

CRYONICS

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EDITORIAL MATTERS

We must apologize for something of an abrupt change in plans. In the July issue of CRYONICS we told you that ALCOR had decided to send out an interim update on suspension paperwork. Instead, at the last moment we decided to go ahead and issue the complete package. We apologize for the shock this must have caused some ALCOR members. Unfortunately, it was just one of those unavoidable things. ALCOR is in the process of making some sweeping and important decisions in the way our suspension program is structured. As the direction of our suspension program begins to crystallize we are becoming better able to determine what we will need in the way of legal documents. It is likely that there will be more changes in the future -- though hopefully nothing as time consuming or comprehensive as the current update. Bear with us! We know it's rough having to deal with this kind of update, but the alternative is unrealistic confidence in arrangements we know are flawed. While this update may be tough going it hopefully puts us on firmer ground: something we can certainly use more of.

LETTERS TO THE EDITORS

Dear Editors,

I would like to make a partial response to the open letter to BACS from Eric Geislinger and Jane Talisman as published in the July, 1983 CRYONICS. I was BACS Secretary from 1979 through 1982. In that time, I don't recall receiving any correspondence from either of these BACS members. While I was Secretary, I did the very best I could to be cognizant of the interest of the BACS membership from taking and sending out of Board minutes to widely circulating as a matter of course the California Attorney General's opinion on cryonics and other material.

I hope that all BACS members who are distant from the Bay Area or for one reason or another are not actively involved in cryonics projects should fully realize that a few people are doing too much for too many for little or nothing. BACS is not perfect, I can't think of any cryonics group that is. From time to time, it would seem to be wise to look at the tremendous job to be done from the perspective of those who are getting their hands dirty.

It seems to me that my co-members in Portland have had ample opportunity to address their concerns to the BACS Board over a long period of time. I hope that they as well as other concerned members will do so in the future on any matters relevant to BACS.

I myself have a number of important issues to bring up with the BACS Board and the cryonics community as a whole. I hope that everyone will endeavor to keep the lines of communication open.

A FOLLOW-UP TO LAST MONTH'S OPEN LETTER TO BACS:

To Whom it may concern,

Last month we sent an open letter to BACS to try to get their attention and obtain some response. The response has been fairly satisfying. BACS has been very responsive and has alleviated some of our concerns. Specifically, BACS has assured us that, while they may not have been acknowledged, items that we wanted added to our files were actually added to our files. BACS also assured us that although notices for membership dues may be quite later, there is no jeopardy of

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termination of any services, emergency standby or otherwise, without prior notification.

We would still like to see BACS enter the computer age sometime in the next couple of years. The cost is not that great, and they may even be able to borrow it free from one of their members. It's surprising what can be done these days for even a couple hundred dollars. This could solve a lot of dues-mailings and word-processing problems. Just the on-time collection of dues could cost justify the system.

All things considered, we've decided to renew our memberships for another year.

Eric Geislinger
&
Jane Talisman
Portland, Oregon

I'm glad to see a resolution to this matter. I feel compelled to speak up about one thing you say in your letter: you would like to see BACS enter the computer age. This is easier said than done, and just because computers can be purchased at good rates these days doesn't mean BACS or any other cryonics organization for that matter has money -- even for bargains. ALCOR could never have afforded the computer we have and which

makes these words possible. Only through the generosity of Laurence Gale, one of our committed members, was this possible. If you don't have the few hundred dollars you don't have it, period. It's a little like Blondie coming home and telling Dagwood she saved him three hundred dollars. As Dagwood is quick to point out: "Blondie we don't have three hundred dollars."

If you folks think BACS should have a computer -- or anything else for that matter you might see what you can do to make more of a possibility. --
MD

Dear Editors,

I am beginning to wonder if I can take you people seriously or not! In the three years I have been watching and reading up on ALCOR, BACS, and Trans Time I have seen your affiliated organizations up the necessary policy coverage from \$60,000 to \$100,000. Furthermore you require approximately \$25,000 in cash payoff for initial freezing at the time of death. It seems the sky is the limit!!

Needless to say, I am becoming very upset with the whole proposal, especially since your service is still not legally recognized under U.S. medical law as new "paperwork" is being drafted up.

I have never seen the same figures quoted twice in any two articles.

Finally, the inter-relationship between ALCOR, BACS, Trans Time, and other cryonics institutions or funds or associations has never been made clear to me in any of your literature.

For example I get mail from the Cryonics Association in Michigan. Who the hell are they?!

I am being swamped with literature but no answers to "who's who?," "how much?," or "is it legal?"

Please clarify!
Donald Dzamba
Woodbridge, Ontario

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Dear Mr. Dzamba,

I will attempt to answer your questions as completely and honestly as space and time will permit.

1) Alcor, and BACS are nonprofit groups who at one time both contracted with Trans Time, Inc. for suspension services (i.e., resuscitation, transport, perfusion, freezing, and longterm storage). Recently, ALCOR and the Institute for Advanced Biological Studies, Inc. (another nonprofit organization organized in Indiana which moved to California two years ago) merged functions. This led to many changes in leadership, policy, and philosophy. One of the results of this new synthesis of leadership is that ALCOR has decided to offer its services directly to its members by organizing its own perfusion and rescue capability utilizing volunteer labor and to offer storage on the same basis as well. We have terminated our contract with Trans Time and no formal relationship now exists between ALCOR and Trans Time or between ALCOR and BACS. We continue to work with and cooperate with our Northern neighbors, but we are now offering services in-house rather than by subcontract. Our charges for services are actually lower than either BACS' or Trans Time's rates, even though we require higher minimums for trust funds. In other words, we require larger trust fund minimums for whole-body patients, but the charge for specific services (i.e., perfusion, storage, and so on) are actually lower because we utilize volunteer help. What this means simply

is that you start out with a larger trust fund and it gets charged against or "depleted" more slowly because our rates for services are lower. At the moment, BACS requires something like \$81,000 to be provided for whole-body funding.

Why has ALCOR set its requirements higher? Two reasons; first, we are tired of raising the minimums every time we turn around due to inflation, unforeseen technical or legal difficulties or other problems. We don't want to constantly be having people run out and buy more insurance. Second, we want a cushion to provide for difficulties which may arise in the future. To be frank with you, I personally think that the \$100,000 minimum for whole-body suspension is far too low and is unrealistic right now. I think \$250,000 is more likely to represent the real requirement. Why this much? Because we are doing something new, and as you point out, our legal status is uncertain, and the complex problems of global economics with inflation and third-world debt do not bode for smooth sailing into the future. The world is full of the unforeseen and this must be provisioned against. You simply must understand that even with current rates of charge (upon which the Trans Time minimum of \$81,000 is based) Trans Time is losing money steadily. EVEN NOW, AT CURRENT RATE OF CHARGE, COSTS ARE NOT BEING MET. ALCOR is currently at work on a radically new and different system for structuring suspension arrangements which we hope will go a long way toward redressing these problems. When the fine tuning is done, we will report on this new approach in detail in the pages of CRYONICS.

