

Cryonics

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A Well-Loved Man

by Mary Margaret Glennie

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Issue to press: August 14, 1992.

And Then There Were Twenty-Five. . . .

Last month, in my *Up Front* piece, "Whatever Happened to Summer Vacation?" there were intimations of a fourth suspension adding itself to the previous three of this summer. This suspension of James from Massachusetts did in fact finally occur, but not before incurring the longest and *remotest* remote standby to date. There were many difficulties in standing by remotely for over three weeks, not the least of which was, as you might expect, *cost*. Also complicating matters, though, was the other ongoing standby and suspension occurring simultaneously. This other suspension, that of Jim Glennie from Fort Collins, is reported on in this issue in "A Well-Loved Man," a stirring account by Jim Glennie's wife, Mary Margaret Glennie. Tanya Jones also reports on the same suspension in "More On Jim's Journey..."

As for James from Massachusetts, his suspension will be reported on next month. For now I'll say only that despite a tortuously long on-again off-again standby, his suspension went well.

Stop Those Frivolous Credit Charges!

And put your credit card toward a worthy cause. All it takes is a phone call, and we'll gladly accept your monthly or quarterly credit card donations. Or, just make a note on your next billing slip that you're considering regular donations, and we'll call you to find out what works best for you. Credit card donations are especially simple for us to accept, and they can be continued indefinitely without hassle.

Are you especially concerned about research? Increasing the membership? Improving patient care? Increasing staff salaries? Whatever you think needs attention most, *you can make a BIG difference*. Sure, we're doing big things, but we're still small enough that *every dollar counts*. Take a moment to consider the cost-benefit ratio, should we succeed in propelling you into the future. A worthy investment?

What's Slowing Membership Growth?

I'm sure that many members have noticed the slow increase in the number of Suspension Members so far this year. The

reason for this, as far as I can tell, is tripartite, as follows:

1) *Last Year's Big Push*. In the middle of 1991 I announced (somewhat naively) that I expected Alcor to have at least 300 Suspension Members by the end of the year. This was quickly latched onto as a Question of Honor by certain individuals who then saw to it that my entire sense of self-worth depended on that achievement. This was in fact achieved, but I seemed to have emptied the well, so to speak, of "easy" (and even not-so-easy) membership approvals. This slowed progress to a crawl as we entered the new year.

2) *Too Many Suspensions*. Next (in order of importance) is the occurrence of five suspensions so far this year. Being Alcor's perfusionist, I am intimately involved with all suspensions from beginning to end, and usually lose at least a week to ten days of productivity, if you include suspension pre- and post-production.

3) *Political Problems*. Joe Hovey told me several months ago, when most of the political mire we're now in was just beginning, that problems such as these can eat up huge amounts of staff time. Frankly, I didn't really believe him. Since then, I've had at least a couple of weeks during which *20 to 30 hours of my time* have been spent exclusively on dealing with political issues. (One more reason to abhor this sort of thing, I suppose.) Thankfully, that level of time-consumption is long past.

Anyway, those who closely follow such things will be relieved to see the Suspension Membership count at 320 in this issue, up 8 from last month's figure (which actually *dropped 3* as a result of the suspensions). And anyone who missed the notice in last month's issue should be advised that the membership administration is now in the hands of Alcor's newest employee, Derek Ryan. Derek will not be time-sharing this duty with editing *Cryonics*, being on the Board of Directors, etc., so we should see matters back on track in no time.

This must be how Atlas felt when he agreed to let Hercules hold up the sky while he went off to snatch a few apples.

I Propose a Toast. . .

. . . to a day that we weren't sure we'd ever see, but here it is: as of late July, Alcor is not paying for *any* active litigation. That is, *we're not paying any lawyers for anything*. We're still suing for restitu-

tion of fees in the *Alcor v. Mitchell* suit, which cost us about \$120,000 to win, but our lawyers have taken this case on contingency, which means that they get a portion (one-third) of what the court awards us *and that's all*.

Here's to our new-found freedom. *Enjoy it while it lasts!*

And a Salute. . .

. . . to the regular contributors to *Cryonics*, who consistently provide me with columns, articles, reviews, letters, and feedback on how to make this a better publication. Special thanks go out to Mike Darwin and Hugh Hixon, for giving me a solid foundation to build on, to Carlos Mondragón for his ongoing evaluation and criticism in the arduous task of proof-reader, and to Tanya Jones for her ongoing input and objectivity.

Extra-Special thanks go out to Mike Perry, for his rock-solid performance as a columnist, proofreader, and general recipient of thankless tasks. Also in this camp is Keith Henson, who manages to generate a column for me each month with at most one heavy, heart-wrenching sigh of distress. (And a well-deserved one, I might add.) More of the same to Max More, the quintessential Extropian/immortalist/cryonicist and perhaps the most inspiringly productive person I know, and to Thomas Donaldson, who's been a bottomless pit of quality output for over a decade.

My sincere thanks go out as well to Russell Whitaker, a veritable ready-reference index of feedback and optimistic criticism, to Ralph Merkle and Brian Wovk for their many high-quality contributions over the years (on and off the pages of *Cryonics*), to Steve Harris, whose rare but exquisite contributions make being editor an unmitigated *delight*, and to Charles Platt, who in a few short months as a cryonics activist has dramatically redefined that state-of-the-art in presenting cryonics to the public.

All of that said, I should add that there's nothing I'd like more than to expand that list! I know from my phone conversations (and from reading Cryonet postings) that there are many more members out there with strong opinions and word processors. My advice to you, then, is *make yourself a sandwich, pour yourself a beer, and enter that dark and stormy night. . . .*

Letters to the Editor

Dear Editor:

After reading "On the Absence of Democracy in Alcor" by Carlos Mondragón in *Cryonics*, July 1992, I am puzzled. I understand that deanimate members have no vote and no current political influence. I understand that I, as an animate member, have many choices ranging from persuasion to resignation. Where do animate members with deanimate family members fit into this scenario? Fred and Linda Chamberlain have two deanimate family members. Bob and Margaret Schwarz, Hugh Hixon, and Saul Kent each have a deanimate family member. Many members have deanimate pets. At the time that an animate member has a family member enter suspension our choices narrow. Just as it is unlikely that you would dig up a buried family member and move them to a different cemetery, it is unlikely and almost impossible to move a suspended family member from one cryonics organization to another.

Thankfully, no member of my family or close knit community has had to enter suspension yet. When that eventual time arrives, must I be fearful that their best interests and my best interests are not being looked out for? The interests of the suspension members are *not* different from those of the patients in suspension, because eventually we will also be in that powerless state. Therefore, you need to pay attention to my concerns *now*. If I am hesitant about Alcor policies when I am alive, should I not be more afraid of what will happen when I deanimate?

While patients in suspension have no further options, we as family members have also lost our options. That is why we must make sure that Alcor is what we want it to be before we enter suspension, or allow a family member to enter suspension.

Angalee Shepherd
Indianapolis, IN

Reply to Angalee Shepherd:

Alcor does not have any contractual relationship with patient's relatives, nor should we. Our obligation is to the individual members and patients. (Perhaps the greatest obstacle to Alcor accepting last minute cases has been the reluctance of next of kin to give up control of their

loved one's remains, as we require them to do if we are to take the case.) Nevertheless, Alcor does give patient's family members the opportunity to "audit" us by reviewing ongoing patient care logs, LN₂ records, and, under certain conditions, allowing visual verification of the patient's condition. Pets are a different matter, since we conform to the legal view of them as "property" and our pet contracts allow the owner to maintain control.

Your second paragraph is right on. That was one of the main points of my article — that the long range self-interest of animate and deanimate members is the same.

Your last few words, however are troubling. The whole world should know that if an individual has made suspension arrangements with Alcor, we will suspend our member regardless of any relative standing in our way.

— Carlos Mondragón

Dear Editor:

I am dismayed to hear that the potential move of Alcor to Arizona fell through, especially in light of a recent article in the New York Times pointing out that Riverside is in an especially dangerous area for earthquake damage — much more so than L.A. itself. I quote the article:

Having examined their preliminary data, scientists now say the twin earthquakes that struck on June 28. . . significantly increased the likelihood that the south part of the San Andreas will soon generate a magnitude 8 or greater earthquake, popularly called the Big One. . . .

Lucile Jones, a leading expert on the southern San Andreas at the USGS office in Pasadena, said: "This is a wake-up call. I think we're closer than 30 years. It could be two years or five years or longer. . . ."

The southern end of the San Andreas fault has not ruptured for more than 300 years, Jones said. When it does, the shaking will be many times stronger than the Landers earthquake and could last up to 3.5 minutes. The Landers quake lasted 32 seconds.

Such a catastrophic earthquake could devastate cities such as San Bernardino, Riverside, and Palm Springs, which are within 20 miles of the San Andreas Fault, said Thomas Henyey, director of the Sour-

thern California Earthquake Center at the University of Southern California. . . .

Alcor needs long-term stability (in more ways than one) if it is to succeed. It is unfortunate to have lost this opportunity to be free of the lack of stability in the ground it rests on.

Sincerely,
David Brandt-Erichsen
Tucson, AZ

Next month, you'll see a detailed examination here of the earthquake situation in Riverside. — Ed.

Dear Editor/*Cryonics*,

Alcor board and membership often relates, in the same breath, the need for more qualified employees, necessary but undone work, the lack of funds, and the low pay rates.

Much of the problem is the result of a decade(s) old, unchallenged, membership dues "policy" tied into the C.P.I. Inherent in the policy to have no policy is a welfare-state/don't-rock-the-boat attitude, management negligence, and a corporate self-esteem problem. I hereby offer free financial, management, and personal counseling to all Alcor members with the above problems. You may know that I am simultaneously a C.P.A. and a licensed psychotherapist specializing in self-esteem, sexuality and fulfillment of one's personal potential. Why don't we have a rational, value-based, justifiable dues policy?

Whenever I discuss cryonic suspension with the uninitiated, the reaction ranges from interest to hostility, but, no one has ever said the fees are excessive. Rather, they seem disappointedly surprised at the obvious nominality. There are creatable alternatives to the current change-nothing fee structure besides a classical price/demand curve basis. For example, how about monthly dues based on \$1.00 per month per member's age (in years) maybe with a minimum of \$10.00 and a maximum of \$65.00? The rationale would be that younger members earn less money, older members will have less years to pay, it requires no particular justification to new members and likely it has a minimum negative effect on most current members, while others can be considered on a "special circumstances" basis. Hey, Carlos, what is our T.M.A. times \$12 (total

membership age times \$1.00 per month for a year)? Would it buy a pay raise and a new employee or two? Another suggestion: how about incentive-based donations? It is our policy not to raise minimums for already funded patients. For all donations above the yearly dues why not credit the member's funded account? It would cost Alcor nothing and I would prefer to donate the money to current Alcor operating funds rather than purchase additional life insurance. Although I personally benefit from this next item, it is patently unfair to the general membership to charge spouses at a 50% discount. That policy should be changed immediately. How much is this worth to Alcor? Are there any dues receivable? How much and how old are they? Take the employee situation. I believe a very reasonable employee benefit should be that each full-time employee, perhaps defined as one who works a hundred hours a month or more for Alcor, simply gets their membership dues paid.

I've lost all vestiges of sympathy for further righteous and saintly complaints of financial hardship and sacrifice until the income side of Alcor is addressed with as much energy and passion as is the outgo.

Sincerely,
Michael Riskin, Ph.D.

To the Editor:

I have read Mr. Katz's article [*Cryonics and Libertarianism, July 1992 Cryonics*. — Ed.] with much interest. Moreover, of all political ideas libertarianism attracts me the most. Nor do I wish to be an apologist for the state.

However, for many years I've been fascinated by history, and I feel impelled for the sake of intellectual honesty to point out that Mr. Katz's reading of history suffers some severe faults.

The very first point is that technical progress can occur even in the most bureaucratic, statist societies. Rodney Needham, in his multivolume set, *Science and Civilization in China*, describes the slow advances of Chinese science throughout history. In astronomy, Europeans surpassed the Chinese as late as 1850 (though this is more arguable). It is not that the Chinese were not progressing; their later problems happened because, sometime in the 12th Century in Medieval Europe, Europeans began to progress much faster. And yes, the Chinese did suffer from the Not Invented Here Syndrome, but through

most of their history it was accurate. The Mandarins may have only realized what was really happening in the early part of this century.

Finally, it is China, not Europe, that has the longest tradition of immortalism. Several emperors poisoned themselves in the attempt to find an Elixir of Life. Stories of *Hsien*, old men who had by their own efforts attained fantastic longevity, run all through Chinese mythology.

Furthermore, both Japan and Europe provide some very instructive examples. The first point to make about both is not that they had libertarian societies, but that they had societies composed of a wide mixture of political powers no one of which could predominate enough to impose their own bureaucratic state upon the others. That is, feudal societies. That is, there was freedom for a few, but not at all freedom for many. In Europe's case that was quite enough for a great deal of progress (if you didn't have success with your idea in the court of one Count, you could go to another, or to one of the city-states). While at this historical distance it's hard to make such comparisons, apparently Europe began to progress faster than China about 1200 AD, long before democracy had been even imagined.

Although Japan's history was complicated by a long embargo against Europeans — the ruling classes there decided that guns and Christianity were too much of a threat, so they tried to keep them out (European history even suggests they were right!) — they remained feudalistic rather than bureaucratic. When Perry broke the embargo, they adapted very rapidly to the new situation — in fact, I would say that they took up "modern" technology about as fast as Germany.

While I sympathize with libertarians, I think that it's far too strong a statement to claim that we must be libertarian before we can expect our own revival and immortality. And especially in the present situation, with active cryonicists far more rare than active libertarians, the appropriate choice for activity by cryonicists should be cryonics rather than libertarianism.

Thomas Donaldson
Sunnyvale, CA

Dear Editor:

This is in response to Carlos Mondragón's comments (in the August issue of *Cryonics*) about my press release regarding the change in management at Cryovita

Laboratories that you printed verbatim in the July issue of the magazine.

Carlos reports that Hugh Hixon was not informed by Cryovita's shareholders or directors that they desired a change in management. That is true, but Carlos fails to mention that Hugh had failed to keep any of the shareholders or directors of Cryovita informed about how he was running the company throughout his tenure as President of Cryovita. Carlos also fails to mention that last fall, all the shareholders of Cryovita (including Hugh) had agreed to replace Hugh as President of Cryovita with Paul Wakfer, who left his home and business in Canada to come to Riverside for that specific purpose, only to be informed after he got here that Hugh had "changed his mind" about relinquishing the presidency of Cryovita.

Carlos says that I "engineered" the move as a "surprise" in order to "avoid delays." This explanation is wholly inadequate. It was not my idea to keep Hugh uninformed until the meeting took place about our intention to replace him with Paul, nor did I "engineer" the move. The decision to act in the manner we did was made unanimously, after considerable discussion among all the major shareholders (except Hugh), including Brenda Peters, Mike Darwin, Kathy Leaf (Jerry's widow), William Faloon, and myself.

Our decision not to inform Hugh ahead of time about our desire to make the move was made because we knew that Hugh would tell Carlos about the impending move, and we were concerned that Carlos might do something to prevent the Cryovita shareholders from taking control of their own company. It turns out we were right. Even though we did *not* inform Hugh of the impending move, Carlos had already convinced him to sign an illegal option to enable Alcor to purchase *all* of Cryovita's material assets, without the knowledge or permission of Cryovita's shareholders and directors. Hugh failed to tell us about this option at the meeting; we only discovered it later when looking through Cryovita's papers. If Carlos would have known of our desire to replace Hugh with Paul, he could have exercised this option, and thereby stripped Cryovita of all its material assets.

