



More Letters

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becomes slightly irregular. Similar effects are sometimes seen following a severe illness or extremely high fever. While the cells are inhibited irregular brown or white porous decay prone enamel or no enamel at all is formed. At the same time collagen forming cells are also disturbed and irregular joint and bone formation occurs. With 20% of the nation's children living in a fluoridated community already exhibiting this fluorosis, it seems that further investigation of the ever increasing arthritic changes in adults is warranted.

"The damage is permanent and in severe cases the cosmetic restoration is very costly. If only the front 12 teeth are treated, the minimal life expectancy of such treatment, 8 years, makes the lifetime expense extremely high. The average cost of crowning (capping) 12 teeth in my city is approximately \$6,000 U.S. In a child of 16, that equates to a lifetime expense of \$48,000 in today's dollars to treat this 'cosmetic' problem."

Physicians, dentists, health care practitioners in the U.S. have a responsibility to protect their patients from cancer-causing agents. Therefore, Safe Water Coalition of Washington State urges every responsible physician, dentist and health care practitioner to exercise their authority in this matter by immediately calling on public health officers, and contacting their elected representatives – federal and state – to terminate water fluoridation in the U.S., or at least suspend fluoridation pending peer review of the NTP and Proctor and Gamble studies.

Betty Fowler, Spokesperson
Safe Water Coalition
of Washington State
W. 5615 Lyons Court
Spokane, Washington 99208

Emprise Should Evaluate Conventional and Alternative Treatments Comparatively

Editor:

I hope you will be able to engage the Emprise people in a dialogue on the various approaches to cancer therapy. I think some of the people who seem so rabidly opposed to any therapy that deviates from the "standard" therapy of the moment are just misled by the claims that seem to be

accepted by "all the respected authorities." Several years ago there was a lot of publicity about the great improvement in the rate of cancer cures in recent decades, but someone pointed out that the death rate from cancer hadn't improved at all. About 20 years ago, Harry Rubin (an honest researcher in cancer-related matters) pointed out that if you aggressively hunt for cancer in any symptom-free 50 year-old person, you are likely to find it, since autopsies show identifiable cancer cells in everyone of that age. If refined techniques of screening for cancer (such as whole-body MRI) are developed, we can theoretically get extremely high "cure" rates without lowering the death rate at all.

Until recently, the American Cancer Society continued to base its propaganda on a weird procedure called "age standardizing on 1940," but they have stopped that. The post-war baby boom made the average population younger for a few decades, but now the birth-control pill is making the average population older. In this situation, the trick of comparing the death rate for childhood cancer in, for example, 1950, to the rate in 1986, would make it appear that childhood cancer was being defeated, just as the 1940 reference made it seem that the rate for old people has been improving.

Even the A.C.S. admits that radiation causes leukemia and other cancers, but they are apparently not interested in the effects of fallout from nuclear bomb tests on the leukemia death rate. Anyone who is sure that childhood cancer is being conquered by chemotherapy should consider Ernest Sternglass's discussion of the effects of radiation exposure on the incidence of miscarriages, congenital

hypothyroidism and other birth defects, leukemia, brain cancer, and brain development. Since the 1963 agreement to stop atmospheric testing radiation exposure has been decreasing, and so I would expect a real decrease in the childhood leukemia incidence. If you added a real decrease in incidence to the decreased percentage of children in the population, you could get a nice fat decrease in the deaths-per-100,000-population.

I have read widely in the conventional cancer literature, and I think the research is generally crummy, with a shockingly high proportion of what looks like deliberate distortion. It takes a long time to form a picture of what is going on in a particular area of research, unless you have some clues to begin with. A group like Emprise could do exactly the same thing for conventional therapies that they are doing for alternative therapies. This would make their work more credible.

Many people who were about to submit to a "standard" treatment have asked me for my opinion, and when I tell them they ought to read the research that their doctor feels is decisively in favor of the treatment, many of them decide not to proceed with that treatment. A few times I have given people reference to publications in the hospital library, and their doctors have refused to give them permission to use the library. I'm sure that an extensive and coherent compilation and evaluation of the scientific basis of conventional medicine would wreak at least a little havoc.

Ray Peat
3977 Dillard Road
Eugene, Oregon 97405

Correction Notice

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23 March 1990

RE: HAYHURST, Donald

Dear Dr. Collin:

The above captioned individual contacted our office to verify his enrollment dates through University of California, Los Angeles Extension. With the information that he provided our office, his inclusive dates of attendance are as follows:

02/27/80 through 12/31/81

Any other date verified with our records office, at any earlier time, should be disregarded, hence this is the corrected period of enrollment.

If you have any questions regarding the above, please contact me at (213) 825-0167.

Sincerely,

LA Sargent
LeighAnn Sargent
Records Assistant
UCLA Extension

/las

cc: Donald Hayhurst



UCLA EXTENSION
LOS ANGELES, CALIFORNIA 90024