I would also like to point out that charges for neuropreservation have not risen one cent in over five years and are not likely either. Indeed, ALCOR's yearly storage charge has declined from \$900.00 to \$650.00 due to economies of scale available with a container which can hold eight neuropatients. If cost is a great concern to you and the desire for maximum flexibility and long term stability are your primary considerations, then you should opt, as most ALCOR members have, for neuropreservation instead of whole body storage.

2) We do not require \$25,000 in cash at the time of death. We do require that \$35,000 be available immediately in some form such as by life insurance, an annuity, an irrevocable inter vivos trust, or an escrow account (cash). If you wish to provide for your suspension by life insurance all you need do is to make sure we can be sure your insurance is in force. We have this seemingly draconian

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requirement because some very "clever" souls made suspension arrangements with ALCOR and then stopped paying their premiums without notifying us. The insurance company does not notify us as a matter of course. These individuals did however continue to pay dues and otherwise give every indication that their arrangements were still complete. I should point out that ALCOR is VERY SMALL and that we do not have the resources to freeze someone for free beyond the responsibilities in this area we have already taken on (see below). If we respond in a timely fashion to the needs of one of our members who has deanimated and we are not promptly reimbursed we would be bankrupted and unable to suspend other members who have provided responsibly for their own care. Indeed, this very situation has already occurred; a BACS member who had not provided an adequate amount of funding deanimated and BACS responded. Now they are faced with the quandary of what to do as this patient has grossly inadequate amounts of funding. Since ALCOR maintains pooled accounts and has pledged to keep anyone it accepts in suspension as long as the organization remains intact, we cannot allow for the catastrophe of suspending someone who has inadequate or nonexistent funding.

All of this brings us to the next point which is more of a general

nature: if you want to know what is going on in cryonics you should do several things, for starters you should request a copy of the Trans Time annual report, as well as copies of the suspension paperwork, and contracts for all the various cryonics organizations. READ THEM! Ask specific questions. THE next step is to visit the facilities of the groups and meet the principals. You are not dealing with General Motors of the Government. We are VERY SMALL. ALCOR currently has responsibility for 34 suspension members and has four patients now in storage. Two of these patients have no longterm funding and their care has been made possible only by the contribution of over \$30,000 and hundreds of hours of labor by ALCOR members. There is no substitute for a first-hand visit: my God man, you wouldn't arrange for heart surgery through the yellow pages or purchase a piece of land through the mail sight unseen! We are not talking about some simple commodity here, we are talking about a very expensive procedure which has life or death potential.

There is no substitute for being there and seeing things first hand. Your only assurance will be the quality of the people you deal with and a direct understanding of what they have to offer. If this seems like extreme or hard advice, it is. If you say you cannot afford such investigation you will get little sympathy from me. I have abandoned comfortable circumstances and a secure job, moved 2,500 miles and contributed half my income and the vast majority of my free time to cryonics in order to have some assurance that I will be suspended. There are others here in Southern California who have done the same. I should also point out that neither I nor anyone else involved in cryonics in Southern California profits financially either directly or indirectly from cryonics. Indeed, I work a 40 hour week in a hospital as a dialysis technician in order to earn my living and put in another 40 to 50 hours a week on cryonics business. Jerry Leaf lost over \$20,000 last year in supporting the activities of Cryovita and ALCOR. All of us are very tired, very strained, and very overworked. We can live with that, even love it at times. We do not expect you to understand that via the mails. Only by seeing the various groups can you understand the sacrifices being made, the limitations, and the progress. Cryonics has come a long way from the days when I first became involved. We have worked long and hard to move from the backrooms of mortuaries to our own operating room. Do not expect this to come cheaply. Go to a hospital and price a heart transplant or dialysis and then contrast the \$30,000 to \$50,000 a year cost of those procedures with the \$100,000 being asked for indefinite care of a suspension patient in the face of the total legal, economic

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and social uncertainty of the future. Do you expect us to provide a fully equipped operating room, extensive laboratory and analytical equipment, a trained rescue team with medications, equipments and supplies in constant readiness and a communications system (with a 24 hour answering service and technician on-call) for less than 40 people for next to nothing? If it weren't for ALCOR Board member Jerry Leaf paying the rent at Cryovita and allowing ALCOR access to Cryovita for perfusions, research, and storage of patients, we would not even be where we are today. If it were not for the tremendous amount of contributed time and money in all aspects of cryonics operations the "sky's the limit" would be even higher than it is now.

3) I find it hard to know what to say about the Cryonics Institute and Cryonics Association in Michigan. You best bet is to write them directly and visit their facilities. We do not know much about their level of technical sophistication first hand. They have refused to allow us to look over their facilities. Recently Jerry Leaf went to Michigan (in large part to meet with and CI's facilities) and he was refused. CI has stated

repeatedly that they feel we are unfairly biased against them and they have refused to share information about their technical level, finances, and facilities with us. Our facilities have been and remain open to anyone who wishes to see them, including CA and CI members and directors. We have nothing to hide, nothing to be ashamed of, and we are not afraid of bad things others may say about us as a consequence of meeting with us or seeing our facilities. I can only suggest that you carefully investigate all cryonics groups. There are vast differences in prices, services, and philosophies between groups. For instance, CI's financial minimum for whole-body suspension is, I believe about \$28,000 as contrasted with \$100,000 for ALCOR. You should carefully establish what you get for your money from each organization.

4) As to your question about the legality of cryonics: In the United States, unless there is a law against something it is not illegal. There is at this time no law concerning cryonics. There is however a growing body of legal opinion and judgement as a result of court cases and inquiries for clarification by state agencies. A few years ago the California State Cemetery Board asked by Attorney General to clarify the legal status of cryonics organizations. They specifically asked if cryonics was a licit or illicit activity. The Attorney General did respond to the other questions asked by the Cemetery Board stating that a cryonics storage facility was not a cemetery and therefore could not be regulated by the Cemetery Board (which apparently wished to regulate us right out of business) and that the California Uniform Anatomical Gift Act (UAGA) was not a valid mechanism for conveying human remains for cryonics suspension in his opinion. Opinions by the Attorney General do not have the force of law, but they are given strong weight by judges in deciding litigation and by legislatures in making law. So, to answer you question, cryonics is not illegal, but neither is it approved or provided for by existing legislation. The latter is not likely to happen any time soon. Both the judicial system and the legislature are preoccupied with matters of more moment than the validity of the wishes of a handful of individuals who want to have their corpses frozen. Until and/or if we begin to grow (and thus amass resources which the state will probably want to tax and regulate) or until litigation arises which involves the state and creates a nuisance or costs the state money, then we are liable to remain unprovided for in terms of legislation.

