

Cryonics



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Notes on the Transport Training Course
by Derek Ryan

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Cover: Mike gives Robbie a tip on airway management, while Stan prepares to apply the HLR and Keith supervises.

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Issue to press: October 10, 1992.

Alcor Audit

By now, many Suspension Members have received (with their quarterly dues billing) a notice from Board member Allen Lopp that an audit for the 1992 fiscal year is being planned. A few members have expressed strongly their opinion that audits should be regular practice for an organization as scrutinized as Alcor is, and Allen points out additional reasons why we should pursue this:

As Alcor grows, it is essential that we protect its assets by adopting established business practices that are appropriate for our size — and it is important to remember that Alcor is now approaching a total net worth of \$2 million;

Prospective members will be even more likely to view Alcor as a well-administered organization that is worthy of their trust;

Current members can be assured that Alcor management is handling financial affairs with utmost honesty, integrity, competence, and conscientiousness;

Our audited status will add substantially to our image as a stable, responsible, and trustworthy organization and will aid in our establishing relationships of respect with suppliers, government agencies, and the public at large.

Since Alcor has not had a full certified audit before, this first one may cost on the order of \$20,000. Subsequent years will be less expensive, and we have even provided for at least partial funding of next year's audit in the 1993 budget (see the budget article by Carlos Mondragón in next month's issue). This year, however, we will need a lot of assistance from our members to successfully fund this audit. We've already received pledges for at least a quarter of the anticipated amount, and we expect the response to Allen's letter to bring us a lot closer. But since Allen's letter did not go to all of the members, it's certain that we will need the assistance of many of you who are reading this right now to reach the amount necessary.

Time is short, if we wish this audit to occur. We'll need to have the necessary donations, or at least pledges and commitments to help, by early November in order to make this happen for this year. Please make your tax-deductible donation right away — or call us and make a pledge for whatever amount you can send in later.

Thank you for your support in building a better Alcor.

Cryonics on Disk!

At long last, the *entire* collection of *Cryonics* back issues, from its inception to last month's issue, is available in electronic format. All of the articles, all of the editorials, all of the letters, *all of it* can be had on disk for rapid perusal, research, catching-up, whatever. Naturally, the disks do not include photos, illustrations, or charts, but descriptions of all such visuals are included where appropriate.

The collection comes as eight High Density 5.25" disks or seven High Density 3.5" disks. They are in IBM-ASCII format, and thus can be read by any PC or "clone." We're not including Apple or Macintosh format as part of this offer, but we may negotiate with Apple users for an Apple-readable version at some to-be-determined-if-necessary mark-up. *Please note that these disks do not include publication rights.*

The entire set can be had for \$119.00. (Compare this price to the "hardcopy" back issue set: \$300.00+!) Checks or money orders should be made payable to "Alcor Foundation."

Facility Search Committee

The Facility Search Committee would like your input on a future site for Alcor's Headquarters.

Clearly, the present facility has its pros and cons. The main objection to staying in California is obviously the possibility of a devastating earthquake. However, an argument in favor of *staying* is that cryonics is now clearly set down as *legal* in California, thanks to the Health Department court case decision so strongly in our favor. Some people point out that some areas of California are much safer than others, but then the cost of living and operating in California is high just about everywhere.

Suggestions have been made to separate the storage facility from the lab, possibly even separating office, lab, and storage. It's arguable that we're too small for these sorts of divisions, but the bottom

line is *we need more input from you, and we need more volunteers for the committee.*

Please join Marce Johnson, Maureen Genteman, Walter Johnson, Judy Sharp, Carlos Mondragón, and Ralph Whelan in the search for a new home.

Sign-Up Meeting In New York

If you're in the New York City area (within a few hundred miles, that is), and you've been looking for something to motivate you to — at long last — get that sign-up paperwork behind you, then *this is it*. The November 15 meeting of the Alcor New York chapter will be a Sign-Up Meeting, with plenty of opportunities for questions, answers, advice, and witnessing.

In fact, rumor has it that some well-known science fiction authors will attend this meeting. For science fiction fans, this is a great opportunity to have your paperwork witnessed by someone whose work you enjoy reading!

The exact location has not been set as of this printing, but will be by the time you're reading this. Please call Brenda Peters at 212-353-8665 for directions and other details. Don't miss it!

Turkey Alert!