While there is considerable opposition within Alcor to Carlos remaining as President of Alcor, it is inappropriate to characterize this opposition, as Carlos does in his letter, as "Saul Kent's political campaign." The political opposition to Carlos within Alcor started long before I ever lifted a

finger in support of it. Today, there are many independent-minded Alcor members who oppose Carlos' presidency. While it's true that I have played an important role in organizing the opposition against Carlos, it is inaccurate, unfair, and insulting for Carlos to suggest that the "campaign" against him is under the control of one person.

The fact that Carlos wrongly perceives that the decision of the Cryovita shareholders to replace Hugh Hixon with Paul Wakfer was "an attempt to exert pressure on Alcor's Board of Directors" is his problem. The fact that Carlos suggests that it might have been better for Hugh to remain as President of Cryovita is unfortunate because Hugh has neither the time

nor the inclination for the job, while Paul is working effectively around-the-clock on behalf of Cryovita (and Alcor), and has just invested \$50,000 in the company.

The fact that Cryovita is no longer in the suspension services business should be no surprise to Carlos or anyone else because Cryovita effectively ceased being in the business when Jerry Leaf was suspended more than a year ago. Every statement made on behalf of Cryovita, ever since May 31, when Paul replaced Hugh as President, has made it crystal clear that Cryovita intends to be a research company, not a cryonics company.

Since Carlos has raised the issue of the "campaign" to replace him as President

of Alcor, I think it is appropriate for Alcor members who have heretofore not been aware of this "campaign" to learn why so many Alcor members want to replace Carlos as Alcor's President. Anyone who would like to receive a copy of a 14-page memo I have written concerning my wishes to see Carlos replaced as Alcor's President should contact: Saul Kent, 16280 Whispering Spur, Riverside, CA 92504. Phone: (714) 780-3252, FAX: (714) 780-5758.

Saul Kent
Riverside, CA

For the Record

OUR FINEST HOURS: Notes on the Dora Kent Crisis

Part I of III

Michael Perry



The greatest crisis in the history of Alcor, and one of the major turning points of cryonics, began in December 1987, when 83-year-old Dora Kent was suspended. A retired dressmaker and mother of longtime cryonics activist, Saul Kent, Mrs. Kent had been ailing for several years. When she came down with pneumonia and death seemed imminent, a fateful decision was made to bring her into the facility *before she deanimated*. This was medically sound but politically pretty dicey, as events proved. The suspension itself (a neuro or head only) was fairly routine, in some ways in fact, the best ever, since there was no waiting time for transport. But afterward the local coroner became interested, launched an investigation, autopsied the headless body, decided the mode of death was "natural causes," reversed himself, demanded and was refused the head for autopsy, accused the Alcor team of murder, etc. Alcor personnel, who refused to disclose the location of this neuropatient when questioned, were put in handcuffs and detained for several

hours before being released, and this was but one incident in a long campaign of intimidation and harassment. The case was concluded only in 1991, by a tacit admission of wrongdoing by the Coroner's office and an out of court settlement of some \$90,000 which was divided among the six who were detained that day (Jan. 7, 1988) and their attorneys.

Dora Kent was an important milestone for a number of reasons. Most important, we *did* carry the day when threatened by a powerful bureaucracy. The patient was saved, as well as our other patients (then numbering, believe it or not, only seven), *all* of whom were threatened with autopsy. (The coroner wanted to just end our operations then and there. Apparently this was a "grandstanding," attempt, perhaps an act to follow the forced autopsy of Liberace, which the same coroner had carried out a year or so previously.) Although it was a mistake to proceed as we did, bringing the still-living patient into the facility with a hostile bureaucracy lurking nearby, the determina-

tion shown in facing down officialdom saved the day, and would culminate in legal recognition for cryonics, and a new respectability.

What I mainly want to share with readers this time is some previously unpublished personal notes I kept on developments during the early stages of this case, and which are mostly as they were written at the time. These do not tell the whole story, but do give an indication of what life was like, to a group of people trapped in a world dominated by death, trying as best they could for something better, and learning that the biggest obstacles are very probably not scientific but social.

Dec. 9 [1987, Riverside, Calif.]: Worked on some music early morning, up till nearly 3. Hugh advised sacking out at that point because tomorrow could be "interesting." As usual, whenever you get some project halfway going, you must cut to something else. The curse of time pressure can be stifling, especially when reinforced by the cruel threat of death.

The reason for concern: Dora Kent has taken a turn for the worse.

Daylight: Mrs. Kent was brought to the facility today and wheeled into Jerry's office. The suspension team is on the alert. [Another member] was out here, helping move Dora. Several others showed up later. Steve Harris checked Dora's condition, and chatted awhile. He & I were discussing the possibility of simulating a reconstructed personality in a computer to see if it is psychologically viable before committing oneself to a flesh-and-blood resuscitation of a patient. (This issue will hopefully be well thrashed out by the time any of us are brought back from suspension.)

Dec. 10. Dora's condition appeared stable this morning. She was on oxygen but is breathing unassisted though very weak and enfeebled. There is a strong feeling that she will go down, as we hope, and she is no longer being fed through tubes as she was at the nursing home. She has been kept alive for 2 or 3 years while her brain has slowly decomposed — an outrage we may realistically hope to halt through freezing. Several of the team members are now here, some having spent the night: Arthur, Carlos, Max O'Connor, Al Lopp, Jerry Leaf, Mike, Hugh and yours truly.

I was talking to Saul Kent, Dora's son, this morning, who remarked that her heart had been going 84 years now and finally it might be about to stop.

Then around 10 (as if we didn't already have enough problems) there was a surprise inspection by a U.S. Dept. of Agriculture official. Hugh was still in bed and when the crew room was opened he bellowed, "shut the goddamn door," not realizing who it was. This tended to hasten the proceedings so that Jerry's office next door wasn't even looked at. (Mrs. Kent was in there on a gurney.)

Around 10 p.m. Dora was wheeled into the operating room, taken off the oxygen bottle, and her head was shaved. She stopped breathing the first time around 11:30 I think. Her heart was still going strong however. I watched her skin start to darken, then Mike applied mouth-to-mouth resuscitation and other heroic measures. There was a horrible obstruction in the throat, mucus or something, that produced a rattling sound as the breath was exhaled. But her color pinked and at length she started breathing again, shallowly.

Dec. 11. This breathing went on awhile then stopped. The heart rate slowed, weakened, and finally Mike & Jerry separately checked with a stetho-



scope and reported it had stopped. This was about 12:25 a.m. and very shortly afterward the protocol for freezing was started. The chest was cut open and the stilled heart was observed. Heart massage was begun and oxygenation of the tissues was maintained. At no time after that did I see the color darken as it had after the first respiratory arrest.

From there the suspension went smoothly, with about the only complications being (1) one instance of ineffective mixing that led to a higher concentration of glycerol than intended, and (2) the advanced age of the patient causing brittleness of the vascular system. Mainly I filled an ice chest and did a few other incidental chores, then sacked out, to be ready in the morning for the cool-down to dry ice temperature. The decapitation of this patient occurred about 7 a.m., while I was asleep.

Daylight: Mike was so pleased that I

had gotten some sleep when everybody else hadn't that he said, "we're going to miss you when you're gone," to which I replied "I'll miss this place too." Mike said, "Oh yeah?" and I added, "in some ways." [I had recently gotten a tentative offer of a programming job in England.]

I took over the cooldown of the patient to dry ice temperature from Fred Chamberlain about 10 a.m., taking readings every 15 min. all day, relieved occasionally by Arthur and Hugh. Hugh & I packed the headless body (wrapped in heavy plastic sheeting) in ice later in the evening. Arthur, who was up longer than me last night, though not for the entire suspension, says he went out and screamed later, to relieve the stress. (The level of stress was less overall though, than last time, I would say.)

Dec. 12. A potentially stupid mistake which didn't cause any harm this time. As the patient's temperature approached that

of dry ice logging was done less frequently, though Mike said it should still be done every 2 hrs. By 2:04 a.m. the temperature was within 2 of the dry ice point for all three probes (one in the pharynx, one on the brain surface and one outside the head, in the coolant bath). I sacked out at 3 and didn't wake up till 9, despite 2 different alarms. The additional 2 degrees cooldown thus happened unobserved.

My middle finger is sore today from hauling so much dry ice, which repeatedly had to be packed in the plastic container that holds the silcool coolant and head, as well as around the outside of this cylindrical container. It rests inside another container, with an inch or so of clearance around the outside.

Those of us still here, Arthur, Hugh, Mike & I, went to the Pizza Hut for dinner. It was jokingly suggested that this diary be shredded, when I brought up the subject of covering the Kent case.

Dec. 13. Patient was transferred to the TA60 dewar [for cooldown to liquid nitrogen temperature] and is now being lowered [in this small container] down into the [much larger] A-9000 dewar, which has a reservoir of LN₂ in the bottom.

[One staff member] resumed work on suspension paperwork, on the dining table upstairs, which happens to be close to the A-9000 dewar. Thus I have to come up there to log the temperature, something not popular with [him]. He left some papers on a corner of the stair railing and when I went by I brushed them causing them all to tumble to the floor, whereupon he exploded, "God damn you, you f-----g klutz!" Later though he was conciliatory. "You knew you were a f-----g klutz, didn't you?" to which I grinned and said indeed I did.

Afternoon: Call from Dave Pizer — wants to go on a trip to northern Calif. starting around January 4 and wants to know if I want to go along. (Yes!)

Dec. 14. Mike called [a mortician] and learned some disturbing news. Dora Kent appears to be a coroner's case because no physician was in attendance when she died. (Mike also wished me luck on the northern California trip.)

Dec. 15. A day to remember well. I believe it could easily qualify as "interesting" in the Chinese sense.

Saul Kent was out here this morning dressed in a blue-gray suit. He questioned me about whether Steve Harris had said he

wanted to come out for the suspension. I said I wasn't aware of his wish to come out here during the suspension; he hadn't said anything to that effect in an earlier conversation with me. Steve's absence when Dora Kent died is creating problems. Scott Greene and I may both be at fault, at least to some degree, for not getting back to Steve on the night of the 11th when she went down. But Mike is accepting most of the blame for (1) not recognizing the

The decision of a coroner could determine whether Alcor stands or falls, and whether any person living today will also witness the end of the aging process.

serious difficulty he would get into if Steve, as attending physician, was not able to claim on the death certificate that he was present when she died, and (2) for not calling Steve himself but trusting it to "minions."

So now the difficulties appear non-trivial, and Dora's death at the facility may not be treated kindly by the Coroner. There is the possibility of a raid, confiscation of records, etc. Some hasty decisions were arrived at. We packed up a load of the more critical files & Arthur took them away in his car. I packed a few of my own papers in my car. Arthur, before he left, instructed me to put stamps on the copies of *Cryonics*, latest issue, and mail them out. Hugh gave me \$200 cash for the postage and other expenses. I sat most of the day in the parking lot of the post office at Tyler & Hole licking and sticking stamps. Arthur [had] told me that, when I was finished, to "go have yourself a nice vegetarian meal" [since I am a vegetarian] and come back, park in an inconspicuous place near but not within obvious sight of the gate, knock on the door, and "tell the person answering that you're selling Girl Scout cookies." When I finally did get finished (I ran out of money, that is, all but about \$7 or 8, and I spent about \$15 of my own) it was nearly 6 p.m. and almost all the issues were mailed.

I went to Papi's and had a vegetarian Burrito, partly out of respect for Arthur (I would have done better, I think, with just my usual fare), and called Hugh. He said I ought to "kill time" for another 2 hrs. and call him back. (A strange request!) I went to the post office (the one near Pierce and La Sierra, where I have a P.O. box) and found I'd been sent a package of *Immor-*

talist back issues from Mae Junod. Then I went around the corner, parked under a bright light, looked over the back issues for awhile, and dozed. After this I went into a Thrifty store and browsed their books and magazines. Finally I called Hugh again. He said to come on back.

On returning, Mike & Hugh were the only ones there. Hugh said the death certificate "couldn't get through the Bureau of Vital Statistics" and it had to be referred to the coroner. Mike, sick with the flu & frightened, said he didn't know what to do and was leaving the matter up to Jerry Leaf. I felt sorry for Mike, who mused sadly that this will "probably be the end of Alcor." He went home,

but then there was a call to Hugh, who said that "the geniuses" [Board members] had decided that we (meaning Hugh and I) are "liabilities" and must leave the facility that night. Soon Mike was back again, stretched out uncomfortably in the crew room, while Hugh & I did some last minute things. Mike said it wasn't his decision — they just want to make the most favorable impression tomorrow when, as seems likely, the Coroner will come over. This means as few people as possible should be there & just the most knowledgeable & best prepared for whatever cross-examination may be carried out.

Hugh & I left for his residence in Long Beach (in separate vehicles). A few minutes into the trip he stopped, said he'd forgotten something, and we headed back. This was nearly midnight.

Dec. 16. Back at the lab I logged Bedford's capsule, something I'd forgotten to do before, in the confusion (though I had logged the other two). Then we started back, arriving at our destination around two in the morning.

A cold, rainy night here in Long Beach.

Daylight: still raining. News from Alcor — coroner was at the lab, took the body for autopsy, the head is still there and its fate hangs in the balance, a frightening prospect. The Coroner, though, was said to be very considerate and understanding. Mike called again this evening, said it's okay to come back any time, though we are still in the dark about how this case is finally to be resolved.

Thoughts on a person dying. I watched Dora Kent expire in the operating room of the Alcor facility, at approximately

12:25 a.m. Dec. 11. As I watched the breathing stop the first time, then resume, then stop again it occurred to me how fuzzy the boundary between life and death is by the present inadequate criteria. Also I watched the body begin to darken and turn blue after breathing stopped the first time, then I saw it lighten and the color return under the artificial respiration and later. After this it was always in the pink, and in fact even the frozen head looked quite good, when I chanced to see it a few days later. (This was early Sunday morning, the 13th, when the head was transferred out of dry ice storage to begin descent to liquid nitrogen temperature.) All this suggests that cryonic suspension does at least offer some hope of eventually restoring a person to a conscious, functioning state, and that other approaches to death, by comparison, [are] unspeakable rites of human sacrifice. Another "unspeakable rite," a crime of incalculable proportion, is perpetrated by maintaining a person in a nursing home until their mind is gone, using whatever artificial means are available. Many people think they would do violence to the "soul"

or be offensive to "God" if they dared to consider euthanasia or, what would be infinitely better, cryonic suspension itself, as an alternative to the hideous insults inflicted on nursing home patients. Well-meaning people who contribute to the mental destruction of the elderly are living tribute to the bankruptcy of the superstitions of the past that once offered harmless comfort in the face of death.

Around 10:30 Mike called again. When the problem with Dora came up Hugh said, "your apprehensions don't do a damn thing for you at this point." Mike is under severe strain "waiting for the ax to fall whether it does or not." Arthur has managed to punch a hole in his gas tank and Hugh advises fixing it with chewing gum.

A comment on the present predicament: This may be Alcor's greatest crisis. The decision of a coroner could determine whether Alcor stands or falls, and whether any person living today will also witness the end of the aging process. The pessimistic assessment is that the coroner will feel it is his duty to follow whatever would be

done routinely, and that that will require examination of the head, with thawing and the brutal butchery of autopsy. If this decision is reached, then we may still be able to fight it through the courts, and perhaps some less injurious examination will be adequate (for example, through MRI which has been suggested for other patients too). On the other hand, perhaps the coroner will waive autopsy of the head, based on his findings in the case of the (headless) body. Establishing the mental state of the woman prior to death, and that she controlled no financial or other significant assets, should rule out the usual motives for foul play. Maybe our videotape of the procedure will be a deciding factor. Let's hope it works for the best and that Dora Kent, already savaged by the vicious injury to which she was subjected in the last years of her life, will be spared further insults. May she rest in peace until a time, however distant, when she can be restored to youthful health and vigor.

