

Cryonics



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**How We Spent
Our Summer Vacation**

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Cover: *Three suspensions in three weeks! Here at the third one are, (L to R): Tanya Jones, Naomi Reynolds, Mike Darwin, Ralph Whelan, and Mike Perry (behind Ralph).*

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Issue to press: July 20, 1992.

Whatever Happened to Summer Vacation?

The month of June easily carried a year's worth of suspension work for us. There were *three* suspensions, beginning with Michael Friedman's, which I did find opportunity to report on in the July issue (see the *Up Front* portion of that issue, and especially "Matters of Life and Death" by Charles Platt). There was also a remote standby for a new member in Massachusetts, which began on June 25 and as of this writing (July 17) is still going. This has been our longest (and *remotest*) remote standby to date, representing at least as much effort and exhaustion on the part of the team members as the actual suspensions.

The overlap in demand for attention of these four patients was problematical. Soon after completing the suspension of Michael Friedman, we received word that a Southern California member of several years — whom I will refer to as "Jack" — was in critical condition, and that indeed he was likely to deanimate before we'd be able to make the 75 minute drive in the ambulance. He did hang on while we made the trip, and in fact for a couple of days after that. His suspension — a whole body suspension — took place on June 19.

Shortly after completing Jack's suspension, we received a call from Mary Margaret Glennie informing us that her husband Jim — an Alcor member diagnosed as having a brain tumor — was in the hospital and in critical condition. We sent Tanya Jones there (Fort Collins, Colorado) on standby immediately, with plans to send Mike Darwin, Carlos Mondragón, and Keith Henson when it became necessary. It seemed necessary the next day, but before the team departed I received a call from 28-year-old "Bill," a new Massachusetts member whom I'd only spoken to a handful of times. Bill was calling me from the Emergency Room of a hospital near his home. He explained that cancer had invaded his stomach wall, and that his chances of lasting the next 24 hours were slim.

One day later, with our main Transport Team standing by (and another team composed of New York Alcorians Stanley Gerber, Gerry Arthus, and Curtis Henderson in Massachusetts), Jim Glennie deanimated. The next morning he and Mary Margaret and the Transport Team were back in California, and his suspension began.

During that suspension, Bill's condition in Massachusetts continued to deteriorate. Prior to the completion of Jim's suspension that evening, Mike Darwin and Tanya Jones were in a plane en route to Massachusetts, where they would join Arel Lucas and the New York members in preparation for Bill's deanimation.

For more detail on Jack's suspension, see Mike Darwin's article, "The Cryonic Suspension of Patient A-1184," elsewhere in this issue.

Warm Up the VCR. . .

. . . And make sure that you have HBO, because the month of August will see the premier of *Never Say Die: The Pursuit of Eternal Youth* on HBO. We're not quite sure what this is all about, or how much of the special will center on Alcor and cryonics, but the HBO folks did a considerable amount of filming here last year. Unfortunately, I can't give you a specific date either. In fact, we only know the *title* of this show because I happened to catch a promo for it while watching HBO earlier this week. After flashing some scenes from the show, and spotlighting some boiling liquid nitrogen, a boomy voice announced, "Never Say Die: The Pursuit of Eternal Youth, coming in August. . . ."

"Because time. . . waits for no one."

Now why didn't we think of that?

[Last minute update: a letter from Central Productions informs us that the show will premier August 17th at 9:30 P.M. Subsequent showings will be August 20th at 11:00 P.M., August 23rd at 4:40 A.M., August 25th at 10:30 P.M., and August 31st at 11:55 P.M. — Ed.]

Cryonet Correction

The Cryonet moderator, Kevin Brown, contacted me after the last issue went out to point out an error in my *Up Front* piece "Why Haven't We Seen You On the Net?" In his own words, "You suggested that people send email to me with the Subject line "CRYOMSG 001" to retrieve the oneliners describing all messages to date. The correct Subject line actually has one more "0" in it: CRYOMSG 0001." Sorry folks!

Also of interest, Kevin notes that "it will be worthwhile pointing out that we now have a USENET newsgroup called *sci.cryonics*. . . I expect that the number of readers of *sci.cryonics* will far exceed the

number of readers of the Cryonet mailing list."

Facility Search Committee

Last month I requested that members interested in helping Alcor find a new home call Carlos and ask to be part of the Facility Search Committee. A large part of the motivation for us to decide to form this committee at the June Board of Directors meeting was that several members complained that potential new facilities were not being properly researched, and several people specifically requested that we form such a committee.

Well, the call has gone out. . . and no one has answered! We need progress in this area soon, and we're willing to go hand-pick our "volunteers," but somehow I think that that defeats the intent of the Call to Arms.

Do you want to have input into which newer, larger, more appropriate and impressive facility Alcor gets? (Away from the San Andreas Fault and similar hazards.) If so, *please* offer your assistance to this urgent cause. Call Carlos or myself at Alcor.

Changes on the Alcor Staff

As of August 1, Alcor will have an additional staff member. Derek Ryan, an Alcor Suspension Member of about two years, will come to Alcor as our new full-time Membership Administrator. For the past year-and-a-half, this position has been occupied by myself, attended to in the cracks between putting out *Cryonics* and dealing with cryonic suspensions as they arose. However, with the growth in membership over the past year — 57% during 1991 — this has become untenable. The position of Membership Administrator has grown to require full-time attention, and at the last meeting of the Alcor Board of Directors Derek Ryan was selected for the position.

Naturally, this entails a change in my job description as well. Henceforth, I will continue to put out *Cryonics* each month for as long as they let me, but the remainder of my time will be occupied with special projects and management-related duties associated with my new position of Vice-President.

For details of these two changes, see the **Business Meeting Report** elsewhere in this issue.

Letters to the Editor

Last month, I reported on the favorable decision in Alcor's litigation with the California State Health Department ("Mitchell v. Roe Decision"). What I didn't mention is that the Justices in that case (Gates, Nott, and Manella) had not granted publication rights for that decision, which is legalese for saying that the case cannot be cited as legal precedent in similar cases. Fortunately, we had one of our lawyers in this case (Scott Tepper of Garfield, Tepper, Ashworth & Epstein) pursue the issue with a letter to the Justices. Because the letter is so thoughtfully constructed, I've decided to reprint it here, followed by the Justices' response, and then a letter by H. Jackson Zinn explaining where to find the decision in the law books. — Ed.

Dear Honorable Justices:

Pursuant to Rule 978 of the California Rules of Court, Plaintiffs and Respondents hereby request publication of your Opinion issued in the above-referenced matter dated December 10, 1992.

While it is true, as recited in this Court's Opinion, that the issue decided is "extremely narrow in scope" the Opinion also expresses the Court's commitment to "preclude this particular issue from arising again in the future." The "issue" in this case is the denial of Death Certificates and Disposition Permits to Alcor members who have been placed in cryonic suspension. However, the circumstances under which the issuance of Death Certificates and Disposition Permits arises complete the publication of this Court's Opinion as the only practical means of accomplishing the Court's goal as to members of Alcor and other cryonic suspension facilities. This is demonstrated clearly by the past experiences of Alcor and its members.

The death of an Alcor member (or any other person) can occur at any time or place. Where the individual has designated that his or her body be placed in cryonic suspension, that wish can only be carried out if the body is released as soon as practicable to Alcor for the cryonic procedures to be commenced. The problem typically encountered, and which gave rise to this litigation, is that the hospital or other facility at which death occurs refuses to release the body to Alcor unless it is satisfied that a lawful Disposition Permit can issue.

This case was initiated because Plaintiff John Roe knew that he would soon die and had the foresight to seek the cooperation of the hospital in the release of his body as soon as death occurred. When the hospital advised that it would not cooperate, Roe brought the first phase of this lawsuit in the Los Angeles Superior Court and secured a temporary restraining order which subsequently became a preliminary injunction.

Obviously, it is the rare case in which an individual knows when and where he will die and thereby has the opportunity to secure judicial assistance in overcoming the resistance of hospitals and physicians based on the common, although unfounded, fear that they will thereby have participated in an unlawful disposition. It therefore becomes most important that the Opinion of this court be published so that at the time death occurs, be it on a weekend or at midnight, hospitals, physicians, and, most importantly, their counsel, can be referred to clear decisional authority.

Alcor's experience demonstrates clearly that its concerns are not fanciful. Indeed, the problem has arisen at least twice between the Trial Court's ruling and this Court's Opinion. In the first instance, Judge Muñoz was awakened at 2:00 a.m. and was called upon, through telephone conferences, to direct the Los Angeles Coroner's Office to release the body. In the second instance, involving a homicide approximately one month ago, the same issue required calls by counsel throughout the night and into the following morning to persuade the Coroner to release the body.

These and other experiences have caused considerable and reasonable fear by Alcor members that their wishes will not be carried out in the event their deaths occur at times and places when the assistance of a Court disposed to address the issue will not be available. On the other hand, if this Court's opinion is published, that authority will be available throughout the State and, presumably, will satisfy counsel for hospitals, physicians, coroners and others that, insofar as Disposition Permits are concerned, the release of the body for cryonic suspension should not be refused.

For the foregoing reasons, it is respectfully submitted that the criteria set forth in Rule 976 of the California Rules of Court are satisfied in this instance and

that the Opinion issued by this Court on June 10, 1992 should be certified for publication.

Respectfully submitted,
GARFIELD, TEPPER, ASHWORTH & EPSTEIN
A Professional Corporation
By Scott J. Tepper

And the Justices' response:

The opinion filed in the above matter on June 10, 1992, is hereby certified for publication with no change in the judgment.

GATES, Acting P.J., NOTT, J., and MANELLA, J.

And H. Jackson Zinn's comments:

Where to Find the Roe v. Mitchell Decision in Law Books:

First of all, the title of the decision could well be changed when published. Richard Roe, the initiating party, was a pseudonym for Alcor suspension member Dick Jones, whose pen name was Dick Clair. During the progress of the litigation, Dick Jones deanimated. This left Alcor as co-plaintiff. Thus, it might be Alcor v. Mitchell.

There are two major law book publishers in the United States; (1) West Publishing Co., St. Paul, Minnesota, and Bancroft-Whitney, San Francisco, California (affiliated with Lawyers' Co-op, Rochester, Minnesota).

West's current California decisions are cited as ____ C.R. _____. The first blank is the volume number. "C.R." stands for California Reporter. The second blank is the page number.

Bancroft-Whitney is the official reporter of cases in California. Its cases are cited as ____ C.A. 3rd _____. "C.A." in this case stands for California Appellate Reports.

Case decisions from California and other western states are combined in the Pacific Reporter, and presently cited as ____ P. 2nd _____. They are digested (published in summary paragraphs). In the digests, one looks up the topic word, then looks for a specific "key number" following the word to find cases on that particular point of law. We don't know yet what topic words might be employed.

There is already a "dead bodies" topic, but none for "cryonics." Maybe we can get the law book companies to start one. I plan to contact the law book editors about this.

Another set of books which should have at least a footnote mention of the decision is Uniform Laws Annotated. Volume 8A of that set deals with the Uniform Anatomical Gift Act, in part. The set is supplemented annually, so look in the summer, 1993 supplement when it comes out. There is a specialty volume entitled *Medico-Legal Implications of Death and Dying* by Napa, California attorney David W. Meyers. So far, he has compulsively ignored cryonics, but now should include something about the decision in his annual supplement, which usually comes out every December.

The decision will not make its way into hard bound books of case decisions for several months. However, smaller pamphlets called advance sheets are issued by the law book publishers, usually within a month of the decision. They also carry what will be the volume and page numbers of the decision far in advance of its hard bound printing.

And finally, the names were reversed on appeal, and it is likely to be printed as *Mitchell v. Roe*. (Rather than *Roe v. Mitchell*.) It has already been published in *The Recorder*, a daily legal newspaper in San Francisco, cited as 92 C.D.O.S. (California Daily Opinion Service) 6033.

What is law? "The law is whatever is boldly asserted and plausibly maintained."
— Aaron Burr.

To: Editor, *Cryonics*

Re: Cryovita's New Management

On page 22 of last month's *Cryonics*, we printed verbatim a press release written by Saul Kent regarding Cryovita Laboratories. If our publication (without comment) of that press release gave any of our readers the impression that the subject matter was not controversial, I must apologize.

In fact, the management change at Cryovita, and in particular the manner by which it was accomplished, has resulted in considerable controversy and anger.

At no time during Hugh Hixon's tenure as Cryovita's president did any of the company's shareholders or directors communicate to him verbally or in writing that they desired a change in management.

The shareholder's annual meeting

began with Saul Kent making a motion that I be asked to leave the room (Hugh had invited me to attend as a representative of Alcor, Cryovita's only customer). Once that was accomplished, the shareholders voted to remove Hugh Hixon as president and replace him with Paul Wakfer. At that point, Paul (who as a non-stockholder had also been excluded) and I were allowed back in the room.

Saul Kent engineered this move as a surprise in order to, in his words, "avoid delays."

Aside from the fact that nobody really likes surprises, there are other reasons that this change of control has engendered heated discord:

1. In the context of Saul Kent's political campaign to replace me as Alcor's president, the move on Cryovita was inevitably perceived as an attempt to exert pressure on Alcor's Board of Directors (Saul and the other shareholders involved deny that this was their intent).

2. Paul Wakfer, though clearly a committed cryonicist and a well-intentioned man, is a relative newcomer (we've known him less than a year), and early on he had displayed a lack of interpersonal skills. Hugh Hixon, on the other hand, has had as much experience in cryonic suspension as anyone else, and has time and again proved his worth and dedication.

The latest manifestations of Saul's surprise are that Alcor has been invited to make a bid for Cryovita's suspension equipment, and Saul has announced publicly on the Cryonet that Cryovita is no longer in the suspension services business.

We will keep you informed of further developments.

Carlos Mondragón
President, Alcor Foundation

Dear Editor:

Many other organizations raise money from their members through the use of *Charitable Remainder Trusts*. These trusts can not only help the charitable organization, but can lead to tax savings to the donor as well.

We have many members who would like to help Alcor and see that we are kept in good financial condition now and in the future. To these members, I suggest that you talk with your CPA on setting up a Charitable Remainder Trust, or call our

staff, who can recommend where to get help.

Sincerely,
David Pizer

See the article "Tax Planning & Charitable Giving" by Mike Midlam, in the January, 1992 issue of Cryonics. — Ed.

Dear Cryonics Societies:

Some months ago during a discussion with a brilliant lawyer in regard to the Donaldson case, I came to understand that the law sees a difference between actively committing suicide and passively dying from refusal of medicine, food or water.