Our new approach of using a will to provide a legal basis for our activity is merely an attempt to adjust to the Attorney General's opinion. This is a

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prudent and proper course of action for us to take. Indeed, to fail to do so would be to fail to provide our members with the assurance they deserve that we are acting in good faith within existing law as much as possible. We will have more information on the basis of this new approach and the mechanics of it in the next issue of CRYONICS in the form of an article by Art Quaife, President of Trans Time.

Perhaps now you are beginning to appreciate some of the uncertainties involved in cryonics. As Thomas Donaldson in Australia has said, "being a cryonicist is a very hard thing." If you are looking for certainties of the kind to be had in purchasing an automobile or buying house insurance, then you should take your money and buy a nice car or a videorecorder -- two things which few of us working cryonicists have. Cryonics just isn't that kind of product and it is not likely to be any time soon. You must keep in mind that the experts didn't say cryonics was going to be difficult; they said it was going to be impossible. But then being a pioneer in the colonization of the Americas, or men like Galileo or the

Wright Brothers wasn't easy either. Being at the leading edge and taking a chance is never easy. This is a hard thing we are trying to do. Do not expect that trying to vanquish death is something trivial and that you can just sit down, send off for some literature and buy it. It will take far more effort and energy than that. What we are trying to do represents at least as big an effort and energy than that. What we are trying to do represents at least as big a change in human history as the development of language or the scientific method. Do not underestimate the effort it will require, the obstacles in the way, or the many failures and false starts before we achieve success. If you cannot accept these difficulties and uncertainties and are unwilling to work to change them, then the only thing left to say to you is "goodbye." I wish it could be otherwise but it is not. This is a lifeboat and the quarters are cramped and the outcome is uncertain. If you wish to climb aboard you must be willing to pull the oars and accept the uncertainties with the rest of us. We will all try to do our best, keep good cheer, and survive. -- MD

MORE OF THE QUESTION OF INSURABLE INTEREST

A question which has been of concern to cryonicists for some time is the matter of insurable interest. As has been pointed out in the pages of CRYONICS and elsewhere, it is quite possible for an insurance company to write a policy for cryonics purposes and then refuse to pay-off on the face amount (simply returning the premium) at death on the ground that there was no "insurable interest." In other words that having yourself suspended does not constitute a valid reason for the company to write an insurance policy.

Robert Brakeman, a member of the Cryonics Institute in Michigan has sent us a copy of a model agreement prepared by his lawyers which he has asking his cryonics insurance carriers to sign. We think this document is of considerable importance and we urge readers who have life insurance for cryonics purposes to be sure to determine if the carrier considers that there is an insurable interest. Mr. Brakeman reports that two of this carriers have agreed to sign the document reproduced below.

(A) The company agrees that a cryonics organization is an acceptable beneficiary of a life insurance policy, with "cryonics organization" hereby defined to mean an association or corporation (whether profit-making or non-profit) with the function of freezing the human body upon clinical death, in the hope and expectation that the future progress of medical science will make possible the eventual cure of fatal ailment, as well resuscitation and revival.

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(B) The company hereby recognizes that such a cryonics organization has an "insurable interest" in the life of the policyholder.

(C) The company consequently waives the right to contest payment of the death-benefit of such a policy on the ground of "no insurable interest."

(D) The company similarly waives the right to contest payment of the death benefit of such a policy on the ground of the "unorthodox" nature of either the beneficiary/policyholder relationship, or both.

(E) The company furthermore waives the right to contest payment of the death-benefit of such a policy on the ground that either cryonics generally or the policyholder/beneficiary relationship in particular is "not required in existing law or practice."

(F) The company agrees that it waives the right to contest payment of the death-benefit under such a policy on the ground that there is no

"usual" or "customary" relationship between the policyholder and the beneficiary, e.g., the relationship between relationships.

(G) The company consequently agrees that it intends to pay, and will pay, the death-benefit on such a policy in precisely the way, and with the promptness, which it would employ if the beneficiary were a blood relative of the policyholder rather than a cryonics organization.

(H) The company stipulates that its acceptance of all the foregoing provisions will remain in effect irrespective of the progress or lack of progress, advances, or setbacks (whether physical, legal, or financial in

all those 4 cases) of the cryonics movement generally or of any particular cryonics organization.

(I) The company agrees that if any of the provisions of this agreement should be held invalid by a court of competent jurisdiction, the company will continue to be bound by all the provisions not held invalid.

(J) The company agrees to be bound by all the provisions of this agreement whether a cryonics organizations is only the beneficiary of a policy or is both the beneficiary and the owner of such a policy.

(K) The company stipulates that in agreeing to provisions "B," "C," "D," "E," and "F" above, it is basing its adherence on the general-sense of the provisions, and not merely on the precise words in quotation marks therein, and will therefore not contest payment of the death-benefit of such a policy on any grounds substantially the same as those listed in quotation marks.

SCIENCE FICTION FANS AND CRYONICS

In the November 1981 issue of CRYONICS we ran an article by science fiction fan Laurie Mann entitled "How the Cryonics Movement Thawed Out" which originally appeared in the widely circulated and influential science fiction fan magazine LAN'S LANTERN. The gist of Ms. Mann's article was that cryonics was now dead and forgotten and that it was nothing more than the product of a few disturbed individuals in the first place. We responded vigorously to Ms. Mann's misinformation and the debate is still going on in LAN'S LANTERN. Some of the misapprehensions, poor reasoning, and ennui which the concept of cryonics has evoked in the science fiction fan community are almost unbelievable -- to cryonicists anyway.

We thought we would share some of these comments with you, as well as an insightful reply to these missives by Steve Bridge. Herewith we give you what people who read about/think about/live for the future think of the prospect of really being there.

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Laurie Mann's cryonics article was somewhat maddening. It's depressing to see hopes die. I'd never go in for being frozen myself -- I've read too many stories of corpsicles chopped up for spare parts, or used as quick frozen food by starving barbarians after the Holocaust, or even simply tossed out of the fridge to rot when the money runs out. I don't trust people. Then again I heard a perfectly ghastly detail -- "If we can't afford to freeze all of you, we'd just freeze the brain." To be implanted in an organic computer-bank later, (cf. "Donovan's Brain") or worse. Yucck!!!!

-- Diane Fox

It is possible that the proponents of cryonics are terrified of death, which is a bad thing; it is also possible that they are fascinated with science-for-the-sake-of-"objective"-knowledge, i.e., scientific research

divorced from the rational and ethical implications of the result of that research. The cryonics people seem to have given little thought to the impact of the technique on the people "frozen," on their family (having to live with the idea of a relative dead-but-not-really-dead), and on society as a whole. This is even more a Bad Thing. I suspect, moreover, that if you suggest to one of the advocates that they test the validity of their beliefs by being frozen and rethawed, they'd react with less than overwhelming enthusiasm for that notion.