To be continued. . .

Future Tech

Research and Development

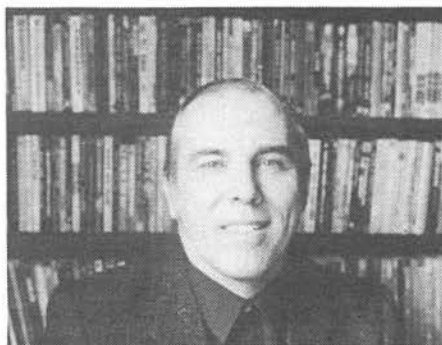
H. Keith Henson

The lack of research within Alcor during the last four years has been one of the topics raised in the recent political squabbles. Another topic (raised partly because of a very expensive remote standby) is how Alcor can accept larger numbers of under-a-year terminal cases and not go broke (or burn out our volunteers) in the process.

There is general agreement that nothing would cause cryonics to grow faster than research results which demonstrated fully reversible suspension. Research, however, takes people who have the professional qualifications, talent, drive, and time to do it, *and* a lot of money. All of these are in short supply. Nowadays, if

you are using animals, it also requires somebody on the team with the patience of a saint to keep up on the paperwork. There has been medium scale money and equipment available since the TBW (total body washout) dog work was completed (about the time Alcor moved over to Riverside). But the amount of research done in all those years has been meager.

I think the lack of research stems from two factors. One major problem has been a lack of time on the part of those who have the talent for research (and since Jerry's suspension last year, a shortage of people too). Legal problems and Alcor's growth have been significant factors in keeping talented people busy on other,



more pressing matters. The other problem is that achieving reversible suspension, even for one organ, has been very difficult.

Even so, a large advance in the state of cryobiology, such as in freezing kidneys for transplant, cryo-storage of hearts for transplants, or, in situ freeze/thawing of brains would be very valuable both as PR and as proof we are on the right track.

The kidney work has demonstrated a lot of progress, but it has turned out to be a *hard* problem which has not yielded in spite of a high concentration of professional talent and money being applied to it. Kidneys turn out to be easily damaged by cold. If a process could be developed, there is a substantial market for a kidney

bank. Having a large number of kidneys available to tissue match would greatly decrease rejection problems.

Because of the difficulty seen in cryo-preserving kidneys, I suspect that perfected (reversible) suspension is a very hard problem. There may be no solution short of full blown nanotechnology. The other two research possibilities might be more tractable technically, but they too can be expected to eat up a lot of money.

Cryo-storage of hearts for transplant would have been Jerry's next project at UCLA if the Dora Kent events had not intervened. If it had worked, it might have had a substantial commercial market. There is a fair chance it might have worked, since hearts are *really* tough.

Another possibility which has long been discussed is to try freezing and thawing of *in situ* brains using helium as the heat transfer media. This would follow Dr. Suda's encouraging results with isolated cat brains back in the '60s. This has no commercial market, but would be of great interest to cryonicists.

(This reminds me of a signature line I saw appended to a computer posting some time ago. "In a brain transplant operation, you want to be the *donor*.")

The problem is that these research projects involve major — million dollar scale — budgets. I think a substantial part of the reason Jerry did not do a lot of re-

search in the last few years is that he simply did not have any really good lines of research (which fell within available budgets) to follow. He was about to repeat and extend some very old work on hamsters at the time he went into suspension.

Is a million dollar research budget in the cards? I think it will happen, but not soon. There are several Alcor members who could fund such projects if they were convinced the projects were of value, and (assuming continued growth) Alcor itself could afford this kind of research budgets eventually. But I sure can't say when.

Not that all research projects are very costly. We should investigate the method of negative pressure CPR. (Essentially CPR using a rubber suction disk similar to a plumber's helper to pull the chest wall back and get better filling of the heart.) We might try replacing the pad on one of our HLR units with one of the new rubber disks, and use a bungee cord to pull the plunger back.

As an aside, successful research teams seldom write a proposal for work they are going to do. They write up a proposal for *work they have already done*. As soon as they get the money, they repeat the experiments, write up the results, and the funding agencies are delighted that they were able to do what they said they could do on time and in budget. These teams develop quite a reputation. They then spend most

of the money on new work and write that up as a proposal. The only problem is getting started . . .

Research is what you do when you do not have a good idea of how to do it. Research is inherently risky. Development is less risky — though it often fails too. The way Alcor does transport and suspension needs a lot of development — not to improve suspension quality so much as to reduce the labor and cost involved. As I pointed out in my last column, Alcor cannot afford to do suspensions with medical professionals because of the cost, and we will wear out the staff and our volunteers if the number of suspensions continues to rise as it has in the last few years and we cannot reduce the labor required.

One of the major drains on staff time is controlling a patient's temperature descent to dry ice temperature, and then on down to liquid nitrogen. Hugh Hixon and I have been working for a few months on automating the process to reduce the labor required. There turn out to be more pitfalls than we expected. Ice forming and plugging up the circulation of the silicon oil we expected. What surprised us was the effect of carbonated silicon oil on the pumps (it foams and does not pump very well). Carlos made a very clever suggestion which we are going to try soon. Perhaps a longer report and some photos on this project next time.

A Well-Loved Man

Mary Margaret Glennie

Wednesday, July 15, 1992

I woke up alone this morning. For twenty-one mornings I have woken up alone. The man who kept me warm at night, the man who turned me on, is temporarily turned off.

Days and nights are no longer the same — not remotely. This adjustment is difficult. Nothing good speaks from my gut-wrenching loss. Much good, however, attends the *temporary* status of this loss.

Lose Jim Glennie forever. . . . Not on

your life! Or his. Or mine. My husband, the man who held me and gave me an impassioned kiss each morning on his way to work, now lies protected in a well-secured dewar with the Alcor Life Extension Foundation. Today's technology sheds a bright light on the very realistic possibilities of tomorrow's technology. Those who "check it out" can share in the wonderful vision of rejoining loved ones in a future bearing abundance of both time and resources. Time enough for love; time enough to live.

* * *

I remained with Jim throughout his suspension. When Jim is reanimated he will hear a first hand report directly from the one who cares most.

Jim received his diagnosis of a brain tumor on Tuesday evening, August 20, 1991, at 10:30 p.m. By Wednesday his friends, family, and co-workers were filling his hospital room with love and support. His mother flew in from Lewiston, New York; his sister flew in from Brook-

field, Wisconsin. Jim knew he was well-loved. On Thursday morning he underwent a craniotomy — brain surgery. The news was all bad. It was a bad tumor in a bad location — and fatal. A glioblastoma multiforme deals its victims a median life-span from diagnosis of ten months. By September Jim had completed his sign-up papers for neurosuspension with the Alcor Life Extension Foundation. We would pay for it with his company life insurance policy and his IRA.

During the next ten months we engaged in love therapy, radiation therapy, radio-immuno therapy, massage therapy, nutritional therapy, supplement therapy, color therapy, light therapy, psychic therapy, sister therapy, condriana therapy (not recommended), psychotherapy, and hot springs therapy. Jim's quality of life soared high. Jim knew he was well-loved.

By mid-March Jim strode enthusiastically into his fifth MRI. He felt great. I felt great. The MRI failed to support our excitement. Instead, it revealed pictures of an uncooperative brain tumor. Another MRI six weeks later confirmed rapid and accelerating growth.

Alcor personnel were on alert. Our every location was monitored. These Alcor individuals took preparedness seriously. Every possible precaution permeated their standby alert policy. We began a month of "wish list" travels. This included a week in New York. Alcor New York knows how to nurture. We knew they were keeping tabs on us. Such caring watchfulness we will never for get. Our trips to the Bahamas and Brazil included a stopover in Miami, Florida. Local Alcor members kept alert. An air medical transport firm held our "out of country" schedule. Jim and I knew that Alcor was determined to catch him in time.

The symptoms I never wanted to see began to appear. We followed our travels with more travels. We proceeded directly to Seattle, Washington, to spend loving moments with both of our families. Jim's brother, Gordon, occupied the focus of our visit. Again, Jim knew he was well-loved. Again, Alcor kept on alert.

From Seattle we headed to Glenwood Springs, the largest hot springs in the world. It was also a five-hour drive from home. Jim's mother and sister joined us. We carried the man we loved through the healing waters. This was Jim's favorite therapy. Day after day we held Jim close as he felt the Colorado sun bathing his well-supported body in the soothing hot springs. Jim's close friend, Craig, made a special trip to Glenwood Springs to hold,

carry and comfort him in the waters under the Sun. Jim loved loving and being loved. Jim loved living.

Alcor continued monitoring Jim's condition. He became weaker. His symptoms worsened. But always Jim held on to his basic self. Jim maintained his identity, his personality, his relationships.

On Sunday, June 21, we returned home to Fort Collins. On Monday afternoon a Hospice nurse came out to initiate in-home care.

Sunday, August 9, 1992

It has been difficult to return to this article. When I go to bed, Jim is not here. When I get up, Jim is not here. When I go to a movie, Jim is not here. When I walk, Jim is not here.

During a routine interview and check-up the Hospice nurse discovered that Jim's



breathing yielded an inadequate supply of oxygen to his lungs. She consulted with Jim's doctor. Both recommended a short visit to the hospital to clear up a possible lung infection.

Jim underwent several tests. By Tuesday afternoon a diagnosis of both bacterial and infectious pneumonia gave Jim little chance of making it through the night. Alcor's Tanya Jones was already en route to Fort Collins to be on standby and assess the situation. Alcor was notified of the immediate urgency. Three additional transport team members (Carlos Mondragón, Keith Henson, and Mike Darwin) caught red-eye flights and arrived in the middle of the night. Tanya and Mike Darwin had just completed an inspection visit two weeks earlier. Jim and I were quite certain we wouldn't see them again for quite some

time.

In fact, we were celebrating the positive announcement of a genetic protocol that held a good chance of a possible cure for gliomas — only the FDA had not yet granted its withdrawal of coercion.

Love continued to surround Jim. Had you known him, I suspect you would have been a part of that love. His friends massaged his arms, hands, legs, and feet. Simultaneously, Jim received both emotional support and physical support. Our goal was to overwhelm his physical sensations with the pleasure of massage. He loved it.

Meanwhile, Jim received telephone loving from his family and friends. He maintained his awareness of self and relationships

* * *

I had fallen asleep. I was lying beside Jim in his hospital bed. Jim's breathing suddenly slowed. His change alerted me. I pressed the call button. No one came. I called out — several times. I remember feeling shocked that our room wasn't being closely monitored. Eventually a friend came in, understood the situation, went out and summoned the transport team and the hospital nurse. She quickly confirmed that Jim's time was close and literally ran to get the doctor who had been standing by to legally pronounce. He arrived. Within seconds Jim brought in his last unassisted breath.

Alcor's transport team had kept the ice bath prepared in a room across the hall. By the time of pronouncement they had brought it in alongside Jim's bed. With trained speed they transferred Jim to the ice bath, attached the heart-lung resuscitator, injected the support supplements, and placed an oxygen mask over his nose and mouth.

Jim's time of deanimation reads as Wednesday, June 24, 1992, 2:16 p.m. Earlier that morning I had assured him I would be there when he woke up in the future — that for him it would seem as nothing more than falling asleep — and then waking up to the company of the best — fellow cryonicists, of course.

Jim's ambulance ride to the future had begun. Right now I miss him. Right now he is not here. Every day I am thankful to the tiny handful of far-seeing individuals who, in the process of doing whatever it took to save their own lives, have saved my husband's life. My chances of being with Jim again appear quite reasonable.

More on Jim's Journey

Tanya Jones

When I arrived at the hospital in Fort Collins, I immediately headed for Jim's room, pausing only to put on a lab coat and my Alcor identification badge. A nurse pointed me in the right direction, and I opened the door to find a whole crowd of people in his room. I was seeing Jim's massage therapy in action. I'm almost certain that no hospital room in history had seen a harem like the one gathered in Jim's room that night. At one point, I remember Mary Margaret raising Jim's bed vertically, so that he gave the appearance of a king holding court.

Jim, enjoying his massage but undistracted by it, was in the middle of writing a letter when I entered the room. He immediately tried to reach out his hand to greet me. He smiled happily and called out my name. It was the fact that he was blatantly delighted to see me that helped to quell some of my nervousness at being the

only Alcor team member on site. I think that some of the people in the room were amazed to see Jim happy seeing me, because of what I represented to them. The only reason I was in Colorado was because Jim was going to die. They didn't know that Jim was happy to see me because he and I had hit it off when Mike Darwin and I did our reconnaissance.

When Mike and I were in Fort Collins two weeks earlier (to the day), we were both beat, due to the recent (and only beginning) rash of suspensions. At one point during our visit, Mary Margaret had to run some errands, so Mike, Jim, and I were left together at Jim's home. Mike stayed inside, trying to get some rest. Jim and I sat outside in his "Love Lounge" and talked. We talked about how he and Mary Margaret met, how Ralph and I met, about the construction going on around his house, and a lot of little things. His speech

was slightly slurred, and it was slow, but we weren't in a rush to get things said. We even took a walk around the garden and he showed off the forest he was persuading to grow. It was a very nice time. I am very glad I had the opportunity to get to know him, even just a little, before we had to freeze him.

I think it was the time we spent talking two weeks earlier that made Jim happy to see me. Seeing him smile made me happy to see him. A little of the love that Jim accumulated was extended in my direction.

We talked for a very brief while, and I asked him to finish his letter (granted, it was unreadable) while I borrowed Mary Margaret for a moment. She and I stepped into the hall, and she gave me an update on Jim's condition. I then excused myself to find the mortuary and locate all of the transport equipment and start setting things up. All told, I got lost three times (during the entire transport) trying to find the mortuary, which was on the corner of an intersection of one-way streets. Even when I visually located the place, I couldn't get to it without driving the streets for a few more moments trying to find an access. Later, I found the back entrance, which was easier to reach.

When I reached the mortuary, I rang the doorbell and was met by Milo Bohlander. He was a pleasant man who was more than willing to help. He gave me a tour of his operation and showed me where our gear was stored. I then began unpacking some of the boxes to take to the hospital. I took transport medications, the portable ice bath (PIB), oxygen cylinders (which had been specially ordered/delivered that day), and lots of odds and ends. Milo remained pleasant throughout the night, even at 3:00 a.m. when I rang his doorbell after discovering the baseplate to the PIB wasn't in the box I'd thought it was in. I absolutely *had* to have the baseplate; without it, the PIB was unusable.



Photo: Mary Margaret Glennie

Shortly after arriving at the mortician's facility in Fort Collins, Mike Darwin and Tanya Jones begin cannulation of the femoral artery and vein while Keith Henson and Carlos Mondragón hold directional lights to improve the abysmal lighting.



Photo: Mary Margaret Glennie

A shot from the front: Keith, Mike, and Tanya struggle with inadequate equipment.

(Later that morning, Milo came to the hospital in response to an emergency call that Jim was going down. This turned out to be a false alarm. What amused me, was that Milo knew *everyone* in the hospital, even some of the patients. It was very funny.)

Some time during my three trips between the hospital and the mortuary, Jim took a turn for the worse. I called the lab to find out when the rest of the team was going to arrive, and found that they would probably be arriving too late, given the most recent reports of Jim's condition. In fact, Ralph told me that they (Mike, Carlos, and Keith) were in San Francisco and were considering not coming, on account of some new developments in Boston. I didn't panic, although I really wanted to, as I realized that if the rest of the team wasn't coming, I would be performing a transport and washout single handedly! Granted, Milo was willing to assist with the cutdown, but what about the rest?