He suggested that for the purpose of attempting to preserve life via cryonic suspension, it might be doable for a terminally ill patient to get court permission to die from suffocation.

Sincerely,
John Q. Smith

Dear Editor:

I am saddened and dismayed to hear of the departure of Mike Darwin in the January issue of *Cryonics*.

Although I have not signed up, I have always maintained an open mind about cryonics and its possibilities. If I ever do sign up, it will be because of what I learned from Mike Darwin.

I happened to speak to Mike during the final stages of my father's terminal illness. Father's doctor was evasive and frustrating, and wouldn't even admit that father was dying.

Mike listened to me, and talked to me about my father's impending death. He was sympathetic, but also the first person to be straight with me about the process of dying. His honesty made me better able to cope with what lay ahead, and for that, I will be forever grateful.

Mike is a believable and witty spokesman for the advancement of the public's acceptance of cryonics. I hope that this wonderfully creative and talented man has not abandoned his efforts on behalf of cryonics, and will be heard from again in the near future.

Sincerely,
Elleda Wilson

Dear Editor:

Although it's now been some time since the last controversy between me and Ralph Merkle, I'm writing this letter to answer Tim Freeman's comments. There are really two points that Tim makes: the first claims to show a counterexample to my comments to Ralph about brain versus computer anatomy, and the second gives Tim's ideas about why our own brain anatomy is what it is.

For the first, I would begin by pointing out that at no time have I ever claimed that *simulation* of a brain wasn't possible, at least at some level. We can already program computers to simulate many different things: the motion of planets, the flow of fluids, the behavior of subatomic particles. That does not allow us to say that each of these phenomena is itself a computer!

The issue comes when we want to devise a computer which will actually behave like a brain. Tim provides a (very rough) plan for *simulating* brains, but of course by doing so he departs quite radically from the actual structure of a brain at the level of communication between individual neurons. Among the differences, he envisions a very large buffer for messages, and suggests that every message sent carry along with it its expected time of arrival.

Tim's design raises some essential problems. How are the separate clocks in each "neuron" to be synchronized so that

they will in fact receive the message at the appointed time? And note that message reception now has become an *active* rather than passive process for the receiving neuron, which must constantly refer to its clock to and check its buffer to see if a message for it has arrived at that time. Since the sending neuron doesn't know how many messages are in the buffer of the receiving neuron, how does the sending neuron work out what arrival time it gives to its message? Searching a buffer requires time also. Receivers can't simply look at the last message received, since its time of arrival may lie (officially) in the future. And what happens, then, with all this searching for *other* messages, if a message arrives *after* its official time?

I am not raising these design issues to show that a brain simulation at *some* level isn't possible. After all, neural nets have been successfully programmed on a variety of computers. The problem is that these simulations fail to mimic *everything* about the system they simulate. (We can simulate the motion of the planets, but none of the simulated planets can be actually landed on and mined for ore!)

For the second issue Tim raises, his "explanation" of why nerve messages pass directly rather than being transferred from one to another before they arrive: first of all, human beings have not evolved to maximize any single parameter, including the speed of thinking (and speed of nerve impulses). Even fast impulses have their

price. It is true that now we live in a richer world, and therefore faster thinking may have *become* optimal — to some degree. Our past circumstances tell us how we came to be what we are, not what we should become.

I do not believe that biology forces any limitation on speed of messages (think about organic conductors!). What biological systems can do (and silicon systems, as currently designed, cannot) is to grow *new connections* when needed. Increasing evidence suggests that such growth, and the processes maintaining the new connection once grown, are actually the main event in formation of true long-term memories. The ability to grow new connections, and speed of processing, have no obvious connection to me. And any system capable of such growth would solve the design problems of a communicating network with far more efficiency than Tim Freeman's design. Not only that, but it would physically resemble brains far more closely than our present computers — so much that *it* would not be a computer either.

If Mr. Freeman wants to put himself into faster hardware, I would suggest that he examine this possibility rather than the clunky and fault prone design he has presented.

Thomas Donaldson
Sunnyvale, CA

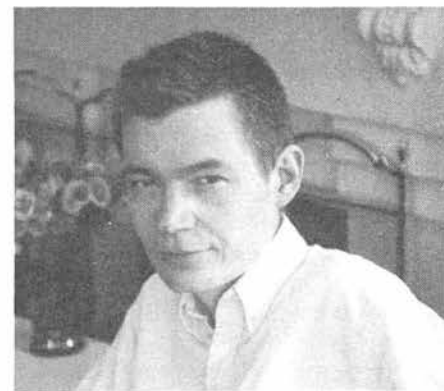
For the Record

Unity and Disunity in Cryonics

Michael Perry

"Be completely united, with only one thought and one purpose."¹ — So spoke Paul of Tarsus, the principal architect of what would become the Roman Catholic Church, a most durable institution that has served as an unofficial role model for Alcor. Although cryonicists hope the wait

to resuscitation won't be as long as the nearly two millennia of the Church's existence, we want to have as stable an organization as possible, to maximize our chances *however long* it may be. And the tragic failures of the past make us painfully aware of the need for a single-minded,



constructive approach to our main goal of survival. We need to endure and to prosper, for those now frozen, for ourselves, and for the many deserving ones who haven't joined us yet, but whom we'd like to see spared the fire and the worms.

As the last decade of the 20th century

unfolds, cryonics is experiencing unprecedented growth. With it come problems that could swamp us if they are not resolved, one being the tendency to factionalize. Different subgroups see things differently, and quarrel and struggle to bring about their particular vision of what ought to be. Within reasonable limits this is very good and necessary, of course, but just like the proverbial kettle boiling over, the benefits are outweighed and negated if things go too far. How to properly address this problem is no easy matter, nor do I have a solution. One possible source of insight, however, is hindsight. Cryonics has been going, at some level, for nearly 30 years now. Many of its problems, including factionalism, are recurring ones. Here we'll take a look down memory lane with emphasis on divisions and (more rarely) their resolution.

Evan Cooper deserves the principal credit for forming an organized cryonics movement. As the first major event he held an informal meeting Dec. 23, 1962. About 20 persons attended. Topics of discussion included his newly completed book, *Immortality, Physically, Scientifically, Now*, and an early draft of Robert Ettinger's book, *The Prospect of Immortality*.³ When the meeting was over, Cooper and a few other interested individuals formed Immortality Communication Exchange (ICE), an informal, "special-interest group" for the "freeze and wait" idea that would later be known as cryonics. A more formal gathering was held the following year (as usual in Washington, DC, where Cooper lived). At this "First International Conference" on Dec. 29, 1963 the Life Extension Society (LES) was created to serve as a cultured replacement of ICE. Soon after, in January 1964, the first LES newsletter was issued.

For a few months the movement may have been unified, but dissensions soon appeared, mainly over the feeling that not enough was getting done. (Remember that this was nearly two years before anyone was frozen.) Leonard Gilley, in the September 1964 issue of the newsletter, bitterly complains to Cooper: "You are, to be very blunt, doing more waiting than freezing. ...have you personally planned specifically for freezing? What is that plan? ...if

you have not planned, then you are a hypocrite. ...intentions and speculations, hell! Let's see action!" In the same issue is an announcement of the first breakaway:

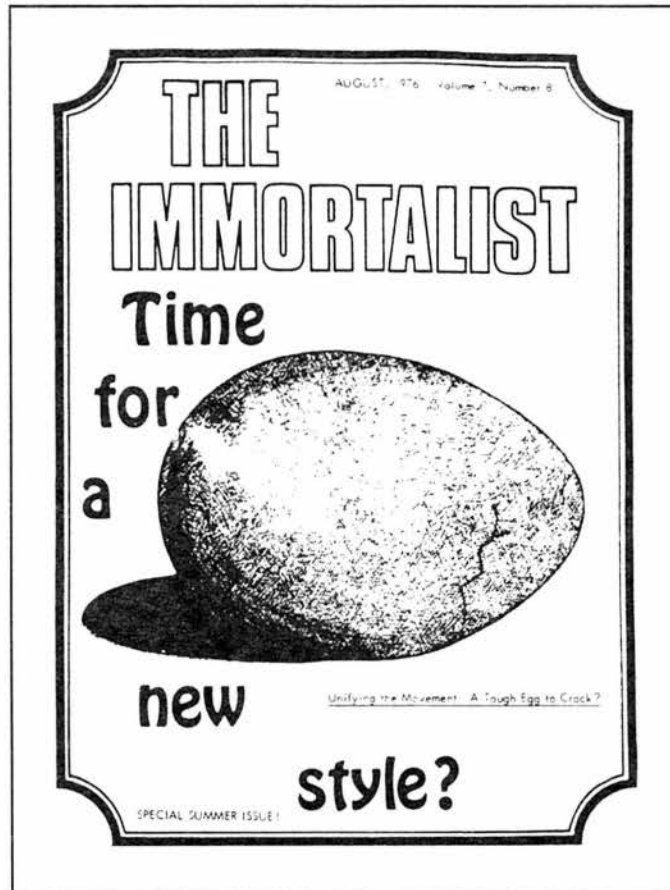
"Tom Tierney's group, feeling the urgency of getting something done in the way of organization and freezing, considers that they will get there faster on an independent track. Tom informs us that his group voted to withdraw from LES. We accepted, and welcome them back at any

(For what it's worth, Tom Tierney proved more trouble than he was worth, doing little of consequence for LES or cryonics. Eventually he acquired such a shady reputation that Saul Kent reported being questioned for hours in 1966 by Las Vegas police and the FBI when he and Curtis Henderson tried to meet with Tierney on their cross-country trip — see below.³ Ironically, Tierney's group rejoined LES in 1965.⁴)

There was further criticism of LES for inaction and impeding progress. In August 1965 Curtis Henderson, Saul Kent and others in the New York City area broke away from LES and started their own organization, the Cryonics Society of New York or CSNY (in the process coining the term "cryonics" which has continued in use to the present day).⁵ Meanwhile, at about this time, Cryocare Corporation in Phoenix, Arizona was formed, also independently of LES. (They would go on to freeze the first human in April 1966.)

In October 1966 Saul Kent and Curtis Henderson made a trip across the United States, and were instrumental in organizing cryonics societies in Michigan and California. In January 1967 Cryonics Society of California (CSC) froze James Bedford, the first human to be suspended under controlled conditions. By the end of that year LES had lost its leadership of the movement. This was brought forcefully

home in a letter of Sep. 20, 1967 from Ettinger to Cooper, that was circulated to cryonics groups in New York and California. The letter berates Cooper "for the shameful attitude you and Russ Stanley [an LES coordinator in Southern California] are displaying toward Bob Nelson." The outburst was sparked by the freezing of Marie Phelps-Sweet by CSC, under Nelson's stewardship, a few weeks before. (This was the third person to be frozen, and the second by CSC.) Apparently Nelson's secretive habits led Cooper to suspect a hoax — perhaps Marie wasn't frozen at all. Ettinger counters with a recounting of the well-publicized Bedford freezing that Nelson had also coordinated and which was surely genuine and notes that neither Cooper nor Ettinger himself had yet taken part in any freezings. (Marie



time. His group, apparently, will set up a non-profit, self-sustaining organization that can finance itself and not have to go to foundations for funds. We know that they will do very well in that wonderful Southern California region. ...

"Bob Ettinger also feels that the physical freezing program has been too slow, and to remedy this he is considering beginning a commercial operation for the freezing and storage of bodies. He is more than willing to go full steam ahead, with any engine that can carry the freight, profit or non-profit. Bob is becoming increasingly doubtful, however, that a nonprofit organization [like LES] can get the program in motion. In spite of his turn toward the commercial venture he will continue to help LES, and in fact work with any organization that is doing a good job."²

was in fact frozen but was later secretly thawed by Nelson.) Cooper was affected enough by the letter that it was probably the major factor in his canceling the (fifth) annual LES conference in October. Although the conference was finally held the following June, the fortunes of LES declined steadily, and it had effectively ceased to function by 1970, without having frozen anybody. CSNY meanwhile began freezing people, making a third organization offering the service.

What lesson can be learned from this? The overall impression is of a startup organization, LES, initially viable and inspirational, which soon became a hindrance to the very movement it brought into being. The reasons are a combination of the complex character of the founder, Cooper (at once encouraging and autocratic, revolutionary and reactionary) and the difficulty of the main mission of cryonics, to freeze people and keep them frozen for an indefinite period. Unfortunately Cooper, despite his strengths, could not bring off such an undertaking single-handedly. Dissentions were necessary to advance beyond the beginning stages.

What happened next? Let's jump forward a few years, to 1976. Cryonics, in important ways, had become a wasteland. Most of the early freezings had terminated. Cryocare was long defunct, and CSNY and CSC would soon follow. Nelson was falling under a cloud, and some of Cooper's suspicions would be tragically confirmed. (As one of the bitter ironies, Russ Stanley himself had been frozen by Nelson, then secretly thawed.) Cooper had left the movement, though Ettinger remained. A few new suspensions had occurred, some new organizations had formed (including Alcor), and a few individuals were grimly determined to make the whole thing work in spite of all that seemed to stand against it. There was a feeling that perhaps there had been *too much* disunity, that some additional cohesion among those remaining was badly needed. The August 1976 issue of *The Immortalist* (mouthpiece of Ettinger's group) featured a large egg on the cover with the subheading, "Unity in the movement, a tough egg to crack?" The feature article, an editorial by Saul Kent, suggested that *The Immortalist* itself become a unifying presence, "the official publication of all cryonics societies and cryonics adherents throughout the world," with financial and editorial independence.⁶

Sixteen years later and — well, the movement still isn't unified, and probably

never will be. (*The Immortalist* continues with roughly the position it had before, led by the still-active Robert Ettinger, who also created a still active, not-for-profit freezing organization.) Some additional splitting has occurred, and a few notable mergers (that of Cryonics Society of South Florida and Alcor in 1984, for example⁷). Still there are major divisions that, like nations on the globe, seem likely to endure. Arguably this is a good thing; different individuals have a choice about what organization they would like to join, and which of the competing cryonics philosophies and approaches they prefer. Arguably too though, we should make every effort to avoid balkanization of our own organization (Alcor that is), both because we need a stable organization ourselves, and because outsiders would be more likely to join us and increase our strength and accomplishments. More generally, I think there is something to be said, again, for greater harmony and cohesion among the different groups. Certainly we are past the stage when dissentions were necessary for freezings to happen at all, and it would be wise to stay on reasonable terms, and strengthen our ties, as cryonics continues to grow.

