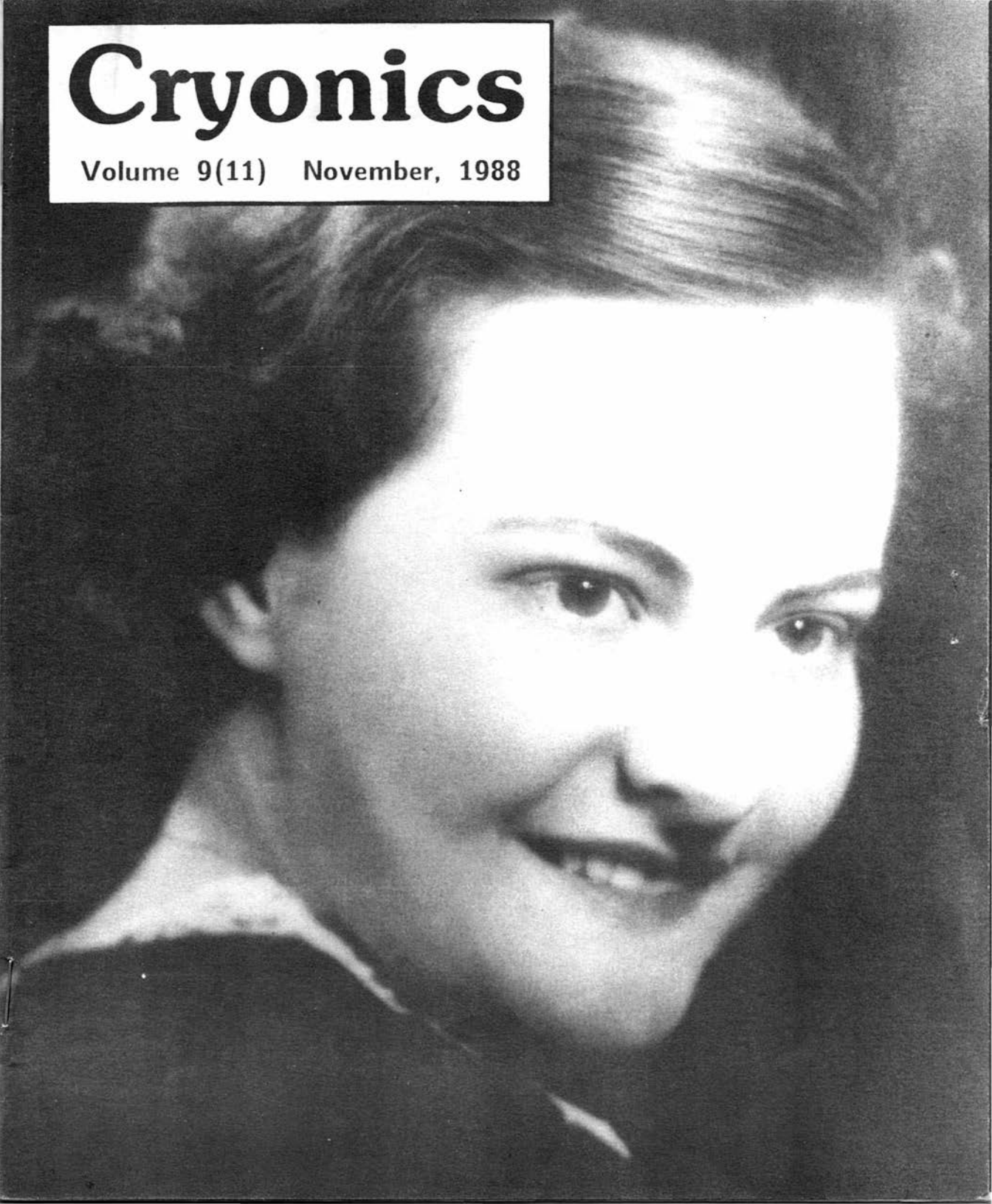


Cryonics

Volume 9(11) November, 1988



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EDITORIAL MATTERS

This issue of *Cryonics* contains a very important "self-help" article by Alcor Suspension Member David Brandt-Erichsen. David's article is about the *Durable Power of Attorney for Health Care* (DPAHC) -- a legal document of great importance to cryonicists. As many of our readers will likely recall, we have previously discussed the importance of the DPAHC and have provided our members with copies of the *California* version of this form.

However, the California form is likely to be of only limited use outside the state of California. Enter David Brandt-Erichsen. David took the time to carry out a thorough search of the legal literature and then took even more time to carefully craft a form that should work in all states except California and Rhode Island (both of which have specific requirements for format and execution of DPAHCs). A brief article by David about the importance of the DPAHC and a clear and detailed set of instructions for its execution is printed elsewhere in this issue.



Beyond David's article urging readers to execute a DPAHC, the Editors of *Cryonics* wish to add some comments of their own. In the past year we have observed two situations involving Alcor Suspension Members where the DPAHC has proved critical. In one case, the patient ultimately experienced ischemic coma and was suspended. The other case is the one involving "John Roe", a long-time member who is dying of AIDS. Mr. Roe's case has recently been complicated by the arrival of relatives on the scene with whom he has had little contact for years. The presence of a properly executed DPAHC has allowed the holder of Mr. Roe's Power of Attorney to continue to supervise his medical care (as Mr. Roe is no longer capable of doing so himself) and to prevent his being transferred by next of kin to a location out of California and out of Alcor's reach.

It has been our experience that the DPAHC is respected by medical professionals and the courts. Additionally, we would like to urge that members consider giving durable power of attorney for *financial* matters to someone they trust, preferably to the same person who has control over health care decisions. This will allow the person responsible for medical care to hire extra nursing personnel or sitters to insure that cardiac arrest doesn't occur suddenly and go undetected in the hospital. It will also allow transfer of estate assets into trust to protect against medically related "gutting" of the estate (via

so-called "Medicare Trusts") and provide the person holding your power of attorney with the wherewithal to contract for remote standby from Alcor or pursue life-saving medical care which may not be covered by insurance.

In the absence of such legal protection, you may find yourself getting medical care which is inappropriate and undesirable. Even more to the point, you may find yourself not getting suspended at all.

We urge each of you to take the time required to complete a *Durable Power of Attorney for Health Care* as soon as possible. We have done our part by providing you the tools to do so.

* * * * *

THE GIFT OF A LIFETIME

We are offering introductory gift subscriptions again, at \$10 each, or 1/2 the regular subscription price. The recipient cannot previously have been on our mailing list as either a subscriber to *Cryonics* or as a member of Alcor. This offer applies only in the U.S., due to the much higher price of non-domestic mailings. We are actually taking a loss on the gift subscriptions at this rate, but we consider that finding new cryonicists is well worth it. If you have a friend or acquaintance who has expressed any interest in cryonics, a gift subscription to *Cryonics* may well be the gift of a lifetime.



* * * * *

ALCOR AND JOHN ROE WIN TEMPORARY RESTRAINING ORDER

by Mike Darwin

As we had anticipated last month, John Roe, the long time Alcor Suspension Member who is terminally ill with AIDS, did make it through his hospital admission and manage to go home. Unfortunately, his stay at home was short-lived. Mr. Roe was home only a little over 24 hours when he experienced a serious central nervous system infection and had to be rushed back to the hospital -- the same hospital which had previously refused to cooperate with Alcor in Mr. Roe's suspension. Plans to pursue a preliminary restraining order against the hospital and the California Department of Health Services which were moving ahead at a reasonable pace had to be put into high gear. Once again Alcor was faced with a three-alarm legal emergency.

Late on Monday, October 10, Mr. Roe was rushed to the hospital suffering multiple seizures and was in a semiconscious state. His physician suspected a primary brain infection and was not optimistic about Mr. Roe surviving for more than a few days at most -- unless the infection could be rapidly identified and it then responded to treatment.



A decision was made to go into court for a temporary restraining order (TRO) against the hospital and the Department of Health Services. The next three days were spent in frantic preparations to go into court. On Friday, October 14th, Superior Court Judge Aurelio Munoz granted Alcor a temporary restraining order preventing the hospital from:

"...preventing, restricting or in any manner whatsoever interfering with the application of a portable resuscitator, after the pronouncement of his "legal death" by a licensed physician, to the body of John Roe at the hospital facility located at 4929 Van Nuys Boulevard, Van Nuys, California for such period of time, not to exceed two hours, as shall be necessary thereafter to accomplish the release of the body of John Roe to a licensed funeral director and the transport of his body, after the application of the portable resuscitator, from the hospital."

The hospital fought Alcor every step of the way. In a six page brief filed by the hospital in opposition to Alcor's request for a TRO, the hospital and its legal staff trotted out just about every argument against cryonics imaginable. We summarize some of the more interesting ones below:

Allowing Alcor into the hospital to resuscitate, medicate and transport Mr. Roe was alleged to "violate the hospital's established practices, Health and Safety Code Title 22 Regulations, and the standards of the Joint Commission on Accreditation of Health Care Organizations".

In other words, allowing Alcor to carry out transport procedures on a patient in their hospital would, in effect, be the same as condoning cryonics and tantamount to its approval. Anything not in the rule book is *de facto* prohibited.

Only medical staff which have been properly licensed and credentialed are allowed to perform medical procedures in a hospital and only physicians who are "on-staff" at the hospital are able to determine what procedures will or will not be allowed in the hospital.

In other words, only doctors are allowed to practice medicine and to determine what constitutes medicine. This cryonics business smells like medicine to them, and furthermore it smells like *quack* medicine, therefore they aren't about to allow it to occur. Never mind the fact that they have already pronounced the patient *dead*. They are the doctors and they get to say

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

JOHN ROE, and ALCOR LIFE EXTENSION FOUNDATION, INC., a California Non-profit Corporation,	Plaintiffs,	CASE NO. C697147 DATE: October 14, 1988 TIME: 1:30 P.M. DEPT: 47
vs.		MEMORANDUM OF POINTS AND AUTHORITIES AND DECLARATIONS IN OPPOSITION TO EX PARTE NOTICE FOR TEMPORARY RESTRAINING ORDER
DAVID W. MITCHELL, KENNETH W. RISER, M.D., M.P.H., OFFICE OF THE STATE REGISTRAR, DEPARTMENT OF HEALTH SERVICES, and DOES 1 to 100, Inclusive,	Defendants.	

1. INTRODUCTION.

JOHN ROE, an AIDS patient at Sherman Oaks Community Hospital (the "Hospital") and ALCOR LIFE EXTENSION FOUNDATION, INC. ("ALCOR") ask this Court to order the Hospital to violate its established practices, Health and Safety Code and Title 22 Regulations and the standards of the Joint Commission on Accreditation of Health Care Organizations Standards by permitting

whether medicine is medicine or not, even if it is being practiced on people whom they consider dead.

They were also concerned "about unresolved bioethical issues concerning the procedure."

In other words, what will we do about overpopulation, world hunger, and allocation of resources if this cryonics thing catches on...!

"Mr. Roe's and Alcor's requests would violate hospital procedure for the handling of the remains of AIDS patients, whose body fluids are infectious. The customary procedure for handling such remains is to seal them in a nonpermeable shroud marked "communicable disease" and have a mortician remove the body from the hospital in a sealed shroud, without performing any procedures on the body at the hospital."

