “He would if it can be established that he is going to be sick for the rest of his life.”

Page 1762:

Chairman Delaney: “Sodium fluoride is very toxic?”

Dr. Ast: “Yes.”

Congressman Delaney: “If we use it daily in all our cooking and for drinking purposes — if we do that day in and day out for years could that possibly have an effect?”

Dr. Ast: “I don’t think so, but I can’t answer categorically it will not.”

In 1975, Congressman Delaney demanded that fluoridation be halted. (Dec. 11, 1975 Congressional Record).

Frank Bull, DDS, Wisconsin Dental Health Director, served as chief coach of the Fourth Annual Conference of State Dental Health Directors with the Public Health Service to nationalize the fluoridation bandwagon. The following quotations from Dr. Bull suggest both the attitude and the logistics:

“What are some of the objections? Isn’t fluoride the thing that causes mottled enamel or fluorosis? Now we tell them this: that at 1 ppm dental fluorosis (mottled teeth) brings about the most beautiful looking teeth anyone ever had. And we show them some pictures. We don’t try to say that there’s no such thing as fluorosis, even at 1 ppm, which we are recommending. But you have got to have an answer. Maybe you have a better one.

“Now in regard to toxicity. This toxicity question is a difficult one. I can’t give you the answer to that one. So when you get the answer on the question of toxicity please write me at once, because I would like to know.

“Don’t let them get you on the defensive. . . . When they say yes, you say no. You just say we know it’s safe . . . and pass on. Do we want to promote this thing or do we argue about it?”

SAFETY CLAIMED

Dr. Prival of the Center for Science in the Public Interest points out:

“Those who claim that fluorides have no significant adverse effects on health can point to only two such studies relating to non-fatal, non-

skeletal conditions. One, the Bartlett-Cameron (Texas) study, was so inadequate in terms of the number of people investigated as to be useless in determining the effects fluoride might have on a small fraction of the population. The other, the Newburgh-Kingston (New York) study, examined only children (Note: children who were ill recently were excluded; they were the ones who should have been studied) and was terminated after only ten years of artificial fluoridation of Newburgh's water. Many diseases develop over periods of 20 or 30 years or longer. The Newburgh-Kingston study is thus of no value in assessing the effects of long-term use of fluoridated water or effects on adults. . .

"It is the responsibility of those who now have the powers to decide or recommend action on such matters (as fluoridation) to be far more responsive to the public demand for a safer environment. This responsibility falls heavily on those who recommend universal fluoride ingestion for the prevention of dental caries but who refuse to continue research on the health effects of this measure."

In the town of Bartlett, Texas, just 116 persons were examined. This is the "natural fluoride" town, with 8 ppm fluoride in the drinking water. In Cameron, Texas, the control or reference town, with a population of over 5000, only 118 persons were studied.

Cameron is called a "non-fluoride" town but has 0.5 ppm in water. Both Bartlett and Cameron are situated in the Texas high-fluoride area, with more than average concentrations in the soil and air; which makes them a poor choice for the experiment. The project is termed "A Ten Year Study" because ten years elapsed between the two examinations. During this interval, twenty-two subjects left Bartlett, twenty-five left Cameron. In the first place, only eleven of the persons who were studied in Bartlett had lived there all their lives and consequently used the water consistently; only thirty persons in the study had always lived in Cameron.

The study shows that the death rate in the "fluoride" town — Bartlett — was three and a half times that of the "non-fluoride" town of Cameron. Nonetheless the researchers concluded that there were no significant differences.

The National Research Council remarks about this study in their Publication 294: "The greater incidence in the high fluoride group (Bartlett) of a certain brittleness and blotching of fingernails, of hypertrophic changes in the spine and the

pelvis, and of lenticular opacities of the eyes (cataracts) requires further investigation. Also, there are more full mouth extractions in Bartlett (fluoride town) than in Cameron (non-fluoride town). (Note: fluoride makes teeth harder and slightly more resistant to acid, but they are more brittle, wear more and are harder to repair) And then, there is that elevated death rate.

OTHER COUNTRIES

The United States virtually stands alone in its fervor for fluoridation. Other countries have rejected it because of the safety issue.