This is your last chance to book that flight, buy that horse, or whatever it takes to make it out to the Alcor annual Turkey Roast. As always, it will be on the first Sunday in December, this year at 10106 Sunbrook Drive in Beverly Hills. For those of you who missed them last month, here are the directions again:

Take the 405 freeway to Sunset Blvd., East on Sunset, left on Benedict Canyon (just before the Beverly Hills Hotel), right on Angelo Drive, then right onto Sunbrook Drive. Be careful that you stay on Angelo Drive (and not, for instance, Angelo Circle) all the way to Sunbrook Drive. Sunbrook Drive is a cul-de-sac, so most visitors will probably have to park on Angelo near the entrance to Sunbrook.

For those of you who didn't get it right last year, it goes like this: If you want to be there, you have to *show up!*

It's That Time of Year

That's right. Check your calendar: It's officially time to be charitable. That's because if you're not charitable enough each year, Uncle Sam, 'round about April, takes a big piece of what you were supposed to give away, to make sure that you get it right next year. So for all of you who got

took this April, get back at Uncle Sam by putting that money where he can't touch it: in your cryonics organization!

Besides, *it will make you feel good.* That's because we solemnly promise *not* to use that money to hire more tax collectors, or to make ballistic missiles and point them at people, or to wage a War On Vitamin C. Instead, we'll use the money to

improve our Emergency Response capability, or maybe to fund some research toward improved suspension technology, or maybe just to buy some of the pens and pencils and paperclips necessary to run Alcor.

Whatever we do with it, ultimately, we'll be spending it on *you*.

Letters to the Editor

To: All Alcor Suspension
Members (ASM)
Fr: Michael Riskin

On 9/13/92 I was temporarily appointed by the Alcor Board of Directors (ABD) for the volunteer position of ASM Ombudsman. I will execute the duties involved for 90 days at approximately which time the ABD will initiate a general election for a permanent Ombudsman.

This position is new to Alcor. The membership needs are unclear, and of course I do not know what obstacles may be encountered. My initial work and job description is "to receive, investigate, report, and hopefully resolve, complaints or concerns the ASM may have with Alcor administered services, policies, and procedures."

Your suggestions are vigorously encouraged. Help me help you!

Of course you continue to have the option of contacting Alcor administrators directly.

An initial written communication will full particulars is preferred. The communication will be acknowledged and reviewed with you if necessary. I will follow up on a timely basis. If your concern is of a more urgent nature or you believe it requires verbal communication, please phone.

Matters of a critical nature requiring immediate attention are likely best directed to the Alcor Riverside Facility. However, I am pageable through my answering service.

I look forward to serving you and I am quite excited about what I will personally learn from this endeavor.

Michael Riskin, Ph.D.
1913 E. 17th St., Suite 107
Santa Ana, CA 92701
(714) 953-9882

To the editor:

At the September Alcor Board meeting, I met someone who was completely new to cryonics and Alcor. He had never seen this magazine, read any books, been to any meetings or spoken with any cryonicists. He came hoping to learn enough to decide whether or not signing up for cryonics was something he wanted to do. As far as I know, I was the only person there who talked to him about cryonics and gave him literature.

In my opinion, a political battleground is hardly the place to welcome new people. (As a matter of fact, nobody from the board or staff welcomed our guest at all — they were all too preoccupied.) The arguing that went on looked like a series of cat fights. **Criticism wasn't constructive** at all. Instead of being reasonable, people took shots at each other because of personal differences. I don't think that kind of show gives people incentives to sign up and surely they don't learn anything except that there is a lot of hatred in the hearts of some Alcor members.

Furthermore, I don't think that Alcor's present clientele should have to put up with that garbage if they don't want to. It's every person's right to attend the meetings, but as I see it, meetings should be businesslike and educational, not political. According to Alcor's Articles and Bylaws, it exists to do research (put people in suspension) and to educate the public. Nowhere is politics among the clientele mentioned. That's not what Alcor was designed for.

In my opinion, the meetings should be broken up for the benefit of two separate groups: those who believe that Alcor has some sort of coercive power over them and therefore believe that they are entitled to viciously debate every matter that comes up; and people like me who have no such

interests at all, people who trust the current management and just want to be informed. The monthly meeting would be re-structured into two parts. The first, a "political session" wherein people can tell each other what to do and verbally abuse one another. The second would be a "general session" wherein neutral clients, like me, and new people can find out what's going on with Alcor, as opposed to who hates whom.