This objection was the only one of any of them held even the remotest credibility. It was addressed by retaining a licensed mortician and by the fact that Alcor has, and has had on staff two licensed physicians and surgeons as Medical Directors.

Finally, "Alcor is requesting that after a pronouncement of death, that Alcor personnel be permitted to inject Mr. Roe's remains with a barbiturate. The purpose of the injection is to prevent Mr. Roe from 'coming back to life' once he is placed on the heart-lung resuscitator machine... This proposed action raises the issue of euthanasia which is currently illegal."

This last objection caused the judge considerable amusement. As he was at pains to point out, if the hospital pronounced the patient legally dead by current criteria and Alcor was able to revive the patient, then that would be a major medical advance and a marvel for the world! In other words, you can't kill a dead person. This is something the Riverside County Coroner has yet to figure out. As an aside, it is worth noting that the statements about preventing the patient from "coming back to life" did not originate from Alcor, but rather from the medical staff. Early on in our negotiations with the hospital, one of the staff physicians raised the issue of barbiturates being used to protect the brain against ischemic injury because he had previously been associated with a pilot clinical program at another institution involving the use of barbiturates to the same end. This physician also raised the issue of the potential return of consciousness during vigorous post-mortem resuscitation efforts. Having raised these issues themselves, the hospital then proceeded to use them against us!

The arguments the hospital used in the Roe case against Alcor point out two fundamental problems that both the medical establishment and cryonics are going to have to



confront, and indeed are even now in the process of confronting. When is dead really *dead*, and where does medicine end and post-mortem procedures begin? The medical establishment cannot have it both ways. They cannot continue to pronounce people dead upon the basis of arbitrary, and above all *convenient*, functional criteria and then accuse cryonicists of euthanasia or murder for proceeding to resuscitate and crankily suspend the same patients.

The dichotomy occurs because the medical establishment knows in its heart of hearts that most patients who are *deliberately* not resuscitated or in whom resuscitation fails are still potentially capable of being restored to *consciousness* with the application of appropriately sophisticated *existing* life support techniques. They do not want to face the *consequences* of that reality. They do not want to redefine death in a way that would force them to realize that they are condemning tens of millions of potentially salvageable people to oblivion.

Despite the hospital's arguments, or perhaps because of them, Judge Munoz granted Alcor the TRO and ordered the hospital to cooperate in releasing Mr. Roe to Alcor and in allowing Alcor personnel to begin cardiopulmonary resuscitation and external cooling of Mr. Roe in the hospital. Judge Munoz cited Mr. Roe's right to determine the course of his medical care and post-mortem disposition as being paramount and as overriding the rights of the hospital to determine what kinds of procedures are carried out on patients in their facility providing that such procedures did not jeopardize other patients or staff.

Even in the face of a court order, the hospital did not admit defeat easily. On Monday, the 17th of October, Alcor Suspension Team Leader Jerry Leaf showed up at the hospital in order to allow the hospital's biomedical engineering staff to inspect the Alcor equipment that would be brought onto the premises to make sure it posed no hazard to staff and to insure that it was FDA approved (yes, FDA approved for use on a dead man!). Every single item of equipment including the oxygen bottles were subjected to an inspection. A problem immediately developed. Neither of the two heart-lung resuscitators on the market (both types of which Alcor own) are Underwriters Laboratories (UL) or FDA approved! The hospital thus refused to allow Alcor to bring either of these devices onto their premises.

Neither device is electrical (they operate on compressed oxygen gas delivered from an oxygen cylinder) and both units are in common use in hospitals and ambulances throughout the United States. Neither device is FDA approved since were both were made and marketed before the recent expansion of the FDA's authority over medical devices (as opposed to drugs) occurred. In such situations the FDA simply "grandfathers" the device: One shudders to think of the enormous logistic problems that would ensue if every device already on the market from the scalpel to the heart-lung machine had to go through retroactive FDA approval demonstrating safety and efficacy! Stethoscopes aren't FDA approved either! Medicine would grind to a halt for decades or centuries while the research studies and required paperwork were processed.



Another impasse had been reached: it seemed likely that Alcor would have to go into court again armed with statements from the manufacturers and ambulance companies and hospitals that heart-lung resuscitators are not some exotic,

unapproved, or hazardous device, and a threat to the hospital staff's life and limb.

When it became apparent that we were not going to tolerate being dealt with in such an arbitrary manner and that we were willing and ready to go back into court, the hospital decided to behave reasonably and allow Alcor to use the heart-lung resuscitator.

The hearing for the TRO was conducted in Dept. 47 of the Los Angeles Superior Court. The hearing was scheduled for 1:30 PM, and Saul Kent and David Epstein (our attorney) had arrived slightly after 1:00 PM with the final legal documents. Alcor's package consisted of the suit against DHS (a statement of the facts and request for relief), amended to include the hospital; a memorandum of points and authorities (the legal arguments); a suggested text for the injunction itself; and the declarations by our experts regarding the feasibility of cryonics and relevant portions of Mr. Roe's suspension paperwork. A little package of some 150 pages weighing roughly one pound, 12 ounces. The hospital's rebuttal was 13 pages. In a last-minute effort to increase the weight of their package, the hospital's attorneys threw in the state-published manual for hospital operations. Mr. Epstein was incensed about this, and the judge was not amused either. While the judge was reading the case documents, Mr. Epstein and the hospital's attorneys had been dickering for some kind of a deal, without success. At about 2:00 PM, Judge Munoz came out of his chambers, having waded through all the material submitted by both sides, except the hospital's manual. Almost immediately, the judge made remarks to indicate that Mr. Roe would have rights after he "died".

The rest was details. The hospital's attorneys proceeded to throw up a cloud of little objections. This twitter, twitter, twitter went on for about an hour and a half without any argument of substance being brought up. Finally, Judge Munoz broke in and informed the hospital attorneys that he was signing the Temporary Restraining Order as prepared by Alcor's attorneys, with only minor changes. So ordered and signed, 3:42 PM, October 14, 1988.

--Hugh Hixon

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In reading back over this rather bald account, you may ask, "Where's the action; where did our money go?"

The answer is that, by the time you are in a civil courtroom, almost everything has been decided. The suit will be won or lost in your attorney's office. We came to the courtroom with 150 pages of relevant documents, the final product of weeks of intellectual labor, very large phone bills, and plain hard work on the part of Saul Kent, David Epstein, and many others. Perhaps we could have won with less, but we wanted to win, so we gave it our best effort, and we did. --HH



Since the TRO was issued, Mr. Roe has been home briefly, but had to be hospitalized again due to sharp deterioration in his condition. At this time he is hospitalized and in serious condition. On Friday, October 28th, Alcor was granted a Preliminary Injunction against the hospital and the Department of Health Services. The hospital did not contest this injunction and has gone on record stating that they will not interfere with Mr. Roe's suspension.

Credit for success with the TRO and Preliminary Injunction rests primarily with Saul Kent, Jerry Leaf and Alcor's attorneys, David Epstein, Chris Ashworth, and Scott Tepper. In particular Saul worked tirelessly to prepare materials needed for the TRO and David Epstein delivered a magnificent performance both in court and out.

I know I speak for everyone in Alcor, and for John Roe in offering all of you a heartfelt thanks.

* * * * *

MEMBERSHIP STATUS

Alcor now has 112 Suspension Members and 221 Associate Members.

* * * * *

DECLARATIONS NEEDED

Meanwhile, Alcor continues to be in need of scientific and technical declarations in support of our lawsuit against the Health Service.

* * * * *

ZONING STRUGGLES

Sometimes it seems as if the whole world is out to get you. As if we didn't have enough trouble with the coroners, hospitals, and the Department of Health Services, we also faced a review by the City of Riverside Planning Commission as to whether or not we should be issued a Conditional Use Permit (CUP), a zoning variance which would allow us to continue to use our own building!

Alcor had been under study by the Planning Commission's professional staff for nearly nine months. Preliminary word was that the staff was going to recommend approval of the CUP based on land use and public health considerations. That was before the California Department of Health Services stated to the press and local government agencies that Alcor was engaged in criminal activities because cryonics was illegal, and that we should be prosecuted. These statements in large measure contributed to a recommendation by the staff to *deny* Alcor the CUP and in effect force us out of our building and out of operation.

This would have meant another \$5-10K trip to court in pursuit of a restraining order against the Planning Commission and Zoning Board! More trouble which we did not need! So, the governmental relations firm retained by Alcor to assist us through the CUP approval process set up a series of meetings with individual Planning Commission members. (The Planning Commission consists of business and professional community members appointed



by the Mayor and City Council)

Two days prior to the commission hearing, Mike Darwin met with four of the eight commissioners, and the day prior to the hearing Mike and a physician member of Alcor met with two other Commissioners; one of whom is a physician who has been opposed to Alcor's continued operation in Riverside.

These intensive and exhausting meetings (try pleading for your life sometime in thirty minutes or less) were designed to educate the Commissioners about Alcor and the legal controversies involved in cryonics.

On November 3rd, the Planning Commission voted unanimously to grant Alcor a one-year continuance of our request for a CUP to allow time for a court decision on the legality of cryonics. Thus, we have one less battle to fight and can concentrate our efforts on winning against the Health Department.

* * * * *

ALCOR GETS AN ADDITIONAL MEDICAL DIRECTOR

Amazingly, throughout the crisis of the last ten months, Alcor has managed to retain a physician on-staff as medical director. On October 30th another physician joined the doctor who has been Alcor's Medical Director (and who wishes to keep a low profile) for the past months. Dr. Thomas Munson, a physician and surgeon from La Jolla, California, has come on board as Alcor's primary Medical Director. We now have *two* physicians on staff.



Dr. Munson is a long-time cryonicist and was formerly a member of the Life Extension Society (founded by Ev Cooper in the early 1960's) and a member of the Cryonics Society of San Diego (a discussion-type cryonics group which disbanded in the early 1970's).

Dr. Munson is semi-retired but very active and brings over 40 years of medical experience to Alcor. Dr. Munson is a dream come true as Medical Director since he is a cryonicist, and because of his semi-retired status is not facing the professional pressures that often have intimidated other physicians.

We are extremely grateful to have a professional of the stature and quality of Dr. Munson directing the public health and safety aspects of Alcor's operations. Welcome aboard!

* * * * *

LIFE AGAINST DEATH IN NEW YORK

On Friday, October 28th, Mike Darwin, Saul Kent, Brenda Peters, and Jo Ann Martin flew to New York City to conduct the *Life Against Death* Conference at the La Guardia Airport Holiday Inn. The Conference was a one-day affair (as compared to three days for previous conferences) and was held on Sunday, October 30th. Saturday was used to meet with several key people from the New York discussion group and to take in a little of the Big Apple's sights, including a shopping/dining/theater trip to Greenwich Village. All in all, a thoroughly enjoyable evening, courtesy of Saul Kent.