In reference to Jim Brown's comments I can remember several SF stories in which achieving immortality removes humanity's "drive to transcend our mortal limits -- and effectively eliminates creativity, artistic greatness . . . So much of our great works are produced in an effort to leave

something behind" that this may be a very real possibility. Why do anything important today, or this year, or this century, if we're going to have time the next.

-- Maia

I tend not to like the cryonics movement for more philosophical reasons than technical ones. I believe that someday we'll find a way to bypass light speed and colonize the galaxy. I have great faith in the human race. So I think that someday, maybe in the near future, we'll find a way to freeze and defrost humans. However, if we were all to freeze ourselves, we'd place a tremendous burden on the future. What if, in 1,500, forty or fifty million people had had themselves frozen when they died. And what if we right now found the cure for what they had died of. Could we afford to defrost them? I think not. There are already enough untrained, unemployed people in the world without adding fifty million more. We'd be left with a horrible moral choice: we either don't thaw them out, which, if we really could cure them, is equal to a death sentence, or we thaw them and place a huge burden on the world, and probably condemn many other people to starvation or a lower standard of living. I don't want to force a similar chance on the future.

-- Jim Mann

Steve Bridge's Reply:

Dear Lan,

While I don't believe it worthwhile to get into a long nitpicking discussion of this issue, (and Mike Darwin has already replied at some length in LL#12), I do wish to comment on your readers' thoughts about cryonics. Frankly, I was quite surprised at the nearly complete fannish condemnation of the idea. Some of the comments in LL#10 were particularly hard for me to

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understand -- "When my time comes it'll come." "Consider the cultural shock of being awakened in a distant future." "I have no real desire to go to sleep for X years and wake up in a world even stranger to me than Midtown Manhattan would be to Shakespeare."

These are people who claim to be interested in the future? Why do so many people, when confronted with a new idea spend so much more time trying to spot everything wrong with it than they do thinking its possible merits? Just because something creates difficulties to be overcome doesn't mean it shouldn't be tried. And just because something seems impossible

now doesn't mean it won't be possible in fifty years. Where would our civilization be with negative attitudes with that?

When I first encountered fandom, I heard a lot of talk about how gifted and intelligent fans were, about how they were "special" people who would influence the future. Sadly, I have discovered in reality that fans are talkers, not doers. They live only for their conventions and fan magazines, sealing themselves off from the real world. They talk about space travel, or equal rights, or life extension as if these were intellectual games invented for them to play; but they are annoyed or intimidated when it is suggested that they do something. How many fans are members of the L-5 Society, or NOW, or Amnesty International, or any other organization which is actually doing something to make a better future on this planet? Very few, even for the L-5 Society. And yet, as do all do-nothings, they feel perfectly right about sniping at those who are actually pursuing their beliefs about the future.

Some of the comments printed in LL#12 require slightly more specific replies, since they were better written and farther off the mark. Diana Fox and Maia both mention how many "stories" they have read that give negative portrayals of cryonics or immortality. They somehow assume that since these stories were published they must necessarily be true. "Stories" are not reality; and SF stories are very poor predictors of social change, even if they occasionally (not often) have predicted technical innovations. The stories of the '40's and '50's said nothing about the great social changes of the last twenty years, with the changing positions of blacks, women, men, and other social groups. None predicted the social changes made by television or the computer. There have been stories that predicted nuclear power would either save or doom humanity. Neither has yet happened. SF stories are ways to explore possible futures - - they are not infallible predictors. Stories about cryonics and immortality could be written either way -- and have been.

There are reasons to think that long life spans would actually benefit humanity, not stifle it. Each person would have time to change careers several times, to add the experiences of one "life" to those of the next, several times, in fact to combine all of this learning into something new. In addition, you must realize that pollution, economic fluctuations, famine, and wars are totally the results of people planning on short timescales. Would a politician be likely to start a war or allow dioxin pollution if he were jeopardizing not 10 years of his life but 100 or 1000 years? What might be the results of truly longterm planning on space exploration, human rights, public health, and so on. There is no reason to think that long-lived individuals would be less creative in the arts or in anything else. Life extension will give the creative people a chance to be so longer, and might give more creative people the opportunity to try creative occupations sometime in their lives. (Look how many people take up painting, etc. when they retire.) There would always be many people who would not create and who would probably sit around on their butts for a thousand years at a time; but I personally think the percentage would be smaller than it is now.

Yes, workable cryonics would cause great stress and change in society; but

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so have computers, automobiles, the Plague, Christianity, antibiotics, and the American Revolution. The effects of these upheavals could not be well predicted; but the race has survived these in the past and has grown in ways which could not have been expected. Life extension and cryonics are not likely to be any different. (And I thought SF fans liked change.)

To pick on Maia a little further, she says, "It is possible that

proponents of cryonics are terrified of death, which is a bad thing . . ." First, I don't know why you call it a "bad thing." Being afraid to die is the normal condition of anyone who realizes he is mortal. The fear may be overcome to some extent by belief in a religion which claims an afterlife; but it is foolish to claim that the fear does not exist. Secondly such fear is a bad thing if it incapacitates one for enjoying life. This certainly does not happen with cryonicists. They enjoy life as much as anyone I know. Contrary to what some have written, cryonicists do not avoid the idea of death. We have faced it, accepted it as a reality, and attempted to do something about it. Sociologist Arlene Sheskin in her book "Cryonics: A Sociology of Death and Bereavement" (Irvington, 1979), said that cryonicists were extremely healthy in their attitudes toward death. A recent survey of CRYONICS magazine subscribers showed that more were involved in cryonics because they loved being alive and wanted to see the future than because they were afraid of death. None thought fear of worms and decay had anything to do with it. (If you are dead and buried you are well past worrying about what is happening to your body.)

Furthermore, Maia's statement that "I suspect, moreover, that if you suggest to one of their advocates that they test the validity of their beliefs by being frozen and rethawed, they'd react with less than overwhelming enthusiasm for that notion," completely misses the point and reflects the general misunderstanding of what we are trying to do. We don't know if freezing will work and no one is claiming that. Certainly freezing itself is not a cure for anything. It is just a last ditch attempt to forestall the end of our existence. Being frozen is the next to worst thing that can happen to us. We would all much rather live for hundreds of years healthily and happier, without experiencing death. But that is not likely to happen for a couple of years; so we accept freezing as a slightly better alternative. It is a safety net which may or may not give us a chance to be part of the future. We hope that if we are frozen, someone someday will find a way to bring us back. If not, we are no worse off than if we are dead and buried. But if we are right, I'll get to be part of some pretty exciting times. I'm willing to take the chance that it will be hard to adjust. Heck, it's hard to keep up now. But I keep at it, and I have no doubt I can do so in the future.