I like to attend the meetings and I like to talk to other Alcor members for information and inspiration. I don't want to have to avoid meetings because a few people insist on making a war zone out of them. Furthermore, I don't think it's fair to pull newcomers into political fights. Newcomers show up frequently and they should be welcomed as I suggest so they can get a feel for the organization — so they can meet others that will strengthen their desire for immortality. If, after a person has become a member he wishes to become politically active in Alcor, then he can attend the political sessions.

I want a meeting where people don't sit around and verbally assault each other for six hours. Something neutral so we don't all wind up hating each other in the end. I mean, I wouldn't want to be frozen by people I disliked and didn't trust and I surely don't want to be obliterated either. I think it's downright idiotic what's happening in Alcor today. It makes me sick! Do people who once got along with each other now have to worry about spending an eternity with the enemies they've made?

Ever forward,
David Cosenza

Dear Editor:

Cryonics has been noted as being 1st in many ways. . . one of a kind. . . etc.

Well, this time. . . a new 1st!

I have never read a notice in a publication stating where an event would probably *not* be held. . . until now!

Saul Kent and I have opened our home, not only for events such as the Turkey Roast, but for people from out of town who were visiting or working at Alcor and for numerous small group meetings. . . in some cases, we even threw in a car for the guest to drive. All this was done cheerfully. I have taken time to decorate, clean and prepare for any event, be it guest or large social event, with extra care to make our home was comfortable. . . key positions with various mental health organizations, this was one thing I have been able to contribute to Alcor.

I must admit that sometimes, I've been so tired from all of it, that I've had to retire before all of the guests left. Still, I do enjoy having guests and entertaining. Over the years, a few people have pitched in to help. A few have written thank you notes, and some have even sent a gift of thanks. But I don't ever recall having received any thanks from Alcor as an organization!

The first I heard about the fact that Alcor had decided that the Turkey Roast probably *wouldn't* be held in our home was when I read the notice in the September issue of *Cryonics*. This notice hit me like a cold slap in the face. The Alcor Turkey Roast has been held at our home for years. The notice gives the impression of a jealous 2nd grader saying ". . . na na na na na. . . I won't come over to your house." Come on, grow up. . . this kind of behavior is hardly professional!

If my home is not acceptable for an event that has been held here for years. . . without thanks, I will not be attending the Turkey Roast, wherever it is held!

Cordially,
JoAnn Martin

I apologized profusely in last month's Up Front Section for the poor format of the notice JoAnn mentions. I also drove to her house and apologized in person. I hereby apologize a third time. It's seems that the heated political difficulties Alcor is in the midst of have rendered some people incapable of acknowledging an honest mistake and accepting an honest apology. I hope that we can get past this.
— Ed.

How Many Are We?

Alcor has 326 Suspension Members, 463 Associate Members (includes 153 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	13	1	4
Austria	0	1	1
Canada	11	4	20
Denmark	0	0	1
Estonia	0	0	1
Finland	0	0	1
France	0	0	4
Germany	2	0	1
Holland	0	1	0
Italy	0	2	2
Japan	1	1	0
Lichtenstein	0	0	1
Lithuania	0	0	2
Mexico	0	0	1
Norway	0	0	1
Portugal	0	0	1
Russia	0	0	1
Spain	6	2	0
Sri Lanka	0	0	1
Sweden	0	0	2
Turkey	0	0	2
U.K.	13	4	8
U.S.A.	285	136	272

Body-freezing company gets special permit for laboratory

By Juan C. Arancibia
The Press-Enterprise

RIVERSIDE

In one of the most unusual cases to come through the Riverside Planning Commission, a cryonics group yesterday obtained a special permit for its controversial laboratory.

Alcor Life Extension Foundation, an organization that freezes dead bodies and heads in hopes that someday medical technology can bring people back to life, was required to have the permit to comply with city zoning codes.

Planning officials said Alcor's activities do not fall into any type of business recognized by the zoning codes, but the laboratory's characteristics are similar to other uses in industrial areas.

Officials' main concern was how human remains and surgical equipment would be handled but were satisfied with assurances given by Alcor. Provisions for proper handling were included in the commission's authorization.