Sunday, the conference ran from 9 AM to 11 PM. Approximately 30 people attended. Considering the lack of advanced promotion and the rocky course of events in California, we were lucky to have anyone there! The constant state of crisis in Los Angeles had caused a sweeping curtailment of the program and delayed and telescoped promotional efforts. Nevertheless, despite the limitations, the conference was considered a success. It resulted in three new people beginning the sign-up process and provided Alcor with an opportunity to meet with a number of people we had never seen before, including some long-time cryonics enthusiasts like Janet Pinkney from New Jersey. Miss Pinkney has had a 20 year long interest in cryonics and only recently decided to get more involved. There were many new faces at the conference and about six subscribers to *Cryonics* who were just faceless names before the weekend. It was a real pleasure to actually meet some of the people who read what we write!

The New York group continues to chug along and group member Al Roca is well on his way to completing an Emergency Medical Technician training course that will qualify



AGAINST DEATH

him for Alcor Coordinator training and issuance of an Alcor rescue kit.

All in all it was an enjoyable and productive weekend. The fact that we were able to round up 30 people with almost no advance promotion was encouraging, even if the absolute numbers were less than we had originally planned for.

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DRY ICE COOLING UNIT MEETS EXPECTATIONS

Much to our happiness and surprise, static tests of Alcor's new dry ice cooling unit have confirmed theoretical performance predictions. In the August issue of *Cryonics* we reported that efficiency calculations carried out by Hugh Hixon and Dr. Mike Perry indicated an anticipated sublimation rate of about 24 pounds of dry ice per day (the unit is quite large and is designed to hold two patients). Actual tests indicate that unit is performing slightly better than expected (in fact near the theoretical limits of efficiency for the polyisocyanurate foam insulation material) subliming 23.5 pounds of dry ice per day. This is doubly good news, since it indicates not only a reasonably efficient design (we could have cut dry ice use further by adding more foam -- at the expense of more bulk!) but, just as important, we have verified that we have a workable and reliable model for calculating the efficiency of this insulation system.

Knowing that we've got a reliable paradigm for such engineering calculations is important because it is anticipated that a similar system will be used for pursuing -135°C storage of Alcor patients in the future, in order to avoid deep-cooling induced cracking of patients.

An additional, much appreciated finding is that the "ice pumping" problem which has plagued every dry ice cooling and storage unit since day one in cryonics appears to have been solved. Mike Darwin developed a porous anticonvective "seal" which not only prevents ice pumping but allows for recovery of much of the heat absorbing capacity of the evolved CO₂, allowing the system to perform near the theoretical limits of efficiency.

* * * * *

ACS REVERSES NO NEURO POLICY

According to American Cryonics Society (ACS) President H. Jackson Zinn, ACS has decided to reverse its recently enacted ban on accepting members who have elected for neurosuspension and make the procedure available to existing and new members who have requested it.

We understand that the new ACS policy will require members electing for neurosuspension to donate the unsuspended portion of their remains for "scientific use". Details about this scientific use provision were not yet available, but usage of other body parts will not be allowed to compromise neuropreservation.



According to Art Quaife, President of Trans Time, Inc. (ACS' suspension service provider) Trans Time is not promoting neurosuspension, but will review applications for neurosuspension on a case-by-case basis, and will honor all existing agreements.



NEW SECURITY SYSTEM

Alcor member Dave Pizer surprised us a few days ago with a CARE package from Arizona containing a Magnavox closed circuit security TV system. This has been a much dreamed about and much needed part of Alcor's security system. It will allow staff in "unwindowed" parts of the building to immediately scan the building entrances day or night. This is particularly useful at night or early in the morning when staff are in the sleeping quarters and do not have easy access to the front entrance. The unit also features recording capability, which will allow for real time video-taping of the parking area and perimeter of the facility.

Our thanks to Dave Pizer for his generosity and thoughtfulness.

* * * * *

NEW HARDWARE AND



And, due to the incredible generosity of Alcor Suspension Member Al Lopp, Alcor is now the proud owner a brand-new bouncing 80386 PC-AT clone with 1 megabyte of RAM, a 40 megabyte hard drive and, *two* 1.2 megabyte floppies. To translate: this computer is really *loaded*. The machine can move at lightning speed (it's a sheer joy to do *Cryonics* on) and comes complete with a wide range of software, including *Wordstar 5.0*, *Framework*, and *Aldous Pagemaker*. The machine, christened "Becky" by Lopp and Darwin, also features a high resolution Tatung color monitor and a 2400 baud internal modem with a *Bitcom 3.5* communications package.

However, the real advantage to the machine is yet to be realized: its capability for multi-tasking, or in other words, its ability to support several workstations at once. We hope to exploit this ability as quickly as the current cash crunch allows.

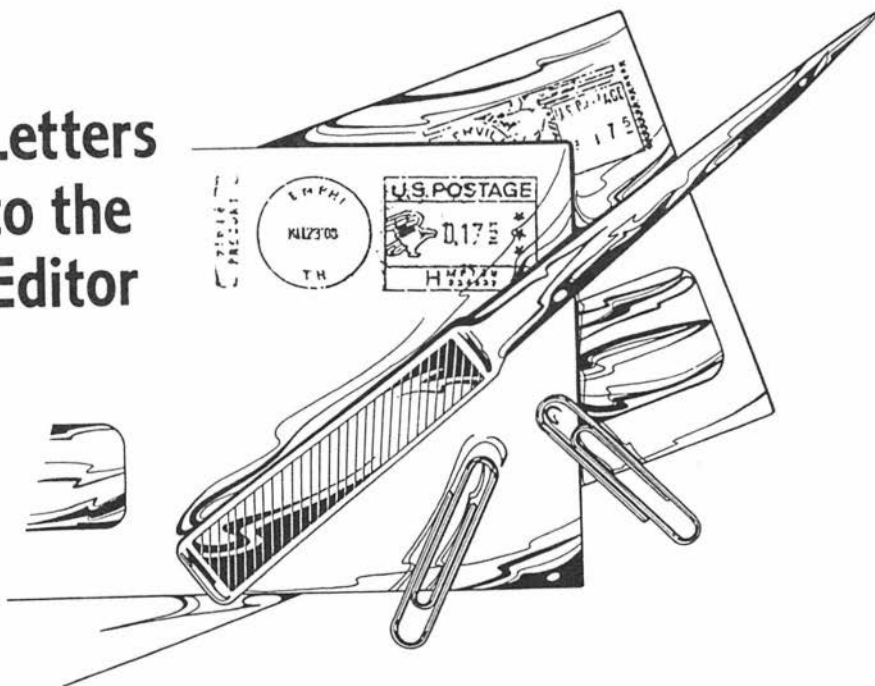
Dr. Perry's mathematical modeling work (which is proceeding on several fronts) and the near maniacal thirst for computer access exhibited by the rest of the Alcor staff may actually be temporarily slaked by this machine. We are still desperately short of usable computers (and will be till we get multi-tasking up on the new 386).

Because the modest "price" which Al asked in exchange for his contribution was the surrender of the old IBM PC that has been the principal workhorse around here since the raid. Al intends to upgrade the PC with a hard drive and some other goodies and put a cryonics bulletin board back in operation. The BBS would incorporate many of the educational features of the previous BBS which was seized by the Coroners during the raid on the Alcor facility in January.

Restoration of a cryonics BBS is a high priority for everyone, as it will facilitate communication and rapid exchange of articles and ideas. If you are interested in helping Al get a cryonics BBS up and running by providing financial or other support, please contact him at: Allen Lopp; 13354 Veracruz St.; Cerritos, CA 90701.

* * * * *

Letters to the Editor



Dear Editors,

I have heard that Alcor has won the case of Roe vs. ----- Community Hospital. It is particularly gratifying that, although the hospital raised the issue of the potential infectiousness of the remains in the case of an AIDS patient, neither this issue nor others were allowed to interfere with the basic rights of the patient.

Is there an actual court document directing the hospital to respect the wishes of the patient? If so, I would greatly appreciate a copy so I could attach it to my *Power of Attorney for Health Care!*

Although I have not met Mr. Roe, I know him to be a pioneer who has transformed his personal difficulties with AIDS into a victory for us all. I salute Mr. Roe and all of you at Alcor for your vigorous, assertive approach to this case.

It is ironic that we have to fight so hard for the simple right to practice what we believe (a practice which does no harm to anyone else), whereas others who believe in different ways of "coming back" (Shirley McLaine, for example) not only do not have such troubles, they even make money on it. (Best of luck on coming back, Shirley.)

I am enclosing a check which represents an increase in my regular monthly contribution to Alcor. My hat is off to you guys. Keep fighting!

David Brandt-Erichsen
Tucson, AZ

P.S. I notice that my suspension membership dues became due last month, but I did not get a notice from Alcor. I guess in the press of things you were unable to get to that. Even though the total membership dues from all the members is not even enough to pay a decent salary for one employee. I'm sure you still need that little trickle of green coming in. I enclose a check for that too.

* * *

Dear Mike,

I am anxiously awaiting the results of our latest judicial problem as you detailed in last month's *Cryonics*. I wrote a short plea re: that article and the need for money to Alcor in general. [published here following the letters section --- Eds]

I object to your conclusion of *irretrievability* concerning the current situation. Nothing, including permanent deanimation or aggravation from the DHS, is inevitable. This could have gone many ways. We were relatively free from the Dora Kent business. I'm also not into the "what if" game unless it serves a learning purpose. Your use of the word *inevitable* sounds defensive, as in, "there's nothing we could have done". C'mon! Maybe the Kent thing was completely botched. So what? Alcor has done more for me than anything since Atheism. No one's perfect, to be trite. I hope you're not looking over your shoulder.

Fondly,
Michael Riskin
Santa Ana, CA

* * *

Dear Editors,

Steven Harris' well researched and well written article "The Day the Earth Stood Still" (Sept.'88 *Cryonics*) was thought provoking. He points out several reasons why the idea of cryonics has, so far, not enjoyed wide acceptance. Unfortunately, some of the best minds in science fiction appear to reject the concept not only for themselves (Heinlein), but for their creations.

I rank Arthur C. Clarke very high as a writer of hard science fiction. In *The Songs of Distant Earth*, he has a young and likable protagonist (Kumar Leonidas) suffer instant freezing in a freak accident. In "Decision" (Chapter 48) Kumar is diagnosed as being "clinically dead" with a "physically undamaged brain" showing "no trace of any activity." Another protagonist (Loren Lorenson) states that advanced medical techniques have shown a 60% success rate in reviving persons with injuries similar to Kumar's. The "brain experts" capable of performing this operation (on another planet) will not be available to revive

him until over 300 years have passed and all Kumar's loved ones are dead. (Clarke doesn't include long life among the many achievements of fourth millennium science.)

Kumar's parents are given a choice: Lorenson's associates can preserve Kumar in stasis in their space ship until his revival, or Kumar can be burned by his family and friends in an emotional ritual. Since Kumar will awaken far away and never see his home again, revival "would be no kindness to him. We know what he would have wished..." So Kumar's parents make the "right" decision and he is burned in a ceremonial "Fire on the Reef" (Chapter 49).

Isn't that great? Rather than subject young Kumar to 70 or more years of life on a distant planet in the company of many interesting and pleasant people, his parents decided to burn him to death. And those involved (including Clarke, apparently) seemed to know in their hearts it was the right thing to do.

Is it better to be dead than live a long and varied life, if that life has to be lived far from home? Does Arthur Clarke really believe this?