In an attempt to reassure me, Ralph said that he'd do what he could to emphasize Jim's precarious condition to Mike and the others, but they were out of pager range, and he had to wait for them to call him. (I had the only country-wide pager.)

I then went to Mary Margaret and told her my dilemma. She went to the floor nurses, and a course of care was implemented that would hopefully keep Jim alive through the night.

During all of this, I was setting up the transport equipment in a room across the

hall. I was constantly answering questions, informing the hospital staff and all of Jim's friends about what cryonics was, what I hoped to achieve, and more immediately, what I was going to do for Jim. Some of them graciously offered to help. Two men even went out and picked up 100 pounds of ice (reimbursed). I was planning out training sessions for those with nursing experience who offered their assistance, when I called the lab once more. This time, Ralph lifted the very heavy weight of single-handed transport (with washout)

from my shoulders. He told me that Mike, Carlos, and Keith were on their way and their plane was due to land in Denver at 3:00 a.m. or so. That put them in Fort Collins around 5:00 a.m. (I might have the times off, I'm not sure anymore. Besides, I *always* lose all sense of time during a suspension.)

Finally, seven hours after I'd arrived at the door to Jim's room, things were ready. The nursing staff on duty were very much informed about what was going to happen, Jim's friends knew (even if they didn't approve), and everything was as ready as I could make it. I knew that a few things weren't perfect, (now I was missing the baseplate to the HLR, so I duct-taped it in place, hoping that the tape was strong enough to handle it) but there was nothing left to do. That's when a nurse showed me to a deserted waiting room down the hall, and I sat down to get some sleep. It was now around 5:00 a.m. (given my previous recollection of the timetable), and the rest of the team showed up not five minutes after I shut my eyes.

That led to a round of situational briefings, tours, and introductions which lasted a few more hours. They had brought the HLR baseplate with them, so that problem was remedied. Beyond Mike taking the time to inspect the set-up, there wasn't a whole lot for anyone to do, except sit around and chat. Carlos browsed through cat magazines. I drank a lot of coffee. We all waited for Jim. We all kept talking to the friends and the hospital staff. Very little beyond good-will, pure and



Photo: Mary Margaret Glennie

While Mike makes final checks on the cannulation, Keith checks the field blood pump setup.



Ralph, Charles Platt, and Mary Margaret Glennie have just arrived at the Alcor facility from picking up Jim Glennie at the airport. Dan Spitzer (left) strikes a dynamic pose; Keith and Charles assist from inside the van; Ralph, Carlos (obscured by Ralph), and Hugh (t-shirt) fill out the picture.

simple, was expressed to us. Everyone was very interested (hospital personnel especially) in cryonics. We handed out all of the literature that I'd brought. The air was free of most tensions, and finally I got an hour or so of sleep while the others took turns talking.

Jim lasted the night and a substantial portion of the next day as well. At approximately 2:10 p.m., we were summoned to Jim's room (we were getting some rest in a nearby lounge). The resident who was to pronounce for us had been lingering on the floor and (as I recall) even neglecting other duties to be on hand at the exact moment when he was needed. I'd spent at least an hour talking with him during the day, explaining the transport protocol, and course of care that we would be providing. He, and all of the floor personnel, were very sympathetic and helpful.

When the time came, we were able to move the PIB into Jim's room and place it parallel to his hospital bed. The Nursing Supervisor was on hand to assist us with security measures related to keeping the curious out of our way and getting us to the loading docks where the mortuary vehicle awaited. In my mind, the most important thing she did for us, however, was to turn on the lights. The curtains in Jim's room were drawn and the lights were out, as Jim and Mary Margaret had been resting when Jim began to arrest. I remember the

relief I felt, when in the middle of administering the transport medications, I was suddenly bathed in white light and could finally see what I was doing without straining my eyes (which are bad enough as it is).

As we rushed Jim out of the room, I remember being dismayed at the mess we'd made in our haste to do things right. Almost the entire floor of the room was

covered in water. The bags of ice had been sitting in the PIB for over twelve hours, and they melted somewhat during that time. Every time we opened a new bag, another wave of water spilled to the floor. One of the nurses chuckled slightly when I mentioned mopping it up quickly. She told me that there were custodians who take care of that sort of thing.

Milo was waiting downstairs at the loading docks. His van was parked nearby, but we had to roll Jim along an incline and lift him into the vehicle. This isn't something I recommend, if you can avoid it. Jim was a big man, and many pounds of ice didn't help matters.

Approximately eighteen minutes later we were at the mortuary. A service was just letting out as we arrived, and there were many people staring curiously at the van as we pulled up and began the preparations for off-loading. With the privacy cover on the PIB, there was nothing for them to see, which made them even more curious, I suspect. When it is running, the HLR makes a distinctively loud thumping noise (hence the nickname, *Thumper*) which can draw a lot of attention.

Jim was brought into the prep room, and Keith prepared the Viaspan while Mike and I began the femoral cutdown. Carlos was primarily unpacking boxes and locating equipment we'd need. Mary Margaret had accompanied us to the mortuary and was observing everything and taking pictures for the archives. A few of Jim's friends were also standing nearby, and be-



Photo: Mary Margaret Glennie

A conglomeration of cryonicists. Keith and Ralph (standing, left) and Dan Spitzer (sitting, left) stand at the perfusionists' post, while several others encircle the ongoing open-heart procedure.

cause the team members had enough to do, Mary Margaret and the others were drafted to hold Jim's oxygen mask in place. Taping it had previously been unsuccessful.

The femoral cutdown proceeded with a few complications. When Mike attempted to cannulate the vein, there was some kind of obstruction preventing us from feeding the cannula more than a quarter-inch into the vein. We tried a smaller cannula, but were unable to place it either. Earlier, in his attempts to dissect the vein from the surrounding tissue, Mike nicked the vein, so our situation wasn't aided by the fact that we were working in a pool of blood. Complicating matters as well was the fact that the only direct lighting we had was from the headlamps we carry in the remote standby kit. These lights were incapable of providing the light we needed. (In the future, a portable operating room light will be included in the equipment shipped to a remote transport site.)

Due to our inability to cannulate the vein, we were unable to put Jim on bypass. The best we could hope to do was cannulate the artery and flush the Viaspan through his circulatory system, without recirculating it. This was how we proceeded. Cannulating the artery went without complications, a fact which relieved us all. The flush brought Jim's temperature to 20.8 °C, which was *much* higher than we ever like to see, but by the time we loaded him into the shipping box and packed him securely in ice, his temperature had dropped to 11.2 °C.

While we were performing the cut-down, Milo was making airline reservations for all of us. He was also preparing the disposition paperwork that we needed to carry Jim out of the state. After the arrangements were in place, and Jim was ready for the flight, I went in to settle the bill. I now know that most mortuaries don't take American Express, and very few of them take any kind of credit card at all! Milo was set up to take Visa, so we didn't have to wait to settle our bill.

It was now after 8:00 p.m. Jim wasn't flying out until the next morning, but Carlos, Keith, and I had tickets on the red-eye into Ontario. We rushed to clean up the mortuary and re-pack all of the transport gear for shipment. The two hour drive to Denver had the potential to make us miss the flight, but the freeways of Colorado are the emptiest freeways I've ever seen, and we made it to the airport with time to spare.



Photo: Mary Margaret Glennie

Mike Darwin begins the burr-hole proceedings, with Nancy McEachern (left) and Tanya Jones looking on.

Mary Margaret and Mike were scheduled to accompany Jim to Ontario the next morning, so on our way to the airport, we dropped Mike at a hotel to get some sleep. Mary Margaret had gone home, to face her first night without Jim.

All I could think about on the flight home was how much I wanted some sleep. I've never been able to sleep on an airplane, and I used to think that if I was tired enough, that would change. It didn't. We arrived after midnight and went home to get that much-coveted rest.

The next morning, Jim arrived. By 2:30 p.m. on June 25th, his temperature had lowered to 1.6 C. A short while later, Mike and I scrubbed in to open the burr-hole. Jim had a permanent burrhole due to his previous operations, and in opening it up, we were pleasantly surprised to find that his brain had receded 1-2mm. This was a good sign, as it meant that there was probably little of the edema (swelling) we'd feared as the result of a flush rather than a full bypass.

By 5:13 p.m., the contract surgeon had arrived and was preparing to perform the median sternotomy (open-heart surgery). An hour and a half later, the perfusion ramp was begun. The median sternotomy proceeded without complications. Shortly thereafter, we observed that Jim's brain had receded a little bit more, and by our crude measurement methods (depending on whose eye was being used) was 3mm back from the burrhole opening.

As with many of the patients who

receive solid transports, there was some leakage through the burrhole. This is speculated to be the result of replacing the blood with colorless Viaspan, so that when the burrhole is opened, there is invariably accidental severing of some of the tiny vessels lining the dura, vessels which cannot be seen when they have clear solution running through them.

By 9:29 p.m., perfusion was complete, and the cephalic isolation began. Mary Margaret observed *every* aspect of Jim's suspension. It is a strong person who can watch her well-loved husband's chest opened, while taking photographs.

By the end of the perfusion ramp — which achieved 6.02 Molar glycerol, our best *ever* — Mike and I were already at the airport waiting for our plane to Boston. Mike panicked somewhat at the end of our participation in Jim's suspension, as he was unwilling to depart until the perfusion was complete. But the perfusion timetable was in direct conflict with the flight schedule to Boston. Boston won out. We caught the red-eye and began the preparations for what was to become the longest and remotest stand-by ever.

Jim Glennie, however, was already on his way. "Tomorrow" he'll awaken to have Mary Margaret tell him all about his suspension, show him all the pictures (most of which she took herself), and give him a great big hug to remind him of the love they share, and begin to rekindle it anew.

Analysis of the Remote Standby Questionnaire

Paul Wakfer

Here, at last, is an analysis of the remote standby questionnaire which was enclosed with the June 1991 issue of *Cryonics*. 68 questionnaires were returned from suspension members, 25 were returned from those in the sign-up process, and 22 were returned from subscribers. These 3 groups are treated separately in the analysis which follows. One questionnaire had no categorizable responses and is not included in these analyses.

Method of Analysis

The questionnaire was not very amenable to any numerical evaluation of the responses. Therefore, I have decided to simply report the percentage of answers of each type for the different membership categories. I have also included below a complete response table in case someone wishes to use some other method of analysis. In my estimation this questionnaire is a good example of how *not* to design a questionnaire. The relevance and purpose of many of the questions is at best unclear (and for this reason they were often not answered). The designer has attempted to fit the respondents into a certain mold before seeing the replies and gives no explanation of what s/he is trying to accomplish. Some explanation is needed to guide the respondent in his/her answers.

Here are the questions contained in the questionnaire, the percentage response for each answer for each membership category, and the one character code used for that answer in the accompanying complete response table. Write-in responses are indicated with an asterisk. Each respondent has been given a number (suspension members 1-68, those in sign-up process 69-93, subscribers only 94-115) and these numbers are used to identify the comments and the answers to individual questions.

Q1. My level of interest in Remote Standby Service is best described as:

Response	Members	Sign-ups	Subscribers	Code
very high	27 40%	10 40%	8 36%	V
high	21 31%	4 16%	8 36%	H
moderate	17 25%	9 36%	5 23%	M
slight	2 3%	2 8%	1 5%	S
none	0 0%	0 0%	0 0%	N
no response	1 1%	0 0%	0 0%	

Q2. I would be interested in purchasing a Remote Standby Contract:

Response	Members	Sign-ups	Subscribers	Code
now	31 36%	6 24%	1 5%	N
in several yrs	12 18%	11 44%	6 27%	S
eventually	18 26%	7 28%	13 59%	E
never*	1 1%	0 0%	1 5%	V
don't know*	1 1%	1 4%	1 5%	D
no response	5 7%	0 0%	0 0%	

Q3. The maximum yearly amount I would be willing to pay for a Remote Standby Service Contract in addition to regular dues is:

Response	Members	Sign-ups	Subscribers	Code
\$0*	1 1%	0 0%	0 0%	0
Don't know*	2 3%	1 4%	0 0%	D
Related to cost	2 3%	3 12%	1 5%	C
\$100	16 24%	2 8%	5 23%	1
\$150	0 0%	1 4%	0 0%	1.5
\$200	17 25%	6 24%	4 18%	2
\$250*	2 3%	0 0%	0 0%	2.5
\$300	10 15%	6 24%	3 14%	3
\$350	0 0%	1 4%	0 0%	3.5
\$400	1 1%	1 4%	4 18%	4
\$500	12 18%	2 8%	3 14%	5
no response	5 7%	2 8%	2 9%	
Average price:	2.5	2.7	2.8	

Q4. Please state your age: _____

Response	Members	Sign-ups	Subscribers	Code
average age	42.7	43.7	38.6	
no response	0	1	0	

Q5. Please state your sex: _____

Response	Members	Sign-ups	Subscribers	Code
Male	59 87%	23 92%	21 95%	M
Female	9 13%	1 4%	1 5%	F
no response	0 0%	1 4%	0 0%	

Q6. Which of the following adjectives best describes you current health:

Response	Members	Sign-ups	Subscribers	Code
excellent	35 51%	14 56%	18 82%	E
good	30 44%	9 36%	3 14%	G
fair	1 1%	1 4%	1 5%	F
poor	2 3%	0 0%	0 0%	P
unsure	0 0%	1 4%	0 0%	U
no response	0 0%	0 0%	0 0%	

Q7. Do you have any serious or life-threatening medical conditions such as diabetes, emphysema, coronary artery disease, etc.?

Response	Members	Sign-ups	Subscribers	Code
yes	0 0%	2 8%	0 0%	Y
no	63 93%	21 84%	21 95%	N
named condition	1 1%	2 8%	0 0%	C
no response	4 6%	0 0%	1 5%	

Q8. Are you HIV seropositive?

Response	Members		Sign-ups		Subscribers		Code
yes	3	4%	1	4%	1	5%	Y
no	63	93%	21	84%	18	82%	N
don't know	2	3%	3	12%	3	14%	D
no response	0	0%	0	0%	0	0%	

Q9. Marital status _____ (no categories were supplied)

Response	Members		Sign-ups		Subscribers		Code
single	33	49%	12	48%	13	59%	S
married	25	37%	8	32%	8	36%	M
cohabiting	2	3%	1	4%	0	0%	C
divorced/separated	6	9%	2	8%	1	5%	D
widowed	2	3%	0	0%	0	0%	W
no response	0	0%	2	8%	0	0%	

Q10. Do you own a cat or dog?

Response	Members		Sign-ups		Subscribers		Code
Yes	23	34%	10	40%	11	50%	Y
No	45	66%	15	60%	11	50%	N
no response	0	0%	0	0%	0	0%	

Q11. Would you purchase Remote Standby coverage for others in your family if they are also Alcor Suspension Members?

Response	Members		Sign-ups		Subscribers		Code
Yes	44	65%	21	84%	18	82%	Y
No	7	10%	2	8%	1	5%	N
Maybe *	1	1%	0	0%	0	0%	M
not applicable	10	15%	1	4%	1	5%	NA
no response	6	9%	1	4%	2	9%	

Q13. I live in the following area of the United States:

Response	Members		Sign-ups		Subscribers		Code
Alaska/Hawaii	0	0%	1	4%	1	5%	A
West Coast	26	38%	5	20%	6	27%	W
Mountain States	3	4%	2	8%	1	5%	M
Central US	15	22%	6	24%	6	27%	C
East Coast	23	34%	11	44%	7	32%	E
Canada	1	1%	0	0%	1	5%	CDN
no response	0	0%	0	0%	0	0%	

Q14. Any comments on how this program should be offered or other remarks? (summarized separately below)

Question number 12, "I am: an Alcor Suspension Member, in the sign-up process, a subscriber," was omitted above since it was used for the membership categorization.