There is no way I have the space to completely refute all of the possible arguments against cryonics. Anyone who is truly interested may get more information and a fuller discussion by contacting us. Please do not write to us if you just want to argue philosophy. We don't have the time -- We are busy doing something.

-- Steve Bridge
July 7, 1983

". . . Do you know any case where germs gave up and went away because the man they were destroying had a noble character or sweet sentiments? Did the tuberculosis bacilli leave John Keats' lungs because he had a few hundred great poems still unwritten inside him? You must have read some history, even if you

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were never at the front lines like me: do you recall any battle that refutes Napoleon's aphorism about God being on the side of the biggest cannons and the best tacticians? This Bolshie in Russia, Lenin, he has ordered the schools to teach chess to everybody. You know why? He says that chess teaches the lesson that revolutionaries must learn: that if you

don't mobilize your forces properly, you lose. NO matter how high your morality, no matter how lofty your goal: fight without mercy use every ounce of intelligence, or you lose. My father understands that. The people who run the world have always understood it. A general who doesn't understand that gets broken back to second lieutenant or worse. I saw a whole platoon wiped out, exterminated like an anthill under a boot. Not because they were immoral or naughty or didn't believe in Jesus. Because at that place, on that day, the Germans had superior firepower. That's the law, the one true law, of the universe, of everything that contradicts it -- everything they teach in schools and churches -- is a lie."

-- Robert Putney Drake from
Robert Anton Wilson's
"The Illuminati"

MORE CRYONICS LITIGATION

We have received word that Trans Time, Inc. has filed suit in the Northern District California Federal Court seeking a declaratory judgement allowing them to remove the body of New York man Samuel Berkowitz from cryonic suspension. Mr. Berkowitz was placed into cryonic suspension by Trans Time in 1978 and his suspension apparently funded by his wife Eva Berkowitz and son, Joe Berk. According to Art Quaife, President of Trans Time, the Berkowitz family became delinquent on their account and more recently informed Trans Time that they did not wish to continue with the suspension owing to financial considerations.

Negotiations to remove Mr. Berkowitz from suspension and return him to the family recently broke down, and Trans Time filed suit to a) obtain permission from the court to remove Mr. Berkowitz from suspension and b) recover unpaid back storage bills owed by the family for his care.

We understand from Mr. Quaife that Mr. Berk and Mrs. Berkowitz have retained attorneys in both New York and California and have threatened litigation of of a "multimillion dollar" nature.

The effect of such litigation can only be to further damage the credibility of cryonics and deter participation by suspension team members, directors, and others in a leadership position. It is fast becoming apparent that one of the biggest risks of cryonics is being involved in a position of leadership. All of this litigation has simply acted to reinforce ALCOR's commitment to NOT taking last minute cases and to confining ourselves to accepting only our members who have made advanced arrangements. Indeed, we may be faced with reconsidering our policy of accepting the immediate family of ALCOR General Members on a last minute basis even if adequate funding and legal arrangements do not appear to be a problem at that time. All of this leaves us saddened and frustrated. It seems that the biggest barrier to the success of cryonics may not be biological but legal.

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BAN ON HUMAN GENETIC ENGINEERING URGED

Recent activity by Jeremy Rifkin, a veteran campaigner for liberal and radical causes, has resulted in the leaders of virtually every major church group in the United States signing a resolution calling for a ban on genetic manipulation of human reproductive cells. As an article in SCIENCE (220, 1360 (24 June, 1983)) makes clear, most of the signers are not at all sure what they want or what they've signed, but they want something. Since

they represent a large constituency, it seems likely that Congress will give them something. However, what Mr. Rifkin wants is quite clear: an absolute ban on human genetic engineering. One of the pleasures of being a cryonicist is the anticipation of outliving the likes of Mr. Rifkin. We will not be held back and kept in the darkness -- if necessary we will fight!

LONG TERM CULTURE OF NEURONAL CELLS

For people who have lost cells in their central nervous system due to aging, disease, or trauma, the possibility of reseeded the CNS with fetal neurons appear to offer hope of recovery. Research reported on last year in various journals (SCIENCE NEWS, 122 (21), 325 (Nov. 20, 1982); 122(22), 350 (Nov. 27, 1982)), not only recorded the transplantation of neurons between members of a species (rats, mice), but interspecies (mice to rats) and interorgan (between human adrenal gland and human brain) and are a dramatic example of the immunological privilege accorded the brain (i.e., the brain is immune to rejection in the conventional sense).

Unfortunately, the bioethics crowd immediately popped out of the woodwork and denounced the idea of using brain cells from human fetuses to cure CNS damage in humans. This in the face of enormous numbers of abortions which could provide such material and the fact that whatever the arbitrary bias bioethicists impose in this country, there are places only an airline ticket away where their writ will never run.

This problem now appears to have been displaced to some extent by recent developments in the long term culture of neurons. Researchers from the University of Miami recently reported in SCIENCE (220, 1396, (24 June, 1983)) that they have isolated a neuronal cell growth factor which has allowed the continuous monolayer culture of various neuronal cell species for "several months."

The growth factor, isolated from fetal calf serum by a simple procedure is a protein with a molecular weight of 55,000, an isoelectric point of 5.6, and is relatively stable to temperature and pH changes. The growth factor is effective in promoting the long term culture of rat cortical, striatal, hippocampal, cerebellar, and brainstem neurons. In addition, the growth factor does not promote overgrowth of glial cells, and fibroblasts, two species of cells almost inseparable from neurons which have caused difficulties in CNS tissue culture operations in the past.

Use of this growth factor and others yet to be discovered should allow for the establishment of stable cultures of neurons for reseeded damaged human brains, and remove most of the present objections of the bioethics community.

"Man's mind stretched to a new idea never goes back to its original dimension."

-- Oliver Wendell Holmes

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YOUR RIGHTS AS A CRITICALLY ILL PATIENT
by Steve Bridge

Reviews and commentary on:

"The Rights of the Critically Ill." By John A. Robertson. An American

Civil Liberties Union Handbook. Bantam Books, 1983. \$3.95, paperback.

"The Living Will: Help or Hindrance?" By Stuart J. Eisendrath, MD, and Albert R. Jonsen, PhD. "Journal of the American Medical Association" (JAMA), April 15, 1983 -- Vol 249, no. 15, p.2054-58.