Or it could be that Clarke believes if you are clinically dead enough that you can't be revived by the means at hand, then it is somehow wrong to revive you later. (Maybe this should be called Zombiphobia.)

I feel Clarke included this episode not because the story needed it, but to show that while cryonics is feasible, he thinks it is inappropriate.

Sincerely,
Hank Lederer
Wayzata, MN

* * * * *

AN AFFORDABLE LUXURY

To all Suspension Members
Re: October *Cryonics*, "An Urgent Message..."
From Michael Riskin, long-time Suspension Member

A minimum of \$100,000 is needed for a legal and technical defense fund. Our prospects for survival are clearly compromised. My contributions to Alcor have been dues and moral support, and an occasional donation. I can do more. Can you? Are we going to put our money where our mouth is, or intellectually masturbate on our immortalist fantasies?

Our average Suspension Member earns \$40,000/year. That's \$4,000,000 for all of us. I spend about 10-12% of my gross income on creative comforts, luxuries, peak experiences, and self-indulgences. What about you?

Enclosed is my check equal to 5% of my October gross income (half of my non-necessary creative comfort budget). If all of us kicked in 5%/month,



that would be \$20,000/month. We're talking, on average, \$200 from a \$40,000 income. If it's not worth it to you, we're all in deep trouble. (Am I wrong, or do tax deductions still apply to contributions as well?)

I suggest a separate defense fund, with our contribution specified to that fund, and a monthly report of receipts and outgo in *Cryonics*.

Whatever happens, we're gonna get exactly what we deserve.

* * * * *

THE CRYONIC SUSPENSION OF ALICE BLACK*

Part I: Initial Stabilization And Transport Of The Patient

by Stephen Bridge, Alcor Midwest Coordinator



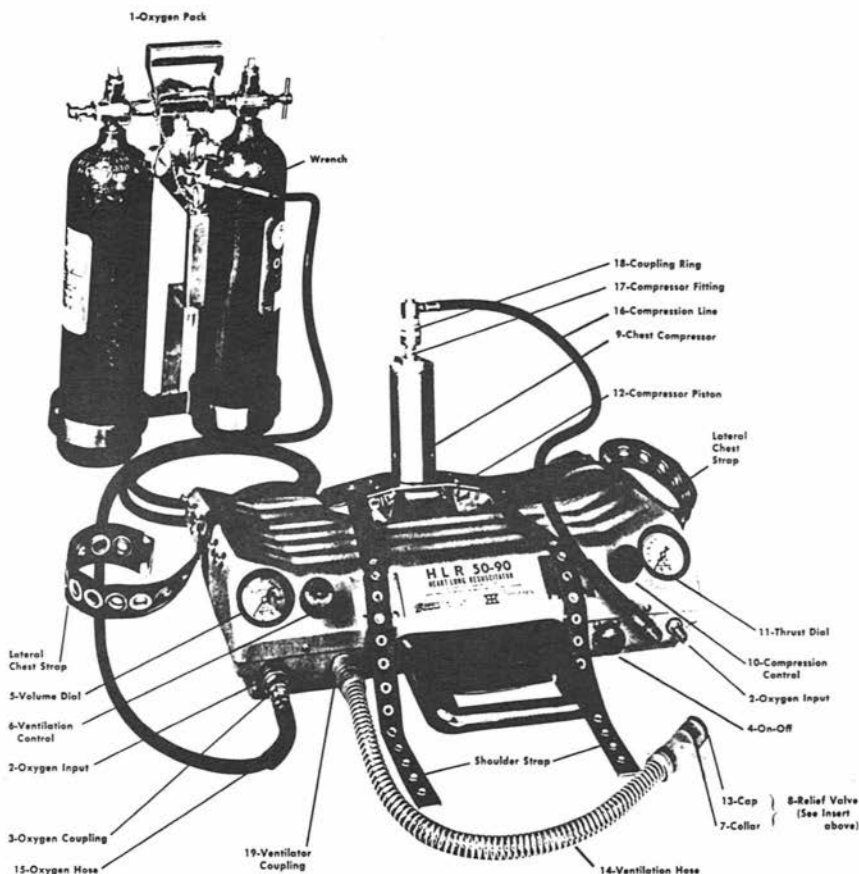
Introduction

So at last I am a "real" cryonicist. I've been part of cryonics for more than eleven years; but for the first time, I can now say I've been part of a suspension. With all of the stories I have heard from Mike Darwin, Jerry Leaf, and others over the years, I was afraid it might be the worst experience of my life. Instead, in many ways, it was one of the best.

If you have never been on a suspension team, and especially if you are new to cryonics, that statement might seem peculiar to you. Someone dies and I'm excited about it? But death is nothing new, certainly not to me. People die every minute, and I went through the deaths of three grandparents, an uncle, and my mother during a three-year period a decade ago. I could do nothing about them; my favorite people simply disappeared from my life and, as far as I know, from existence. But now the mother of a good friend was near death, and I had part of the responsibility to see that *she* would be suspended instead of being allowed to disappear. The fact that we were able to accomplish this gives me a deep sense of satisfaction.

Being a cryonicist outside of California is a completely different experience. Here in the Midwest, we have no 5,000 square foot cryonics facility, no ambulance, and no Mobile Advanced Life Support Cart. We also don't have a twelve-person suspension team ready to jump into action. This summer there were just four of us in Indianapolis to take care of each other -- Jim and Carol Black*, Angalee Shepherd, and myself. I had the benefit of training as an Emergency Medical Technician (EMT); but they don't spend much time on cryonic suspension techniques in EMT classes. Besides, I'm a librarian by

At the request of the participants, "Alice Black", "Jim Black" and "Carol Black" are pseudonyms.



profession and actually use my EMT training very little. But because I had that basic training and because we did have four members within close proximity, Alcor had felt it was important to provide me with a remote standby kit a couple of years ago. We had never worked out time for me to come to California and take the full training course, and Mike Darwin had not been able to come here to give me the training. However, I did have a heart-lung resuscitator (HLR) which I knew how to use, oxygen tanks for it, a medicine kit, and a suitcase full of miscellanea. The intent was that in the event of an emergency, I had the materials to take an Alcor member who had been declared legally dead, put that patient on the HLR, put in an IV, administer a range of medications such as heparin (to prevent clotting) and mannitol (to prevent brain swelling and ischemic injury), to pack that patient in ice, and to ship him or her out to Riverside.

A High Risk New Member

During the summer, Jim told me he felt that his mother, Alice, who was 78 years old and in a nursing home with emphysema, was becoming interested in cryonics. When it became clear that Alice was not only interested but very much wanted to be suspended, and that she probably would not live through the winter, Jim and I had to do a lot of scrambling. Funding in cash had to be arranged (insurance companies being understandably reluctant to

insure someone with a few weeks or months to live), a will and other documents had to be drawn up and signed while Alice's mental health was still good, other relatives had to be consulted, and her doctor and other people involved had to be told.

None of this was easy, but Jim and Carol are amazingly persistent people and they refused to accept the roadblocks that that were thrown at them. The biggest roadblock came from a relative who appeared to be so upset by the idea of cryonics that he refused to even discuss it with Jim and Carol or with me. After repeated attempts at communication failed, Alice signed a form which gave Jim the sole responsibility of determining her medical care and the disposition of her remains. (I realize that most of us consider suspension to be a *continuation* of medical care; but the law sees it differently, so we continue to use terms like "remains.")

Getting Cooperation

We were amazed to discover how cooperative Alice's nursing home and physician were. We got some temporary hostility from the head nurse at the nursing home, but her staff were unfailingly helpful. The administrator of the facility tried to help us in many ways, although he did tell us that we could not put an intravenous line into Alice until declaration of death, since the nursing home was not licensed to provide IV therapy. (This restriction caused no problems.) The physician also pledged to aid us in any way legally possible, including coming to the nursing home immediately if clinical death was imminent, and he made sure his office staff and answering service knew to notify him without delay.

We also were fortunate enough to have a cooperating mortician who was located through the persistent efforts of Angalee Shepherd. He agreed to pick up the patient at the nursing home, transport her to his mortuary, let us use his facility for whatever preparations were necessary, and transport her to the airport for a flight to California. He also took care of filing the death certificate, obtaining the necessary transport permits, and making the flight reservation for the insulated transport container. He was paid fairly well for this, but he did not seem to be concerned about the money.

Once the Alcor and other legal paperwork was finalized, Alice began to go downhill rapidly. Her quality of life had been terrible for many months. She was constantly "air hungry" and on supplemental oxygen, she was also confined to bed from painful osteoporosis and arthritis, and she was frequently in agony from post-herpetic neuropathy; an excruciatingly painful complication of shingles. Once her affairs were in order and cryonics arrangement were in place, she quite understandably appeared to have stopped fighting to stay alive. Jim and I got pagers for ourselves and stayed in close contact with Alcor.

Unexpected Help

Up until this point, Jim and I had assumed that we would have to pull this off by ourselves. We were deeply relieved to have Mike tell us that, as long as there was some warning, he and Jerry Leaf had decided to fly to Indianapolis to assist us. If at all possible, they intended to do a blood washout at the mortuary before transport to Riverside for cryoprotective perfusion and freezing. To help with this, Mike sent out a specially insulated shipping case for transporting Alice and six large containers of the necessary equipment and chemicals (Alcor's full remote standby kit).

It was obvious that the suspension would occur within a few weeks at most, and there

were still several items to prepare. While Angalee and Carol were locked into tight work schedules, Jim is self-employed and I have a comparatively flexible situation at the library. One bonus of my being open about cryonics for many years is that my co-workers at the library understood the emergency nature of what I was doing and graciously agreed to cover for me when I had to be gone.



Unexpected Reprieve

We found out the hours and prices for bagged ice at various places in town, and made sure we had plenty of cash and change available in case of a middle-of-the-night suspension. We rented three large oxygen cylinders, placing one at the nursing home and two at the mortuary. I spoke to friends who were EMT's in case we needed emergency assistance. We prepared an exact table of medications to be administered after Alcor (meaning Jim and I!) took over patient care. Jim and Carol took turns being with Alice as many hours as possible.

We did not have long to wait. A few days later (Wednesday, October 5), after an injection of demerol (a pain reliever) to help ease unbearable pain and air hunger, Alice's blood pressure dropped to 40/0. Alcor was called, and Mike Darwin and Jerry Leaf left for the airport. By the time they arrived in Indianapolis, Alice had rallied and had regained a tolerable BP, although it was clear to everyone that the end would not be long in coming. She was extremely weak and was refusing all food and fluids.

The Suspension Begins

After assessing the situation, Mike and Jerry got some rest. They spent Thursday at the nursing home making preparations and talking with the physician and nursing home administrator. On Friday morning (October 7), the patient's pressure dropped again, with all indications that cardiac arrest was near. That arrest occurred at approximately 1:25 p.m. and the patient was pronounced by the R.N. at the nursing home.