Summary of Comments

(Note: for correlation purposes, each comment is preceded by the respondent identification number (RIN) used in the response table.)

RIN Comments

0 If my legal death occurs unexpectedly, I trust you will come immediately. If I incur a predictable terminal illness, I will come to a Riverside or other location of your choice. Where?

6 I believe we should have a place we could all stay near the end & get there on our own.

74 When possible have the terminally ill come to a hospital, etc. in Riverside or LA. I would!

95 There should be a varying rate scale depending on one's age & health. If there was a specific price for this service, a person say 40 yrs old could pay so much a year until they were paid up. A person 70 yrs old would pay all or most of it immediately.

11 Prorated for geographic area, of course. Option to use local group resources if possible.

27 If I lived near (100 miles) Alcor, I wouldn't pay for this option.

30 I think I need to understand better how the RSS would affect me. Since I live in Torrance now, most legal scenarios for me would put me at Alcor's doorstep — would this affect the service, & which are performed now under what conditions?

12 I think it is a great idea!

40 Do it! (Before someone dies.)

43 Good idea.

46 Good idea.

71 Surveys are a good idea!

5 RSS should be offered as an insurance policy.

10 Allowing a person to buy RSS at any time for a fixed fee will ensure people buy only if they're very sick. You need increasing fees with age & sickness, just like life insurance. Maybe have people pay a lump sum & fund it like suspensions. My response to this questionnaire would be more meaningful if you listed the per-day remote standby fee as the alternative.

14 Consider pricing in proportion (or inverse proportion, precisely speaking) to actuarial odds.

44 Cost might be based on actuarial tables according to age, health, lifestyle, etc. — like life insurance. Higher for some — lower for others.

50 Perhaps a sliding scale based on the age/health condition at time of sign-up would be a good method to judge cost.

58 A RSSC is really RSS insurance and, financially (if not also by regulation) should be treated that way, using the same kinds of actuarial methods insurance companies use. You might offer contracts corresponding to term, whole life or universal policies — i.e. some contracts build up equity and other kinds of contracts do not. Treating RRS coverage as insurance would also

RIN Comments

- be *good practice* for those cryonicists who want to eventually create their own life insurance company for cryonicists. One difference is that RRS insurance is somewhat more like catastrophic health care insurance (the patient may recover) than life insurance. But, then again aren't cryonicists treating life insurance as catastrophic health care insurance (since the patient hopefully will recover)?
- 60 Cost might be differentiated based upon the seriousness of the threat, i.e. clearly warranted by risk level versus elective base upon limited risk. First category might be partially underwritten by all members in recognition of the value and the "insurance" costsharing thereof. "elective" should be born solely by the individual choosing such an option.
- 63 Note that I can get \$250K of insurance for \$200/year. RSS only costs you \$7500 or so. The fee should be based on health. Note that life insurance policies are already based on health. So the easiest solution would be to bill someone \$10K each time they used RSS with the bill collected when they are frozen, assuming they have extra life insurance)
- 15 Even only \$100/yr/suspension member can get expensive for families. Some sort of family discount would be good.
- 58 Perhaps have a family plan — make the cost for an N person family less than N times the cost for one person.
- 2 Level of interest getting higher as I get older.
- 3 My RSS contract is presently funded through an irrevocable trust.
- 26 You might consider reducing the charge for people who participate in standby for other patients.
- 101 Alcor should help in providing insurance toward suspensions as most people don't have 125-130K lying around.
- 42 Why an annual fee? The fee would affect my answer to #2 I thought the purpose of a RRSC was to make sure Alcor got paid for a RSS. Why such a high annual fee?
- 45 My answer to #2 depends on the cost!
- 59 My answer to #3 is an amount that can be justified.
- 60 A reasonable amount for #3.
- 56 In as much as you don't incur much cost until the actual standby, perhaps you could count the payment as pre-payment of suspension costs.
- 73 Charges should reflect the actual cost. This would be an inappropriate fund raising program. One option is to have 2 or more payment plans (i.e. a larger fee for those with minimum coverage & a significantly smaller fee for those with extra coverage — allowing a cost deduction from that coverage at the time of deanimation.
- 16 A previous *Cryonics* magazine article mentioned, for the plane

flight, using a "pre-signed" credit card slip. Couldn't a credit card slip be used also for room & board? Is the credit card option still open?

- 29 I do not know about questions 2 & 3, since I am not remote. It has been my understanding that the Emergency Response Dues covered this cost.
- 51 I appreciate these efforts. Would there be some way of putting funds in escrow to qualify for this service? Is there enough market now? maybe not, but there will be. How much to train my Dr. (hosp.) etc.? We need an article on this.
- 98 I would prefer to put the entire amount in escrow, unless higher dues would entitle me to more than one standby run. How many runs would I get for \$100? \$500? How would this work at far locations?
- 36 Might want a RSS 10-15 years from now for my mother.
- 58 Is there any way to make the cost of RSS coverage tax deductible?
- 67 Need contract conditions before I can answer #2 & #3. Is this to be funded like life insurance? Is the cost to be billed to the patient?
- 69 Should be international as far as I am concerned.
- 73 #2 — as soon as I can afford it. #11 — if and when I can afford it.
- 75 #3 — whatever needed.
- 82 Look at where new members live, draw up some "worst case," "average case" scenarios for what might happen, ask for suggestions (annually?) to improve these plans, implement (as funding is available) to provide the "greatest good for the greatest number."
- 93 Your service is incomplete at best if the body is allowed to rot at death for a while!
- 100 Be specific: What is Remote Standby Service. How sick does one have to get to use the service?
- 103 I think this program is very important, however it may be too expensive for Alcor or its members.
- 109 Include it in your membership as an optional service.

Suspension Members

Question #:

	1	2	3	4	5	6	7	8	9	10	11	13
1	M	E	D	41	F	G	N	N	S	N	NA	W
2	H	N	2	42	M	G	N	N	C	N	Y	C
3	V			75	M	G	N	N	W	N		E
4	H	S	2.5	22	F	E	N	N	S	Y	Y	W
5	M	E	2	31	M	E	N	Y	C	N	Y	E
6	M	E		75	F	G	N	D	M	Y		W
7	V	E	5	54	M	E	N	N	D	N	N	W

Question #:

	1	2	3	4	5	6	7	8	9	10	11	13
8	M	E	3	22	M	G	N	N	S	Y	Y	W
9	V	S	2	25	M	E	N	N	S	N	NA	C
10	V	E	3	24	M	E	N	N	M	N	Y	E
11	H	S	1	27	M	E	N	N	S	N	Y	C
12	H	E	1	42	M	E	N	N	S	N	NA	E
13	M	S	3	33	M	E	N	N	S	N	Y	W
14	H	S	2	34	M	E	N	N	M	N	Y	C
15	H	S	1	26	F	G	N	N	M	N	Y	W
16	M	E	1	44	M	G	N	N	D	N	N	E
17	S	E	1	25	M	G	N	N	S	N	NA	E
18	H	S	2	43	M	E	N	N	S	N		M
19	M	E	5	42	M	E	N	N	S	N	NA	E
20	M	E	C	30	M	E	N	N	S	Y	M	CDN
21	M	E	1	31	M	G	N	N	S	N	Y	W
22	V	E		53	M	E	N	N	D	N	Y	E
23	M		2	28	M	E		N	S	N	Y	C
24	V	V	0	31	M	E	N	N	S	N	N	E
25	H	S	2.5	42	F	G	N	N	S	Y	Y	E
26	V	S	2	27	M	G	N	N	S	N	Y	E
27	V	N	3	58	M	E	N	N	M	N	Y	C
28	H	S	2	46	M	G	N	N	D	N	NA	E
29	H	D	D	66	M	G	N	N	W	N	NA	W
30				49	M	E	N	N	D	N		W
31	H	E	1	47	M	E	N	N	M	Y	Y	W
32	M		1	57	M	G	N	N	D	Y	Y	W
33	H	E	2	24	M	E		N	S	N	N	W
34	H	N	1	42	M	E	N	N	M	Y	Y	W
35	M	E	3	76	M	G	N	N	S	N	N	W
36	S	E		27	M	E	N	N	S	N	N	W
37	V	N	5	50	M	G	N	N	M	N	Y	C
38	V	N	2	47	F	G	N	N	M	N	Y	C
39	M	N	5	36	M	G	N	Y	S	Y	NA	W
40	V	N	5	28	M	E	N	N	M	Y	Y	W
41	V	N	3	45	F	E	N	Y	M	Y	Y	W
42	V	N	1	44	M	G	N	N	M	N	Y	W
43	V	N	5	73	M	E	N	N	M	N	Y	C
44	V	N	3	48	M	G	N	N	S	N	Y	E
45	V	N	2	49	M	G	N	N	M	N	Y	W
46	V	N	3	85	M	G	N	N	M	Y		C
47	V	N	5	67	F	F	N	N	S	Y	Y	C
48	V	N	2	57	M	E	N	N	S	N	Y	W
49	V	N	5	43	M	G	N	N	S	N	Y	M
50	H	N	1	35	M	E	N	N	S	Y	Y	W
51	M	N	1	47	M	G	N	N	M	N	Y	C
52	H	N	3	40	M	G	N	N	S	N	Y	E
53	V	N	5	48	M	E	N	N	S	Y	N	E
54	H	N	5	40	M	E	N	N	M	Y	Y	E
55	V	N	2	60	M	G	N	N	M	Y	Y	E
56	H	N	5	32	M	G	N	N	S	Y	Y	C
57	V	N	3	32	M	G	N	N	M	Y	Y	C
58	H	N	1	36	M	E	N	N	M	N	Y	E
59	V	N	C	48	M	E	N	N	M	Y	Y	W
60	H	N	4	49	M	E	N	N	M	Y	Y	E
61	V	N	1	31	M	G	N	N	S	N	Y	E
62	V	N	5	63	F	P		D	M	N	Y	C
63	V	N	1	25	M	E	N	N	S	N	Y	E
64	M	N	2	38	M	E	N	N	M	Y	Y	E
65	M	S	2	25	M	E		N	S	N	NA	E
66	M	E	1	40	M	G	N	N	S	Y		W
67	H	S	2	47	M	P	C	N	M	N	Y	W
68	H	S	2	35	M	E	N	N	S	N	NA	M

Those In the sign-up process

69	V	S	5	41	M	F	Y	N	S	N	Y	C
70	V	S	2	29	M	U	Y	Y	S	N	Y	E
71	M	S	1	36	M	G	N	N	M	Y	Y	W
72	M	S	3	40	M	E	N	N	M	Y	Y	A

Question #:

	1	2	3	4	5	6	7	8	9	10	11	13
73	V	D	C	43	F	E	N	N	M	N	Y	M
74	H	S	2	48	M	G	C	N	M	N	Y	C
75	M	S	C	38	M	G	N	N	C	Y	Y	W
76	S	E	D	45	M	E	N	N	M	N	Y	C
77	H	E	2	53	M	E	N	N	D	N	Y	E
78	H	S	4	46	M	E	N	N	S	N	Y	E
79	V	S	2	34	M	G	N	N	S	N	Y	E
80	S	S		39	M	E	N	N	S	N	Y	E
81	V	S	3	62	M	E	N	N	M	N	Y	C
82	M	E		39	M	E	N	N	M	Y	Y	W
83	M	E	3	38	M	E	N	N	S	Y	Y	E
84	M	S	1	27	M	E	N	D	S	Y	N	E
85	M	E	5			E	N	N		N	Y	W
86	V	E	3	56	M	G	N	D	S	N	NA	W
87	M	E	C	37	M	G	C	N		Y		E
88	V	N	3	24	M	E	N	N	S	Y	Y	C
89	M	N	3	68	M	G	N	D	D	N	N	C
90	H	N	1.5	59	M	E	N	N	M	Y	Y	E
91	V	N	3.5	35	M	E	N	N	S	N	Y	M
92	V	N	2	55	M	G	N	N	S	N	Y	E
93	V	N	2	43	M	G	N	N	S	Y	Y	E

Subscribers only:

94	H	E	2	30	M	E	N	N	S	Y	Y	C
95	H	E	5	25	M	E	N	N	S	Y	Y	E
96	V	S	2	30	M	E	N	N	S	N	Y	CND
97	M	E	3	30	M	E	N	N	S	N	Y	C
98	V	D	C	54	M	E	N	D	M	Y	Y	C
99	H	E	1	53	M	E	N	N	M	N	Y	W
100	H	E	4	52	M	E	N	D	S	N	Y	E
101	V	E	1	33	M	F		Y	S	N		W
102	V	E	1	32	M	G	N	N	M	N	Y	E
103	H	E	3	37	M	E	N	N	M	Y	Y	C
104	V	S	1	42	M	E	N	N	M	N	Y	E
105	V	S	5	19	M	E	N	N	S	N	Y	A
106	S	V		17	M	E	N	N	S	Y	N	C
107	M	S	5	22	M	E	N	D	S	Y	Y	E
108	H	E	2	42	M	E	N	N	D	N	Y	W
109	H	S	4	78	M	E	N	N	M	Y		M
110	H	E	4	35	F	G	N	N	S	Y	Y	E
111	M	E		40	M	G	N	N	M	Y	Y	W
112	M	E	3	40	M	E	N	N	S	N	Y	C
113	M	S	4	34	M	E	N	N	S	N	Y	E
114	V	N	1	63	M	E	N	N	M	Y	Y	W
115	V	E	2	41	M	E	N	N	S	Y	NA	W

Mark Your Calendar!

Because, once again, it's turkey time. Well, almost. As always, the annual cryonicists' Turkey Roast will be the first Sunday in December, this year falling on December 6th. In case you aren't familiar with the event, it takes the place of the monthly business meeting each December, and is the one cryonics-related event that *everybody* goes to. In 1990 there were nearly 100 attendees. Last year the turn-out was more like 50 or 60, but that was due at least in part to a conflict with the holiday weekend.

Most likely, the event will *not* be taking place at the home of Saul Kent (where it has for the past few years). Specific details of the location will be forthcoming as the event draws closer.

Let's see if we can break 100 this year!

Looking Forward

By Kenneth S. Keyes, Jr., and Jacque Fresco
New York: A. S., Barnes and Company, 1969

Reviewed by Mark Plus

I discovered this book in the Tulsa, Oklahoma library system several years ago. Its authors forecast a pessimistic fate for cryonicists in the context of their idiosyncratic view of the future, which surprisingly resembles the one expressed by the pro-cryonics and pro-immortalist futurist FM-2030 (nee F. M. Esfandiary) in his books. Its date of publication corresponds with the beginnings of the cryonics movement, yet I have never seen it referenced in any of the cryonics literature with which I am familiar. It is nevertheless worth an examination today because it sheds light on the psychology of people who fear what cryonics has to offer.

Part I of *Looking Forward*, titled "Things That Shape Our Future," is the authors' straightforward analysis of the world's problems from the perspective of the 1960s. It reveals some odd prejudices, seldom encountered today, such as Thorstein Veblen's and the Technocrats' view that the "price system" is a superstition which interferes with the efficient operation of the industrial economy. Keyes and Fresco also seem to promote a behavioristic view of humankind, for they blame a lot of our problems on poorly designed environments, rather than on individual irresponsibility. (As will become clear, the authors share B. F. Skinner's contempt for "Autonomous Man.")