City Principal Planner Kenneth Gutierrez said the case had been delayed several years while Alcor and state health agencies fought each other in court. In June, an appeals court upheld a ruling that allowed Alcor to store human remains.

Commissioners kept a straight face through the 20-minute hearing, which focused almost entirely on zoning aspects and did not touch on the practice of cryonics. However, there was some dissent among the panel members.

Commissioner Ameal Moore voted "no" and Commissioner Therese Matlock abstained. Both said after the hearing, but even though the proposal is sound from a planning standpoint, they have personal objections to cryonics.

"Morally, I don't care for what they are doing," Matlock said.

Moore said he felt "very uncomfortable with that." Commissioners Sigrid Miller Pollin, B.J. Mynoe, John Ersenberger and James Youden voted "yes." Commissioners Andres Soto, Thomas Safford and Barry Dixon were absent.

Carlos Mondragon, president of Alcor, said the organization moved in February 1987 to its lab in an industrial park near Buchanan Street and Highway 91.

The 3,100 square foot facility is used to prepare bodies or severed heads for cryonic suspension. The bodies — or "patients" as cryonics advocates prefer to call them — are kept in liquid nitrogen tanks at

ultra-low temperatures.

Currently, 10 bodies and 15 heads are stored at the laboratory. Alcor is one of only a handful of cryonic labs around the world. Most scientists dismiss it as fantasy.

Cryonics research involving rabbits and dogs is also done at the laboratory, according to the Planning Department. Alcor literature indicates they contract with another laboratory licensed by the U.S. Department of Agriculture to conduct research.

Planning officials realized Alcor did not have the required permit in 1988, when county coroner officials began investigating the death of Dora Kent, whose head was removed for freezing at the lab. The investigation attracted national and international attention. County investigators eventually dropped their probe without charging anyone.

According to a Planning Department report, the Riverside County Health Department does not object to the laboratory. The City Attorney's office reviewed the court case and agreed that Alcor could apply for a permit.

The City Council still must give the permit final approval.



Greg Hester / The Press-Enterprise

The Press-Enterprise, September 18, 1992

Well, the headline isn't true. And as of this writing, we don't know if it ever will be.

In most instances, the planning commission makes its decisions in granting conditional use permits final. In this instance, they gave their approval contingent on the ultimate consent of the city council.

On October 6th, we were number 47 on the city council's agenda. Ms. Terri Thompson, council person for the district within which Alcor is located, made a motion that the issue be considered at a "public hearing." (This somewhat confused me, because I thought I was *at* a public hearing — I've since learned there is a difference.)

And so, we are now scheduled for public hearing on October 27th, at 3:00 pm.

When Ms. Thompson made her motion, I believe her exact words were: "I want to hear from the City Attorney and see if there is any way we can get this out of Riverside." When our lobbyist called her the next day, she said we were a "gruesome Frankenstein operation," her mind wouldn't be changed and she wouldn't meet with us.

This is the first time we have had dealings with the city government. (Riverside County, on the other hand, knows us well.) On a positive note, we are better off now than we were when this issue first arose because we've found other jurisdictions that would be happy to have us. So, if this doesn't go well, you might get a somewhat urgent appeal for donations from our building search committee. We will keep you informed.

— Carlos Mondragón

Volunteer Task Listing

The following list of potential Volunteer tasks is intended to give people a general idea of the sorts of things that frequently need doing around here. The tasks are listed loosely in order of intensity--from least to most. If you feel like taking a day or even a few hours to help out with any of these, or have general questions, contact Ralph, Carlos, or Joe. (In that order.)