Mike and Jerry immediately began CPR with a bag-valve mask, and Jim and I began filling ice bags. As soon as we got ice around the patient's head and other vital areas, I relieved Mike on CPR so he could begin setting up for the IV, medications, and HLR. The physician was immediately notified and left his office right away, but was unfortunately delayed (we found out later) by a delivery van blocking his parked car. He arrived at 2:05, and asked us to stop CPR while he examined the patient. At 2:08 he declared legal

death, and allowed us to restart CPR. (Causes of death were listed as: "1. Respiratory failure; 2. Chronic obstructive pulmonary disease [of which emphysema is a type]; 3. Coronary pulmonade; 4. Tobacco abuse.")

The Heart Lung Resuscitator was applied at 2:12 and the IV line was in place at 2:18. Mike and Jerry immediately began administering THAM (tromethamine) to combat acidosis and heparin to prevent clotting. Desferal, verapamil, mannitol, and potassium chloride were given to reduce ischemic damage to the brain. All medications had been started by 2:23 (the mannitol drip was still in progress), and we began putting things away and preparing to transport the patient.

The mortician had also been called at 1:25; but our actual cooperating mortician had taken the day off, and the mortician who was taking call for him was caught 20 miles away in heavy traffic. He finally arrived about 3:00, at which point the patient was quickly loaded and transported on the 25-minute drive to the mortuary. We arrived at the mortuary about 3:30 and immediately began setting up for the wash-out. Jim went to a nearby ice company for 400 pounds of ice.

The late arrival of the physician and the mortician very likely caused some ischemic damage; but when you are dependent on others, such things are probably unavoidable. At least the patient was cooled rapidly and given cardiopulmonary support the entire time. Another delay could have been avoided if we had one more experienced person to stay with the patient while Jerry and/or Mike could have gone back to the mortuary to mix up the wash-out solution and set up the pump-oxygenator circuit.

Problems: Encountered and Overcome

Some problems with preparation of the perfusate (wash-out solution) and the measurement of the patient's temperature show some of the problems with doing a suspension "on the road." Some hasty packing at Alcor (due to look-alike bottles and sacks) caused some components of the perfusate to be left in Riverside. Fortunately a combination of other chemicals which were brought, along with some items I had in my kit, still allowed us to deliver the proper solution. The only significant difference from the "ideal" was that we were short 30% on the amount of potassium chloride desired. This was made up for by the addition of a liter of Plasmalyte electrolyte solution.

The temperature problem was partly my fault, based on a lack of understanding. We had three telethermometers on hand; but only one of them had working batteries. The instrument which Mike brought from California was found to be "Dead On Arrival" and required an odd size of mercury battery which was available nowhere in the city. The standby thermometer was out of order. We were thus stuck with using an instrument which had been sent along by the Chamberlains some months before but which only registered temperature down to 20°C -- the *top* of the temperature range we would actually need. Packed with this telethermometer was an odd little blue box, with no instructions. It turned out to be an adapter to allow use of the telethermometer to measure temperatures down to 0°C. So in the middle of preparations at the mortuary I was on the phone to California with Fred Chamberlain, the man who designed the blue box, trying to figure out how it worked.

Once this problem was solved, we were able to start taking pharyngeal (throat) temperature readings on the patient. The first temperature was 12.5°C at 5:28 p.m. By this time the 20 liters of perfusate solution were mixed and in place, the blood pump/oxygenator circuitry was set up, and Jerry Leaf was preparing for surgery. At 5:55, the "femoral cut-down" was started. This procedure consists of making an incision in the

groin exposing the femoral artery and vein. A tube is then connected to the artery and to the vein so that a blood pump can take over the patient's circulation and oxygenation. Before entering the patient, the solution passes through an oxygenator to provide oxygen to the cells, and also through a heat exchanger connected to an ice water bath to cool the solution and more rapidly reduce the patient's temperature. The perfusate is pumped through the arteries and veins, washing the blood out of the vessels. The actual perfusion began at 6:43 PM and was completed at 7:03, the patient's temperature having been reduced to 6°C by the end of perfusion.

During this procedure, Jerry Leaf acted as surgeon, with Mike Darwin as surgical assistant. I functioned as "circulator", handing over tools, adjusting the blood pump, and "gophering" as needed. Jim recorded temperature readings and took notes.

Preparation For Air Transport

After completion of perfusion, the incision was closed and the circuitry taken down. As rapidly as possible, the patient was placed in a heavy plastic body bag and lifted into the shipping container. This container consisted of a steel Ziegler case (shipping coffin), placed inside a sealed and painted ½" plywood crate lined with styrofoam and fiberglass insulation. By this time, Angalee and her son, David, had arrived to help load the ice bags. About 300 pounds of ice were loaded into Ziploc bags and placed inside the Ziegler case with the patient. An insulating mat was laid over the ice and the lid on the Ziegler case was then sealed with silicone caulk and securely screwed on. The wooden lid to the crate was then screwed down, with the entire operation being completed at about 8:00 p.m. These preparations seemed to have worked extremely well, since by the time the patient arrived at the Alcor facility in Riverside over 14 hours later, only 10% of the ice had melted and her temperature had dropped to 1°C.

After cleaning up and repacking, hunger and exhaustion begin to take their toll. We realized that we had had virtually nothing to eat or drink all day long! It was decided to adjourn for a late night pizza. A day of food deprivation mixed with adrenalin jumpiness and a certain exhausted elation, made that the best pizza I ever remember eating. Then it was off to bed for a brief four hours of sleep.

The only non-stop flight available to transport Alice was at 9:30 the next morning (Saturday). That flight was fully booked for passengers, so we had to put Mike and Jerry on a flight leaving a couple of hours earlier. It made Mike nervous not to be on the same flight with the patient; but it did allow him and Jerry to direct preparations at the Alcor facility before the patient's arrival.

The cooperating mortician had stopped in during the evening to make sure things were going all right and to handle the various permits and airline arrangements. On Saturday, after Mike and Jerry left, the mortician and I transported the patient in the shipping container to the airport. I then waited at the passenger gate to watch the case being loaded on the plane before going home. Our part was over; the rest was up to our comrades in California.

Conclusion, Or The End Of The Beginning

In all of this stress and hectic activity, the four of us have been sincerely grateful for the advice, encouragement, and deep caring offered by Mike, Jerry, and other Alcor personnel. I am proud to be a member of Alcor, proud to have helped with this suspension, and proud to be part of the reality that we are a mutual aid society that

really cares about each of its members. This experience has given me even more confidence that my friends in this organization will also be there when I need them, to give me my chance at the future. I really think the world a century from now will be a fascinating place, and I hope Alice will find it to be so. Because I want to be there when she awakens, so I can greet her; "Hello, Alice. Welcome to Wonderland."



Part II: Cryoprotective Perfusion And Cooling

by Mike Darwin, Director of Research
photographs by Saul Kent

Introduction

On the evening of Tuesday, October 4th, Steve Bridge and I had a short phone conversation about cryonics-related matters. The issue of Mrs. Black's health came up, but was not a major topic for discussion. She was reported to be "doing about the same as before." It had been rough week for us here (what week in recent memory hasn't been!) and we were, as usual, very behind on the magazine. With two potential suspensions staring us in the face I decided to tough it out and simply work through the night to complete the writing job for the front end of the October issue of *Cryonics*. It was a long night. As I was putting the finishing touches on the last article, the phone rang. It was 6:30 AM PST. It was Steve Bridge: "What are you doing there at this hour?", he said.

"I haven't been home yet, I worked through the night." I replied.

His next words were not what I wanted to hear: "Alice Black is near death. Could you and Jerry please get on a plane for Indiana at once."

Much to my surprise Steve was calm. He informed me that he was on his way to get to the heart-lung resuscitator and other emergency equipment (it was 9:30 AM in Indiana and he was already at work) and get over to the nursing home. Judging from her reported condition, we expected to find Mrs. Black at the mortuary, already in cardiac arrest and in deep hypothermia on the heart-lung resuscitator by the time we arrived.

Fortunately, we were given a respite and allowed the time required to get things better prepared for her transport. Steve has done a fine job of chronicling what happened during Alice's initial stabilization and transport, so I won't cover that ground again.

But I will take some time here to make some observations about the people in Indiana and how things went in general. Now, nearly two months later, I am still trying to absorb the fact that the "very theoretical" Alcor Coordinator Program *actually worked*. Jerry Leaf and I walked into a practically turnkey situation in Indiana, and that was in no small measure due to the preparation provided by the Coordinator program and the will and determination of Steve, Jim, Angalee, and Carol. Steve and Jim had practiced with the HLR and knew how to operate it with confidence. Steve's prior EMT training served him very well. Aside from logistic problems with transportation and the physician which were beyond our control, the operation in Indiana went incredibly smoothly.

The entire crew of Alcor members in Indiana deserve more credit than we can put into words. Not only did they facilitate a member's cryonic suspension under good conditions, they demonstrated that the Coordinator program can work, and work well.

Arrival In California

Jerry Leaf and I arrived at the facility about two hours prior to Alice's scheduled arrival. Phone calls were made to verify the arrival time of the flight Alice was on, and final preparation of the facility in Riverside was begun for cryoprotective perfusion. Most of the staff had already assembled and the facility was in a high state of readiness. Perfusate preparation was in the final stages and the operating room had been set-up by the rest of the team under the direction of Hugh Hixon.

However, sweaty-palms times were not completely behind us. The call to the airport revealed that the freight offices of the airline Alice was coming in on were *closed* on Saturdays and would not reopen till Monday. We might have to wait till Monday, we were told. After some quick and to-the-point negotiations by Alcor President Carlos Mondragon, it was decided we *wouldn't* have to wait. When the Alcor pick-up crew arrived at the freight office with the Cryovita van, the transport container with Alice inside was on its way over to the freight office on a baggage ramp (all the freight company's personnel capable of operating fork lifts had the weekend off!).

By 1:40 PM PST Alice had arrived in the facility and by 2:20 PM, the shipping container had been opened and her pharyngeal temperature measured to be 1°C. A preliminary examination revealed the typical degree of rigor observed in remotely cooled and transported patients: the muscles of the neck and forearms were not in rigor and the large muscles of the thighs were also not in rigor. With the exception of the fingers and wrist of one hand, the rest of Alice's small muscles were in rigor.

Surgery to access the aorta and right heart was begun at 6:20 PM. At 8:40 PM cryoprotective perfusion was begun. The degree of blood washout achieved in Indiana had been excellent and perfusion proceeded very smoothly. Due to minimal funding and supply problems, a decision had been made in consultation with Alice and her son to reduce costs wherever possible. For this reason, we used Dextran 40 instead of hydroxyethyl starch (HES). It was anticipated that the Dextran 40 would protect the brain against edema about as well as HES (although Dextran 40 does not protect the lungs against edema and they will rapidly accumulate fluid during perfusion with solutions employing Dextran 40 as the colloid). Since Alice was a neuropatient, this was not an issue.