In spite of their untenable economic and moral ideas, Keyes and Fresco do express a number of values with which few extropically-minded people could disagree: "life and liberty, economic abundance, health and longevity, love and friendship, physical pleasures, appreciation of beauty, deep levels of self-knowledge and communication of feelings, vicarious sharing of the delights of others, the challenge of life." Although the ends are generally good, the means they propose, a kind of behavioristic technocracy, leave much to be desired.

Part II of the book, "A Projection of Our Future," is a didactic science fiction story about two characters in the 21st century, Scott and Hella, who live in the antiseptic *Things to Come* future imagined by the authors. Among Scott and Hella's barely interesting adventures in technocratic utopia, in Chapter 15, "The New Personality," Hella gets to study a colony of cryonic suspension patients who have been resuscitated. This passage is so unintentionally amusing (and frustrating), that I shall quote it at length:

In the latter part of the twentieth century, to avoid the finality of death many people had themselves quick-frozen immediately before or after death. They hoped that by having their bodies preserved they could be thawed out at a later date with minimal damage so the medical skill of a future civilization could bring them back to life. One of the more dubious legacies of the past was about twenty-two thousand of these frozen people.

No one knows exactly what to do with these corpses. Should an attempt be made to resurrect them? Should they simply be disposed of? Since the population of the world is maintained at a constant level, most people feel that it is preferable to create a new life that is genetically and psychologically [sic] prepared for participation in the twenty-first century. Resurrection of one of these bodies with an uncertain adjustment in the twenty-first century might be a sticky business.

Finally, a group decided they would attempt the revival of 100 of the bodies. They picked fifty males and fifty females whose records seemed to be especially promising and thawed them out. They have been successful in bringing 93% of them back to life, and replacing the defective organs that were responsible

for death with synthetic organs.

The real problem arose when they found that these individuals are completely out of touch with patterns of life in the twenty-first century. You could no more leave them on their own that you could turn a baboon loose in the middle of a research center. They seem so full of hostilities and have ego motivations that are so alien to the twenty-first [sic] century that people have finally given up the task of trying to train them to fit into the new world. These "thawees" are so disruptive of the routines of life in the twenty-first century that the group that has brought them to life realizes they are saddled with a custodial problem. They are beginning to understand the types of pressures and twenty-four-hours-a-day watchfulness that burdened mothers in previous centuries.

Their reverence for human life does not permit them to refreeze these "unsane" individuals. They finally decide to set up a twentieth-century behavioral research laboratory on an isolated island and turn these people loose there. They provide the ninety-three men and women with every material resource requested and build a laboratory for psychologists and anthropologists to observe them. The thawees are free to set up their own social structure.

By means of monitoring pickups, the custodians are able to make a recording of most of the behavior of the twentieth-century thawees. One evening as Hella is watching them on the teleprojection screen, two men begin to quarrel. One man suspects that another man has attempted to obtain a sexual relationship with a woman he feels belongs to him. Although the woman protests that his suspicions are not correct, he slaps her in the face and hits her in the ribs so hard that it sends her sprawling across the room. The man with whom she has been accused of intimacy stands up and rushes toward the attacking man. A fight begins that lasts several minutes.

Neither Hella nor anyone in the group has even seen anyone strike another person in anger. They watch, spellbound, as the fight continues. They have read that twentieth-century television showed fights and murders. They know little children in that society sometimes spent from four to eight hours

a day watching such vicious programs and learning these folkways.

The man who started the fight seems to be losing. Blood is streaming from his nose. Suddenly, the jealous man picks up a metal bar and brings it down with a crunching impact on the head of the man who came to the woman's rescue. His legs crumple, and he slumps to the floor. His murderer is locked in a room by two other thaweers.

The next day a court is set up with a lawyer who asks for his death. A judge is appointed, and a jury is selected. Although the custodians have read of these tribal customs, they have never had the opportunity to experience them emotionally. It seems almost impossible that human beings could behave in this manner.

After several hours of verbal courtroom ritual, the jury labels the man "guilty," and the judge informs him that the group will take his life. They tie the man's hands behind his back and put a rope around his neck. They pull him several feet off the ground and watch self-righteously while he chokes to death.

Most of the custodians who observe this ritual become physically sick and vomit. They keep the recorders working, but they turn off the screen and walk outside to take deep breaths of fresh air. As they look over the vast Pacific Ocean, they manage to overcome their feelings of nausea at this strange spectacle of man's inhumanity to man.

While the above passage does have the merit of showing that cryonics can work, it also reveals the authors' misanthropy towards traditional humanity. They compare us to baboons and say we are unsuitable for life in the future because of our "hostilities" and "ego motivations" (i. e., because we profess individual autonomy). They dismiss out of hand the idea that there could be a just use of force, as in

the case when the man accused of adultery comes to physically defend his alleged lover. They compare our legal traditions and ideals of justice to "tribal customs." (How would the custodians have dealt with the murder?) And they assume that future societies would lack the means to educate or otherwise accommodate large numbers of "thaweers" so that they could resume their lives, even in "metaphorically Amish" communities of twentieth century people peaceably living amongst their twenty-first century neighbors. As if this view of humanity were not bad enough, Keyes and Fresco add insult to injury in the next two paragraphs:

This strong reaction [to the murder and the ensuing trial and execution] has not been caused by a fear of death. The people in the twenty-first century regard death as a natural phenomenon and accept it when it comes. They put their energy into living fully while they are alive. Every resource of medical science is used to keep bodies functioning, but each individual calls a halt when he feels that physical deterioration has gone too far. When the torch of life has burned brightly, they do not hesitate to pass it on to another. Each individual realizes that upon his death a new baby will be permitted to enter into the world. They don't fight this natural progression beyond a certain point. In the future immortality may be possible. But until then — no problem.

While they are breathing the fresh ocean air, Hella asks where the other frozen bodies are kept. She is informed they are in the Antarctic vault near the frozen animal specimens. Hella is sure that they will remain there for some time. Perhaps thousands of years in the future when aggressive behavior is only a vague, theoretical concept, an intrepid group might wish to thaw additional specimens to observe this phenomenon. It seems unlikely that these frozen bodies could ever be functioning citizens in a contemporary

society. Each year the antiquated associations locked in their frozen brains become more and more inappropriate to the rapidly changing world.

Now these passages provide some interesting insights into the mentality of people who reject cryonics. The general themes seem to be: (a) low self-esteem and lack of trust in one's competence to adapt to new situations; (b) the fear that there will be no room or place for us in the world of the future, so that we would be kept in suspension indefinitely; (c) the fear that our resuscitators will act upon a malevolent value system and treat us not as autonomous individuals, but rather as "specimens," "baboons," and such (though "children" would be a better metaphor, since that would imply we could mature some day); (d) the fear that we might be resuscitated into a world which still had not conquered aging, or even valued human life enough to make the attempt (refer to the comment above about passing on the "torch of life"), so that we would still be vulnerable to death.

Curiously these fears are similar to the reasons people today give against the practice of cryonics. In spite of being part of public awareness for over a quarter of a century, the social aspects of the cryonics argument — why we prefer, although reluctantly, to be frozen, and what sort of society we hope will greet us when we're resuscitated — have not been effectively communicated. While we cannot guarantee that our resuscitators will treat us benevolently, or even that cryonics will work at all, it is clear that we need to set up the social framework now that will improve our chances for dealing with these foreseeable social problems. If we can demonstrate real progress in dealing with the social question, perhaps we can set at ease the minds of potential cryonicists, to the ultimate benefit of us all.

THE THIRD CHIMPANZEE

by Jared Diamond

Reviewed by Thomas Donaldson

Jared Diamond trained as a physiologist, but has had a long standing interest in birds. That interest has led him to follow a second career, that of a biologist ob-

server of the birds of New Guinea. And because the people of New Guinea were also interesting, as an amateur observer of them. Particularly since I too have been to

New Guinea, and (though I never returned) my experiences there had a great influence on me, I feel some sympathy with him and his book.

For those who have never heard of it, Diamond takes a line in his book which badly deserves to be taken. And he lays out his basic idea very early when in the second page he tells of the quite well known fact that we differ very little, genetically, from chimpanzees — and one consequence of that fact, that “extraterrestrial zoologists, observing human beings, would classify us as a species of chimpanzee, different of course, but deserving the same genus name.” Of course, the specific name of the forest chimpanzee is *pan paniscus*, but Diamond suggests that rather than deciding that we are *pan sapiens*, we promote (?) the chimpanzee to *homo paniscus*.

His intent isn't just to produce another renaming in the field of taxonomy. The book tries (often speculatively) to interpret our lives, behavior, and history as that of an animal. Animals have certain mating systems and sexual behavior, for instance. These bear a close relation to their other traits: what they eat, where they live and under what conditions, and many other things. And so too do human beings. We do not form harems as sea lions do, for

instance; nor does a male human being, on marrying a female, set about killing her former children as do, for instance, lions. But he does assimilate human behavior such as killing other humans to that of animals; chimpanzees, our close relatives, have been seen engaging in deliberate (and apparently *planned*) slaughter of groups of other chimpanzees. (So much for the

We will not reach much understanding of ourselves and others without accepting that we are animals, and finding out the many implications of that fact.

peacefulness of Nature!) And other kinds of killing have their own resemblance to behavior of other animals [Note: In fact, stepfathers (or the adult male living with the mother) account for a disproportionate share of child abuse and death among children. This is yet another reason for a stable family group. Such has been advocated viscerally — i.e. not intellectually — by Dan Quayle. — HH]

As another instance of how our activities resemble those of animals, Diamond discusses how animals communi-

cate. By carefully studying the cries of African vervet monkeys, scientists have discovered that they have many more cries than expected (we must first learn to hear the differences). And while they do not have a language in the florid sense of language we use for human beings, they use these cries not only to communicate with one another but quite deliberately to lie to

one another — one side of language important in practice, though grammarians ignore it. No one (to Diamond's regret, with which I agree) has ever listened, watched, and recorded wild chimpanzees long enough to come to a deeper understanding of their “language.” But it's clear that even this distinctive feature of human beings has deep roots in similar abilities of other animals.

Diamond goes on to discuss our history in this context too. What happened to the Neanderthals? And for that matter, just what advantages did Europeans have in taking over the Americas? (All such movements of peoples bring us back to killing, also.)

Although some of his speculations were new to me, and Diamond explores

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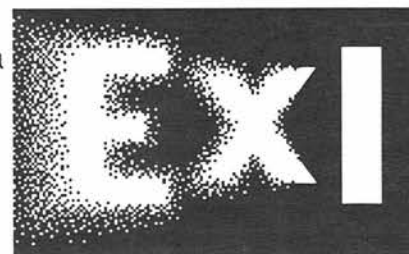
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this line of thought farther than I in some directions, my own ideas about human behavior, too, were influenced by the work of the ethologists (Konrad Lorenz, Edward Wilson, and others) long ago. Edward Wilson's book on the social insects, *The Insect Societies*, deserves reading by any cryonicist who wants to think in more general terms both about human beings now and what we may become. Wilson's book confines itself solely to ants, bees, and termites. You must bring the speculations to it yourself; but once you do that it will strike up many thoughts. And if we seriously consider ourselves as animals, a lot of fundamental libertarian principles become quite shallow — not exactly wrong, but far too superficial to tell us much about our real problems and real future.

Among many, the word "animal" remains pejorative. That alone has inhibited many people from thinking along these lines. And it may lie behind the ideas of some who want to "upload" themselves into computers (but very carefully explained as computers quite different from those we have now, much more intelligent and durable and wise, you know?). We will not reach much understanding of ourselves and others (both as individuals and as a species) without accepting that we *are* animals, and finding out the many implications of that fact. And in the broadest sense, it isn't a trait we can escape (any more than we can escape our own selves). If we someday come to upload ourselves into computers, then, well, what do you know! They will be animals too.

I too think that looking on ourselves as another species of chimpanzee leads to a better perspective on human beings. Still, on several points I disagree strongly with Diamond's interpretations.

He touches on aging, and provides a good account of the current evolutionary theory of aging, i.e. how it happens that we evolved to age and have the lifespans we do. Yet he does not seriously consider the possibility (important for immortalism and cryonics) that even now our lifespans are *not* optimal. Nor does he seriously consider the possibility that we might alter our lifespans, or even our lifestyles to suit longer lifespans, and thus the entire issue (not at all unprecedented: it has existed now for thousands of years) of how our technology will (and has) affected our own nature and evolution. *Understanding how we came to be what we are does not imply acceptance of what we are.* That is the biggest problem I have with his interpretations.

And (of less importance) he buys, I think foolishly, the rant about how we might destroy ourselves — it used to be by widespread nuclear war, and now it's by environmental catastrophe. (Nuclear wars remain possible, and environmental catastrophes too. Both would cause much suffering ... but that isn't the same as total destruction of the human race.) For an immortalist no one deserves death (and I believe that with greater lifespans we'd see

more care about both problems). I'm not expressing indifference at all. But even for present human beings, no one actually favors either nuclear war or environmental catastrophe. What we hear are the political cries of argument about just who should pay and how much.

Finally, I would like to thank Mark Plus for bringing this book to my attention.

How Many Are We?

Alcor has 320 Suspension Members, 445 Associate Members (includes 161 people in the process of becoming Suspension Members), and 25 members in suspension. These numbers are broken down by country below.



Country	Members	Applicants	Subscribers
Argentina	0	1	1
Australia	14	1	3
Austria	0	1	1
Canada	11	4	20
Denmark	0	0	1
France	0	0	4
Germany	2	0	1
Holland	0	1	0
Italy	0	2	2
Japan	1	1	0
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.	11	5	7
U.S.A.	275	141	261

The Pros and Cons of Growth

The Importance of Growth

by Brian Wowk

Growth, or the perceived need for it, has been a central theme of the cryonics movement since its earliest days. Indeed, it was the need for growth that first motivated Robert Ettinger to write *The Prospect of Immortality* in 1964. Ettinger knew that cryonics would require more than just a few enthusiastic friends to succeed. It would require resources, infrastructure, and continuity that only large numbers of committed people could provide.

Since 1964 the growth of cryonics has proceeded in fits and starts, with a steady growth rate (of about 30% annually) being achieved only within the last half decade. There are currently about 500 people with cryonic suspension arrangements, with at least another 500 on the periphery of involvement (subscribing to cryonics publications). So there are now about a thousand of "us" worldwide.

The fixation on growth continues. One need look no further than the pages of this magazine for evidence. There are frequently articles on growth. There is the *How Many Are We?* summary of Alcor membership statistics, in which we gleefully watch the numbers climb each month. (Have you made a wall chart yet?) This growth meme is now so deeply imbedded in cryonics (perhaps precisely because new members are brought in by pro-growth members) that many cryonicists react with shock to the very suggestion that growth might *not* be a good thing.

Since the value of growth in the cryonics movement is sometimes questioned, it is worthwhile to review the specific reasons why growth is necessary.

Let's begin with Alcor's 1991 financial statements (*Cryonics*, April 1992). Last year Alcor spent \$150,000 in legal bills, \$85,000 on salaries, and about \$100,000 on other overhead expenses. On the revenue side, membership dues and other service charges brought in about

\$100,000, and donations brought in another \$100,000. The result was a net loss in the General Fund of about \$100,000.

Things cannot continue as they are. Alcor is essentially operating on a "hand-to-mouth-" basis, and is excessively dependent upon the ongoing generosity of its members. The staff are overworked and underpaid, and, like Alcor's many volunteers, I suspect they are heavily motivated by the expectation of bigger and better things to come. Alcor *must* grow so that overhead expenses, particularly legal expenses, become a smaller portion of the budget.