As a modest proposal along these lines, I suggest we start planning now for a cryonics gathering to be held around June 5, 1994. What is special about this date? It's the 30th anniversary of the publication of Ettinger's *The Prospect of Immortality*, probably the greatest single milestone (thus far) in the history of cryonics. Ob-

viously Ettinger himself would be the guest of honor at such an event. It would be appropriate to stage it in his home vicinity of Detroit, Michigan, and for it to be hosted by one of his own organizations. However, all would hopefully be invited, including us outsiders at Alcor. We could ponder and address the theme of unity, of how we can best act, in reasonable harmony, to achieve our common interests. Maybe the media would be invited. The primary responsibility for setting this up would rest with the folks in Michigan. However, I believe there would be very widespread interest in such an event, cutting across organizational boundaries. All of us would like to go, and many of us might be willing to help.

References

1. 1 Cor. 1:10 (Today's English Version).
2. *Life Extension Society Newsletter*, Sep. 1964.
3. *Cryonics* Mar. 1983, p. 10.
4. *Freeze-Wait-Reanimate* May 1965, p. 3.
5. Alcor archives.
6. *The Immortalist* Aug. 1976, p. 2.
7. *Cryonics* Jan. 1985, p. 2.

Additional Sources

Letters and memos in Alcor archives; *Macleans* April 2, 1966; "Postscript" section of *Immortality: Physically, Scientifically, Now* by Nathan Duhring (Evan Cooper), Society for Venturism, 1991.

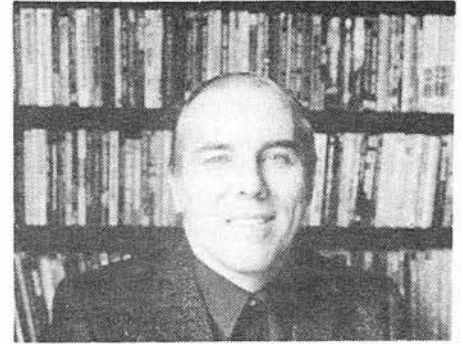
Transport Training Course

The month of September will see another Transport Training Course. These rare (at the moment) week-long training sessions are presently humankind's only opportunity to learn the ins and outs of remote standby for and transport of cryonic suspension patients. The course will be five days long, beginning on September 7. Dave Pizer will be providing free lodging at his Mountain View Motel, and Alcor will provide up to \$250 per person in matching funds for transportation costs of distant members. The course itself is free of charge and open to any Suspension Member who has not taken it before. (For those who have, there will probably be a refresher course within the next few months.)

These classes are always kept small and intimate by the instructor, Mike Darwin. I therefore recommend that interested members contact Alcor as soon as possible to establish a spot in the class. For a good introduction to the usual subject matter and ambience of the course, see the February, 1991 issue of *Cryonics*.

The Negative Side of Growth

H. Keith Henson



In recent years Alcor has undergone spectacular growth (for a cryonics organization). There are real advantages to the larger size, in particular the economy of scale which comes with larger size. It turns out that there are some serious problems as well.

One of the problems associated with growth cropped up in the past month. Alcor had *three* suspensions and a (so far inconclusive) standby in about a 30-day period. (And, at the same time, there was a lot of political bickering going on.) The result was that the staff and volunteers were stretched very thin indeed. At one point I was leaving on a flight to the east coast at the same time Arel (my wife) was due to arrive *from* the east coast. Normally there is a little friendly competition as to who writes up the suspensions. This time, we are all so far behind in our work and lives that no one is eager. The reports may be delayed an issue or more.

This many suspensions in such a short time — given Alcor's demographics — is a statistical anomaly, but it sure gave us a taste of what substantial growth will bring about in a few years. Given the demographics of Alcor's membership, we should be doing only two or three suspensions a year. Most of us are fairly young and reasonably healthy. However, about 60% of suspensions in the past 5 years have been of people who signed up terminal. Some of them cut it so close that they never paid *any* dues.

While last-minute members do not contribute much in dues, volunteer contributions — or labor — suspending them *does* increase the patient care fund, and that improves the economies of scale for keeping all of the patients frozen. More money also makes Alcor a tougher nut for

a government to try to crack. Besides, there are so few cryonicists that it is very hard to turn down anyone who wants it and can fund the minimum. And, as long as there are only a few suspensions a year, they give the transport and suspension teams the practice needed to stay "sharp."

But as the cryonics idea (or meme if you prefer) becomes more widespread, we are likely to get a lot more last-minute cases. Unless we are careful in developing the capacity to suspend them, we could get Alcor into a bind of trying to do too much with too little.

Why? A typical suspension (though there is no such thing) involves about 700 person-hours for standby and 300 for suspension. Call it 1000 hours per suspension. Since people work around 2000 hours a year, each two suspensions a year would require one additional paid professional on staff if we were doing it that way and not using so much volunteer labor.

[A]bout 60% of suspensions in the past 5 years have been of people who signed up terminal. Some of them cut it so close that they never paid any dues.

While some support for professionals could come from suspension funding, they need to be hired and trained on dues. At the current rate of roughly two suspensions per 100 members per year, the cost of professionals at 100k per year (including overhead, travel, and expenses) would approach a thousand dollars per member per year, less perhaps 10k per suspension from suspension funding. If professionals were completely paid for through suspension funding, the cost of cryonic suspension

would go up about 80k. Obviously much higher dues or higher suspension funding is very undesirable. Many Alcor members, especially the older ones, would have a hard time getting more insurance.

I believe a number of approaches will be required to keep the cost down. We are going to have to shift some of the burden to the terminal patients. One recent suggestion is requiring terminal cases to either move close to Alcor, or supply additional funding for standby if they use up more than that allotted. We might have to impose a surcharge for signing up terminal, as we already have on post mortem arrangements, but this would be hard for us to impose.

Another approach is to train more volunteers and use them more effectively. Those of you who have read several accounts must realize that it is a unique experience to be involved with a cryonic suspension. What a story to be telling around the office water cooler! On the "dope dealer" approach (the first time is free), Alcor is offering, to Suspension Members only, a chance to take part in a suspension without going through *any* training. Just call Joe Hovey and ask to be put on the list. Next time a suspension comes up, a volunteer coordinator will call people on the list until two who can come in are located. Since we often have 24 hours' notice, distance should not be to much of a consideration. And, never fear, you *will* be useful. There are always things to do, such as filling ziplock bags with ice, cleaning things, and emptying buckets, which require little or no training. The assumption, of course, is that we will hook you on the experience and you will be back for more.

And while I am on this subject, I want

to extend heartfelt thanks to all of the volunteers on the east coast who recently put in so much highly appreciated time and effort. Since the situation is ongoing, I can't thank you by name in print yet, but I will.

We also have to drastically reduce the amount of labor in a standby/suspension. This will take careful analysis of where the labor goes, and what we might do to re-

place labor. One high-labor activity near the end is monitoring and controlling patient cooldown. Recently we made considerable progress in automating part of the cooldown process. (It is amazing what can be done with a little hardware, an old PC, and a few hundred lines of code.) This not only frees up staff time, but should improve suspension quality as well. There are other places in the process, such as auto-

matic measurement of and control of cryoprotective concentrations, which should be automated. These (I know) are going to cost in the tens of thousands of dollars. But, at some number of suspensions per year, they will pay off.

Little improvements can add up. For the last two suspensions we made an improvement in (of all things) *floor cleaning*. A mop is just not very effective in getting sticky perfusate off the floor. Hugh Hixon found that a wet vacuum could be used with a water spray to make short work of this time-consuming task.

Passage of the Hemlock Society's "medical aid in dying" initiative this fall should reduce average standby time. Several standbys in recent years would have been shortened, one by about ten days, if terminal patients had been permitted to seek aid in dying rather than having to dehydrate.

It is going to take careful management and a lot of work on the development side of R & D to keep the cost of cryonics under control — especially if we have a significant number of terminal patients signing up. Of course, suggestions on improvements are always welcome. Along that line, I am posting my phone number again. Call me at 408-978-7616, or send email to hkhenson@cup.portal.com if you have cost/time reduction suggestions or any problems you would like brought to the attention of the Board. I am especially interested in ways we can make Alcor more effective in the use of volunteers.

[One of the topics raised in the recent political bickering has been over the sad state of research in the cryonics field. I may write about research next time.]

How Many Are We?

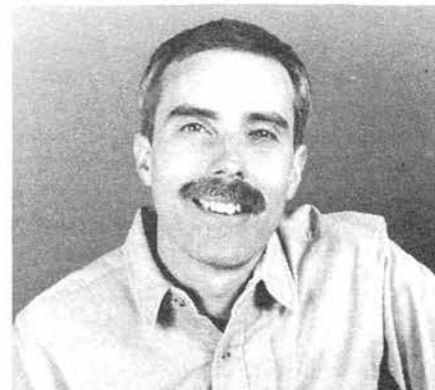
Alcor has 312 Suspension Members, 457 Associate Members (includes 167 people in the process of becoming Suspension Members), and 24 members in suspension. These numbers are broken down by country below.



Country	Members	Applicants	Subscribers
Argentina	0	1	1
Australia	13	1	4
Austria	0	1	1
Brazil	0	0	1
Canada	11	4	20
France	0	0	4
Germany	1	1	2
Holland	0	1	0
Italy	0	2	2
Japan	1	1	0
Lichtenstein	0	0	1
Mexico	0	0	1
Norway	0	0	1
Portugal	0	0	1
Spain	6	2	0
Sri Lanka	0	0	1
Turkey	0	0	2
U.K.	10	6	7
U.S.A.	268	149	264

The Cryonic Suspension of Patient A-1184

Mike Darwin



Opening Remarks

Between June 1st and June 25th of this year Alcor placed *three* (3) patients into cryonic suspension! This is a record for us, and I write this, there is a *fourth* patient for whom we are standing by. Also, as regular readers of *Cryonics* will know, overall the number of suspensions has been rising for sometime. Clearly, with the volume of suspensions growing as it is, cryonic suspensions will no longer be "big news." A corollary of this is that we will not have the space to cover them in as much detail as we have in the past, except where the case merits it. For example if there are special problems or special advances we will want to report on the case in detail.

Thus, this case report will be a bit shorter than usual and future case reports may be shorter still. Hopefully, we will be able to begin publishing technical case reports which document the kind of care Alcor patient's receive in meticulous detail both in the pages of *Cryonics* and elsewhere. I am woefully behind in completing these (and the current case load of suspensions and standbys doesn't help matters any), but hope to make major progress in this area during the course of this summer.

Introduction

Jack Arbeitzin is a 64-year-old long-time Alcor member whose involvement dates back to the late 1970s when he worked with Jerry Leaf and others in helping to promote and facilitate cryonics research. He had retired several years ago and relocated to the greater San Diego area where he was not as active in cryonics, but still kept in touch.

A few weeks prior to his suspension we were notified that Jack had terminal, metastatic colon cancer and that he had been given only a few weeks to live. An

assessment team was sent down from Alcor to visit with Jack and evaluate his condition.

On June 16th we received a call from Jack's wife that his condition had deteriorated sharply and that he might die at any moment. Fortunately most of the transport team was at the lab and the Alcor ambulance rolled for Jack's home within about 30 minutes of receiving the call. When the team arrived Jack's condition was found to have stabilized (in no small measure due to vigorous action taken by Jack's wife Jolene, who is also a nurse).

After assessing the situation it was determined that Alcor staff would remain on site and standing by for the patient. After the second day of standby a decision was made to post staff at a nearby motel since Jack's home did not have extra sleeping quarters and was, additionally, filled with relatives who were assisting

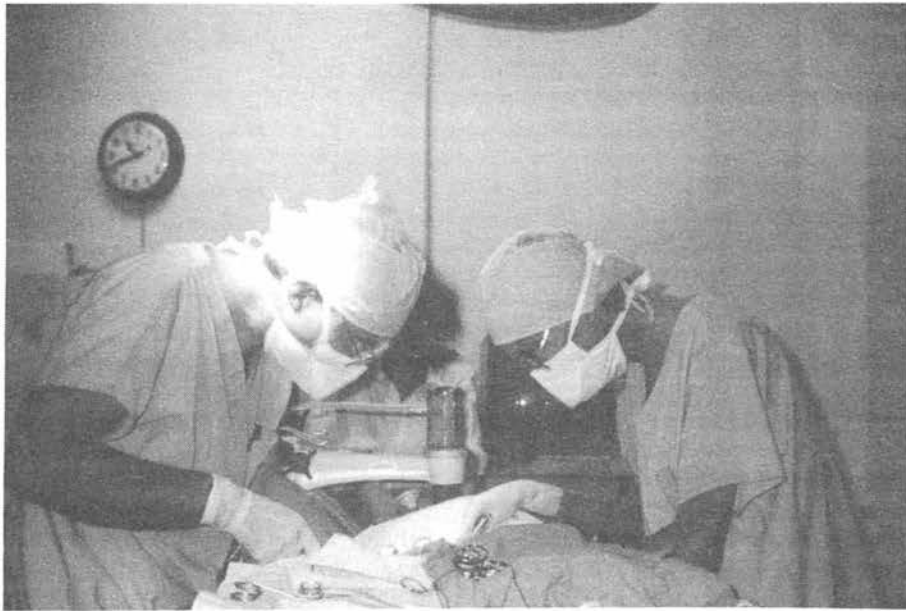
Jolene with Jack's care. It should also be pointed out that Jack's family were not cryonicists and we were intruding on their privacy during a very difficult time. Despite this, they were very supportive of us and welcomed the transport team into their home.

Since Jack's condition, while grave, was more or less stable, it was anticipated that Jack would "shock" before experiencing cardiac arrest, giving us plenty of time to arrive on site from the motel, which was about a 4-minute drive from Jack and Jolene's home. With Jolene being a nurse and Jack's vital signs being monitored and recorded frequently, it was felt there was little risk in this maneuver. Also, there were others in the home who were available to sit up with Jack and provide relief for Jolene. Consequently, we again decided to pull back to the local motel and await a call notifying us of any change in



Photo: Carlos Mondragón

Still in the preparation stage, Dan Spitzer (left) and Ralph Whelan — perfusionists for this case — discuss set-up of the Heart-Lung Machine.



Mike Darwin and Carlos Mondragón perform the femoral cutdown necessary for the introduction of Viaspan, an organ preservation solution.

Jack's condition. Additionally, several staff members were sent back to Alcor so that they could continue to work productively.

On June 18th the standby team received a call from Jolene alerting us of another crisis. Additional Alcor staffers were called in; however, Jack stabilized again and that evening the team left the home to standby at two local motels (the first one being full and second one at which a room was found being about 12 minutes away from the home) with Jolene and others in the household standing watch.