One immediately apparent difference that was observed with the use of Dextran 40 during blood washout in Indiana was that there was none of the cold agglutination



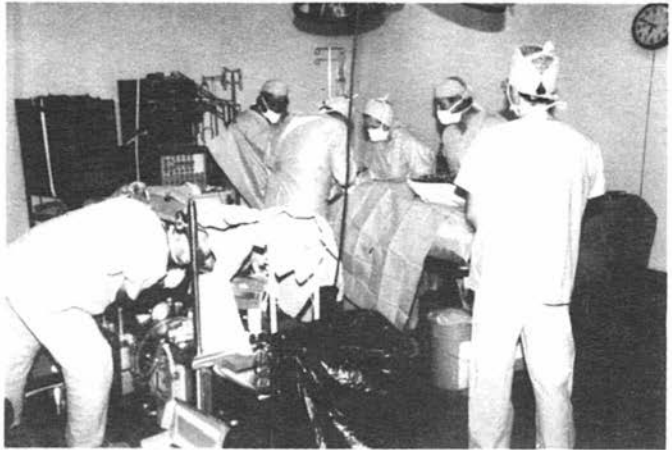
The heart-lung machine and gradient maker. Scott Greene observes, Arthur McCombs takes notes, and Bill Jameson monitors the machine.

Mike Darwin makes a burr hole in the skull to observe perfusion of the brain.

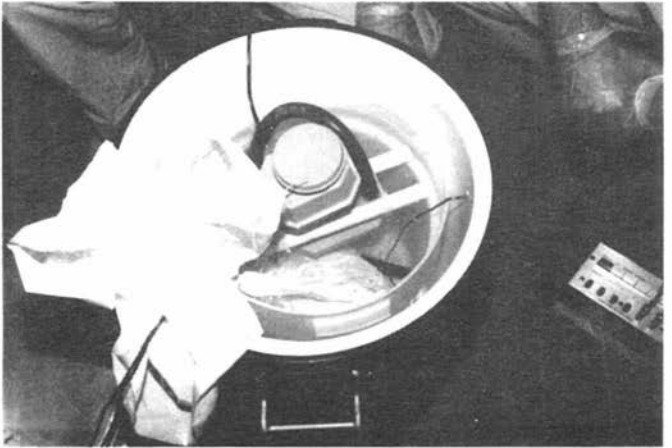


A computer in the operating room. Mike Perry's program models the course of the perfusion.

Surgery in progress. Chief Surgeon Jerry Leaf is assisted by Brenda Peters.



Dry ice cooling. Silicone heat exchange fluid is circulated with a small pump.



(clumping together) of red cells that has been previously observed. A corollary of this was that glycerolization of the skin was observed to proceed with absolute uniformity during cryoprotective perfusion. We did not observe the usual patchy areas of unglycerolized skin which take long periods of time to resolve.

Unfortunately, the Dextran 40 did not provide the degree of oncotic support to the brain that we had hoped for. Alice developed moderate cerebral edema early in the perfusion, and it persisted throughout the two hours of cryoprotective perfusion. Alice's cerebral edema did not preclude a complete perfusion, but it did limit flow rates and we suspect from a preliminary analysis of the data that terminal glycerol concentration in the brain may have been 2 M to 2.5 M as opposed to the 3 M to 3.5 M concentration we like to see at the end of perfusion. Terminal glycerol concentration in the venous effluent was 5.03 M. However, we are not sure that the brain was being well circulated near the

end of perfusion due to cerebral edema.

In the future we intend to use HES or HES-Dextran 40 mixtures. It was apparent from this experience that Dextran 40 simply does not stay in injured brain capillaries well enough to be used in patients who have experienced ischemic (i.e., no blood flow induced) injury.

Control of pH was excellent during perfusion and our terminal venous pH was 7.73 -- higher than we have achieved in any previous suspension.

Cooling to -79°C

Alice had elected for neurosuspension, and cephalic isolation was carried out without difficulty. At 11:20 PM Alice was placed inside two plastic bags and transferred to a silicone oil cooling bath which had been precooled to -12°C. An hour later, at 12:20 AM on the morning of October 9th, Alice's oral temperature had dropped from 7°C to 5°C and she was well on her way to dry ice temperature.

Dry ice cooling was completed at 4:45 PM the same day and at 12:25 AM on the morning of October 11, Alice was transferred to a neurocan surrounded by dry ice nested inside a Linde LR-35 cryogenic dewar. The LR-35 dewar was then lowered by power hoist into a liquid nitrogen bath inside the Alcor pediatric dewar. Cooling to liquid nitrogen temperature took 11 days and was achieved in the usual way by allowing heat to slowly leak out of the superinsulated dewar containing the patient. At 7:40 PM on October 25th Alice was placed into long-term storage in the vault containing five of the seven other Alcor neuropatients.

Conclusion

No cryonic suspension is ever routine. Each patient is different, every situation somewhat unique. And yet, given the fact that Alcor has averaged one suspension every four months over the last 17 months, they are beginning to seem commonplace. The positive side to this is that we are rapidly becoming very professional and skilled at doing suspensions.

It is reassuring to know that support such as was demonstrated by the Alcor members in Indiana is possible. It should be a shining example of what's possible to Alcor members everywhere.

Finally, on behalf of Jerry Leaf, myself and Alcor, I would like to offer thanks to my parents, Michael and Ella Federowicz, who were kind enough to shuttle us around during our four days in Indiana and who opened their home to us during our first exhausted night in town. Not only did your hospitality go a long way towards containing costs, it helped immeasurably in facilitating Alice's suspension by two rested, reasonably relaxed Southern Californians.

As with the other Alcor patients now in suspension, Alice is on her way. She remained lucid to the very end, and she was aware that it was an incredible journey against enormous odds that she was undertaking. I did not know her well. We exchanged only a few words that long night before her ischemic coma began. I admire tremendously her love of life and the wonderful flexibility and courage it must have taken for a 78 year old woman to confront an unknown future far removed from this time and place.

Good luck, Alice, and safe traveling.

The DURABLE POWER OF ATTORNEY FOR HEALTH CARE: An Update

by David Brandt-Erichsen

The *Durable Power Of Attorney For Health Care* is the most powerful legal tool available for gaining control over the circumstances of your legal death, and as such it is one of the most vital tools in the cryonicist's legal armamentarium. As Mike Darwin and Steve Bridge pointed out ("Do It NOW!", *Cryonics*, October 1986), this document could literally save your life. Although an "optional" document for Alcor suspension membership, it is an extremely important one.

In this issue of *Cryonics* is a durable power of attorney form (as a separate insert) and a set of instructions for use *outside California and Rhode Island* (but if you live in either of these two states, please read on anyway). Both California and Rhode Island have statutory forms. In Rhode Island, you must use the statutory form. In California, however, you have alternatives which will be discussed further below.

The enclosed form and instructions contain a number of pointers on how you can utilize a power of attorney for health care to maximum advantage. Even if you live in California or already have a power of attorney for health care, you will probably find it worthwhile to go over this material.

With a durable power of attorney for health care, you appoint someone you trust to make health care decisions for you if, and only if, you are unable to make such decisions yourself. Durable powers of attorney for health care have a valid legal basis in all states. Eleven states have expressly authorized durable powers of attorney for health care; twelve states have adopted the Uniform Durable Power of Attorney Act; and fourteen states have adopted some form of the Uniform Probate Code provisions for durable powers of attorney. The remaining thirteen states recognize some form of durable power of attorney, but in these states you must see a lawyer (or check the law yourself). These states are listed at the beginning of the Instructions.

What You Can Do With A Durable Power Of Attorney For Health Care.

A durable power of attorney for health care has two things in common with a will: everyone should have one, and it can be tailored to suit your individual desires and circumstances. Here are some of the ways you can use it:

1) You can use it to instruct your agent and health care provider about your wishes regarding cryonic suspension. Your agent is legally obligated to carry out your instructions. You can specify that no medical procedures be performed which would jeopardize your cryonic suspension, and you can specify that your death not be artificially extended by any means which would tend to cause deterioration of your brain.

2) You can use it to direct the circumstances in which you wish life-prolonging care to be discontinued. For example, my own power of attorney directs that life-prolonging care be withheld or withdrawn, "if I am incapable of making decisions regarding my health care, and there is no reasonable expectation that I will regain the capability of making decisions regarding my health care."



(This is not the only criterion I used, since I can imagine circumstances in which this request could not be legally honored.) Further issues regarding life-prolonging care are discussed in the Instructions.

3) You can hold your health care provider harmless and free of liability as a result of carrying out your wishes. This makes it safer for your doctor to carry out your wishes.

4) You can authorize your agent to sue any person who interferes with the carrying out of your wishes -- an added incentive for inducing cooperation.

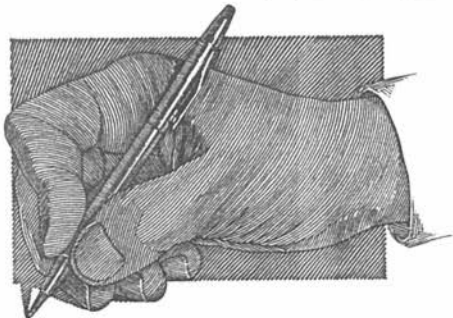
5) If you have a close relative who opposes your wishes and whom you expect might try to interfere, you can add a clause specifically instructing that that person should have no say or influence in decisions regarding your health care or the disposition of your remains. In California, you can go one step further by adding a clause that restricts a person's ability to petition a court to set aside your power of attorney for health care. Such a clause is probably of limited usefulness, however, because if the situation were that bad, there would probably be other avenues to challenge your wishes in court. In any event, if you wish to use such a clause, California law requires you to see an attorney.

How Do You Know Your Power Of Attorney For Health Care Will Be Honored?

The very best way of getting your wishes honored is to find a sympathetic doctor who has agreed to honor your wishes in advance. At the very least, make sure that your doctor has a copy in advance, and that your hospital is given a copy on admission. I would be interested in hearing about any Alcor members' experiences in presenting such a document to a hospital upon admission. Please write a letter to the editor if you have had such an experience.

I resorted to a method that might be considered overkill: I executed eight original, notarized copies (one each for my agent and two alternate agents, two for Alcor, one for me, one intended for a physician, and one spare to be used if admitted to a hospital). I also signed and dated each page of each document, making a total of 112 signatures. At least there should be no doubt what my wishes are!

If you live in California, there is a distinct advantage in using the California statutory form, since it is specifically approved by the California legislature and health care providers should be more familiar with it. Alcor should have already provided you with a California statutory form and instructions, but if not you can write to Alcor for a copy. The enclosed form is not suitable, as is, for use in California. If you wish to use this form in California, you must either (1) preface it in all capital letters with the "Warnings" which preface the statutory form provided by Alcor, or (2) include the "Statement of Principal's Lawyer" which is described in the enclosed Instructions.



So don't put it off any longer. Execute a durable power of attorney and take control of your life and the circumstances of your deanimation!

ALCOR LIFE EXTENSION FOUNDATION
12327 DOHERTY STREET
RIVERSIDE, CALIFORNIA 92503
(714) 736-1703

INSTRUCTIONS FOR "DURABLE POWER OF ATTORNEY FOR HEALTH CARE"

NOTE: THIS FORM IS FOR USE OUTSIDE CALIFORNIA AND RHODE ISLAND (WHICH BOTH HAVE STATUTORY FORMS). IN THE FOLLOWING STATES YOU MUST CHECK THE LAW BEFORE USING THIS FORM: CONNECTICUT, FLORIDA, GEORGIA, IDAHO, ILLINOIS, LOUISIANA, MISSISSIPPI, NEW HAMPSHIRE, NEW YORK, OKLAHOMA, SOUTH CAROLINA, TEXAS, AND VIRGINIA.