More people means more money. And more money means *better technology*. There is tremendous room for improvement in the methods Alcor uses to suspend its patents. Much of this improvement could be made on a budget that is miniscule by conventional medical research standards, but that is still beyond our reach because of our small size. Whether Alcor grows may therefore determine whether you are suspended with a perfectly viable brain, or a brain that is cracked into pieces and torn apart by ice crystals (our current technology).

More people means more skills, knowledge, and stability. Alcor has historically benefited tremendously from the many talented and dedicated people who've joined the organization over the years. Having lots of people around not only means more gets done, but that it gets done better, and with less dependence upon critical individuals.

Clearly Alcor, and cryonics generally, needs to be bigger than it currently is. But how much bigger? Will there be a point of diminishing returns, a size after which further growth will be detrimental? I think not. To see why we must consider what effects the growth of cryonics will have on the world at large.

As cryonics continues growing, it will accumulate an increasingly large corps of sympathizers and credible spokespeople. This will bring improvements in the legal status of cryonics (as it did in the Dora

Kent case) as more favorable testimony becomes available to the judicial system. With large enough numbers, effective lobbying at the legislative level should become possible as well. A legal environment that recognizes the rights of individuals to seek and stay in cryonic suspension is probably the single most important benefit continued growth can bring.

Closely related to the above is the question of access to cryonic suspension. Access is currently problematic in cases where brain destruction can precede legal death (such as in degenerative brain diseases), or in Coroner's cases. One in ten Alcor members will require suspension under sudden emergency conditions which makes them a Coroner's case. Will you be that one in ten? Growth is needed so that cryonic suspension can become an elective procedure (so-called *premortem suspension*), and special provisions can be made for cryonics patients who become Coroner's cases.

Last, but not least, cryonics needs to be big so that people will not mess with us. Alcor's management structure has often been compared to that of the Catholic Church. It would be nice if cryonics one day had the same public acceptance, political power, and stability of that venerable institution. Failing that, a stature comparable to the Church of Scientology would still make our patients much safer than they are today.

There can be no question that cryonics will someday be a major medical industry. It is too powerful an idea to disappear, even if we want it to. Indeed, the real question is not whether cryonics should grow (it inevitably will), but whether we should work hard at making it grow faster. I think the answer is yes. The sooner we push cryonics through its many and varied growing pains, the sooner we as individuals will benefit from the resulting improvements in finance, technology, access, and stability.

Seven Reasons Why Small Is Beautiful

by Charles Platt

Do we want cryonics to achieve greater acceptance? Do we want Alcor to have more members? In response to these questions, every cryonicist I've met seems ready to answer "Yes!" without a second thought. But that's what worries me: we seem to have an unthinking bias toward growth, instead of a careful evaluation of the pros and cons.

For the record, I am in favor of some growth myself. That's one reason why I'm writing a book about cryonics which will, I hope, attract more members to Alcor.

But in this debate, for the sake of argument, I will explore only the negative aspect of growth. I leave it to Brian Wowk to emphasize the positive dividends.

I have seven main concerns:

1. Suspensions

More members mean more suspensions, sooner or later. Alcor is already short of equipment and skilled people. Each time a member goes down, it's an emergency that takes staff away from their everyday duties. The recent rash of suspensions taxed Alcor's resources to the limit. More suspensions would make it impossible to get regular work done. Also, Alcor is running out of space for patient storage.

There are obvious answers: train more people, and move to a bigger building. But these answers cost money and take time. In the interim period (which could last several years), there must be some restraint on growth. In particular, the organization needs to take a hard look at its current willingness to sign up terminal patients, who will not live long enough to benefit Alcor as advocates or activists and will quickly impose the burden of yet another suspension. For the sake of other members, I suggest that Alcor should impose a surcharge on any new member who is unable to obtain life insurance because of a pre-existing condition. This sounds cruel, but Alcor is not big enough to act like a charity. We have seen cryonics organizations get into terrible difficulties as a result of making charitable gestures which they could not afford.

2. Reduced Chances of Reanimation

The value of any resource generally

tends to diminish as the resource becomes more plentiful, and I see no reason why frozen people should be exempt from this rule. I can imagine various scenarios (limited funds, or government regulation) in which only a number of patients can be revived. I can also imagine a future in which public sympathy and interest would be positive toward a small group of revived patients, but negative if there were hordes of them.

I think it is in our own self interest, as future suspendees, if there aren't too many of us.

3. Internal Restructuring

Almost any organization has to restructure itself as it gets bigger. When there are 100 members, the staff can field phone calls in addition to their other tasks. When there are 10,000 members, answering the phone becomes a full-time job. When there are 100,000 members, the organization needs a separate department to deal with inquiries, complaints, changes of address, and other routine matters.

Restructuring is neither simple nor painless, especially when employees are already underpaid and overworked. Someone has to take the time to figure out a plan and implement it. During this period, there will be confusion and errors. The more slowly the transition occurs, the easier it will be.

4. Dilution and Fragmentation of Membership

A small group of committed enthusiasts will always be better able to function as a cohesive unit and stay true to its guiding principles. The larger a group becomes, the more difficult it is to sustain a purity of purpose.

Also, when membership embraces a larger sample of the population, there is a greater chance of including some true sociopaths.

5. Inflexibility

Successful large organizations (such as 3M or IBM) have been extremely careful to hold onto the benefits of smallness. They employ small research teams, for instance, which are encouraged to pursue their own goals in relative freedom from bureaucracy. (One such team developed the IBM PC.) Even so, these large organizations tend to be slow and unresponsive. A cryonics organization would not be

exempt from this syndrome.

6. Excessive Visibility

Alcor has already been faced with horrendous legal battles. The situation could be much worse if Alcor becomes more successful, hence more visible. Bureaucrats and nut groups are far more likely to pick on Alcor if they feel threatened by it.

True, if cryonics becomes popular on a very large scale, Alcor will gain enough money and power to overwhelm its opponents. But the "very large scale" scenario cannot be reached in a single leap. Along the way, Alcor will be big enough to attract attention, but not big enough to defend itself without feeling the strain.

7. Corruption

A larger organization will be a richer organization. Even in a group of dedicated "true believers," temptation exists; and the temptation grows greater as the financial reserves grow bigger. Also, outsiders will be tempted to start cryonics scams if they think there's money to be made. We have seen scandal in cryonics in the past, and the chances for it recurring will increase as wealth increases.

For these reasons, I believe we should ask ourselves whether we really want more growth; and if so, how much, how fast, and in which areas. We should also start planning to deal with the problems before they become severe. In fact, I can't think of a time when forward planning has seemed more important for cryonics. Ironically, no one at Alcor seems to have much time to do this planning — partly because of the growth that has already occurred.

Business Meeting Report by Ralph Whelan

The August meeting of the Alcor Board of Directors, which took place at Russ Cheney's place in Torrance, California, was very much in keeping with the tone of the previous two meetings. But while ongoing political maneuverings did seem to pervade many of the otherwise harmless topics, I'll venture to say that there was the beginnings of a shared desire to get past these problems whatever it takes, and get back to business. I think that we're still a good ways from giving each other political peace in favor of maximal productivity, but the desire to "be done with this crap" and get back to work is strengthening on all sides of this issue.

Dave Pizer presented a proposal for Alcor to pay either one half or \$50 (whichever is less) of each staff member's medical insurance fees, assuming we get a common carrier. There was some discussion about the benefits of group policies versus their drawbacks, and the benefits of using a carrier like Kaiser Permanente, which (on the downside) requires the use of Kaiser staff and facilities exclusively. Carlos and Dave agreed to look into this further and report at the next meeting. If this ever materializes, it will represent Alcor's first actual employment benefit (well, half of one anyway), unless you count the immunity from E.R. dues that the staff benefits from now.

There was extensive discussion of a various methods of encouraging members to donate more, specifically through recurring mechanisms such as add-ons to the Emergency Response fees. Dave Pizer reported that his attempts to secure an electronic funds transfer mechanism to this effect have not been successful because the overhead of maintaining such a system (setup, bank fees, transaction fees, etc.) outweighs the foreseeable benefit. (This assertion is based on a member survey conducted last year, through which only eleven members indicated a willingness to donate regularly through such a mechanism.)

It seems that presently only credit card authorizations can serve as a worthwhile recurring donation mechanism. This is not particularly worthwhile if used only for regular dues, however, as the fee for credit card transactions is substantial. For donations it may be useful, though, and I have been tasked to put a note into the *Up Front* section of *Cryonics* en-

couraging members to authorize regular credit card donations.

For the first time in over four years, Alcor is not paying for any litigation. We are suing for restitution of fees in the *Alcor v. Mitchell* case, but our lawyers are working this case on contingency, meaning that they will receive nothing unless we win, in which case they receive one third of the fees award.

Dave Pizer expressed concern that our lawyers in this case have not filed yet; Carlos agreed to pressure them to file within the next 30 days. If they have not filed by the next meeting, the Board will consider offering the case to different attorneys.

Tanya Jones gave a brief account of our most recent suspension, which began (with an extended standby) late in June, and did not conclude until the end of July. The case marked both our longest and our most distant remote standby, with over three weeks of multiple-team-member standby taking place in Massachusetts. There will be reporting on this suspension in next month's *Cryonics*. In the meantime, you may recall mention of the front end of this suspension in the *Up Front* section of last month's issue (*Whatever Happened to Summer Vacation?*).

The suspension was also notable in that it was performed without the expertise of our usual cardiac surgeon. Instead, contract surgeon Nancy McEachern and Mike Darwin performed the surgery. Due to the patient's prior cardiac surgery, it turned out to be impossible for them to eliminate perfusion of the entire body (the patient was a "neuro"), so he was perfused much like a whole body patient would have been. Despite many of the usual unusual difficulties, the suspension went well, with the final glycerol concentration at 5.5 Molar (our second highest to date).

Last month, I circulated a detailed proposed Mission Statement, with an accompanying Goal Statement (See the *Business Meeting Report* in last month's issue for the text of that proposal). These were in response to the Mission Statements of Carlos and Hugh, which I considered to be inadequately detailed. At this meeting, however, the argument was made that a Mission Statement *should* be brief and direct, and that it should reflect our priorities within the framework of our tax-exempt status.

At the same time, though, my proposal clearly had utility as a month-to-month and year-to-year planning mechanism. Thus, it was decided that Carlos' Mission Statement would be adopted, and my proposal would be re-titled as Alcor's "Current Organizational Priorities," and used as an ongoing corporate plan. As this plan is fleshed out in more detail, I will publish the specifics, probably in an ongoing format. Members will then be able to monitor our progress toward specific goals (in research, revenue, recruitment, etc.) and compare the progress with our stated goals.

Despite announcements in the last two issues of *Cryonics* to the effect that a Facility Search Committee was to be formed and that volunteers were requested, there were no such volunteers as this meeting began. When the topic came up, however, Maureen Genteman and Marce Johnson volunteered to be on the committee. Other members were brought up as potential "volunteers," and it was informally decided that members well-suited for such a task would be approached by Carlos and myself if necessary to expand the committee by the next meeting.

Eric Klien, on behalf of the Patient Care Trust Fund Advisory Committee, circulated a four page "Money Update," two-and-a-half pages of which criticized Alcor for not following the P.C.T.F.A.C.'s previous recommendations more quickly. This was not well-received in that certain of the directors felt that this was the one issue above all others that they did not want to be hasty about. Furthermore, the P.C.T.F.A.C. should submit their recommendations well before the meeting date (rather than at the meeting or just before it). At the same time, though it was clear that *some* economies in timeliness can be achieved through educating the directors who are not financially literate, and through treating the subject as the priority that it is.

A motion was made to approve the suggestions in Carlos' 31 July memo regarding the P.C.T.F.A.C.'s specific recommendations. The motion passed unanimously.

Paul Wakfer, president of Cryovita, recently circulated a letter stating that Cryovita would be getting out of the cryonic suspension business to concentrate on research. He asked that Alcor make a

list of "suspension critical" items, along with a proposed price for same. There was some delay in achieving this, based largely on difficulties in locating a Cryovita inventory list to work from. Paul has the list of proposed items now, however, and will be responding to our offer shortly.

Scott Herman, an Alcor volunteer now making suspension membership arrangements and a certified Novell engineer (see *Volunteer of the Month!* by Joe Hovey in the August issue), submitted a proposal for upgrading our computer network in multiple phases. Scott's proposal includes volunteer installation and maintenance on his part, with hardware passed along to us at cost. It was voted on and approved unanimously to adopt "Phase I" of Scott's proposal, which (most notably) allows for the purchase of two 386 33MHz processors with 20 megabyte hard drives, and upgrades to the file-server necessary to implement Windows as a user front-end across the network.

Saul Kent, along with Paul Wakfer, has collected in book form various letters and memos relevant to the desire (of some) that Carlos be replaced as President of Alcor. This book was originally released several weeks ago, and now has a "second printing" with more recent exchanges added.

In the lengthy discussion of the points of agreement and disagreement of the people present, one specific point came to light: at least two people — Keith Henson and Carlos Mondragon — are unhappy that their memos were printed without their permission (Tanya Jones had the same complaint with the original version of the book, but has given permission to Saul for the second version). Saul and Keith iterated that they most likely would have given permission if asked, but that printing

without their permission meant that their writings might (and apparently did) appear in some ways out-of-context.

Paul Genteman then asked that one at a time the Directors and Staff (and anyone else with something to add) list things that they have done so far to address the concerns of Saul and the others represented in the book. Several positive responses were brought up and discussed.

Finally, Paul Wakfer circulated a memo detailing a "seven-step proposal to replace Carlos with Steve [Bridge] as president and CEO of Alcor." This memo made provisions for a "gradual, orderly transition" from Carlos to Steve. This memo was not received particularly well, as most Directors agree that we do not have a good enough "sense" of Steve's abilities to approve such a thing. Dave Pizer then circulated his "Alternative to Saul's Suggestion to Replace Carlos with Steve," which allowed for Steve to be appointed Executive Vice President in September of this year, and then to attend the next 12 meetings (up to 6 of them telephonically), and to spend several days at the Alcor facility around the time of the meetings he attends.

Dave's proposal has some loose ends in that it requires 1) financial assistance from Eric Klien, which he has not yet agreed to (alternatively, someone else may), 2) agreement from Steve that this is feasible, despite massive conflicts with his present employment and home life, and 3) agreement from Saul and other activists opposed to Carlos that this will, as Dave puts it, "stop the war."

There was a vote of principle on the matter, and it was agreed that this was worth pursuing.

Tanya circulated her final version of the Alcor Chapter Agreement, which was

voted in unanimously. Members wishing to receive a copy of this Agreement are encouraged to call or write to request a free copy.

As a potential resolution to the recent political unrest surrounding the presidency of Alcor, it was suggested that representatives from the "two camps" (those who support and those who oppose Carlos as president) have a meeting with a mediator present. At Dave Pizer's suggestion, Carlos will call Ralph Merkle and ask if he is willing to mediate such an engagement.

At Dave Pizer's suggestion, I will be generating a list of tasks for volunteers. This will be mostly for volunteers who come to the facility with no particular task in mind, but willing to work. However, if you're the sort who's reluctant to volunteer for some unspecified ugliness, just call and request a copy of the to-do list.

Dave Pizer made a motion that I be put in charge of facility cleanliness, holding Alcor "G.I. Parties" whenever necessary (probably weekly) to keep the facility in shape. I agreed to accept the responsibility contingent on receiving authority in the matter as well. The board voted on the motion as such, and it was approved unanimously.

There were complaints that holding the August meeting on the second rather than the first Sunday of the month caused more problems than it avoided. (Hugh Hixon arranged it as such to avoid having 3 and then 5 five weeks between meetings before and after the August meeting respectively.) Ralph agreed to list the entire year's meeting dates in *Cryonics* henceforth, with the locations to be filled as the meetings approach.