At 6:15 AM on the 19th, Jolene's sister called the transport team notified them that the patient had experienced an unwitnessed cardiac arrest sometime during the preceding 30-minute interval when Jolene had inadvertently dozed off to sleep. The first part of the team, consisting of Naomi Reynolds and myself arrived approximately 10 minutes after receiving the call. Jolene was doing CPR and Naomi and I quickly took over this task and awaited the hospice's nurse's arrival so that Jack could be pronounced and the administration of transport medications be started. Within approximately five minutes of the arrival of Naomi and myself, the second part of the team arrived consisting of Carlos Mondragón, Paul Wakfer, and Tanya Jones. Paul took over chest compressions and Naomi continued ventilation while Carlos, Tanya, and I moved the MALSS into position and got the medications set

up to administer pending arrival of the hospice nurse.

At 6:50 AM the hospice nurse arrived and pronounced Jack, and he was moved into the MALSS, placed on Thumper support, covered in crushed ice, and given transport medications. The latter required that a cutdown be performed on the external jugular vein since the low-flow IV had infiltrated (Jack had no central venous catheter in place and Jolene had been giving him IV glucose through a small

needle in a very small and fragile vein at his wrist). This delayed the start of transport medication until 7:07 AM.

A further complication occurred when the venous reservoir on the bypass circuit was found to have been damaged (presumably as a result of hastily moving it into the home from the ambulance) and going on bypass in the home was deemed impossible. Consequently, Jack was moved on Thumper support to Alcor with the drive taking one hour and 13 minutes. Unfortunately, due to Jack's severe pulmonary edema (fluid accumulation in the lungs), he did not oxygenate during Thumper support. The only good thing in this was that Jack's temperature had dropped by approximately 17°C to 20.4°C by the time he arrived at Alcor.

Jack was then moved into the operating room and connected to the heart-lung machine circuit of the Mobile Advanced Life Support System (MALSS). Surgery to connect Jack to the MALSS was complicated by heavy tumor involvement over and around the femoral vessels, slowing the pace of surgery and forcing me to switch from Jack's left to right groin. The tumor had apparently spread from adjacent lymph nodes.

The MALSS uses a blood pump and heat exchanger-oxygenator to rapidly cool the patient to a few degrees above freezing while maintaining delivery of oxygen and nutrients to the tissues. By 11:41 blood washout was completed and continuous perfusion with Viaspan organ preservation



Photo: Carlos Mondragón

Mike Darwin (left), Keith Henson, and Paul Wakfer (obscured) check an IV line, shortly after completion of the femoral cutdown.

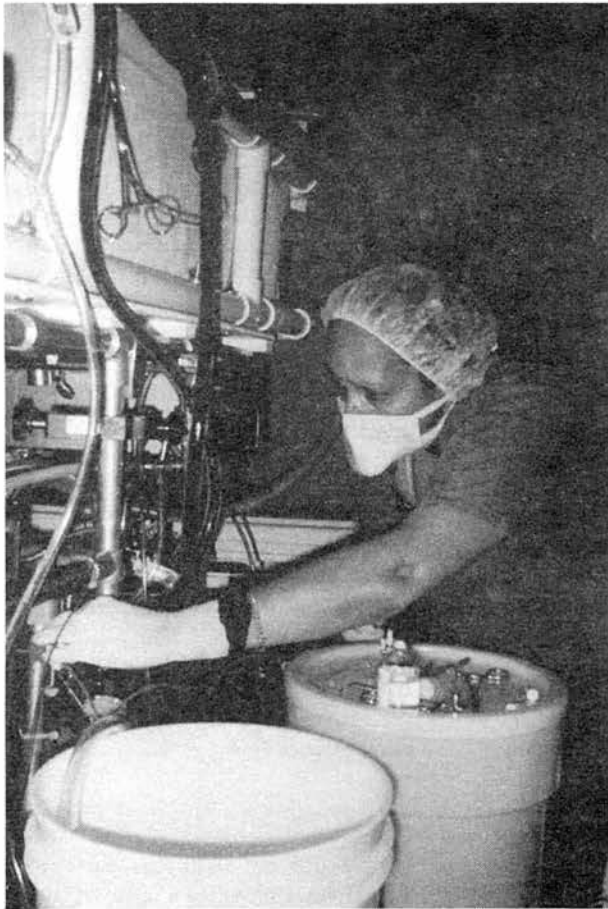


Photo: Carlos Mondragón

Arel Lucas, by far one of Alcor's most dedicated and competent volunteers, monitors the femoral bypass circuit.

solution was commenced. Viaspan perfusion was continued intermittently until 4:00 P.M. when chest surgery was begun to connect Jack to the heart-lung machine in the Alcor operating room and begin the introduction of cryoprotectant.

Cryoprotective perfusion was completed at 7:35 P.M. with a terminal concentration of about 5M glycerol having been reached in the venous effluent. To what extent cryoprotection of Jack's brain was achieved is unknown since he experienced some brain swelling during the course of perfusion. However this swelling was modest compared to that observed in some other cases. By 8:35 P.M. Jack was transferred to the Silicone oil bath for cooling to dry ice temperature (-79°C).

Discussion

Clearly the fact that this patient experienced an unwitnessed cardiac arrest resulting in many minutes of ischemia and inadequate perfusion is completely unacceptable. I made a serious error in judgment when I sent the team to local motels

to rest for the night. At least one and preferably two skilled people should have been left standing by — one of them in the bedroom with Jack and Jolene.

The use of cardiac monitors is not desirable in slowly dying patients because once their use is begun they cannot be disconnected without a physician's order. The downside to this is that very often the nervous system of the heart will produce an EKG even though the heart is no longer beating or pumping blood. This is known as electro-mechanical disassociation (EMD). Unfortunately, under California law if a cardiac monitor is in place the patient cannot be pronounced until the monitor shows no coherent EKG activity — even if only EMD

is present.

The alternative of having an Alcor team member sit in the bedroom of a dying patient "invading" the last moments of family with the patient is also often not tenable. Jack and Jolene were very close and Jolene would lie next to Jack holding him. In such a setting it is in questionable taste for Alcor staff to be lurking like vultures in chairs nearby. It is also quite possible that the Alcor staffer could either fall asleep or fail to notice that the patient has experienced cardiac arrest. This is in part why hospital patients are monitored in the ICU even when they are extremely unstable and have a one-on-one nurse. A moment's inattention is all it takes for someone to

slip away.

So what is the solution to this problem? What can we do to insure that this situation never happens again? First, Alcor should quickly acquire a pulse oximeter. Pulse oximeters are noninvasive devices which have a sensor which can be slipped onto an ear lobe or finger tip to monitor the degree of blood oxygenation (measured as the mixed arterial and venous oxygen saturation). As the patient becomes agonal (declines toward death), blood oxygen saturation deteriorates, and when it drops below 80% the patient generally loses consciousness. Cardiac arrest has usually occurred by the time the patient's oxygen saturation has dropped to 60%. Current pulse oximeters are quite sophisticated devices which have alarm capability and which can be preset to alarm at any predetermined blood oxygen saturation level. Usually a slowly dying patient's "sats" will start to decline in a steady downward trend *hours* before cardiac arrest occurs.

Had we had a pulse oximeter on Jack

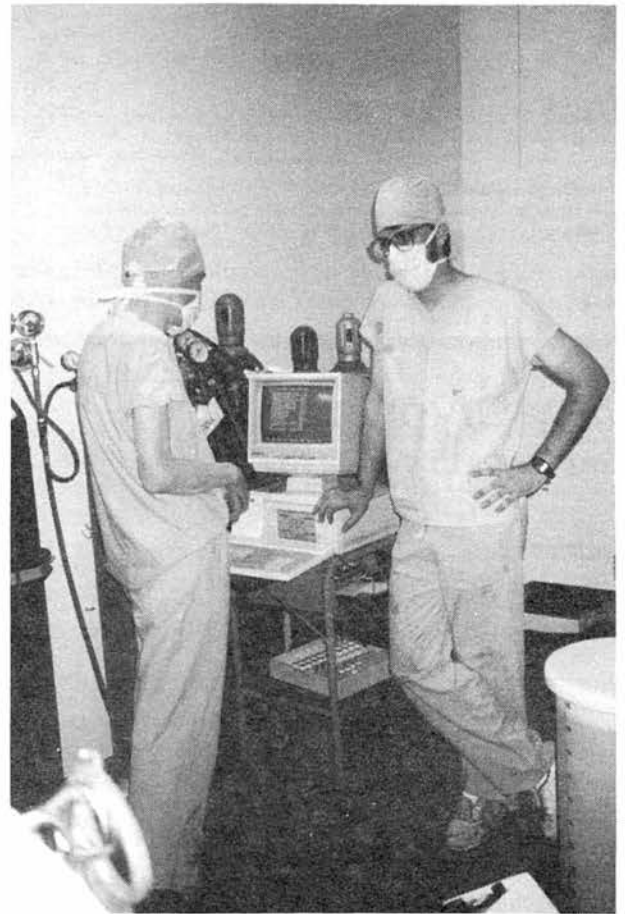


Photo: Carlos Mondragón

Mike Perry (left) — Alcor's Patient Caretaker, Computer Scientist, and Resident Historian — calculates the settings critical to a proper glycerolization ramp, with input from Ralph Whelan.



Photo: Carlos Mondragón

Hugh Hixon and Keith Henson — another of Alcor's stalwart volunteers — perform the perfusate analyses essential to ongoing revision of the perfusate ramp rate.

most certainly deteriorating due to his developing pulmonary edema even then (although we had no way of telling that this was so). When the transport team arrived, Jack was in fulminating pulmonary edema and his lungs had "blown:" they had massively filled with fluid which was welling up out of his mouth as his wife performed CPR. This relatively "sudden" filling of the air space in his lungs was the proximate cause of cardiac arrest. Before the lungs "blow," and the air spaces fill with fluid, pulmonary edema can be notoriously difficult to diagnose. A chest X-ray is the only sure way. Just a few hours before Jack arrested, Mike Darwin had consulted a physician on-call to Alcor about Jack's condition and had specifically discussed the possibility of pulmonary edema. For a variety of reasons this diagnosis was not considered probable and this was a material

factor in standing down from a full-tilt standby. (Another consideration was the

that evening we probably never would have left, since his blood gases were al-

need to have rested staff so that when cardiac arrest *did* occur the transport team would not have been reduced to a crew of sleep-deprived zombies.)

Achieving good oxygenation during transport of a patient with fulminating pulmonary edema is almost impossible, and the presence of a pulse oximeter would not have prevented this from happening. But it would have shaved off quite a few minutes of ischemic and hypoxic time before we were able to start cooling and medicating Jack. It also would have allowed us to carefully move the MALSS into the crowded bedroom, set up the perfusion circuit and avoid damaging the venous reservoir, thus allowing us to go on MALSS support at least an hour sooner and perhaps several hours sooner than we did.

Instrumentation in an of itself is never the complete answer to a problem. In the future, even with the use of pulse oximetry, it will be Alcor policy to leave a staff member in the home (where possible) to respond to alarms and to monitor the patient's condition.

The problems with this patient's suspension have provided a costly lesson. We must always put a monitor of some kind on Alcor members during critical illness, and we must, where possible, keep at least a core of skilled quick-response staff on-site to deal with any unexpected changes in the patient's condition.

Why Cryonics? Responses to the Survey

Charles Platt

The March, 1992 issue of *Cryonics* magazine contained a tear-out-and-mail questionnaire which I designed in an attempt to find out why people sign up for cryonics, what benefits they obtain from it, and why they choose Alcor instead of other cryonics organizations. I hoped that this information might help us in our efforts to find new members.

With help from Stanley Gerber, I have now analyzed responses to the questionnaire. First the good news: the message is

clear and unambiguous, and provides some guidance. Now the bad news: members who responded to the survey stated overwhelmingly that they heard about Alcor and signed up not because of written materials or publicity, but as a result of personal recommendation and solitary contemplation. Needless to say, this isn't a recipe for continued fast growth, and it looks to me as if we need to be more ingenious in spreading the word about cryonics in the future.

About the Survey

There were three main questions, each of which was followed by a list of topics. Respondents were asked to number the topics in order of importance.

The questions and the topics are reproduced in the Tabulation of Survey Responses. In this tabulation, the topics have been reshuffled so that they appear in the order of overall importance assigned to them by respondents. This order was determined by a weighted point score, derived as follows:

Each time a topic received a first-place vote, ten points were added to its total score. Each time it received a second-place vote, nine points were added; a third-place vote was worth eight points; and so on. This system is biased toward consensus, since it gives significant weight to secondary preferences.

The right-hand column in the tabula-

tion shows the actual numbers of people who assigned first-, second-, and third-place priority to each topic. This way of looking at the data is biased away from consensus; it emphasizes the highest priorities and ignores the rest.

Since both methods of tabulation yielded the same overall results, we can conclude that the majority of the respondents were in agreement on the issues.

Question One

The purpose of this question was to discover which benefits of cryonics are experienced most vividly by people who have signed up. Two topics captured the overwhelming majority of first-place votes: "I'm excited by the possibility of seeing the future," and "I'm less worried by the prospect of death." Maybe it should have been obvious that these are the main benefits, but Alcor's promotional literature places very little emphasis on the "reassurance" aspect. I suggest that some testimonials should be included in the standard information package, describing first-hand the feeling of comfort that cryonics can bring. Testimonials of this type appear at the end of this article.

"I'm helping to promote a vital new area of science" was a topic that few people put in first place, but many people agreed was of secondary importance. It was thus a consensus topic, and it too could be emphasized in the Alcor literature.

At the bottom of the list were "I may be reunited one day with family and friends" and "I've found new friends." The low priority assigned to these topics may be a reflection of the "loner" personality-profile of cryonicists.

Question Two

This question focused on Alcor's advantages relative to other cryonics organizations. Without any doubt whatsoever, in the opinion of respondents Alcor's number-one strength lies in its personnel. This is reassuring news, but at the same time, it contains an implicit warning. Loyalty based on personal factors is volatile, and can easily turn into a sense of betrayal if people sense that the organization has changed. To judge from the survey, Alcor must be especially careful to continue its tradition of openness and responsiveness to the membership. If members become disillusioned, they emphasized few other reasons for preferring

Alcor over other organizations.

"It is a friendly group of people" was rated least important. I conclude from this that members aren't interested in social niceties and public relations. Dedication and expertise are much more important.

Question Three

This focused on the process of signing-up. What were the most important factors persuading people to go through with it? The clear number-one choice was "Simply sitting and thinking about the subject." Apparently, the realignment of ideas and perspectives that signing-up entails is a process that simply can't be hurried.