On the **Patient's Directive to Physician or Health Care Provider** you have designated an individual to act as your medical surrogate in the event that you become incapacitated, incompetent, or otherwise unable to make your own medical decisions. However, this person has no legal status or power unless you also provide him or her with a power of attorney.

The **Durable Power of Attorney for Health Care**, although an optional document for ALCOR suspension membership, is one of the most powerful tools available to the cryonicist. It is **strongly** recommended that you implement one. The concept is valid in all states, and in most states (see list above for exceptions) this form can probably be filled out without the aid of an attorney. Laws on this subject, and their interpretations, may change rapidly. **ALCOR cannot keep track of changes in all states, and cannot guarantee the suitability of this form for your situation.** You may therefore wish to check with an attorney or law library to be sure. You may also wish to consult an attorney concerning our suggested language, which may or may not be appropriate for your particular situation or desires.

Powers of attorney are powerful documents with potential pitfalls (some of which will be pointed out below), and it is important that you understand them. A very useful reference is **THE POWER OF ATTORNEY BOOK**, by Denis Clifford (2nd Edition, 1988), available at your local library (hopefully -- do not rely on an old edition) or from Nolo Press, 950 Parker St., Berkeley, CA 94710, for \$17.95 plus \$1.50 postage and handling. It is highly recommended and well worth the expense.

The notes that follow describe each section of the **Durable Power of Attorney for Health Care** and mention which sections are optional and may be changed if they don't suit your wishes or circumstances. If you need to change the document more substantially than by adding a few sentences, you may need to retype it. There is an advantage in doing this, however, since a personally typed document might be more likely to be construed as representing your wishes than would a pre-printed form. This may add to the "acceptability" of the document to a third party.

NOTES:

SECTION 1: DESIGNATION OF HEALTH CARE AGENT.

The most important aspect of this document is deciding who to select as a health care agent (who must be the same person as on your **Patient's Directive to Physician or Health**

Care Provider). It is vitally important that you choose a person that you totally trust, and a person who will assertively represent your wishes if you wind up in an uncooperative environment.

In the absence of a power of attorney, it is often assumed that a spouse or next of kin has authority to make medical decisions for you if you are incapacitated, but this is not always the case, especially regarding major decisions such as whether or not to discontinue life support systems. If you wish a spouse or next of kin to make these decisions, it is best that you specifically give them authority to do so with a power of attorney. A spouse may be your best choice unless he or she does not support your decision to be suspended or you feel he or she might not function well in the situation.

You should not appoint an agent who is an owner, operator, or employee of any health care provider or community care facility, or who is an officer or employee of ALCOR.

SECTION 2: DESIGNATION OF ALTERNATE AGENTS.

You should designate one or two alternate health care agents in case your primary agent is unavailable. These should also, of course, be people you trust. The last sentence of Section 2 is optional but recommended. This document is skewed toward having you covered if decisions need to be made quickly.

SECTION 3: CREATION OF DURABLE POWER OF ATTORNEY.

A "durable" power of attorney is one which continues after you become incapacitated, which is of course the whole point. Do not change this section.

SECTION 4: EFFECTIVE DATE.

The wording in this section is somewhat unusual and can be done differently if you prefer. As mentioned before, this document is skewed toward having someone you trust represent your interests in an emergency situation in which you may not be in the hands of a health care provider who is sympathetic to your desire to be suspended. Even though this reads "effective immediately," it does not mean that your agent can make decisions for you if you are able to do so. No health care provider would ever allow that to occur, and the law protects you in this matter even if your power of attorney said otherwise (which it does not -- see next section).

A "determination of incompetency" is not a legal proceeding but a medical one. It is certification by a physician that you are not able to make your own decisions (in this case regarding your health care). As a practical matter, the language here may not make a lot of difference. If you are not comfortable with this language, you might wish to substitute something like the following:

"This durable power of attorney for health care shall become effective in the event I become incapacitated and am unable to make health care decisions for myself. The determination that I am incapacitated and unable to make health care decisions for myself shall be made in writing by a licensed physician. If possible, the determination should be made by Dr. [name, address]."

SECTION 5: GENERAL STATEMENT OF AUTHORITY GRANTED.

Do not change this section in any way. Be assured that as long as you are able to make your own decisions, no one else will make them for you.

SECTIONS 6 & 7: STATEMENT OF DESIRES, ETC.

This section is where the power of this document really comes into play. As with a will, you can essentially state anything you want, but be sure that it is unambiguous. The second and fourth paragraphs of this section are recommended for cryonics purposes. If you wish to change them substantially you should probably contact ALCOR for advice. Paragraph three (beginning with "as a general rule...") can be changed with much greater latitude. It is not ALCOR's role to dictate to you what your philosophy or attitude should be regarding life-prolonging care. If you do not like this section--change it! If you want minor changes, you may be able to accomplish them by adding a statement to Section 7. If you want major changes, you will probably need to redo the document. The language we provide is intended to be suggestive and to provide a starting place. If you like it, use it, but only you can decide what's right for you.

It is a good idea for everyone to think through their own position regarding life-prolonging care. If you have not yet done so, here is your opportunity. (One of the spin-off benefits of signing up for cryonics is that it gets you to do those things that everyone should do but usually puts off--such as making a will and a power of attorney for health care; in the latter case, most people are not even aware of the option.) Following are some examples you might consider.

Here is a somewhat more conservative re-write of paragraph three which some ALCOR suspension members have used: "As a general rule, it is my instruction that if there is a reasonable chance that I may be returned to mental and physical health, all necessary procedures should be undertaken to do so. However, if at any time I have an incurable injury, disease, or illness certified in writing to be a terminal condition by both my attending physician and one other physician (except in circumstances where no other physician is rapidly available), and my attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process and/or to increase the likelihood of severe brain damage, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain. In such circumstances, I instruct that I be declared legally dead as soon as possible, and that my remains be promptly transferred to ALCOR Life Extension Foundation."

You should be aware that "comfort care" might include antibiotics, food, and fluids administered intravenously or by naso-gastric tube. In rare circumstances this could keep you alive for months in a condition in which you might not wish to be kept alive. This is a controversial area, and was therefore deliberately avoided in the wording we provided. Most hospitals will probably not withdraw food and fluids unless you have forcefully requested them to do so (the courts have consistently upheld your right to do that). Here are three possible ways to address this issue which you could use in Section 7:

1. "In circumstances in which I direct that life-sustaining procedures be withheld or withdrawn, I wish to be provided with appropriate nutrition and hydration and medication necessary to make me as comfortable as possible."

2. "In circumstances in which I direct that life-sustaining procedures be withheld or withdrawn, I authorize my agent to direct the withholding or withdrawing of food and fluids if in the judgment of my agent this would provide the greatest overall relief of suffering for me (taking into account advice from my physician and taking into account my firm desire to prevent damage to my brain)."

3. "All life-sustaining equipment and procedures, including nutrition and hydration, are legally equivalent and I regard them as such when directing that no life-sustaining equipment or procedures be used under the conditions I have previously defined. I specifically desire that if I am not able to eat in the normal manner that no naso-gastric or other gastric feedings be employed."

Whatever language you use, it is important that it be absolutely clear to your health care agent what action should be taken if you are unable to make your own decisions. You should discuss this thoroughly with your agent. On the other hand, do not be overly concerned if you are not sure exactly what you would want in all possible circumstances. None of us can be. To quote **THE POWER OF ATTORNEY BOOK**: "There are no magic legal words necessary to define the condition one must be in to permit discontinuance of life support systems.... Most people are concerned with preventing being kept alive by artificial means when all natural ability to live has ended. For this concern, any sensible definition of what condition you must be in to terminate use of life support systems will work."

SECTION 7: ADDITIONAL STATEMENT.

If you do not use this section, write in "NONE."

Section 7 can be used for almost any purpose in addition to those mentioned above. Suppose, for example, you have a relative who strongly opposes you being suspended and has vowed to try to prevent it. You could then write the following in Section 7:

"I specifically instruct that my brother, John Smith, should have no say or influence in making decisions regarding my health care or the disposition of my remains." (Note: the best way to handle a hostile relative is to not let them know you have died until ALCOR has possession of your remains, but you may not always be able to control this.)

SECTIONS 8 & 9: MEDICAL RECORDS AND SIGNING DOCUMENTS.

These are standard clauses and should not be changed.

SECTIONS 10 & 11: ANATOMICAL GIFTS AND DISPOSITION OF REMAINS.

These sections should not be changed, but there is a possible pitfall here you should be aware of. California has specific enabling legislation that grants a health care agent authority over disposition of your remains (unless you restrict that authority). In other states, without such enabling legislation, the authority of your health care agent may cease upon your death, rendering all or part of these sections moot. It does no harm, however, to include them. At best, your agent's authority may be accepted; at worst, it is one more place to clearly express your wishes.

SECTION 12: AGREEMENT TO HOLD HARMLESS.

This section is optional. The first paragraph is designed to make your agent feel more at ease with the responsibility he or she is taking on. The second paragraph, which is strongly recommended, is designed to make your health care provider more at ease about carrying out your wishes.

SECTION 13: AUTHORITY TO SUE.

This section is optional. Note that it does not instruct your agent to do anything; it only authorizes. The obvious purpose is to try to dissuade anyone from interfering with your wishes.

SECTION 14: RELIANCE BY THIRD PARTIES.

This section is optional. It is designed to increase the acceptability of the document, especially in an emergency situation where you have not been able to notify your health care provider of your wishes in advance. A clause like this is a bit unusual in a power of attorney for health care (it is more common in other types of power of attorney), but since cryonics is still uncommon we have tried to use every possible trick to make this document as acceptable as possible. You should be aware of a pitfall with this clause: you may later revoke the authority of an agent who still has a copy of this document. This is not much of a danger with a power of attorney for health care because no one can make decisions for you if you are able to do so yourself, but do keep it in mind and do retrieve revoked documents. Even without this clause, it is still your responsibility to see that third parties are notified if you revoke any power of attorney.

SECTION 15: CONSERVATOR OF PERSON.

This section is optional. If you don't use it, write in "NONE." A conservator of the person is a legal guardian appointed by a court to take care of your physical needs and manage your affairs if you are unable to because you are incapacitated. It is usually a good idea to avoid a conservatorship, if for no other reason than you or your estate will be paying for the court costs involved. A conservatorship can usually be avoided by also executing a "Springable Durable Power of Attorney for Financial/Asset Management." "Springable" means that it takes effect only if you become incapacitated. Even if you have a spouse whom you expect to handle these matters, it is a prudent precaution to provide him or her with an appropriate power of attorney. A full discussion of powers of attorney for financial/asset management is beyond the scope of this instruction sheet. See **THE POWER OF ATTORNEY BOOK** or other reference.

The purpose of this section is to give you some say if a court were to appoint a conservator; the court will respect your wishes unless there is a compelling reason not to. Also, filling out this section will give you some say in case you have not executed a springable durable power of attorney for financial/asset management.

WITNESSES AND NOTARIZATION.