The documents provided to the Mayor and City Council clearly show that each of the countries examining fluoridation rejected it because of safety. The Environmental Protection Services of the Quebec Government requested the Quebec Government to halt fluoridation because of toxic effects. The Quebec Government declared a moratorium on fluoridation in August 1977 and it is still in effect today.

The Swedish law passed in 1962 permitting fluoridation was repealed by the Swedish Parliament in 1971, because of adverse health effects.

According to Dr. J. Maurin, Director, Public Water Supply Laboratory, France has continued to reject fluoridation because of doubts of safety.

Germany discontinued fluoridation in 1971 for health and legal reasons. The safety factor has never been swept under the carpet in other countries because they didn't back themselves into a corner by saying it was safe before it was tested. The U.S. Public Health Service has made this mistake and is able to suppress safety studies because the U.S. P.H.S. controls most research funds.

CONCLUSION

We have learned the hard way, but our requirements for proof of safety are more sophisticated today. When the big push for fluoridation began in 1945, the proponents were blind to the far reaching effects of this poisonous waste material from industry. They thought they had solved two problems — waste disposal and tooth decay. At that time penicillin was a new wonder drug and environmental cancer or thalidomide were unheard of. Mass experimentation was thought to be for everyone's benefit — what if a few were harmed? It was not too uncommon to expose soldiers to nuclear radiation or to drop zinc cadmiumphosphide or other phosphorescent

compounds on the Eastern Shore to test chemical warfare techniques. Red dye #2 and cyclamate were considered safe, and it was alright to store toxic chemicals in dumps that allow leaching into water supplies, or even to build houses on covered chemical dumps. At that time, no one would ever have guessed that asbestos caused lung cancer or that using a tampon could increase the risk to a disease to be called Toxic Shock Syndrome. Few suspected that the Swine Flu vaccine would cause Guillain-Barre Syndrome. Nor would many suspect that 13,000 patients would die yearly from adverse reactions to prescribed drugs.

In 1980, we know better. And we do know that fluoridation has adverse effects on many. Some will have allergies and symptoms easily traceable to fluoride, others will have aches and pains thought to be arthritis, but really due to bone damage caused by fluoride. Some will have kidney and thyroid trouble and never know the cause. Still others may have premature death due to cancer from forced fluoridation . . . but all will have increased health risks.

Any new efforts at fluoridation must be looked at in terms of safety requirements for 1980, just as a new building must meet 1980 fire codes, because previous codes have been found to be inadequate.

I would speculate that courts of law may consider it negligent to contaminate public water supplies at this time in light of the new evidence showing adverse health effects. The promoters, still proclaiming that "there is no safety question," have to be accountable, legally and morally, for the illness and discomfort that may be inflicted on the population.

Yes, we all want children to have good teeth, but children are more than teeth. They are also kidneys, livers, bones, spleens and thyroids which are damaged by water contaminated with 1 ppm fluoride — the level used in fluoridation. What effect will this lifetime of damage have on the quality of their lives?

If someone isn't "impressed" with this hard scientific data obtained by experts in their field, then let them have fluoridated water — they can make it in their homes by adding a tenth-gram of Dro rat poison to 5 gallons of water, or they can take fluoride tablets. But let the rest have our pure, unadulterated drinking water.

Sincerely,
Richard A. Passwater, Ph.D.

Cancer Effort is Misdirected

by Bruce Molholt

It is depressing that, despite some improvements in cancer therapy, overall cancer mortality rates *increased by 10 percent* during the past decade. Although we are saving more cancer victims than ever before, even more people are contracting the disease with the result that the overall incidence of cancer is *increasing by as much as 2 percent* per annum.

If this cancer rate increase continues, cancer incidence will double within the next 35 years. This hardly constitutes a "war on cancer"; more appropriately we should think of it as a "war on people." All of us are soldiers in this war. We think we are living protected lives, when in reality we are all like Marines storming the beaches of Normandy, more of us succumbing each year than in the year before.

Why are cancer mortality incidence rates on the increase? Why are we losing the war on cancer?

Armand Hammer, president of Occidental Petroleum, recently offer \$1 million to the scientist who finds a cure for cancer comparable to the Salk vaccine for polio. This is good business for Dr. Hammer. He'll never have to pay up, and it keeps public attention on cancer cures instead of cancer prevention, for cancer prevention means public avoidance of carcinogenic substances, such as those dumped into Love Canal by Hooker Chemical Co., a subsidiary of Occidental Petroleum.