Second in importance was "Personal conversations with cryonicists." The positive message from this is that those of us who make a habit of trying to influence people, one-on-one, have not necessarily been wasting our time. The negative message is that although media exposure and written materials are important as a means of attracting attention, they have played a negligible role in persuading people to follow through. Maybe the sign-up process can only be catalyzed on a personal basis; or maybe our materials need to be changed.

Cryonics magazine was rated the most important media tool, above "Scientific data," "The big Alcor fact book," and "Pamphlets from Alcor." Since *Cryonics* offers a very frank, human perspective, this again underlines the value that people place on personal factors.

One of the topics in Question Three was "Visiting the Alcor facility." Many respondents ignored this topic and did not rate it, presumably because they hadn't had a chance to try it in real life. If we omit these non-voters from the tabulation, we find that the people who did visit the facility rated it as a fairly important (sometimes overwhelmingly important) factor. Thus, despite the improvised furnishings and the lack of space, Alcor's facility has made a good impression on prospective members. Whether a more lavish building would make an even better impression is an open question; but at least the current building does not seem to be a liability. (*Although I suspect that those least impressed by the current facility probably never received the questionnaire.* — Ed.)

Another topic in Question Three was "Scientific data and results of experiments." Judging from their stated occupations, the people who left this unrated

seemed to lack science backgrounds. In other words, scientific arguments were of little interest to non-scientific people. If we exclude them from the tabulation and look only at the ones who did assign a priority, we find that for them, "Scientific data and results of experiments" was an important factor.

Write-In Topics

Many people wrote in their own topics on the blank lines of the questionnaire. It was hard to find much consensus, except in the following cases:

Three respondents said that they valued cryonics because they wanted the chance to continue acquiring new knowledge in the future.

Three people mentioned *Engines of Creation* as an important factor in signing up.

Four people mentioned Alcor's openness and honesty as factors that distinguished it, in their minds, from other organizations.

Other Data

The bottom section of the tabulation shows that our respondents were overwhelmingly male, with a median age around forty.

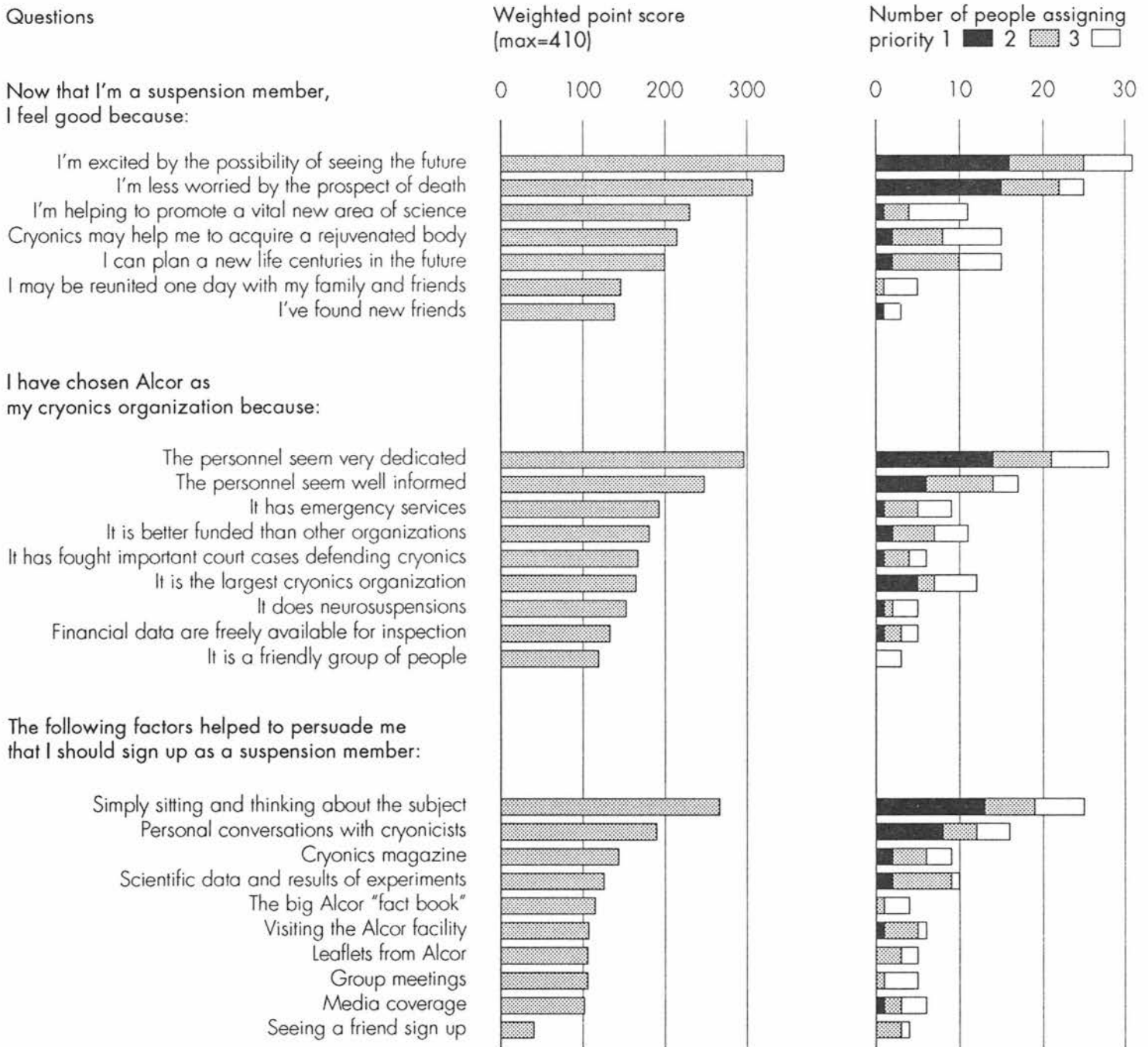
In the questionnaire, people were asked to state their professions and the means by which they first learned of Alcor. I examined the responses to these questions and derived from them a set of categories that seemed to fit reasonably well. Surprisingly, almost as many respondents turned out to be in legal/financial work as in science/computers.

Personal contact was the way that more than one-third of respondents heard of Alcor (through family, friends, or talk given by Alcor staff). And The Life Extension Foundation (run by Saul Kent and Bill Faloon) achieved a measurable success.

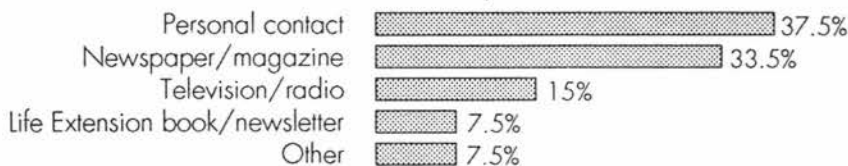
Sample Size

Forty-one people responded to the questionnaire. This was a disappointingly small sample, perhaps because members have been asked to respond to other questionnaires in the past and are getting tired of doing so. However, within the sample, there did seem to be a good range of ages, occupations, geographical locations, and lengths of membership in Alcor. Thus, I feel the margin of error in the tabulation may be lower than the sample size would

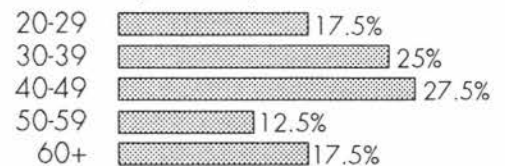
Tabulation of Survey Responses



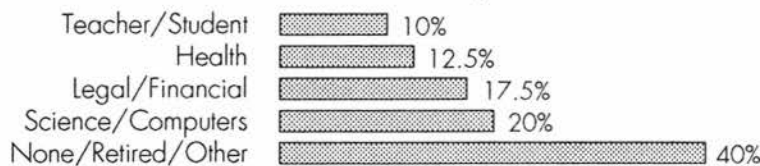
How did you hear of Alcor?



Ages of respondents



Professions of respondents



Genders of respondents

Male: 92.5%
Female: 7.5%

Data charted June 1992 by Charles Platt assisted by Stanley Gerber (thanks, Stanley).

immediately lead us to suspect.

A number of people filled in their forms in a highly creative manner. I had expected this and had tried to allow for it by including blank lines where cryonicists could express their well-known individuality. What I had not expected was that some people would insist on assigning an equal priority to several different topics, instead of numbering them in order of importance as the instructions asked; or that other people would put aside the form entirely and send me 500-word essays instead. Rather than reject these unique responses, I tried to summarize them within the original parameters.

Conclusions

In my opinion, the results of the survey suggest that Alcor should portray cryonics primarily as a way to experience the future, and should emphasize (via testimonials) the reassurance that many members feel after signing up.

Alcor must remember that its members seem to place the dedication, knowledge, openness, and honesty of its personnel far ahead of other "selling points."

Visits to the facility do encourage people to become members. Scientific arguments about cryonics are effective, but only for people with science backgrounds. Personal contact still seems the best recruitment tool at this time, which suggests that if we want to achieve continued growth, we need to change our methods of finding new members.

Testimonials

Respondents were asked to describe the importance of cryonics in their own words. They were given the option of including their names, or just their initials. Below is a selection of the statements that I received (some have been abridged for reasons of space.) I want to thank all the people who took the time to express themselves with such eloquence and honesty. I hope that some of these testimonials may ultimately find their way into Alcor's promotional literature.

Note: I had difficulty reading some of the handwriting. If I have mis-spelled any names, I hope the people concerned will let me know.

"Cryonics is important to me because it gives me more hope for my future. Rather than spending a lifetime accumulating knowledge,

experience, relationships, and property, only to have it snatched away forever, cryonics gives me the chance for open-ended growth. And, it gives me the possibility of enjoying it all in a vibrant healthy body. Cryonics gives me a strong sense of purpose in my life."

— *David A. Kekich, venture capital consultant, Pennsylvania.*

"I've seen so much progress and change just in my 35+ years. I imagine the future to be a very different, exciting place, and I want to see that, too."

— *Joe Tennant, restaurant manager, California.*

"I enjoy life. I want to continue my existence even if a hiatus through suspension is necessary. I do not want to be dead. I want to live happily, and learn, and explore up to the borders of the universe. Cryonics is my one and only chance for this."

— *E.F., lawyer, Austria.*

"I share the Alcorians' confidence that nanotechnology will allow cell repair and more. I especially want to be revived from cryonic suspension in an age when wealth is less scarce, as described by Eric Drexler. I feel that in this day and age, competition for scarce wealth makes life unpleasant for all but the most fortunate and exceptional people.... There are a lot of predators out there who are eager to sell you a load of false information which makes you feel positive but makes a fool out of you. Religion is a powerful technique for such people, because it offers the promise of competition-free immortality after death. However, cryonics offers the same promise based on facts of chemistry and biology and on rational predictions of trends in engineering and computing. It requires no suspension of reason and no mystic rituals.... Just knowing that the Alcor Life Extension Foundation exists boosts my attitude greatly."

— *Walt Parkman, microcomputer programmer, California.*

"Cryonics gives me the possibility of surviving indefinitely, living almost forever. What could be more wonderful than that?"

— *A.C., chiropractor, Puerto Rico.*

"My wife died a year ago. In addition to my own personal grief, I could see how sadly wasteful death is. All my wife's experiences, skills, memories, knowledge, and humor are gone. As of 1992 there is no guarantee that a suspended person will be revived. But there is credible action that I can take which is a step toward ending the monumental wasteful-

ness of death: sign up with Alcor."

— *T.K., scientist, California.*

"Before I'd ever heard of Alcor, I'd heard of cryonics. But I assumed it was only affordable for the extremely rich. I had no idea what nanotechnology was, or that it even existed. I was born in 1962 at the beginning of the space race, and felt doomed to die before it really caught on. It had to be the worst position to be in. At least previous generations never really thought of space travel as being possible. I found myself feeling very negative and wanting to die. It was an attitude reinforced by every shred of doom and gloom in the news and in dark science fiction and listening to my hippie-dippy enviro-friends. Then I met a guy who had a positive pro-tech answer to all my over-population stories, toxic hells, and fears of racial suicide. I then read *Engines of Creation*. That really did it. Inside of a week, I was getting the guest tour of the Alcor facility. If this is the only fast-forward button to the future that there is at this time, then hell, I'm in!"

— *Regina Pancake, movie props and set dresser, California.*

"Cryonics is important to me as a way-station to immortality. It gives me confidence that I will be able to experience a future in which man can achieve almost anything he can imagine. I feel like a pioneer in that quest, in accepting cryonic suspension for myself and helping to promote it as a movement to reverse the deathist patterns of our society."

— *Charles Reddeck, teacher, New York.*

"I have always felt that aging and death are a disease which we should not accept. I do not want to die. I want to find out what happens in the future. Cryonics has provided me with comfort and hope."

— *David Greenstein, optometrist, Massachusetts.*

"Cryonics helps to free up my mind. It's a clean, healthy feeling. Less worry; more positive study. I read more, I care a little more. I hope to get more involved when I have the time and money. To say that this is important would be an understatement."

— *Matt Swanson, entertainment service provider, Illinois.*

"I've always felt that human life is too short and my own physical/mental abilities are too limited to experience all that the world has to offer. Cryonics is the only rational hope I have for extending my opportunity to learn

and experience new things. It has helped me to feel less despair about the shortness of present-day lifespans."

— *S.D.L., graduate student, Connecticut.*

"As a student of philosophy and psychology it is clear to me that medicine has but one purpose: to prolong life. Cryonics today is the natural and logical conclusion of that purpose."

— *David J. Zubkoff, counselor, California.*

"The thought of extinction is repulsive to me. The desire to live rather than die is proven through every birth, every tear shed at a funeral, and every medical treatment ever given to prolong existence."

— *S.G., emergency medical technician, New York.*

"Cryonics is the most rational response to the prospect of death. It might just work; but if it doesn't, well, at least I tried."

— *J.P., lawyer, New York.*

"Cryonics makes it much easier for me to face the end of life. My husband kids me about wanting to be a popsicle, but being suspended is a much more comfortable prospect than decaying in a coffin underground. My only concern is that I should have the good sense to die in bed where I can be attended to properly."

— *Katie Kars Friedman, Nevada.*

"Cryonics is important to me because it gives me a feeling of global and even cosmic importance in a world of irrational, self-destructive people. By improving my chances for long-term survival I hope to create a world where I can live in freedom, pursue personal excellence, and try to acquire wisdom regarding all of existence. My membership in Alcor has put me in touch with individuals who are at the cutting edge in future-building, and I benefit from their companionship."