You may have this document signed by two witnesses or have it notarized. You do not need to do both, but it is an advantage to do so. Neither witness should be one of your agents, relatives or heirs, or an owner, operator, or employee of any health care provider

or community care facility, or an officer or employee of ALCOR. Witnesses should give a street address (not a P.O. box).

HOW LONG IS YOUR POWER OF ATTORNEY VALID?

Unless you specify a shorter duration in Section 7, your power of attorney will be valid until your death or until revoked (in California and Rhode Island, it would automatically expire after seven years). You should periodically review it to see if it still suits your needs and wishes. If one of your agents becomes unavailable, or you decide you no longer want one of your agents, you will need to execute a new power of attorney (which will automatically revoke the old one because of the clause in Section 3). Whenever you revoke a power of attorney, you should always retrieve and destroy all copies from your agents, your health care provider, ALCOR, or anyone else who has a copy. You can effectively revoke a power of attorney for health care orally by so informing your health care provider (because no one is allowed to make health care decisions for you as long as you are able to do so yourself), but you should always do so in writing as well if possible. If you should want to revoke your power of attorney for health care without executing a new one (an action we cannot recommend, because you would then be unprotected), you should do so in writing and get it notarized.

WHO SHOULD GET COPIES OF YOUR POWER OF ATTORNEY?

Your agents should have original, witnessed or notarized copies. You should send two originals to ALCOR, and have a copy placed in your medical records. If you are ever admitted to a hospital, you should give them a copy upon admission if at all possible. The very best way to have your document accepted as representing your wishes is to supply a copy to your health care provider in advance.

If your agent feels a bit overwhelmed at some of the technicalities in this document, or feels that he or she would have difficulties in deciding what would best facilitate you being suspended, remember that ALCOR will provide the technical advice on these questions. One of our members provided his agents with a signed cover letter which simply read: "Summary of my wishes: Call ALCOR, (714) 736-1703, and follow their advice."

IF YOU SEE A LAWYER.

This form is designed so you probably do not need a lawyer except in the states listed at the beginning of the instruction sheet. If you do see a lawyer about your power of attorney, having the lawyer check this form (and a draft of any sections you wish to revise) should cost far less than having the lawyer draw one up from scratch. And, if you are going to pay a lawyer anyway, here is a neat little clause you can add and have your lawyer sign to increase the acceptability of the document:

"STATEMENT OF PRINCIPAL'S LAWYER. I am a lawyer authorized to practice law in the state where this power of attorney was executed, and the principal was my client at the time this power of attorney was executed. I have advised my client concerning his or her rights in connection with this power of attorney and the applicable law and the consequences of signing or not signing this power of attorney, and my client, after being so advised, has executed this power of attorney."

The only disadvantage of this clause is that if you need to execute a new document because one of your agents has become ill or moved away, you will have to go back to your

lawyer. A creative way around this problem is to create a separate document entitled "Designation of Health Care Agent" which contains sections 1, 2, and 15, along with appropriate language referring both documents to each other. This would then act like a codicil acts to a will: you could change it without changing the power of attorney itself (and without going back to the lawyer). If you do this, always keep the two documents attached.

STATEMENT OF REAFFIRMATION.

As mentioned before, you should review your power of attorney every few years to make sure it still represents your wishes (in California and Rhode Island, it would automatically expire in seven years). As a document gets older, in rare circumstances it could conceivably be attacked on the grounds that you signed it a long time ago and surely you must have come to your senses by now so these crazy ideas should be set aside by the courts. On the other hand, if you signed it last week it could conceivably be attacked on the grounds that you didn't think this thing through long enough and obviously you couldn't have really meant it.

Accordingly, after a few years (assuming your document is still in accord with your wishes and circumstances) you might consider writing up a simple "Statement of Reaffirmation" which states that your power of attorney of [date] still represents your wishes. Get the statement notarized and attach it to your power of attorney. This neat little trick gives you the best of both worlds by indicating both a recent and a long-term commitment to your wishes. You can use this idea for other documents as well. Since signing up for cryonic suspension is still unusual in our society, it never hurts to make your stated wishes as ironclad as possible.

IN CONCLUSION.

Once you have completed your power of attorney, you will have taken a major step in taking control over your life: you will have appointed someone of YOUR choosing to carry out YOUR wishes if you are unable to do so yourself, instead of leaving such important things to chance. Congratulations!

* * * * *

CRYOMYTHS

by Thomas Donaldson

Steve Harris's article on the myth of the resurrected hero was both interesting and insightful. As a man, I have nothing to add to it as an analysis of one of the major myths of our (current) civilization. I would like very much for some of the women within cryonics (or without) to comment on whether they see women (themselves?) as heros. The idea that they do not is a fascinating hypothesis deserving attention.

What I want to do here is to discuss this myth from another angle. Fundamentally, it's very hard to see how we can put our message into the context of the resurrecting

hero. As immortalists, we are saying that *everyone* has a right to immortality. Not just people who have achieved something noteworthy, but *everyone*. As cryonicists, we are saying that everyone also deserves suspension and resurrection. And again, this message isn't just for noteworthy people, but for everyone.

This message breaks with the myth of the resurrecting hero, permanently and thoroughly. Heroes are supposed to be special people. We, now, are indeed special people, but that's not our message. Our message simply doesn't fit into that context.

I'll try to distinguish the differences. In the world we aim to bring about, everyone will be immortal, except (conceivably) for those too foolish to reach out their hands and achieve it. Immortality therefore can't be any special reward for distinction. It's simply a right, like the right of free speech. Some people may be respected more than others, but even that may not happen. Given long enough, anyone will attain their own special expertise and, therefore, respect. It's only when people are mortal that only a few people can achieve merit.

Joe Citizen who is suspended deserves more respect than Heinlein who is not, not because Joe Citizen is a hero. To turn down suspension when it is available is a sign of *inadequacy*. Heroes most of all should be capable, adequate people. Anyone who turns down suspension fails under that heading: they blew it. Since they blew it in that area of their lives, they deserve no respect in other areas, and so they are not heroes.

Our problem is that we simply cannot argue our case in terms of the old myths. Is there any parallel movement from which we could learn? Yes: feminism.

Feminism is also not in accord with the old myths, where women have a standard role as supporters of male heroes but not as independent actors in their own right. In fact the whole history of feminism should tell us that cryonics and immortalism have many years to go before they attain widespread command over people's imaginations.

Feminism began in the 19th Century, after a period of centuries in which occasional women attained positions of eminence in the arts and sciences while most women were still part of the myths. Many women got the right to vote in the 19th Century. After that, it became clear that women's rights involved far more than the right to vote. Political and social pressure by women arguing for roles other than the conventional (mythic) roles has been continuous ever since. Even now, in 1988, women haven't won the whole of what they ask for. Roles are still changing. I don't know myself what the outcome will be.

The essential point about feminism is that it takes place in opposition to myths about the role of women. The Catholic Church, in the form of the Pope, has just issued a document about women's rights which reaffirms the old myths. Without raising the issue of whether the document is right or wrong, the fact is that it is very much in accord with traditions which have lasted thousands of years. The Pope is not wrong when he says these are the traditions of the Church. A female Pope is (traditionally) out of the question.

First, the major successes of feminism came not because it concurred with the myths but because it worked in opposition to them. Second, the technological setting meant that women needed only to raise a few children for enough to survive.

The technological change alone could not have been enough. If women had wanted (which they didn't!) simply to serve their men, they could have easily invented ways

to serve their men that did not involve providing them children. Perhaps they could have educated their children individually from birth up to age 18. But that wasn't the road we took (or could have taken?). What was important was that women themselves wanted *out* of their servant's role. More than that, they have kept up the pressure, now for more than 100 years.

Cryonics and immortalism aren't nearly so far along. We are about as far along as feminism was in the 1820's. The comparison should tell us just how much farther we need to go. People who think revival will only take 50 years are probably wrong. It takes far longer than that for basic changes like immortalism to happen. Most important, it suggests that we can't really expect the myths to help us at any point. We are automatically in opposition to them. The opposition is deep. We can't paper it over.

I believe that the best way to proceed, first, is to be frank about this opposition. We should explicitly say that our values are different. We don't believe in the myth of the resurrected hero. We find it inhumane and improper. We intend immortality for everyone, not just for distinguished people but for everyone, regardless. We believe in resurrecting everyone, regardless of their achievements.

Secondly, just as important, we have to do much more of something that *Cryonics* (the magazine) has not done much of: we have to present an alternative. That is, we should say what kind of society we'll live in once we have this immortality toward which we're working.

A myth isn't the same as a fictional story. It provides an archetype for people to follow. No single person, no matter how influential, can put together a myth. What is important is that we discuss these issues.

These issues are much more fundamental than issues about choosing our body or traveling the Galaxy. They are about how we will relate to one another on the most basic level. Will we have friends? Lovers? Wives? Bosses? Enemies? Will we respect one another, and if so how? Will there be leaders? And if there are leaders, how will we choose them? Will we need one another at all? What will be our *feelings*, in our immortal state? Our outward bodily form, or even if how many bodies we will have, are trivial matters compared to these questions.

Nobody writing on these questions should think that they are writing the last word. What is important is that we explore the issues. The myth will come out of our exploration rather than from any person's writings. We can't expect to overcome the myth of the resurrected hero unless we have other, stronger myths to replace it.

* * * * *

Meeting Schedules

Alcor business meetings are usually held on the first Sunday of the month. Guests are welcome. Unless otherwise noted, meetings start at 1 PM. For meeting directions, or if you get lost, call Alcor at (714) 736-1703 and page the technician on call.

ALCOR

The DECEMBER meeting is the Annual Turkey Roast, at the home of:

(SUN, 4 DEC, 1988) Saul Kent and Jo Ann Martin
16280 Whispering Spur
Riverside, CA

The JANUARY meeting will be held at the home of:

(SUN, 8 JAN 1988) Bill Seidel
10627 Youngworth
Culver City, CA

* * *

The Alcor Cryonics Supper Club is an informal dinner get-together in the Greater Los Angeles area. These meetings are for newcomers and old-timers alike -- just an opportunity to get together and talk over what's happening in cryonics -- and the world!

If you've wanted an opportunity to ask lots of questions about cryonics, or if you just want a chance to spend some time with some interesting and nice people, pick a date and come! All dinners are scheduled for Sundays at 6:00 PM.

SUNDAY, 22 JANUARY

Los Arcos*
722 N. Pacific Ave.
Glendale
(818) 246-8175

*Take the 134 to Glendale, exit at Pacific Ave., and go north about one block.

* * *

The New York Cryonics Discussion Group of Alcor has recently formed.

The group meets on the the third Saturday of each month at 7:30 PM. The November 19 meeting will be held at the El Paso restaurant, in Manhattan's Greenwich Village. The address is 134 West Houston St., between McDougal and Sullivan. Telephone (212) 673-0828. Ask for the Alcor group at the rear of the restaurant. Subway stops: Houston St. on the I train; Spring St. on the C, E, or K trains.

If you live in the New York, Philadelphia, New Jersey, or Boston areas and would like to participate in the rebirth of New York cryonics please contact one or more of the following people:

Gerard Arthus (516) 273-3201
Al Roca (201) 352-5268
Curtis Henderson (516) 589-4256

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