Although we have much to learn about the enemy in our war on cancer, we do know enough to make some strategic decisions that will give us the upper hand. Take lung cancer, for example. *This disease kills more than 100,000 Americans annually and has a very poor cure rate.* We know it occurs much more frequently among workers who are exposed to asbestos or such chemicals as bis(chloromethyl) ether, who work in coke ovens or who breathe radon gas in uranium mines. There is no reason to suspect that these same agents, polluting the air outside the workplace, are any less dangerous, except for their dilution.

Cancer is an insidious disease affecting and killing more of us each year. The war on cancer must be fought on two fronts with renewed emphasis on silencing the "guns" that produce carcinogenic substances and emit them into our environment. As for the second front, most of us are doing what we can.

Solving Hair Problems

by Edwin Flatto, M.D.

BALDNESS, GRAY HAIR AND DANDRUFF

The hair, like the skin, is often used as a barometer of the general health of the body since it is dependent on a pure bloodstream for nourishment. It is important to keep this basic fact uppermost in mind when considering hair problems since, unfortunately, there are many firms that capitalize on these problems and sell the person all sorts of expensive treatments, lotions, creams and so on, and the only ones who benefit are the dispensers of the various nostrums and their suppliers.

There are a number of known causes of baldness for example: congenital baldness (baldness at birth), postinfectious baldness (baldness following surgery or disease), baldness due to shock or nerve injury, scalp disease and what is generally referred to as "male pattern" baldness.

With the exception of male pattern and congenital baldness, all the rest offer a good prognosis for full recovery under proper treatment.

HAIR REFLECTS STATE OF HEALTH

When the body is in vigorous health, the hair usually reflects this by being resilient and lustrous. Since we know that our bloodstream is the sole source of nourishment for our hair, we can do two things: improve the purity and quality of the blood and get more blood to the hair roots. Since we can only improve the quality and purity of our blood by improving our diet and exercising properly, we eliminate our bad eating habits and improve the circulation of blood to the head and scalp by massage and exercise.

EXERCISE IN THE INVERTED POSITION

To bring more blood to the scalp, it is best to perform all exercises in the inverted position with the head down so that gravity is working in our favor rather than against us. With this principle in mind, we use the slant board to keep the head lower than the feet, low parallel bars to aid us in performing the head stand and to keep the head down while brushing. All these help circulate additional blood to the head and scalp.

It is important to keep in mind that *premature baldness*, *excessive hair loss*, as well as dandruff (excess shedding of epidermis), are symptoms, often resulting from a body imbalance or living in a "twilight zone" of health. By twilight zone, I refer to the state describing those people who have no diagnosable disease, but still are not enjoying vigorous health. For these cases, exercise which strengthens the muscles supporting the vital organs and improves elimination should be practiced regularly.

GENERAL CARE OF THE HAIR

With reference to the general care of the hair, I recommend shampooing or washing the hair at least once a week to keep it clean. Daily brushing of hair vigorously from the roots down to the tips for several minutes daily will help improve its appearance by distributing the natural oils from the scalp up along the hair shaft.

For this purpose I must emphasize that you should use a natural bristle brush rather than a nylon bristle brush because nylon bristles can irritate the scalp or break and pull out hair. No matter which brush you use however, be sure to clean it often.

It is also important to properly massage the hair, nape of neck and forehead a few minutes every day to improve the circulation. When massaging the head, be sure to move the scalp.

Many people have checked their prematurely graying hair by improving their diets. Of course there are many different causes for gray hair in which improving the diet will not always help. However, there is no harm, especially in cases where the hair is prematurely graying, in improving the diet before trying the beauty parlor treatment.

Many shampoos, antiseptics, and medicines are harsh and harmful. You may do better to shampoo your hair with a ripe avocado blended with a little castile soap and water, or, if your hair is very oily, a mashed tomato. Rinse well!

From Herald of Health

"Some people expect too much from books. Most men are lucky to have an original idea or two in a lifetime, so you can hardly expect 300 pages of originality and brilliance."

Herbert Denenberg

Ancient History and Homespun Vitamin C Therapy

By Fred R. Klenner, M.D.