- **Make Up Information/Media Packs.** See Joe or Tanya for instructions on preparing information packs and Media Packs. (1-4 hrs.)
- **Replenish Articles and Reprints.** The articles and reprints file can always use replenishing. Simply pull the master of each depleted file and make 10 copies. Those more ambitious can see Ralph for a list of articles not yet abstracted from *Cryonics* to add to the list. (1-4 hrs.)
- **Replenish Back Issues of *Cryonics*.** The back-issues file is at the top of the stairs. Check for months with no or few copies, pull the master and make 5-10 copies. (1-12 hrs.)
- **Alphabetize Information Request Forms.** The box of past information request forms is in the second black file cabinet from the left. The ones in front of the cardboard divider are already alphabetized, the ones behind it still need to be alphabetized. (Up to 6 hrs.)
- **Improve Organization in the Loft.** The aisles between the shelves should be clear. The area over the Operating Room is especially in need of attention. More passage space between piles is needed, with the piles being more economically designed. (1-2 hrs.)
- **Maintain Landscaping and Parking Lot.** The parking lot should be free of trash and excessive piles of gravel and leaves in the corners. The shrubbery should be well-trimmed, with the surrounding area weeded. (1-2 hrs.)
- **Weigh Out Dry Perfusate Components.** The perfusate used for suspensions must be prepared in "dry" form far in advance of need. For the weighing and measuring of the various components, some knowledge of chemistry and/or experience as a lab technician is preferred. (6-12 hrs.)
- **Organize Video Library.** Presently we have dozens of video tapes of old talk shows, interviews, and documentaries about cryonics. These need to be labeled, indexed, and entered into the computer database.
- **Organize a "Media Relations Department."** We need a system that allows us to deal efficiently with requests for photos. This means going through our photo archives drawer (bottom of second black file cabinet from the left) and separating photos by type (O.R. shots, LN2 shots, dewar shots, etc.) and creating a photo index. This will also entail selecting photos for reproduction, taking them to a photo developing shop and making duplicates.
- **Set Up Satellite Dish.** Requires some basic electrical engineering, construction, and lower back strength. All parts are at bottom of the near end of the third shelving row in the loft. (10-12 hrs.)
- **Put Shelving in the Loft, Above the O.R.** Shelves similar in design to the ones already up there would be helpful in the area over the Operating Room. (This will be a major task, requiring approximately two 8-10 hour days for two people.)
- **Creation of a Book of Resolutions.** Each month of the Alcor Board of Directors Meeting Minutes, dating all the way back into the 1970s, contains Board resolutions that need to be collected into a Book of Resolutions. (30-40 hrs.)
- **Data Entry for Member Files.** Much of the membership information in the Suspension Member files needs to be entered into the computer database. The information is highly sensitive, so any volunteer for this task must be a Suspension Member of at least two years, and be approved by Ralph Whelan and Joe Hovey for the task. See Joe Hovey for details (300-400 hrs.)

Our Finest Hours: Notes on the Dora Kent Crisis

Part III of III

Michael Perry



Jan. 8. Spent the night at the facility, Dave at a motel in town. This morning I had two small red marks on the right wrist from the handcuffs, nothing more. It is quiet but very ominous. A chemicals inspector came over, but we didn't have anything particularly dangerous. Our nitrogen supplier told us today they will no longer do business with us, which caused a frantic scramble. Mike swung a deal involving the coroner no less (Chief Deputy Coroner Dan Cupido, that is) for two LS 160s on Monday. We will pay for the cylinders themselves, something not ordinarily done, and the Coroner's office will okay it. If they want to destroy us they want to do it through "legitimate" means.

Some rotten press. We are guilty of failure to have several minor permits, of operating in a light industrial zone which we aren't supposed to do, etc. This came about because the entourage yesterday included the right experts to pronounce our doom. But they recognize that the Coroner had dibs on us first, so they promise no action until his investigation is complete. We also were thought to have "explosives" concealed here, which was a misperception based on some disabled grenades and other war mementos.

Evening — a call from Dave, who went back to Phoenix (an enviable place to be at this point). Mike thanked me for staying behind. I hope I do more good than harm.

Jan. 9. Still quiet, still ominous. Some scurrying behind the scenes with attorneys, including a Constitutional lawyer. Maybe we can get a court injunction to stop this horrid autopsy, maybe not. The fate of all our patients also hangs in the balance, however.

Mike got a liquid nitrogen burn on his foot the night of the 7th, it turns out, which is still painful today.

Jan. 10. A day of meetings. We had our regularly scheduled [Alcor] meeting [at the facility] and [despite the fact that members were at risk for possible further action by the Coroner] it was well-attended. At one point

there was applause for the six of us who were detained on Thursday. An evening meeting with an attorney brought forth some interesting points. [On the subject of the confiscated diary, he expressed the opinion that it would be difficult to use that kind of information against us, which was some small relief, though I still felt badly.] I made the remark afterward that it would be nice to have him here all the time. Mike's foot is still sore, and he was wearing slippers.

Dave Pizer called.