— *Mark Plus, motel manager, California.*

"I have always dreamed of spaceflight, and cryonics offers me a non-zero chance of experiencing it in a body far better than the slug I now inhabit."

— *Jerry T. Searcy, draftsman, Nevada.*

"Cryonics represents my hope that someday I will have lived long enough to fulfill my dreams. It gives me emotional support and helps me to keep my sights on the long view. Cryonics relieves the subtle pressure to 'give up' because 'I'll die soon anyway.' I feel I have time to stop and smell the roses. I want

my life to have meaning, purpose. Death destroys that, while cryonics may preserve it."

— *Alan Lovejoy, software engineer, California.*

"First of all, I don't want to die. Second of all, seventy-five years is not enough time for any individual to fulfill his or her life goals. We work till we're sixty-five, then retire to what? We're too old to enjoy the things in this life that are geared toward youth."

— *Bruce Beryl Fisher, Florida.*

"Cryonics is now such an important part of my life that it informs and affects nearly everything I see, read, or do. I believe that cryonics and life extension will help to change humanity for the better, possibly even ensuring its survival by forcing a longer-term view and by keeping wisdom in a society instead of burying it. There is now a real chance that everything I do and learn in my life will not turn out to have been in vain. I may even find time to catch up on my reading. I want to do *everything*. It's a goal worth pursuing and only cryonics gives me a chance to achieve it."

— *Stephen Bridge, librarian, Indiana.*

"Now that I see that cryonic suspension might work, it would be stupid not to be signed up. Denying this option would only be a way of lying to myself. One unexpected benefit of being involved with cryonics is that I have met quite a few very interesting and very intelligent people. I am now plugged into an intellectually stimulating network of friends and acquaintances. And it's a relief to know that I am working toward something important and worthwhile."

— *Kevin Q. Brown, computer programmer, New Jersey.*

"On December 10th, 1991 I was involved in an auto accident and was almost killed. I underwent three operations and spent one-and-a-half months in a hospital. The day I was driven home, my eyes took in everything: buildings, people walking, people driving, trees, birds, the sun. I kept thinking that I would never have seen all this again, if I had died. Thinking back about the accident, I realize I was lucky twice: lucky that I survived, and lucky that when it happened, I had all my Alcor paperwork completed, so that if I had died, I would still have had a chance to live again."

— *David G. Johnson, mental health worker, Connecticut.*

"I feel I have made the best possible arrange-

ments for my deanimation, so that I can now concentrate on living. Also, it is exciting to think about the (remote) possibility of living far in the future."

— *Mike Anzis, computer professional, California.*

"I am very excited by the possibility of seeing the future. I am a Catholic and do still believe in a 'hereafter.' However, I also want the chance to live an open-ended life in the 'here-and-now.' I think all people are afraid of death, and it seems that cryonicists and those in the scientific community who are working on the aging problem are the only ones who are trying to do something about it."

— *Tom Hazard, banker, New York.*

"My interest in cryonics/Alcor is prompted less by fear of death and more by love of life. Cryonics may make possible my unlimited development and growth. This is one reason I was attracted to Mormonism, the religion to which I currently belong, although lately its emphasis has tended toward obedience to church leaders and a general authoritarianism."

— *Paul Mallamo, writer, New Mexico.*

"Cryonics is important to me because I think life is better than death."

— *Eric Klien, retired, Nevada.*

"I've always been interested in aging and consciousness. Cryonics is addressing the tough questions, and will inevitably provide insights. It has already helped me to focus my life."

— *Russell Cheney, business computer analyst, California.*

"In 100 years or so, assuming continued scientific advances, humans will be capable of living indefinitely. By chance, I was born too soon to benefit from these advances. Cryonic suspension gives me a way to stick around long enough to reach that era."

— *Hank Lederer, semi-retired, Minnesota.*

"Cryonics fits into my more general philosophy of life, which encourages me to see life as open-ended, bursting with potential, opportunities, new experiences, personal growth, development, improvement in all ways — physically, intellectually, morally, psychologically. Cryonics is a valuable means of reaching the future if life extension research should be inadequate during my currently available lifespan."

— *Max More, graduate student, California.*

Alcor's computer system has gone through a series of steady advances in capability and sophistication. The most recent change has been the full implementation of its NOVELL network. Although the network has been in operation for several years, we have not taken full advantage of its capabilities until recently.

Scott Herman is a young man in the sign-up process from San Diego, and also happens to be a NOVELL certified Computer Network Engineer. When he volunteered his services to Alcor last May, we

were quick to take advantage of his skills. The result is a completely reorganized system with vastly improved security and increased performance.

As I noted in an earlier article about Paul Wakfer, every once in a while a volunteer comes along who goes above and beyond the call of duty. Scott has put in long hours for days on end with skill, determination, and enthusiasm, and according to him he's not done yet! And all of this while working very hard to get his own computer consulting company off the

ground in San Diego.

He is currently working on automating the patient cool-down process in conjunction with Keith Henson and Hugh Hixon. There are also other projects in the works where Scott's skills can be used to full advantage. As noted above, he is an unpaid volunteer. Scott is one of those rare individuals who is not afraid to get his hands dirty and who is willing to get down in the trenches with the rest of us to do the daily nitty-gritty work that keeps Alcor functioning. Welcome to Alcor, Scott!

Cryonics Forum

Immortalism

Ralph Merkle vs. Thomas Donaldson

With this issue I begin the Cryonics Forum, which I hope to maintain indefinitely (or until it becomes too violent). Each month I will present two or more views on a topic currently under debate. Some of the topics will be returned to, I am sure, as each author reads what the other has written and becomes incensed. (I don't permit the authors to see each other's work prior to publication.)

I will do my best to stay in the background, speaking up only when necessary to keep it friendly through moderation, clarification, or reiteration. Readers eager to contribute can write in with suggested topics and/or articles. Space permitting, I will print Letters to the Editor that are relevant to the Forum in the Forum section. — Ed

The "I" word

by Ralph Merkle

The right to live is widely recognized. "Life, liberty, and the pursuit of happiness" is enshrined in the Declaration of Independence. From the biblical "Thou shalt not kill" to the legal prohibition against "...the unlawful killing of any human being with malice aforethought, either express or implied by law," the value of life is upheld, protected, and exalted.

There is no "right to immortality." Those who seek it are mocked and ridiculed, or at best ignored with the tolerant amusement we reserve for small children and the simple minded.

So is cryonics simply a method of saving lives, or do we want to proclaim loudly that it is the path to immortality?

If the former, we are supported by all the philosophies of the earth and by the laws of all countries. If the latter, we are held up to derision and contempt by most philosophies, and defended by no law.

According to the dictionary, death is "a permanent cessation of all vital func-

tions." If cryonics works, then by definition such a permanent cessation has not occurred; only a temporary and reversible cessation, not sufficient (according to the generally accepted definition) to let us say the person is dead. Therefore, if cryonics has even a modest likelihood of success, then blocking a cryonic suspension or interfering with the activities of a cryonics organization endangers human life. This is a very powerful defense of cryonics.

According to the dictionary, immortal is "not liable or subject to death." At the moment, we are most definitely "subject to death." Indeed, it is difficult to imagine the circumstances that would make us immortal in the commonly accepted sense. Safer, certainly. Longer lived, certainly. But immortal? Not subject to death? Under any conditions? No.

Should we, then, proclaim that we seek "immortality" when the dictionary definition is incompatible with what we know of the physical laws that govern the universe? Or should we seek simply to stay alive?

What's the difference? If we seek to be immortal or we simply want to stay

alive, will we not act the same, regardless of our goal? We'll still be careful crossing a street. We'll still run from a burning building. We'll still go to the doctor with a broken leg, and take antibiotics for an infection. What's the difference?

There is a difference: if we simply want to stay alive, we can secure the sympathy and support of the world. This increases our chances of staying alive.

If we seek to be immortal, we earn the scorn and derision of much of the world. This decreases our chances of staying alive.

Cryonics is about using future medical technology. Will future medical technology make us immortal? Not according to the accepted definition. Will it keep us healthy for a long time? Almost certainly. Does cryonics make us immortal? No more than an ambulance might. Cryonics is simply a way of getting to a hospital in the 21st or 22nd century that can heal our injuries.

When we go to the hospital for a tumor, do we say, "They're going to remove the tumor! I'm going to be immortal!" Or do we say, "I hope I survive this operation;

I want to see a new day, and a new year, and a new decade. I want to go to bed tonight confident that I'll see the sun rise tomorrow, just as I saw it rise yesterday."

What should we tell people who say, "But if medicine can make you young again, aren't you immortal?" There are several answers, but the simplest is just: "Not if you keep driving a car!" There is a serious point beneath the humor here. Unless the chance of accidental death can be driven to almost zero, we're not immortal. And there are many, many things that have a non-zero chance of killing us, not all of which we know about yet.

But let's remember the central point. We have to survive the next century or two if we're to enjoy the luxury of facing the problems that lie beyond. Right now, that's a major problem, a problem in which technology is only one factor (and probably not the most important factor). Today, pre-mortem suspensions are illegal. This has more to do with people's attitudes than any technical factor. To change this, we must persuade people that cryonics is a reasonable activity pursued by reasonable people with reasonable motives.

Today, coroners can autopsy us unless they can be persuaded (perhaps just by

talking, or perhaps by the courts, or perhaps both) to refrain. Today, physicians might cause great grief and difficulty if "their" terminal patient is going to be suspended unless we can persuade them that it's better to help. Today, government agencies can cause many problems unless they can be persuaded otherwise. And today, judges can decide against us in cases that are crucial to our survival unless we can persuade them to rule in our favor.

All these people must be persuaded that cryonics should at least be tolerated and perhaps supported. One of the most effective strategies for doing this is to convey one simple message: cryonics can save lives. This is a powerful message. For best results it should be conveyed clearly and simply, without distraction.

Words are important, and the words we use to describe ourselves and our objectives can help or hinder us, save or doom us. So let's think about our choice of words, and what they mean not only to us but to the world at large.

And please, when someone asks you what cryonics is all about, tell them it's about saving lives, not about immortality.

Trying to be immortal could kill us.

"Immortality" or Not? An Argument For

by Thomas Donaldson

As seen in Ralph Merkle's contribution, some cryonicists believe we would do better if we carefully avoided any discussion of "immortality." While his intentions are certainly good, and I don't want to force anyone to openly state that they are immortalists, any simple discussion of life and its value quickly runs into the immortality question. I think it's much harder to avoid than may seem, and impossible to brush someone off when they come to see a relation.

Just recently I've been looking at real estate with an agent (quite good) with whom I'm acquainted. Her husband presently has a serious cancer. She knows of my connection to cryonics and quite spontaneously asked me why we would want to live if we became old and decrepit, and afflicted with diseases such as cancer (which might result in terrible maiming, as you know). Of course to answer her (cross my heart, I did not start this conversation!!!) I had to discuss the reversibility of aging — and from that point we fell into a

CRYONICS ONLINE

Some cryonicists with computers and modems have created an exciting new world in the data networks. Activists have been debating issues such as higher-temperature patient storage, programming molecular machines for cell repair, and how much growth is good for cryonics.

So far, this has only been available online. But now there's an answer:

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CRYONET DIGEST prints "the best of the net." This new magazine summarizes everything you otherwise wouldn't see. If you don't use a modem . . . If you don't have time to log on and read email . . . If you want a durable, portable summary for reference . . .

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We already have items by Mike Darwin, Thomas Donaldson, Steve Harris, Steve Bridge, and others.

More text is coming down the wire all the time!

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discussion of immortality (and its problems, like what will we do if no one or very few people die, etc etc).

We also note that a very high percentage of the patients Alcor has suspended were suspended at high ages. Certainly cryonic suspension applies to anyone, no matter what their age; but the fact that almost all suspended patients suffered from old age can't be easily denied. And anyone who asks about cryonics for themselves, given that they must have thought even a little about their own future fate, will suspect that they, too, will most likely be frozen at a high age. Not only will they suspect so, but they will *hope* so.

The emphasis on health, longevity drugs, and other treatments for aging which runs as a constant background among cryonicists will hardly make it easy to avoid confronting the immortality issue, either. Cryonicists want to be frozen when they are *old*. So we get the same question my real estate agent asked: but why do you want to come back decrepit and helpless?

The issue of immortality and immortality simply cannot be avoided. The conversation with my real estate agent isn't just a special case; for a very long time I've not only been ready, but made it clear that I was ready, to discuss cryonics with anyone who wants to do so. I cannot remember *one* conversation in which immortality didn't appear. Sometimes the other

person already knew and accepted immortality, and had questions much more about means than ends. But immortalism was always present: a background assumption on which we both agreed, or in a direct question. What about freezing the old and decrepit? Even if it worked, how could it help?

Fundamentally, the current attitude to life is contradictory. Life (a bit of it, that is) is good, but too much is bad. Morally bad, physically bad, and bad for the person living. That attitude lies behind the fact that so few people go beyond "health practices" to ask whether the aging should happen at all. It lies behind the pitifully small amounts of money going to fundamental research on aging; it lies behind the general neglect of the old. And it lies behind the currently popular ideas of some "ethicists" that old people should only receive palliative care — after all, most medical expenses come from caring for the old, who will die anyway, so why bother with them at all? The health budget would be much improved if we did not.

Not only is immortality one of the main premises of cryonics, but it hardly takes a lot of brains to see that if we can be frozen and revived whenever anything goes wrong with us, we're going to live a loooooooooong time.

This is why I've never found it at all easy to *honestly* avoid that "i" word. I

can't speak for others, but as for myself, I know how I would feel if someone starts to become evasive ... especially when the subject is cryonics. Is the whole idea a con? Why *are* these weirdo cryonicists taking money from old people to freeze them, anyway? What's this guy Merkle *really* trying to do?

As you can guess, whenever this comes up or looks like it's about to, I have decided to be frank. Which means: yes, we believe that *no one should die, ever* — but of course we think that is a goal which we will never fully reach. And that is, of course, immortalism. And then I say that we differ also in our *attitudes* to this goal: yes, we know that many people think we are far too hubristic, but I would say, no, we want it for everyone, and aren't putting ourselves forward as the only candidates at all. Anyone can join us. (That is, I try to be direct not only in admitting to immortality, but in specifically disagreeing with the tenets which make many people feel that such a desire is wrong).

I can't honestly say just what cryonicists should *all* do, as a general policy. But I do think that the "i" word is impossible to avoid in any but the most superficial conversations about cryonics; and any real conversation about cryonics ceases very soon to be superficial. To explain cryonics without immortality would be like explaining Christianity without Christ.