Folklore of past civilizations reports that for every disease afflicting man there is an herb or its equivalent that will effect a cure. In Puerto Rico the story has long been told "that to have the health tree *Acerola* in one's back yard would keep colds out of the front door." The ascorbic acid content of this cherry-like fruit is thirty times that found in oranges. In Pennsylvania, U.S.A., it was, and for many still is, *Boneset*, scientifically called *Eupatorium perfoliatum*. Although it is now rarely prescribed by physicians, *Boneset* was the most commonly used medicinal plant of eastern United States. Most farmsteads had a bundle of dried *Boneset* in the attic or woodshed from which a most bitter tea would be meted out to the unfortunate victim of a cold or fever. Having lived in that section of the country we qualified many times for this particular drink. The flu of 1918 stands out very forcefully in that the Klenners survived when scores about us were dying. Although bitter it was curative and most of the time the cure was overnight. Several years ago my curiosity led me to assay this "herbal medicine" and to my surprise and delight I found that *we had been taking from ten to thirty grams of natural vitamin C at one time*. Even then it was given by body weight. Children one cupful; adults two to three cupfuls. Cups those days held eight ounces. Twentieth century man seemingly forgets that his ancestors made crude drugs from various plants and roots, and that these decoctions, infusions, juices, powders, pills and ointments served his purpose. Elegant pharmacy has only made the forms and shapes more acceptable.

Journal of Applied Nutrition, 23: 3-4, 1971



To receive information by mail, please send for the packet listed on page 15. The cost is \$2.50 plus \$1.00 postage mailed third class (may take up to 10 days). If you prefer first class delivery, the cost is \$2.00 for postage.

Recipe

ECSTASY SALAD

- | | |
|--------------------------------------|--------------------------------|
| 2 c. raw beets, grated | ½ lb. raisins |
| 2 c. finely chopped
celery hearts | ½ lb. figs (optional) |
| 2 apples, cut into chunks | 2 c. fresh coconut
shredded |
| 2 oranges, cut into chunks | |

DRESSING

- | | |
|-------------------------|---------------|
| 2 bananas | 2 tbsp. honey |
| ½ lemon | 1 apple |
| ½ c. fresh orange juice | |

Set out salad bowls individually. In each, place celery hearts, then beets. Top with remaining ingredients, reserving coconut for "cover." Mix well all dressing ingredients in blender and pour over salad. Serves six to eight.

*This recipe submitted to Let's Live by
Mrs. Victoria Donaque of
Ballston Spa, New York*

SUPERB BEET RELISH

- 3 c. raw beets, peeled and chopped
- ½ c. wild crabapple cider vinegar
- ⅓ c. honey (or less depending on sweetness of beets)
- 1 tsp. celery seeds
- ½ tsp. sea salt

Blend all ingredients in blender until texture is fine. Refrigerate.

*This recipe submitted to Let's Live by
Ruby Bidgood of Juneau, Wisconsin.*

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Tissue Cleansing Through Bowel Management

by Bernard Jensen, D.C., Nutritionist

This is one of the best books written on natural healing. It is clear, concise and delightful to read.

Dr. Jensen stresses colonic cleanliness as essential to good health and tells the reader how colonic cleanliness can be achieved and that when it is achieved, and the body properly nourished, increased energy and vitality are the results.

There is a definite relation between certain organ conditions and bowel conditions. He demonstrates this by telling about a patient who came to him with a stiff neck. He prescribed enemas. In the period of one hour, she had three enemas and obtained complete relief from the stiff neck problem she had had for years.

Dr. Jensen gives an eleven-day elimination regime to be followed whenever a person wants to change his way of eating, or at the time of a health crisis, when joints get stiff, when the skin breaks out, or when constipation is present.

Dr. Jensen says, "In order to reverse the disease process, we must consider Hering's Law of Cure, which states that all diseases are cured from *within* out, from the head down, and in reverse order as their symptoms first appeared in the body. This means we have to return over the same "track" we traveled to get the disease. No disease can exist without toxic material in the body, so the first step toward remission is detoxification.

"To administer drugs in response to a disease condition brought on by toxic accumulations can only *add* to the problem. Although temporary relief may be obtained, the residual drug settlement will, over the long term, simply increase the toxic burden of the body."