Several articles in CRYONICS during the past two years (May, 1982 p. 13-15; April, 1983 p.6; May, 1983 p. 6-11; July, 1983, p. 10-12) have detailed the problems which may occur when hospital patients are kept on respirators too long. The articles have suggested that a type of "living will" be used to combat this situation. To briefly summarize:

Many patients can be kept "alive" on respirators for long periods of time, at least alive defined as "having lung function and circulation," even if this is supplied by artificial means. If this treatment is continued in a patient with no circulation to the brain, the brain deteriorates to a point where, after 24 hours, very little brain structure remains. Since most physicians are not aware of the special needs of suspension patients, their uppermost concern will be to protect themselves from lawsuits against premature termination of care or even arrest on some sort of homicide. Unless you give them reason to act otherwise, physicians are likely to leave a patient on artificial support much longer than is necessary to determine brain death.

Obviously this is a situation we wish to avoid. It is crucial to the possible success of your suspension that documents be drawn up which clearly state the circumstances under which you wish cardiopulmonary support to be continued or withdrawn. In a clearly terminal situation, there is no reason why you should be forced to suffer any longer than necessary, use up precious savings, and cause further damage to your body. As the rest of this article describes, you do have many rights in regard to the quantity and quality of medical care you receive.

The most useful and readable material I have found on this matter is John Robertson's book, "The Rights of the Critically Ill." Robertson is a Professor of Law and a specialist in Medical Ethics at University of Texas Law School, Austin, Texas. His book gives the right of patients prime importance, with much less emphasis to the physicians, hospital, and family. He cautions that the law changes frequently and laws have been interpreted differently from court to court. With this in mind, however, he indicates that during the past decade both legislation and court rulings have tended to protect the rights of patients to be fully informed about their condition and treatment and to refuse any form of treatment which they do not want.

As usual with legal generalizations, there are many "ifs, and, it depends, and probablys" which both cloud and clarify the issues, and Robertson goes into great detail on the situations that might

arise. There is a general rule which can be applied in almost every case. The decision to be made must reflect what is in the patient's best interests. If the patient is conscious and competent, then the patient may determine his own best interests. If the patient is unconscious or otherwise ruled to be incompetent (that means "legally unable to make decisions") in some way, the physician must decide the patient's best interests, unless the matter is taken to a judge to decide. A pre-written statement by the patient detailing his position on treatment will go a long way toward allowing (and in some states, requiring) the physician to follow the patient's wishes.

Robertson's book is so full of information that I can here give you only a few of his insights. I strongly recommend that any cryonicist quickly obtain this book and read it, to help set up his or her own medical statement. To simplify this article, I will go through the book chapter by chapter, to point out and comment on some of the rights which pertain do not use this necessarily incomplete discussion as a substitute for reading the entire book.

I. The Right to Know the Truth and Keeping Confidences.

A patient has the right to know the truth about his illness and about the treatments which are being used. A competent patient's right to know cannot be waived by the family -- although a doctor may illegally decide to withhold information about a terminal illness from a patient, usually on the request of family. However, the patient does have the legal right to keep his condition secret from his family, if he so desires (except in the case of contagion or crime). You may wish to have a statement in your medical records to the effect that you want to be told about your condition first and that you will decide when and if to tell your family. Talk with your doctor about this.

A critically ill and even incompetent patient still has the right to privacy. For example, no photos may be taken without patient consent, even without identification. Patients have successfully sued for this -- even if the photos were not for publication. I am unsure if this would apply to photos taken during the suspension of a legally dead person, but probably the right to privacy falls to the remaining family if the publicity

question was not clarified in advance. (James Bianchi also made such a point at the Lake Tahoe Life Extension Festival.) This could put cryonics organizations at jeopardy because of slide presentations of suspensions. I suggest that agreements between suspension members and organizations explicitly define the matter of privacy and publicity, giving the member the option as to how much he will allow. I suggest that these pictures cannot be made public unless there is written permission from the patient or family. It might be wise to get a release from immediate family members, also.

II. The Right to Treatment and Control of Medication.

There is no basic right to treatment. In general a doctor or a hospital has no legal obligation to accept a patient for treatment (although some states may mandate otherwise). However, once the physician or hospital has accepted a patient, they are legally

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bound to provide appropriate treatment. They may not abandon a patient who needs continued treatment until a replacement physician or hospital has been found. In addition, "the patient has a right to receive the best care available that is reasonably likely to help him . . . The family has no right to prevent the patient from receiving treatments that might help him, though they are not obligated to pay for them."

This notion might be seen as a beginning defense for cryonic suspension, although cryonics has a problem with documentation. At this time, we do not have a strong case that cryonic suspension is "reasonably likely to help" a terminally ill patient. With more research results, it might be a stronger case.

III. The Right to Commit Suicide.

In general it is legal for a critically ill person to kill himself or herself. It is not legal for another person to actively kill a critically ill patient, even with the patient's consent. Whether freezing a person who is not legally dead would fall into this category or not will make a tricky and dangerous legal case someday.

IV. The Right to Refuse Treatment.

Absolutely a competent person may refuse medical treatment of any kind. "Competent" is a tricky word, however, as a family or physician could move to have a patient declared incompetent on psychiatric grounds. Again, you are benefited greatly by having instructions and thoughts written down in advance while you are clearly competent.

Although the point has not been legally tested, it is probably that someone who refuses medical treatment would not be found to be a suicide. This may be important for purposes of life insurance, potential criminal liability, and preventing an autopsy. Robertson also points out that most states now require that life insurance benefits be paid for deaths by suicide after a minimum period.

V. The Right to Stop Treatment on Incompetent Patients.

Legal opinion is still in formation as to who speaks for incompetent patients. Currently, unless the court has designated a guardian, the physician has the obligation to determine what is in the patients's best interests. The physician is expected to do this on the basis of guessing what the patient would decide to do if the patient could somehow stand outside of his incompetent body and rationally consider the situation. Since the physicians are not mindreaders (even presuming there is enough mind left to read), they must go by what evidence exists of the patient's feelings or, worse, by their own opinions. Even if a guardian is appointed, that merely leaves the patient at the mercy of someone else's opinions. Obviously, documentation of your wishes and the appointment of a medical surrogate (someone to speak for you) are critical. Medical surrogates have no legal standing as yet, but it is likely that a physician or judge would listen to them, especially if they are backed up by your words in writing. In addition, the judge would probably consider

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the surrogate a likely candidate for guardianship if you had formally expressed that desire.

Do not assume that a family member automatically has guardian rights if you become incompetent. They do not have the right to stop treatment on an incompetent patient unless the court appoints them guardian. In some case this could work for you, since many unscrupulous family members have undoubtedly been prevented from prematurely terminating relatives. But this legal position could also prevent a family member from acting in your behalf to have suspension started sooner. In many cases, of course, the physician merely ignores the law and does what the family wants. You must not take that risk. Get things in writing.

VI. The Right Not To Be Resuscitated.

You have the right to ask for a "no code" status: i.e., a declaration that you are not to be resuscitated if you stop breathing. If you are incompetent and cannot make such a decision, the already discussed rules apply.