Called [my parents'] late evening. Reassuring to hear from them again.

Jan. 11. Another quiet day. Liquid nitrogen delivery — we now have plenty. Some heartening expressions of support. Waiting and hoping for more positive developments.

Late evening. An ominous quiet has settled over everything — Hugh says "evil little minds are at work."

Jan. 12. At 8:28 a.m. there was a call: "Rick Bogan of the Coroner's office" announcing another search. I asked if I could put on my clothes, he said okay. I got about half dressed and there was pounding on the [front] door and shouts to "open up!" I let in the Coroner's people. One of them, a tall hispanic named Portillo, grabbed me by the belt and had me take him to every room in the facility, asking as we paused in each doorway, how many people were in the operating room or the sleeping room or whatever. (Hugh was outside at this point — I believe he was already outside when the call came, and they had me conduct the tour.) So I would ritually reply each time, "there is nobody in the ----- room." Then, after they were satisfied there was no one in the facility, they conducted me outdoors in my bare feet and settled down to serious ransacking. Hugh showed me their search warrant — and grinned. Mainly it was stuff of Jerry's including all materials stamped UCLA which might be "stolen." (They were

mostly acquired at surplus sales, Hugh said.) As usual I was terrified that they would harm the patients but otherwise calm. On the whole they were polite, bringing me a jacket (at Hugh's insistence) and then my shoes. Soon Hugh persuaded them to open the patient care bay and we positioned ourselves in front of it to keep watch. They later brought out some doughnuts which I sampled, not seeing anything morally objectionable. They tasted good but did funny things once inside — I am not able to handle junk food.

Some of the media people began to line up around the fence & Hugh & I talked to them awhile, thinking maybe we could gain a little sympathy for our side.

Finally in the afternoon, two of our attorneys, Christopher Ashworth and Gerald Polis, showed up. Ashworth presented a brilliant defense of our position to the media, noting that the coroner had found nothing amiss regarding the woman's death and had issued a death certificate so stating, before trying to reverse his position, and that what happened was "crystal-clear" from our notes and that it vindicated us fully.

About then we were presented with another search warrant. I heard Mr. Polis say "oh s-- t!" when he saw it. It related to seizure of "controlled substances" and other things. One of the other things was "magnetic media" I learned eventually, by which they were legally able to cart off every one of our computers. The two lawyers left shortly after the new warrant was served, around 4 I think, and Hugh and I were left to hold the fort. We were denied access to the building, as we had been all day, except for the patient care bay, one rest room and to some extent the crew room. We were offered the room for the night but Hugh decided he'd rather wait outside so he could observe the patient care bay, and I joined him. We piled some blankets in my car & settled in, me in the front seat, Hugh in the back.

Before moving into the car, though, we observed them carting off our stuff in a large flat-bed truck, and Hugh made an inventory. In addition to computers and things stamped UCLA, they took many of our drugs needed for doing suspensions.

Toward midnight, when Hugh & I were in the car (and I was asleep but Hugh was not) there was a humorous incident. The local police, seeing our gate lock had been cut and that people were inside looting, went in and roused them out, before realizing it was the coroner's people.

Marce Johnson ordered a vegetarian pizza for us, which Hugh & I saved for tomorrow.

Jan. 13. The coroner's people completed their haul today and left around 2. Before that I had the privilege of attending a very important court hearing, in which a temporary restraining order was issued against destruction or damage of frozen human remains now maintained by Alcor, as well as the remains of Dora Kent, "if they shall be found and be found to be in cryonic suspension." This was engineered by Ashworth, with Polis tagging along. (Ashworth is a Constitutional lawyer, Polis, a criminal lawyer.) The order is good for 18 days, until a hearing scheduled for Feb. 1. The actual hearing [today] was held in closed chamber but I got word as soon as it was over. Press people were there as well as a few of the coroner's people including a man with a droopy mustache who almost never smiled, that I had often seen at the facility.

In addition to him there was another man and a woman, to round out our opposition's entourage. They didn't participate directly in the hearing, as far as I could tell, but were there only as observers. Ashworth went over and talked to them at one point, grinning and saying, "I don't believe in immortality either," before continuing with what I gather was a defense of his position.