Any one with a health problem or interested in natural healing should have a copy of *Tissue Cleansing Through Bowel Management*. It sells for \$5.95 — a tiny price to pay for guidance toward good health. See book list.

"The best doctors in the world are Dr. Diet, Dr. Quiet and Dr. Merryman." *Jonathan Swift*

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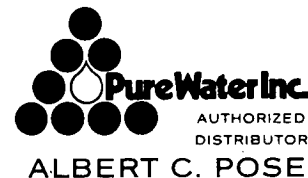
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- RUTH SACKMAN, President of FACT, *The Importance of Effecting a Biological Repair and How to Accomplish it*
- RICHARD MOTT, A Recovered Cancer Patient,
A Personal Case History
- DR. ANTON SCHENK, Cellular Therapy Specialist,
How Cellular Therapy Effects a Biological Repair
- DR. BERNARD JENSEN, Iridologist and Nutrition Specialist, *Tissue Cleansing Through Bowel Management and Nutrition*
- DR. THOMAS FRAZIER, Surgeon, Oncologist,
The Principles of Hyperthermia and Hyperthermia as an Alternative
- RUTH SACKMAN, President of FACT, *Cancer Causes and Prevention*
- DR. JANE GOLDBERG, Psychologist, *How Stress Hampers the Normal Function of the Body*
- DR. WILLIAM D. KELLEY, Nutrition Specialist,
The Importance of Metabolic Individuality
- BARBARA SEED, A Recovered Cancer Patient,
A Personal Case History
- PROFESSOR ALBERT SCHATZ, Microbiologist, Biochemist, *Food and Water Pollutants Unsafe for the Cancer Patient*
- DR. LEO ROY, Nutrition Specialist, *Individualized Nutrition for the Cancer Patient*

1981 Cancer/Nutrition Convention

- FREDERICK I. SCOTT, Master of Ceremonies,
Fluoridation: Its Effect on Health
- DORIS SOKOSH, A Recovered Cancer Patient,
A Personal Case History
- BRUCE MOLHOLT, Ph.D., Research Scientist,
The Effect of Food, Water and Air Pollution on the Body
- KARL OTTO ALY, M.D., Director of a Nutritional Clinic in Sweden, *Better Nutrition for Better Health*
- LEO ROY, M.D., N.D., Nutrition Specialist,
The Individuality of Diagnosis and Treatment
- ALBERT SCHATZ, Ph.D., Biochemist, *Fluoridation, the Great Brain Robbery*

- DR. WILLIAM D. KELLEY, Nutrition Specialist,
Individualized Metabolic Therapy for the Cancer Patient
- PAT JUDSON, A Recovered Cancer Patient,
A Personal Case History
- KURT EBERT, Ph.D., Chief of Clinical Neuropsychology at Temple University Hospital, *The Cognitive Control of Internal States: Biofeedback, Hypnosis, and Autogenic Training*
- RUTH SACKMAN, Executive Director of FACT,
Symptoms Associated with the Restoration of Health

1977 Cancer/Nutrition Convention

- MICHAEL WHITEHILL, A Recovered Cancer Patient, *A Personal Case History*
- DR. JOSE RODRIGUEZ, Kinesiologist, *Balancing the Endocrine System by the Use of Kinesiological Procedures*
- EYDIE MAE, Recovered Cancer Patient,
How I Conquered Cancer Naturally
- DR. KARL O. ALY, Director of Tallmogaerden,
The Waerland Dietary System and Its Special Cancer Therapy
- DR. BERNARD JENSEN, Iridologist and Nutrition Specialist, *Moving the Whole Body to Health*
- DR. HENRY NORRID, Osteopathic Physician,
Osteopathy in Health and Disease
- V. EARL IRONS, Long-Time, Health Advocate,
The Colon - Mirror of Your Health
- DR. DONALD COLE, Physician, Oncologist,
Modern Concepts in Cancer Therapy
- DR. EVA REICH, Daughter of Dr. Wilhelm Reich,
The Cancer Biopathy
- HY RADIN, A Recovered Cancer Patient,
A Personal Case History

Miscellaneous

- DR. KEITH SEDLACEK, *Biofeedback*
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