VII. Rights of Critically Ill Children.

Children have the same rights to receive medical care as do adults. Parents' and guardians' objections to medical care, even if on religious grounds, may be overridden, as long as the state can show that treatment in the best interests of the child.

Parents may refuse medical care for a critically ill child as long as it can be shown to be in the child's interest not to prolong his life. The definition of "child's interest" has created heated debate in many court cases, including the "Baby Doe" case in Indiana in 1984. Children mature enough to understand the consequences might have the legal rights to refuse treatment for themselves; but this area has not been explored by the courts.

VIII. Advance Directives and Living Wills.

This chapter is so important it is almost impossible to point out any specific items without ignoring others equally important. A couple of remarks will have to suffice. A living will is a directive to your physician concerning the type of medical care you wish to have should you become incompetent and no longer able to speak for yourself. Primarily the document concerns the limits of medical care, but it does not have to be limited to that. Twelve states have given legislative support to the concept of living wills; other may soon follow. In these states, a living will legally binds the doctor to follow the instructions of the will unless he wishes to remove himself from the case and let another physician take over, and gives the physician immunity from liability for following those instructions. Robertson suggests that the courts in other states would probably find that living wills are legal anyway, according to accepted right of patients to reject treatment.

The California law and some others may cause problems for cryonics in that it calls for a very strict form to be followed. I suggest if you use this form, you fill it out properly and then add such other specifications as you require on a separate document.

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Robertson recommends getting the doctor well in advance of any illness to sign a statement agreeing to acknowledge and honor the living will. This is legally binding on the physician. If he won't do it, you may find it necessary to switch physicians.

IX. Brain Death.

A caution: "brain death" usually means total brain death and not just cerebral cortex destruction. So you may have no "self" left, yet still be maintained on a respirator because of activity in the brain stem or other subcortical areas.

Jerry Leaf, in a talk at the Lake Tahoe Life Extension Festival, pointed out that physicians can predict very accurately which unconscious patients have no chance of survival. Your living will may give them the chance to use that accuracy to save your brain.

X. Organ Transplant and Autopsies.

We are still looking for ways around the fact that your next-of-kin has control over your body after your are pronounced dead. In the case of the Uniform Anatomical Gift Act (UAGA) which allows persons to donate their

organs or whole bodies to science, the relatives' wishes do not apply. Unfortunately, the California Attorney General issued an opinion several years ago that the UAGA does not apply to cryonics organizations. Fortunately, however, California also has a law that the wishes of a person as to the disposition of his remains must be honored. In any case, it is wise to get your next of kin to agree to have your body turned over to your cryonics organization for suspension. If not, we might have quite a battle on our hands.

DO NOT USE A UAGA DONOR CARD TO DESCRIBE YOUR DESIRE FOR SUSPENSION. this will only confuse things at the hospital. Rely on a separate card and your bracelet.

The doctor will ask your next of kin if you may be autopsied. Of course, we want your next of kin to say, NO! Absolutely not!" Please have them agree in advance not to permit an autopsy unless legally required. Even then all possible pressure should be place on the physicians to do as little damage as possible -- especially to the brain. A kindly and understanding doctor will not ask for an autopsy if he knows the patient is to be frozen. However, it is our sad experience that some physicians are hostile to the point of being sadistic in their urge to impose their own views on others. Do you best to eliminate this problem by obtaining advance written co-operation of your relatives and physician.

The remainder of the book consists of chapters on experimentation, allocation of resources, and hospices. An appendix includes some samples of living wills.

If you are unable to find this book at a local bookstore, you may send \$3.95 + \$1.25 for handling to Bantam Books, 414 E. Gold Road, Des Planes, IL 60016. The book is also available through ACLU, but I don't have a price. I will try to have more information in the next issue. Organizations may get a discount on purchases of 24 or more from Bantam.

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So you know that overall the legality of refusing certain kinds of treatment and requesting cryonic suspension is probably on your side. But what about the doctor's viewpoint? How do you approach them to get the maximum co-operation? Part of this might be answered in the JAMA article by Eisendroth and Jonsen. If your physician balks at your version of the living will, refer him or her to this article.

The authors mention surveys which show that while few California doctors are familiar with the exact wording requirements of the California living will statute, most of them have patients patients who have signed the Act and most of the doctors said that it did indeed make a difference in their clinical decisions. The authors strongly feel that the best use of the living will is when the patient is able to sit down with the physician and discuss what it means, so they can come to some sort of an agreement on what will be done. If this discussion is not held, and the living will is presented after the patient is incompetent, the physician may be confused about how to help if he or she sincerely wishes to.

The authors report on two cases in which the presence of a living will caused confusion. In neither case had the will been discussed with the physician. In one case, it had at least been discussed with a sister, so the physician was fairly sure that his understanding of the situation was accurate. The other case was much more worrisome, since the woman had

discussed her letter with no one, but had just given it to the doctor the night before the operation (the doctor must share some of the blame here for not taking the trouble to insist on a discussion at that time.) When

the patient got into some vascular trouble after the surgery, her brother felt that the terms of the living will had come about and that the woman should be taken off of respiration and allowed to die. The attending physician did not think that situation had arisen and took the case to the hospital's medical ethics committee, which agreed with the physician. The patient eventually recovered and told the doctor that was certainly not the kind of situation she meant and she was glad the hospital had stood its ground. A more detailed living will, an informed surrogate, and discussion with the physician would have simplified things immensely -- and if the physician had been less firm, would have her life.

So what should you do to prepare a living will for yourself?

1. I would strongly advise you to read the Robertson book and the JAMA article, as well as any other recent discussions you can find. These will give you some background in the applicable law and show you most of the possible pitfalls.

2. Refer to the issues of CRYONICS which discuss this question.

3. Formulate a living will which details the circumstances under which you do not wish to continue treatment, and clearly explains your desire and arrangements to be cryonically suspended. If your state prescribes a fixed form, use that form, and then attach additional necessary documents with further information.

4. Give your lawyer a copy of your living will, along with a copy of "The Rights of the Critically Ill" (case number and everything

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are included, which will save your lawyer a great deal of time when he prepares to defend your rights.

5. Designate a trusted friend or relative to be a "medical surrogate" who will interpret your wishes to physicians or a judge if need be.

6. Talk with your medical surrogate, your family, and your lawyer to make sure that they clearly understand your position. Have them each read and keep a copy of your living will and other medical instructions.

7. Give a set of documents to your physician. Include:

- a. Living will and other related documents.
- b. Emergency hospital instructions (CRYONICS, July, 1983, p.17-18)
- c. A copy of "Cryonics: Threshold to the Future" and any other explanations which might help him or her understand the general process and purpose of cryonic suspension.
- d. Physician's affidavit -- something for him to sign in which he promises to follow your instructions to the best of his ability. Alcor has a standard form available, although this may need to be revised to include the terms of the living will and an absolution from litigation as long as the terms of the agreement are carried out. Your relatives should also know and agree to the absolution from litigation.