Then Plus Ten: Cryonics One Decade Ago

Edited and Abstracted by Ralph Whelan

As of several months ago, Cryonics magazine has been in publication for over a decade. During its ten years, Cryonics has consistently presented new, insightful perspectives on the scientific, social, moral, and practical aspects of cryonic suspension. But most of the Suspension Members Alcor now has have been members for three years or less, and thus have missed out on the trials and growing pains of the past decade.

As a step toward remedying this, I am going to begin abstracting and reprinting various "slices of the past." Specifically, I will unearth the issue of Cryonics published exactly ten years before each current issue (starting with this one), and try to give you a sense of what it was like to be a cryonicist and to read Cryonics ten years ago.

There are some real gems sitting quiet and patient in the archives of Cryonics. I hope to see them treated the same way we treat our patients: with the utmost in attention, respect, and representation.

From the August, 1982 Issue of *Cryonics*:

What You Can Do — Part I (Abstracted)

By Thomas Donaldson

Membership in a cryonics society is much more like buying a sailboat or a computer than it is like buying a shirt. The shirt we only need to wear, and with no further effort all the benefits of shirts hang from our shoulders. But sailboats or computers mean little unless we put out some effort and knowledge of our own to use

them. When you join a cryonics society you have only made a first step towards protecting your life. To get the full advantage of your membership you will have to do a lot more on your own. . . .

[W]hile it may be true that someday you will only need to sign a paper and all of the other (*many other*) things which

need doing will be done for you by a superbly equipped cryonics society, that is not at all true now. . . . When you join, you will have taken only the most rudimentary initial steps, and if you take your own survival seriously you will have to do a good deal more, all on your own. If you want to live, you must do more than sign a paper, you must *push hard*.

We would all like to believe that we will be completely sane and capable of conducting our own affairs right up to the moment in which we are pronounced legally dead. Anyone at all who thinks seriously on this question must realize almost instantly that such a state of affairs is one of the least likely of all ways in which we will die. Countless television and movie scripts, with their "death scenes," have fortified this idea, but it simply ain't so. If we seriously want to be suspended, we will have to *assume* as a matter of course that *we won't be mentally sound or physically capable at the time of our death*. We won't even be so for *weeks before* our death.

To someone who wants to be suspended, this raises all kinds of problems. In the first place, you might burn up your entire estate in your final illness. State and Federal Authorities do not look kindly upon people who would rather be suspended than pay their medical bills. Secondly, there will be decisions on how and where you must be treated which need to be made, and which will affect your chance of being suspended. When they happen, you will be in no condition at all to make them yourself.

The clear solution to this problem is to make out a Power of Attorney authorizing someone you trust to do all the necessary things. The Power of Attorney should allow this person to move you to another hospital and select and hire doctors, surgeons, and other medical personnel to move you to California if necessary. It should allow him or her to bankrupt you

(i.e. take all your property) if necessary, transferring ownership to your cryonics society. It should place on this person the right to decide how you are to be treated, medically and otherwise.

Waving to Jill

By Bob Brakeman

A blizzard in a place like Lexington, Kentucky is a blizzard-of-the-worst-type: Because it's in a southern state, and because snow "obviously" has no place in a southern state, people blizzarded-in always feel doubly-imposed-upon when it happens to them south of the Ohio River. When it happened to me in Lexington, I managed to make it to a hotel, and as I staggered through the sleet with my luggage I was feeling pretty sorry for myself — over the snowstorm and other things.

A man I met at the door of the hotel was bright and cheerful as he (1) helped me get my car unstuck and (2) dragged half of my bags inside through the howling winds and slush. Still in a depressed/surlly mood, I asked him if he was staying there because he was a poor, trapped, snow-bound fool like me. He — still cheerful — said that no, he was in town because his nine-year-old daughter had to have a major operation the next morning at the University of Kentucky Hospital. Like a fool I plunged right ahead and asked him what kind of operation. He said, "Well, I suppose you could say that it's the kind that only one person in ten lives through." Now I tried to look cheerful as I said I sure hoped it would go all right. He said he sure hoped so too — because it sure hadn't gone right when her two older sisters had had the same operation. . . .

My surprise at how well he seemed to be taking all of that was quadrupled (or quintupled, or something — one of those big ones) when I entered round two: meet-

ing his daughter. He asked me to do so by saying: "I sure hate to ask you to take the time, but she hardly ever gets to meet anyone 'cept doctors, what with having this heart condition ever since she was born. . . and I don't think she's ever met anyone from the North before, so if you could just take a minute. . ."

I could take a minute.

Her name was Jill, and the "minute" turned into an hour and a half. She gathered that I traveled around a lot, so she asked me to tell her "all the very best places, so when I'm all better after my operation I can go see 'em." At the sound of that I thought I saw something in her father's eyes that wasn't cheerfulness.

Still, it might have been my imagination, because on the surface at least both he and she refused to be anything but happy, calm, and pleasant, even in the face of what was ahead for them the next day. They were so "up" and undepressed that for most of the 90 minutes they actually made me forget why she was in Lexington.

If they could refuse to let problems of even that magnitude get to them, how can the rest of us justify getting depressed over the trivia that happens on a day-to-day basis and that we dare to call "problems?" They aren't in fact real problems — they're just minor nonsense which ought not to be taken seriously, in the full knowledge that there are other people out there with real problems.

So post this article on the wall, and refer to it whenever the sorry-for-yourself syndrome gets a good grip on you.

Epilog: The last thing Jill asked me to do for her as I left was to go downstairs and then wave up at her through the window — because her heart condition had kept her from having any friends to wave at her, and when she waved at passing strangers they usually wouldn't wave back.

This stranger waved back.

Business Meeting Report by Ralph Whelan

The July Board of Directors meeting, occurring at Virginia Jacobs' house in Rolling Hills Estates, was as eventful as any I've seen (and I've seen the last 24). And while I would venture to say that it was a bit more tame than the last one, certainly more was accomplished.

For starters, Carlos Mondragón made an almost immediate motion that Paul

Genteman replace him as Chairman of the Board. Carlos has served as Chairman for four-and-a-half years, and no one will begrudge his taking a break from that demanding and exhausting task. Paul, who has been secretary for fifteen years, graciously accepted and took on his duties immediately. The first order of business taken on by him was to step down as sec-

retary in favor of Ralph Whelan, who still isn't sure that this wasn't just a very intricate plot. . . .

The first topic under new Chairmanship was the recent onslaught of suspensions. There were three suspensions in the month of June, and one demanding

remote standby. Michael Friedman was reported on last issue. "Jack," an Alcor Suspension Member of about four years, deanimated at 5:30 a.m. on June 19, after three days of remote standby performed primarily by Mike Darwin, Tanya Jones, Naomi Reynolds, and Carlos Mondragón. Jack lived in Vista, which is about an hour's drive from Riverside. Jack's transfer from dry ice temperature storage to final cooldown and liquid nitrogen storage took place on July 8, 18 days after his deanimation. The inordinate delay was the result of a lack of storage pods (not dewars), Michael Friedman having recently used the last. Mike Darwin (previously, by phone) made the important point that with the higher levels of glycerol concentration we're now reaching, there is more biological activity at this temperature and we must be prepared to shorten the stays of our patients at dry ice temperature.

Also occurring in June was the suspension of Jim Glennie, an Alcor Suspension Member who deanimated as a result of a brain tumor. (The acute cause of death was viral pneumonia.) Jim's suspension began in Fort Collins, Colorado. The transport was performed primarily by Tanya Jones, Mike Darwin, Keith Henson, and Carlos Mondragón, with the presence and assistance of Mary Margaret Glennie, Jim's wife.

During the course of Jim's suspension, a potential fourth suspension for the month of June was brewing in Massachusetts. The Alcor New York Transport Team Members Gerry Arthus, Curtis Henderson, and Stanley Gerber were deployed from New York on the evening that Jim's suspension was beginning. They were soon joined by Arel Lucas, and later by Mike Darwin and Tanya Jones, who by necessity left for Massachusetts before we'd even finished with Jim Glennie in Riverside. It's possible that "Bill," the Massachusetts member still in distress, will be flying to Riverside with his mother and fiancée to enter a home hospice nearby.

Alcor has had some difficulties of late with an individual who was a member for a couple of months but withdrew his membership a few weeks ago. The difficulties culminated in his actions affecting the remote standby in Massachusetts. Apparently, a hospital situation that was already delicate was made very nearly disastrous by this member's attempt to get Alcor some press. Despite admonishments from various members that this was inap-

propriate, the member FAXed his "CryoNews" publicity sheet to various members of the media, inviting and indeed encouraging them to go to the hospital in Massachusetts where an Alcor member was on the verge of deanimation. The hospital, which had been cautious but cooperative up until that point, became (understandably) paranoid and bureaucratic, and the member's family became outright hostile. Keith Henson read a cryonet posting by Mike Darwin explaining the extreme difficulties caused by this. It was generally agreed that the best remedy in situations such as this is to limit and if possible completely cut off all communication of information to the person.

The subject of a mission statement for Alcor came up again, and Ralph Whelan circulated a memo proposing a detailed mission statement with an accompanying goal statement. Courtney Smith expressed concern that a misworded mission statement could affect our 501c-3 (tax-exempt) status, and Carlos agreed to look into this by the next meeting. All Directors will be prepared to discuss this and if appropriate vote on it at the next meeting. I include the text of the proposed mission statement below, so that concerned members can contact us with any concerns. Please keep in mind that the wording of this will have to be altered somewhat to reflect our priorities as a non-profit, tax-exempt organization.

The Alcor Life Extension Foundation is a non-profit tax-exempt scientific and educational organization. The mission of Alcor is:

1) To maintain the patients in suspension.

- a. To seek a secure location for patient storage.
- b. To seek secure locations for placement of P.C.T.F. funds with adequate return on investment.
- c. To anticipate and prepare for potential legal attack on patients.
- d. To continually upgrade storage alarms and other safety features.

2) To suspend members as the need arises.

a. To maintain a state-of-the-art Emergency Response capability.

b. To train Suspension Members in transport and suspension techniques.

c. To improve relations with state and medical authorities involved with transports and suspensions.

d. To provide Suspension Members with the best possible (reasonably priced) emergency alert mechanisms.

3) To conduct research in pursuit of 1 and 2

a. To monitor existing medical technologies for improvements relevant to transport, washout, and bypass techniques.

b. To conduct in-house research toward improved transport, washout, and bypass techniques.

c. To subsidize basic and applied biological and mechanical research applicable to perfecting cryonic suspension, cooldown without cracking, storage, and eventually reanimation.

4) To increase membership in support of 1, 2, and 3

a. To seek low-cost marketing techniques.

b. To facilitate and encourage "grassroots" recruitment and localized Emergency Response Teams.

c. To establish cordial relationships with other cryonics organizations.

The next topic was that of "One Million AD," which was left to Alcor by Dick Jones before he went into suspension, and represents the future income stream from the show *Mama's Family*, which Dick created. The present assets of One Million AD amount to \$170,000. Its prospects for the future are unknown, but not especially promising. Since certain family members of Dick's are still insisting on half of "all future income" from Dick's estate, and insisting that One Million AD represents future income, it is not at this point clear that Alcor can win its claim to the entire \$170,000, rather than just \$85,000 (one half). The question is, should Alcor pursue the entire amount, and win or lose at some indeterminate future date, or settle now

and receive \$85,000 within about forty days? The issue is significant now for cash flow reasons.

After prolonged discussion, it was decided that we would use the services of attorney Jack Zinn to check into this. After doing so, Jack will report to Carlos his opinion of whether it is worth pursuing the entire amount. In the meantime, Carlos is authorized by unanimous vote to list \$85,000 as a receivable on our books.

Eric Klien circulated a memo detailing the suggestions resulting from the most recent meeting of the PCTF Advisory Committee. Suggestion number 3 of that memo was adopted, as follows: "Accept the offer to receive one share of TCW at par for every five shares that we have. We should accept this offer based on the 9.51% premium that TCW currently sells at. This will give us a bonus return for the past month of $9.51/5 = 1.902\%$ or 22.824% annually in addition to the average 9% return that this fund returns."

There has been a lot of discussion recently about the feasibility of Alcor owning its own suspension equipment, rather than renting the equipment from Cryovita as it does right now. I covered some of the various opinions about this in last month's **Business Meeting Report**. Since that meeting, the management of Cryovita has apparently decided that Cryovita should exit the suspension services business and concentrate solely on research. To this end, Paul Wakfer (the president of Cryovita) has asked Carlos Mondragón to prepare a list of the equipment and supplies that Alcor would like to purchase, and make an offer.

Carlos made the following proposal regarding purchasing said equipment: "The Executive Committee is authorized to compile a list of Cryovita's *suspension equipment and supplies* and make Cryovita an offer for the same. (Funding is to be amortized from the savings on rent [of this equipment].) If the Executive Committee's offer is accepted, the sales contract will be sent by FAX, Federal Express, or E-mail, whereupon each Board member will FAX, Federal Express, or E-mail their decision to approve or demur within 48 hours." After some discussion, the proposal was approved by a vote of 6 in favor, with two abstentions. (Hugh Hixon and Brenda Peters, being shareholders of Cryovita, could not participate in the vote.)

A particularly hot topic at the meeting was Joe Hovey's recent memo proposing that a new managerial position be created at Alcor and filled by Alcor's Membership Administrator and Editor of *Cryonics*, Ralph Whelan. If approved, Joe's proposal would have Ralph continuing as Editor of *Cryonics*, but relinquishing his Membership Administrator duties. These duties would then be taken on by someone prepared to work on them full time, as a result of the increase in workload for this department. Joe suggested Alcor Suspension Member Derek Ryan for this position.

There was at least an hour of discussion about this proposal. A few members were concerned that a) it was not at all clear that Alcor could afford such a move, b) even if it could we should consider raising salaries before taking on more staff, and c) even if it was certain that more staff was necessary, there should be an announcement put into *Cryonics* inviting people to apply. The response to these concerns on the part of many of the members and directors present was that a) it *does* seem that Alcor can afford this right now, and if it works out well it will pay for itself and then some by freeing up Ralph and Carlos to work on fundraising and related issues (such as research), b) raising salaries will not help the fact that there is more work than workers, and the entire staff supports an additional employee over salary increases right now, and c) announcing an employee opening is sometimes necessary and appropriate, but when it appears that someone wonderfully suited for the position is willing to start immediately, this is not necessary (and is in fact counter-productive).