Yesterday Hugh & I received word from Carlos not to talk to the media anymore and this was reiterated by Polis. (Ashworth was more amenable.) Arthur was even more insistent about it later in the evening. I saw in the *Riverside Press-Enterprise* where I was quoted as saying that the reason Alcor "refused to give up the head" was because we didn't want the remains to be autopsied, something I had not actually claimed and which could be quite damaging if the coroner took it seriously. I also learned that my picture was in the *L.A. Times* but didn't see the article.

So finally, evening descended. I made a good-tasting dinner of lentils, peas and wheat that took 45 minutes to cook in the microwave but was otherwise okay, and surveyed the damage. (Hugh had videotaped everything shortly after we regained control

of the building.) Most printed materials I remembered were still there. Notable exceptions: copies of the two most recent issues of *Venturist Voice* that were out on a lab table in the central hallway, and an article on this whole incident written by Mike.

Jan. 14. Bill Faloon says they are getting a top forensic pathologist who is willing to testify that nothing would be gained by autopsying the head, and who will testify at the Feb. 1 hearing. Meanwhile the coroner (Ray Carrillo) held a press conference today. I received word from Carlos, at about 5:13 p.m., that [Carrillo] had fairly destroyed himself, and that the press were now on our side.

Epilogue: Behind-the-scenes events proceeded smoothly, and the Feb. 1 hearing was a great victory for Alcor and cryonics. A "preliminary injunction" was granted protecting Mrs. Kent and the other Alcor patients from autopsy. This was not the end of our troubles with the Coroner's office, however. The focus of attention shifted from destruction of the patients to trying to charge the staff with a crime. On grounds that certain metabolites were found in Mrs. Kent's body when the Coroner autopsied her body, it was concluded she must have been alive at the start of cryonic suspension; hence, a new death certificate was issued listing the mode of death as "homicide." Eventually Carrillo publicly accused the Alcor team of murder. (The metabolites were not inconsistent with the level of support, oxygenation, etc., that is normally given cryonics patients after death, something that is not covered in current forensic training.) There was an effort to force three of the participants (Scott Greene, Hugh Hixon and myself) to testify about what had happened. Since it was a homicide case, we were entitled under State law to "transactional immunity" or protection from incriminating each other with our testimony, a point our opponents disputed. The case went all the way to the California Supreme Court; our position was vindicated, and the attempt to establish homicide was abandoned. Another effort, however, was launched to brand the Alcor staff with "practicing medicine without a license" and Dr. Harris with aiding and abetting such practice. Eventually that too stalled, mainly for lack of evidence of substantial infractions. (It's hard to claim you're practicing medicine on a legally dead person, for instance. Another point raised was that the Good Samaritan was, by all indications, practicing medicine without a license; in other words, some significance attaches to whether actual *harm* was done or intended.) A third line of attack was to try to charge Alcor with "grand theft" of materials from UCLA. The Coroner might have had a case

going against us, for awhile, *because during the raids his people seized many of the receipts that proved we had legitimately purchased the "stolen" equipment!* Thankfully that childish attempt, reminiscent of the worst trumped-up cases in totalitarian countries, also came unglued.

Meanwhile Alcor personnel had launched their own litigation against the Coroner's office for false arrest during the raid of Jan. 7. (Many of us hadn't been told we were being arrested or why, or advised of our rights, etc. Principal credit for the suit goes to David Pizer, who furnished a \$6,000 deposit for legal fees.) The case was eventually settled out of court, in our favor, as reported above. Another consequence was that our confiscated property (including much of the foregoing record, along with many other things) was returned.

The election for County Coroner in 1990 was interesting. Carrillo's office had by then accumulated a record of silly mistakes: a mistaken cremation of a suspected homicide victim before it could be properly examined; employees using the picnic table in their back yard for autopsies and leaving 24 boxes of human body parts in the garage when they moved out of the house; alleged theft of valuables from bodies; mishandling of the Liberace affair — and, Dora Kent. During the campaign, an unidentified individual dressed as a clown paraded in front of the Coroner's office, and claimed he was Ray Carrillo. Carrillo lost the election and his successor has been rather more conservative, living up to his stated intention to be a "quiet coroner."