The meeting was adjourned.

Then Plus Ten: Cryonics One Decade Ago Edited and Abstracted by Ralph Whelan

Ten years ago, Cryonics published some passages from Winwood Reade's, The Martyrdom of Man, truly one of the first books of transhumanism. Reade, who was "born at Murrayfield near Crief (Great Britain) on 26 December 1838," appears to have been remarkably prophetic — although the jury is still a few decades from decision on some of his predictions. More than just having a keen eye for future technological developments, though, he embraced and hailed them publicly as progress in a time when to do

so was to risk physical harm. Reade, a mouthpiece for the virtues of science, technology, immortalism, and transhumanism, died in Wimbledon in 1875 at the age of 37.

Passages From Winwood Reade's *The Martyrdom of Man*:

When man first wandered in the dark forest he was Nature's serf; he offered tribute and prayer to the winds and the lightning and the rain, to the cave lion

which seized his burrow for its lair, to the mammoth which devoured his scanty crops. But as time passed on he ventured to rebel; he made stone his servant; he discovered fire and vegetable poison; he domesticated iron; he slew the wild beasts or subdued them; he made them feed him and give him clothes. He became a chief surrounded by his slaves; the fire lay beside him with dull red eye and yellow tongue awaiting his instructions to prepare his dinner, or to make him poison, to go with him to the war and fly on the houses

of the enemy, hissing, roaring, and consuming all. The trees of the forest were his flock. . . He made the sun paint his portraits, and gave the lightning a situation in the post office.

Thus man has taken into his service, and modified to his use, the animals, the plants, the earths and the stones, the waters and the winds, and the more complex forces of heat, electricity, sunlight, and magnetism, with chemical powers of many kinds. By means of his inventions and discoveries, by means of the arts and trades, and by means of the industry resulting from them, he has raised himself from the condition of a serf to the condition of a lord. His triumph, indeed, is incomplete; his kingdom is not yet come. . . Earth, which is now a purgatory, will be made into a paradise, not by idle prayers and supplications but by the efforts of man himself, and by means of mental achievements analogous to those which have raised him to his present state. Those inventions and discoveries which have made him, by the grace of God, kin of the animals, lord of the elements, and sovereign of steam and electricity were all of them founded on experiment and observation. We can conquer Nature only by obeying her laws, and in order to obey her laws we must first find out what they are. When we have ascertained, by means of science, the method of Nature's operations, we shall be able to take her place and to perform them for ourselves. When we understand the laws which regulate the complex phenomena of life we shall be able to predict the future as we are already able to predict comets and eclipses and the planetary movements.

. . . Population will mightily increase, and the earth will be a garden. Governments will be conducted with the quietude and regularity of club committees. The interest which is now felt in politics will be transferred to science; the latest news from the laboratory of the chemist or the observatory of the astronomer or the experimenting room of the biologist will be eagerly discussed. Poetry and the fine arts will take that place in the heart which religion now holds. Luxuries will be cheapened and made common to all; none will be rich and none poor. Nor only will man subdue the forces of evil that are without; he will also subdue those that are within. He will repress the base instinct and propensities which he has inherited from the animals below; he will obey the laws that are written on his heart; he will worship the divinity within him. As our

conscience forbids us to commit actions which the conscience of the savage allows, so the moral sense of our successors will stigmatise as crimes those offenses against the intellect which are sanctioned by ourselves. Idleness and stupidity will be regarded with abhorrence. . .

These bodies which now we wear belong to the lower animals; our minds have already outgrown them; already we look upon them with contempt. A time will come when science will transform them by means which we cannot conjecture, and which, even if explained to us, we could not now understand, much as the savage cannot understand electricity, magnetism, or steam. Disease will be extirpated; the causes of decay will be removed; immortality will be invented. And then, the earth being small, mankind will migrate into space, and will cross the airless Saharas which separate planet from planet and sun from sun. The earth will become a Holy Land which will be visited by pilgrims from all the quarters of the universe. Finally, men will master the forces of Nature; they will become themselves architects of systems, manufacturers of worlds.

Also appearing in the September, 1982 issue were the submissions to the Marrayman Memorial Cryonics Prize. This small contest was won by Simon Carter, with his short treatise on "pseudo-cryonicists," which I reproduce in its entirety.

Cryonics and the Problem of Unreality *by Simon Carter*

I have been involved in cryonics in Australia for several years. As a university student without much money, it took me quite a while to arrange BACS entry [*Bay Area Cryonics Society*. — Ed], but I did have the opportunity of visiting the Trans Time facility and was enthused. It took me a long time to realize that the rest of the world was not going to follow in my footsteps; a number of years later, whilst I have interested some people in the idea, none of my earnest discussions have resulted in a new cryonicist. I consider that far too much effort is being placed upon large scale publicity; cryonics being so small and outlandish (even, in a bizarre twist of logic, macabre) we have little hope of swaying others to our way of thinking, especially as we are reliant upon the media to interpret (one thing a reporter on cryonics does *not* do is report) and dis-

seminate our viewpoint. It is *unrealistic* to waste too many resources upon publicity, far better to concentrate on interesting one's own circle of acquaintances. Regular publicity can be gained by sending news releases to the media, yet in my experience this results in the merest trickle of responses (and half of them cranks!). Could it be that too many cryonicists, aware of what they have and disappointed at an uncaring world, have placed too much value on publicity? Why not concentrate on saving oneself rather than converting the barbarian hordes?

As time has gone by I have found myself less tolerant of pseudocryonicists, these people who are always present, never signed up, and are usually to be seen brandishing the latest *Omni*, and heard earnestly pushing some scheme to promote cryonics far and wide. I have met several of these people — five, nearly six years later they have still not taken one practical step toward signing up — they are however significantly closer to death. These people are an utter waste of time, if they are ever going to join they will do so in their own good time. As a rule of thumb I suggest that it takes between one and two years for a person new to cryonics to complete all arrangements. It does take time, money must be earned, effort expended, and the mind must adjust. If the person has made no steps after several years, then abandon all efforts and treat as pseudocryonicist.

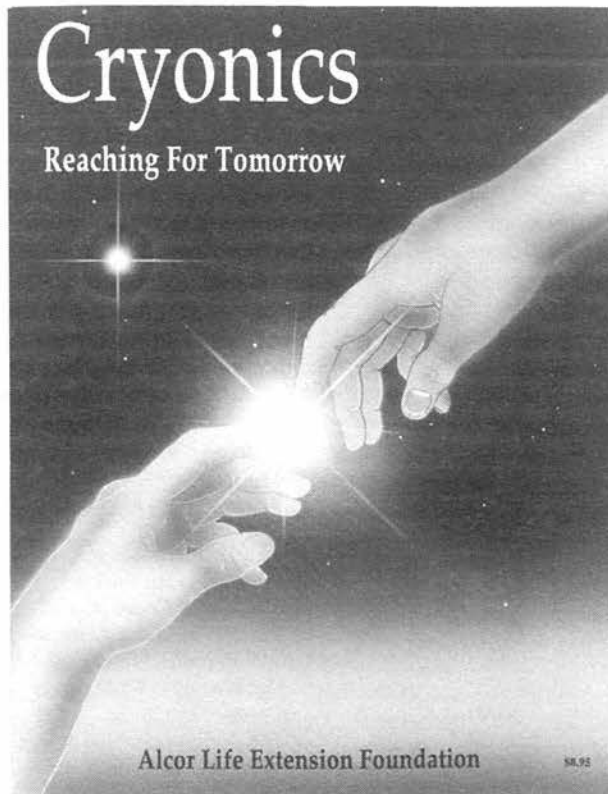
Where we should concentrate our publicity is not on adults but on children and young teenagers. As a long term thing we should present our opinion to the coming generation — we really should be giving an alternative to the pro-death attitudes being pushed everywhere else. I once gave a talk to a couple of classes at a local school and found them fascinated (far fewer dumb questions than I receive from adults) yet several were still quite fixed on the notion of heaven, God, after-life, etc. I find that we should try more talks and publicity to elementary and high schools, Scout and Cub Scout groups, Girl Guides and the like. Might Trans Time and Cryovita offer tours to small school groups?

Cryonics Is. . .

Low-temperature preservation of terminal patients when medicine is unable to heal them. This treatment is called *cryonic suspension*. The goal of cryonic suspension is the transport of today's terminal patients to a time in the future when cell/tissue repair technology is available, and restoration to youth and health is possible — a time when freezing damage is a fully reversible injury and cures exist for virtually all of today's diseases, including aging.

It is our belief that if human knowledge and medical technology continues to expand in capability, people with conditions that would cause them to (incorrectly) be considered dead by today's medicine will be routinely restored to life and health. This coming control over living systems should allow us to fabricate new organisms and sub-cell-sized devices for repair and resuscitation of patients who will have been waiting in cryonic suspension.

There is already substantial scientific evidence available that current suspension techniques are preserving memory and personality — and that the repair and resuscitation technologies we envision will be developed within the next 50 to 150 years.



Non-members may call toll-free (800) 367-2228 or write (see reverse for address) and receive the book, *Cryonics - Reaching for Tomorrow* for free (regular retail price: \$8.95, member price: \$5.00.)

Alcor Is. . .

The Alcor Life Extension Foundation: a non-profit tax-exempt scientific and educational organization. Alcor currently has 25 members in cryonic suspension, hundreds of Suspension Members — people who have arrangements to be suspended — and hundreds more in the process of becoming Suspension Members. Our Emergency Response capability includes equipment and trained technicians in New York, Canada, Indiana, and Northern California, with a cool-down and perfusion facility in Florida and the United Kingdom.

The Alcor facility, located in Southern California, includes a full-time staff with employees present 24 hours a day. The facility also has a fully equipped and operational research laboratory, an ambulance for local response, an operating room and the world's largest and most technically advanced cryogenic patient storage facility.

All Alcor Directors and Officers are required to be full suspension members.

Call toll-free (800) 367-2228 or write (see reverse for address) for the free book, *Cryonics: Reaching for Tomorrow*.

Table of Charges and Dues

Sign-Up Package: \$100 (certain limitations apply; call 1-800-367-2228 for details)

Whole Body Suspension Minimum: \$120,000

Neurosuspension Minimum: \$41,000

Outside U.S. Surcharge: \$10,000

Annual Adult Dues: \$288.00

Additional Adult Family Member Annual Dues: \$144.00

Additional Family Member Child's Dues (under 15 years of age): \$72.00

Adult Student Annual Dues (must be full time student): \$144.00



You can tour the Alcor facility in Riverside, California under the expert guidance of the Alcor staff. The facility is open to small groups (15 people or less) who wish to learn how terminal patients are placed into suspension and how they are cared for at -320°F.

The Alcor tour also features a discussion of the scientific evidence that patients in cryonic suspension have a realistic chance of being restored to life, health, and youthful vigor as well as a fascinating exploration of the advances likely to come in the 21st century and beyond. The tour provides an invaluable opportunity for you to have your questions about cryonics and the prospect of an extended human lifespan answered.

The Alcor tour is free of charge. If you'd like to make arrangements, call (800) 367-2228.

Yes, I want to make cryonic suspension arrangements with Alcor. Please send me _____ Sign-Up Package(s).

Name _____ Age _____

Sign-up fee: \$100 per person.

Address _____

City _____ State _____ Zip _____ Phone _____

Payment enclosed (check or money order). Bill me.

I understand that an Alcor Sign-Up Coordinator will contact me at the above number.

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NOTE: All prices include postage and handling and are in U.S. dollars. Minimum order \$5.00. Overseas orders must be paid for with U.S. dollars by Traveler's Cheques or International Money Order. (Overseas orders add 10% for shipping.) All orders are subject to availability and all prices are subject to change.

Cryonics Magazine

Subscriptions:

- United States: \$35.00/year
 Canada and Mexico: \$40.00/year
 Outside North America: \$45.00/year

Cryonics back issues:

U.S., Canada and Mexico: \$2.50 each. Issues: _____

Outside North America: \$3.50 each. Issues: _____

Membership

- Alcor Suspension Membership Packet \$100.00

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The literature above can be ordered by using this form, or by telephone with Mastercard or Visa by calling Alcor: 1-800-367-2228 (toll free).

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Advertisements, Personals, Meetings and Announcements

Advertisements And Personals

The Alcor Life Extension Foundation and Cryonics reserve the right to accept, reject, or edit ads at our own discretion and assume no responsibility for their content or the consequences of answering these advertisements. The rate is \$8.00 per line per month (lines are approximately 66 columns wide). Tip-in rates per sheet are \$200 (printed one side) or \$240 (printed both sides), from camera-ready copy. Tip-in ads must be clearly identified as such.

MARY NAPLES, CLU and BOB GILMORE — CRYONICS INSURANCE SPECIALISTS. New York Life Insurance Company; 4600 Bohannon Drive, Suite 100; Menlo Park, CA 94025. (800) 645-3338.

J.R. SHARP — INS. BROKER — ALL TYPES OF INSURANCE, ANNUITIES, LIVING TRUSTS and LIFE TRUSTS. Assisting Alcor Officers & Members since 1983. P.O. Box 2435, Fullerton, CA 92633. (714) 738-6200 or FAX (714) 738-1401.

EXTROPY: The Journal of Transhumanist Thought, #9. Hans Moravec on Time Travel and Computing. Plus: Persons, Programs, and Uploading Consciousness, Nanotechnology and Faith, Extropian Principles 2.0, Exercise and Longevity, Genetic Algorithms, reviews. \$4.50 from Extropy Institute; PO Box 57306; Los Angeles, CA 90057-0306. E-mail info from more@usc.edu.

Do you want to keep up with science and technology bearing on cryonics? **PERIASTRON** is a science newsletter written by and for cryonicists, only \$2.50 per issue. **PERIASTRON**, PO 2365, Sunnyvale CA 94087.

"I'D RATHER BE DEAD THAN READ?" — NO WAY! Read *Venturist Monthly News* — News about various cryonics topics — send for free sample copy — Society for Venturism; 1547 W. Dunlap; Phoenix, AZ 85021.

LIFE EXTENSION FOUNDATION OF HOLLYWOOD, FLORIDA provides members with "inside" information about high-tech anti-aging therapies. for free information call 1-800-841-LIFE.

Meeting Schedules

Alcor business meetings are usually held on the first Sunday of the month (July, Aug., & Sept.: 2nd Sunday). 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, SEPTEMBER 13** (Second Sunday!) 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.

The **SUN, OCT 4** meeting will be at the home of:
Marce & Walt Johnson
8081 Yorktown Avenue, Huntington Beach, CA

Directions: Take the San Diego Freeway (Interstate 405) to Beach Blvd. (Hwy 39) in Huntington Beach. Go south on Beach Blvd. approximately 4-5 miles to Yorktown Ave. Turn east (left) on Yorktown. 8081 is less than one block east, on the left (north) side of the street.

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 **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.

The **SUN, OCTOBER 11** meeting will be held at the home of:
Ralph Merkle and Carol Shaw
1134 Pimento Ave., Sunnyvale, CA

After the business meeting and potluck there will be an *Introduction to Cryonics* talk at 7 PM, followed by a question and answer period.

Directions: Take US 85 through Sunnyvale and exit going East on Fremont to Mary. Go left on Mary to Ticonderoga. Go right on Ticonderoga to Pimento. Turn left on Pimento to 1134 Pimento Ave.

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: **Sept. 20, Oct. 18, Nov. 15, Dec. 20.**

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 Pevensey West Ham railway station. When you arrive at Pevensey 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.

Other Events of Interest

The annual Alcor Turkey Roast will be held December 6, 1992. See the notice on page 17 of this issue.

ALCOR LIFE EXTENSION FOUNDATION
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