The issue beneath the issue, which reared its head from time to time during the discussion, seemed (to me) to be that the persons opposing this move felt that it was an attempt to "shore up" Carlos, who has come under attack during recent months. The sentiment appeared to be that this amounted to giving Carlos an assistant, which would serve only to obscure the issue of his efficacy as President.

It's difficult for me to comment on that viewpoint objectively, since I am so embroiled in the issue myself. And while normally I would shrug and say that pure objectivity is impossible in situations such as this so here's my subjective opinion, that would taint a report that I intend to generate as "amorally" as I can each month. With this in mind, I'll make the observation that it is not at all clear that

having an additional management person will make Carlos any less assailable, and that in fact it's reasonable to suspect that he will feel *more* pressure to perform under such an arrangement.

The debate on the two sides of this issue was showing no signs of abating when a motion to accept the proposal was put forth, seconded, and voted on. It passed with 7 in favor and 1 opposed. This motion was immediately followed by a motion that Ralph's new position be that of Vice President, which passed unanimously and without discussion. (Paul Genteman is also a Vice President of Alcor.)

Dave Pizer circulated copies of a proposed Chapter Agreement and Bylaws for an Arizona chapter. The wording is simple and preliminary, and, if anything, will change in the future to be more favorable toward the Arizona members. A motion to accept the Agreement passed unanimously.

Brenda Peters read a statement proposing that Alcor no longer perform any research (with special emphasis on animal research) at the Alcor facility, but instead contract for offsite research. This is an attempt at further patient protection, on the basis that animal rights activists or regulatory agents objecting to research activities could directly or indirectly harm patients in suspension. Carlos agreed to look into the ramifications of this proposal and circulate a memo regarding his findings by the Sunday prior to the next meeting.

Recently it was brought to the attention of the Board of Directors that Alcor's Bylaws require the board to "perpetuate itself" each September by re-voting on each Directorial position. A motion was made that since the September meeting is only two meetings away, it would be remedied then instead of immediately, and repeated each September. The motion passed with seven in favor and one abstention.

The meeting was adjourned.

In The Palaces of Memory

by George Johnson, Vintage Books, 1992

Reviewed by Thomas Donaldson

For at least a decade now considerable effort by neuroscientists and others has led to a marked increase in our understanding of how memory works. . . even if we haven't yet come to a point where we can say we understand it completely. This book presents a popularized account of that work.

As the book progresses, Johnson describes work done first by the neuroscientists about how our brain works at the lower level (synapses and Long Term Potentiation), then work done on neural nets, and finally on neurophilosophy (which is defined as the study of minds and knowledge on the basis of neuroscience discoveries about how they work). These form the three parts of the book, with a small epilogue describing what Johnson himself has come to believe about minds and brains. He does this not by stating propositions but by telling one of his own experiences, a trip to his home in New Mexico (he works now in New York) and how fast most of his memories of that trip have faded away while just a few remain.

In each case he centers his exposition not around an idea but a person. The center of his discussion of neuroscience at the level of real neurons ("the wetware") is Gary Lynch and his ideas. From there he goes on to discuss Eric Kandel and other workers in that area. After wetware he goes on to neural nets, in which his central character is Leon Cooper, a physicist who has moved over from magnetism to neural nets (actually a

very logical progression, in terms of theories about their operation). Leon Cooper also won a share of a Nobel prize: he is the Cooper in Bardeen, Cooper, and Schrieffer, who together worked out an explanation of superconductivity. (I didn't know this myself, although I knew of a Cooper doing neural net theory.) Again basing his discussion on Cooper's ideas, he goes on to describe neural nets and their relevance to understanding the brain. And finally, for neurophilosophy he chooses Patricia Churchland, the most prominent exponent of neurophilosophy.

We learn a great deal about these people and a bit about the science they are doing. Gary Lynch has spent a lot of time and experimentation on memory, particularly his own theory of it. He came from a working-class background, and almost missed neuroscience in favor of literature. But he became interested in how minds come from brains, and from then on did a doctorate at Princeton in the subject.

By now we can see the overall failure of AI by direct computing, and both Minsky's and Papert's notions about how our brains work. To explain how our own brains work, we need a mechanism which does not rely on the precise definitions needed by an ordinary computer.

For a long time he has advocated the notion that brains actually grow new connections during and after learning (an old idea, going back to Ramon Cajal, but of course Lynch has his own slant). Showing such changes in living brains has remained a hard problem, although Lynch has pur-

sued it, getting many indirect results. His theories deal with changes in specific synapses, not over an entire neuron.

By studying rat and monkey brains Lynch distinguishes himself from Eric Kandel, who has spent years studying the workings of mollusk brains (the sea snail, *Aplysia*). And Johnson tells what Lynch feels about Kandel's work: that it deals only with reflexes and global changes in entire neurons, and therefore will fail as an explanation of memory.

For neural nets, Johnson introduces us to Cooper, and goes on from there to discuss other people working in that field, including Kanerva, Rosenblatt, Pitts, and McCulloch. He also describes how Minsky and Papert, in their book *Perceptrons*, had managed to drive the idea of neural nets almost into oblivion, until James Anderson and Leon Cooper revived it. (Johnson quotes Cooper as saying, in effect, that Minsky and Papert did prove that perceptrons alone could not explain memory,

but their conclusion that *no* network of "neurons" could do so was an outrageous overgeneralization.)

By now we can see the overall failure of AI by direct computing, and both Minsky's and Papert's notions about how our brains work. To explain how our own brains work, we need a mechanism which does not rely on the precise definitions needed by an ordinary computer. Computer scientists, for instance, have written programs capable of moving about in an artificial world full of geometric shapes (after very heavy com-

putation), but these same programs collapse ingloriously when used in the *real* world. As one scientist quoted in Johnson's book says, computers can calculate pi to 300 decimal places, but can't even recognize a face.

All this work in AI has produced some benefit in the expert-system programs. And neural nets, as attached processors, have started to make their own impact in devices able to recognize signatures, for instance. The main issue in neuroscience has become that of working out how all the separate neural nets in our brains work together, and the rules for operation of their separate units, the neurons. And of course, as we have studied neurons, it's become very clear that even an individual synapse is a far more complex device than those used in neural net computing to achieve a similar effect.

Finally, for neurophilosophy, Johnson tells of Patricia Churchland. Churchland studied philosophy as an undergraduate and graduate student, then went off to England, where the philosopher Austin had a great following. Austin and his colleagues attempted to analyze both words and sensations by simple introspection: what runs through my head when I think of "red," for instance. Exposed to this, Churchland felt more and more restless: as Johnson tells it, she felt more and more that such analyses simply could not be done by introspection alone. Some actual knowledge about how brains worked would be needed.

And so, when she and her husband (also a philosopher) later found a job at Manitoba University, she decided to take a course in brain physiology and anatomy. This involved dissecting actual human brains. She also read a good deal of what had been done by neuroscientists and others to work out just how memory and understanding arose. She came to believe that neuroscience provides the only way to find answers to some philosophical questions (What is knowledge? What is an idea and how do we come to have them?). As a result, she wrote *Neurophilosophy* to bring these issues together. She now works at the University of California at La Jolla. And she has become part of the community of neuroscientists, psychologists, and computer scientists who are trying, with increasing success, to understand how our brains work.

Johnson tells most of his story by personalizing it. We learn a good deal about particular neuroscientists, computer scientists, or philosophers. For someone used to taking his science straight (the whiskey without the tomato juice, thank you), this may become annoying. Perhaps as a result, he doesn't go nearly as far into the *real* subject as he might have. He writes not about ideas but about people.

Of the questions he doesn't deal with, one comes up very often in his exposition. He refers to memories as "representations" of those things learned. The problem with "representations" — one certainly noticed by a few philosophers (Wittgenstein, for instance) — comes from infinite regress. A

representation is a symbol of something else; but then how does it come to be a symbol? We cannot understand one set of symbols (language, for instance) merely by referring to another set. At some stage we must come down to something that is *not* symbolic.

I believe that neural nets (i.e. nets of neurons in our own brains) provide a way to do this. When we learn something, our brains change physically as a result. We should not expect any strong correlation between changes in my brain and those in yours, even for closely similar experiences. And of course, we would not expect to have any explicit awareness of those brain changes. This idea gives only one of many that arise from serious thought about learning.

Nevertheless, for any readers interested in looking into memory and how it works (without at once immersing themselves into discussions of NMDA and cyclic AMP), Johnson's book gives a very nontechnical introduction. And he does provide a bibliography at the end if you want to go further. The title of Johnson's book is *In The Palaces of Memory*. It alludes to a technique for remembering things, very old but still used. That technique consists of imagining a palace with many rooms. To remember a list, we imagine each thing on the list in its own room, and go through the palace looking at the rooms. Why such a method should work remains just as much a mystery today. But it does.

Advertisements, Personals, Meetings and Announcements

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Very well, you've forced me to up the ante. Male cryonicist, 32, is looking for cryo-babe female companion. **Join me** in my godless transhuman eternity of **darkness!** (Be afraid. Be very afraid.) Mark Plus; POB 458; Wrightwood, CA 92397. (619) 249-5450.

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.

The **SUN, AUGUST 9** meeting will be at the home of:
Russell Cheney, 5618 Ruby Place, Torrance, CA

Directions: Take the Harbor Freeway (110) south from the San Diego (405). Exit on Carson, going west (right), and go all the way to the west end of Carson, in Torrance. Follow Carson as it angles right (north) and becomes Howard Avenue. Go about 1/4 block and turn right onto Ruby Place. There is a bear in the front yard.

The **SUN, SEPTEMBER 13** meeting will be at:
ALCOR, 12327 Doherty St., Riverside, CA 92503

Directions: Take the Riverside Freeway (State Hwy 91) east toward Riverside. Go through Corona, and get off at the McKinley St. exit. Go right (south) on McKinley. Turn left (east) on Sampson (1st stop light). Go about 1 mile along Sampson to Granite. Go left on Granite to its end, and turn right on Doherty. Go about 200 yards on Doherty and turn left into the industrial park just short of "GREAT EASTERN FURNITURE." Alcor is the third building from the back, on the right.

There is an Alcor chapter in the **San Francisco Bay area**. Its members are aggressively pursuing an improved rescue and suspension capability in that area. Meetings are generally held on the second Sunday of the month, at 4 PM, followed by a potluck. Meeting locations can be obtained by calling the chapter's Secretary, Lola McCrary, at (408) 238-1318 or (E-mail) Lola@lucid.com.

The **AUGUST** meeting is a **BEACH PARTY!**

(But it's at a different place than was announced in the last issue!)

Time: Sunday, August 9th, Noon to Sunset.
Place: Natural Bridges State Beach
This is just north of Santa Cruz, off Highway 1.

There will be a minimal business meeting at 4 PM. For specifics and more detailed directions, contact Lola McCrary at 408-238-1318.

The **SUN, SEPT. 13** meeting will be held at the home of:
Roger Gregory and Naomi Reynolds
2040 Columbia St., Palo Alto, CA. Tel: (415) 493-7582

Directions: Take the 280 north to Page Mill Road, and take Page Mill east toward Stanford. Go down to the bottom of the hill to Hanover St. (5th light). Turn left on Hanover to California St. and make another left. Go two blocks to Columbia and turn right. The house is in the second block, on the left.

There are two Alcor groups in the **Greater New York area**. Details may be obtained by calling either Gerard Arthus, at (516) 689-6160, or Curtis Henderson, at (516) 589-4256.

The **Alcor New York Group** meets on the the third **Sunday** of each month at 2:00 PM, at **72nd Street Studios**. The address is 131 West

72nd Street (New York), between Columbus and Broadway. Ask for the Alcor group. Subway stop: 72nd Street, on the 1, 2, or 3 trains. If you're in CT, NJ, or NY, call Gerard Arthus for details at (516) 689-6160, or Curtis Henderson, at (516) 589-4256.

Meeting dates: **Aug. 16, Sept. 20, Oct. 18, Nov. 15.**

New York has a newsletter, its members are working aggressively to build a solid emergency response capability with full state-of-the-art rescue equipment, two Alcor Certified Tech's, and four State Certified EMT's.

The **Alcor New York Stabilization Training Meeting** meets on the second and fourth Sundays of every month, at 2:30 PM, at the home of Curtis Henderson. The address is: 9 Holmes Court, Sayville, L.I. For details call Curtis at the above number.

Alcor Indiana has a newsletter and a full local rescue kit, and two of the members have taken the Alcor Transport course. If you are interested and in Indiana, Illinois, Kentucky, Ohio, or Michigan, the Indiana group meets in Indianapolis on the second Sunday of each month, at 2:00 PM. Call Steve Bridge at (317) 359-7260, or Richard Shock at (317) 872-3066 (days) or (317) 769-4252 (eves) for further information.

There is a cryonics discussion group in the **Boston area** meeting on the second Sunday each month at 3:00 PM. Further information may be obtained by contacting Walter Vannini at (603) 595-8418 (home) or (617) 647-2291 (work).

Alcor Nevada is in the Las Vegas area. Their meetings are on the second Sunday of each month at 5:00 PM in the Riverside Casino in Laughlin, Nevada. Directions: Take 95 south from Las Vegas, through Henderson, where it forks between 95 and 93. Bear right at the fork and stay on 95 past Searchlight until you reach the intersection with 163, a little before the border with California. Go left on 163 and stay on it until you see signs for Laughlin. You can't miss the Riverside Casino. For more information, call Eric Klien at (702) 255-1355.

There is an Alcor chapter in **England**, with a full suspension and laboratory facility south of London. Its members are working aggressively to build a solid emergency response, transport, and suspension capability. Meetings are held on the first Sunday of the month at the Alcor UK facility, and may include classes and tours. The meeting commences at 11:00 A.M., and ends late afternoon.

Meeting dates: **Sept. 6, Oct. 4, Nov. 1, Dec. 6.**
The address of the facility is:
Alcor UK, 18 Potts Marsh Estate, Westham, East Sussex

Directions: From Victoria Station, catch a train for Pevensy West Ham railway station. When you arrive at Pevensy West Ham turn left as you leave the station and the road crosses the railway track. Carry on down the road for a couple of hundred yards and Alcor UK is on the trading estate on your right. Victoria Station has a regular train shuttle connection with Gatwick airport and can be reached from Heathrow airport via the amazing London Underground tube or subway system.

People coming for AUK meetings must phone ahead – or else you're on your own, the meeting may have been cancelled, moved, etc etc. For this information, call Alan Sinclair at 0323 488150. For those living in or around metropolitan London, you can contact Garret Smyth at 081-789-1045, or Russell Whitaker at 071- 702-0234.

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