8. Get an appointment with your physician to discuss the papers and find out if you need to modify them in any way or if you will need to find a new physician. Get some kind of agreement signed.

9. Send a set of all final documents to your suspension organization, your lawyer, relatives, and medical surrogate.

The more I read, the more I become convinced that this is the only sensible way to protect yourself while in the hospital. And the only way

to safeguard your right to influence your treatment is to make those decisions now, while you are competent and healthy.

"Now! Now! cried the Queen. "Faster! Faster!" And they went so fast that at last they seemed to skim through the air, hardly touching the ground with their feet, till suddenly, just as Alice was getting quite exhausted, they stopped, and she found herself sitting on the ground, breathless and giddy.

The Queen propped her up against a tree, and said kindly, "You may rest a little now."

Alice looked round her in great surprise. "Why, I do believe we've been under the tree the whole time! Everything's just as it was!"

"Of course it is," said the Queen: "what would you have it?"

"Well, in our country," said Alice, still panting a little, "you'd generally get to somewhere else -- if you ran very fast for a long time, as we've been doing."

"A slow sort of country!" said the Queen. "Now, here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else you must run at least twice as fast as that!"

-- The Red Queen

"Through The Looking Glass and
What Alice Found There"

by Lewis Carrol

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MORE NEW SONGS FROM GEEZER GUS AND THE LIVERS

By Geezer Gus

Due to the overwhelming response to our previous musical release, The Livers have decided to leak a few more songs prior to release of their forthcoming imaginary album, "Every Night Live." The first selection, a just for fun song, sounds "a little bit country" and would be well suited for Johnny Cash's voice, but we doubt Johnny ever thought about something lasting for. . .

Forty Centuries

I've got my baby, right here by me;
I've had my baby, for forty centuries!
Oh my sweet baby, she sure knows how to please:
She's learned a lot about me, in forty centuries!

You've heard about forever: every lover sings,
That they're gonna stay together, till birdies lose their wings.
But most find out forever, is shorter than they think;
To them forever's fifty years, it's over in a wink.

(But. . .)
(Refrain)

Don't think I'm jivin', or that I'm simply weird:
I've really been survivin', the past 4,000 years.
Don't ask me how I do it, I haven't got a clue,
But if you had my baby's love, I'm sure you'd do it too.

(And that is why)
(Refrain)

Do you think I'd tire, after forty centuries?
Lose my desire, for some new sweet cuties?
Well yes, I've had some others, along the way it's true,
But none of them could please me quite the way my babe can do.

(And that is why)
(Refrain)

Don't search for fountain, to keep you feelin' young;
Don't climb up mountains, or put pills on your tongue:
Just find yourself a woman, the best that there can be,
And I am sure like me you'll live, for forty centuries!

(Refrain)
Oh my sweet baby, she's the one I love to please;
I've learned a lot about her, in forty centuries!

* * * * *

Most of us undoubtably imagine that our lives as immortal supermen (and superwomen, or whatever!) will be full of fun, excitement, and challenge, and The Livers agree! But we must remember that difficulties and pitfalls will remain. To give you a warning of what to expect, the following song considers. . .

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The Hazards of Being an Immortal Superman

When you are truly immortal, the Earth seems kinda small,
And once every couple hundred years or so, you gotta get away from it all;
But havin' too much fun on 'Centauri, just wasn't really what I planned,
Which shows that there are hazards to being an immortal superman!

But now I'm hang' out on Alpha Centauri, planet of pleasure and fun.
I'm really hooked on Alpha Centauri, it's a mighty hard place to be from.
But I'm havin' too much fun on 'Centauri: I've spent 200 grand!
Which shows that there are hazards to being an, immortal superman!

I had a party on Venus, planet of fun in the sun;
It's so hot on Venus, that lead bricks melt and run.
But my body was too darn tough, I hardly even deepened my tan!
Which shows that there are hazards to being an immortal superman.

(Refrain: same as above, but spending hiked to 400 grand)

Oh I remember Daneeba, planet of innocent girls.
I was invited by Sheeba, to bring knowledge of man to that world.
And my instructions from Sheeba, were to teach each on the best that I can,
Which shows that there are hazards to being an immortal superman!

(Refrain: same as above, but spending hiked to 800 grand)

I remember Syrtis Major, I was diggin' for fossils on Mars.

I found a fossil alligator, the rarest find under the stars.
But as I dug up my treasure, I lost a quarter in the sand,
Which shows that there are hazards to being an immortal superman!

(Refrain: same as above, but spending hiked to 2000 grand)
Oh yes I've havin' so much fun on 'Centauri, I've spent nearly all I can,
Which shows that there are hazards to being an immortal superman!

* * * * *

Actually there is bound to be at least one significant loss associated with being immortal, namely, the loss of those who are not. This is the focus of the following, somewhat subdued song about being a . . .

Time Traveller

I am a time traveller, I surf the wave of time;
But those who are not travellers, are shortly left behind.

I left behind my parents,
I left behind my friend;
I left behind a love of mine
I thought would never end.

For those who are still very young, behind seems far away,
But soon they'll have to make the choice, to travel or to stay.

(Same refrain)

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The future can be beautiful, for those who see it through.
And though I've lost the ones I loved, now I can love you.

You left behind your parents,
You left behind your friend.
You left behind a love so find
You thought would never end.

The future is a stunning place, it makes your sorrows go.
But those who are not travellers, will sadly never know.

I left behind the world I knew
And everything it seemed,
But now the love I have from you
Is more than I had dreamed.

I am a time traveller, I surf the wave of time.
But those who are not travellers, are shortly left. . .
Behind.

* * * * *

The final song is a light come-on from a future entrepreneur. The "refrain" (indented) is sort of caribbean in flavor; the body is more rock-like. The Livers consider the problems of immortality, space travel, and population to be related. This song offers a hint of how

space travel may develop to relieve the latter and thereby facilitate the former.

Taxi Man

I am the taxi man:
I'm going to make you high.
I'll take you to L-5,
Which is high above the sky.

The world is overcrowded;
You need some place to go!
Near-earth space has got it all,
There's room to grow.

So let me take you there.
I will be going soon.
I'll take you anywhere --
To the planets or the moon.

The populace explodin' --
You hear the traffic roar!
It's time for you to get away,
It's your time to soar!

The jobs are all in space,
So let me take you there.
A smile will light your face
If you'll kindly pay my fare.

You need some relocatin'
To make your viewpoint new!
The world is just a big blue ball
Take a look at the view.

So ride my rocket cab.
To opportunity.
No life in space is drab,
Come along and you will see.

I am the taxi man:
I'm going to make you high.
I'll take you to L-5,
Which is high above the sky.

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