A final legacy of the Kent case is that it probably to some extent fueled another legal struggle, between Alcor and the Department of Health Services. This developed because the *next* Alcor suspension after Mrs. Kent, in May 1988 when feeling was still running high, was a whole body. It thus was necessary to obtain a "disposition permit" or VS-9 form (neuros, on the other hand, can be conveniently treated as "tissue samples"). The DHS would not issue such a certificate, because one requirement is to specify the means of disposition, and "cryonic suspension" wasn't on the list when the current laws were drafted back in 1939. Cryonics, said the DHS, thus is "illegal" and the local D.A. should prosecute us. (And by implication, the patients should all be thawed and our dreams must end.) Another long legal battle ensued. Very recently, Alcor was completely vindicated. We can now practice cryonics with the same legality in which people are buried, burned, or sliced up for study. We hope for better than this, but it's certainly a start.

Raymeo of Riverside

David Pizer

Many years ago, in the far-off land of Riverside, California, there lived a great lover called Raymeo. Raymeo had not always lived in Riverside; he came originally from a small village in Arizona where, as a child, he discovered he cared a lot about people. So great was his love, in fact, that he decided to become a policeman.

As a policeman, Raymeo could help others behave in a manner that was good for them. He knew most people were incapable of making good choices for themselves, so he had his department issue him a big club. When any of them would do something that was not in their best interest, Raymeo would help by knocking them over the head. This way he demonstrated his caring nature and rose through the ranks.

Throughout the land Raymeo's great love became known, and soon he moved to the larger city of Riverside. Here the population was dumber than in Arizona, so he was kept very busy knocking heads.

But Raymeo was not satisfied with only helping in this limited way. When the office of Coroner came up, Raymeo ran for it. As Coroner, Raymeo felt he could show his love more sincerely. He worked hard to improve himself. And as politicians often do, he found himself with extra money, so he quickly opened a restaurant in nearby Palm Springs. Here he displayed his scientific prowess by showing the world he could fill a taco shell without spilling too much ground beef. When Raymeo wasn't busy beating heads or rolling people into body bags, he was smashing gobs of flour into tortillas or rolling up beans in them. To make up for his lack of medical expertise he took a two-week correspondence course.

Raymeo was very happy until one day when he came upon the dumbest group of all, the cryonicists. These poor people were stupid enough to believe death is bad, and they wanted extra time to live. Ray-

meo badly wanted to prove his love for them to all the world, but he needed an opportunity.

Luckily, it wasn't long in coming. The ignorant cryonicists suspended a woman, Dorilette. At first Raymeo was puzzled. How could he use his caring club on someone who was frozen? Then it came to him. He would confiscate her head and defrost it, then lovingly slice it up.

Raymeo's heart swelled with kindness. This would be his greatest act. He left his nightstick behind and, armed with a compassionate search warrant, a gentle shotgun, and a loving scalpel, Raymeo went to the house of the misguided cryonicists to recover the head. But alas, it wasn't there. Raymeo was disappointed but valiantly pressed on. He rounded up the poor cryonicists and took them down to the police station in protective handcuffs. He let them sit free of charge for six hours while his wise helpers tried to talk them out of their ways of ignorance. He had other of his pals restructure their facility and remove much of their equipment to help simplify their existence and minimize their confusion. Finally, he made constructive accusations to the press on their behalf. Raymeo knew he exaggerated on these, but realized that in befriending the unfortunate a certain amount of creativity is often called for.

But even so happy a tale of love and sagacity as this one has an unhappy ending. A hundred years later, when Dorilette was revived to beautiful youth and vitality, she yearned to meet the great lover, Raymeo. She called out his name: "Raymeo, Raymeo, wherefore art thou, O Raymeo?" But alas, there was no answer. For Raymeo had long since been placed in the earth, to enrich the diet of creatures that live underground.

Personal Continuity, Death, and Cryonics 3:

Types of Continuity and Conceptions of Death.

Max More



In the first two installments of this series, I set out the basics of the psychological reductionist view of personal continuity/identity. I can now proceed with my task of adumbrating a conception of death, a conception that implicitly or explicitly underlies the thinking of many cryonicists. This will require setting out some more distinctions (the philosophers' feish!) which will serve as building blocks of the theory.

First, we need to be aware of the ambiguity of the term *dead*. I needn't belabor this point, the idea having been presented in an earlier column as well as by other cryonicists. In one sense, to say that something is dead is to say that it has ceased functioning, or that it is functionally dead. This is the straightforward sense in which you growl, "My car just died on me." Dead in the second sense has a stronger implication: It requires *irreversible* loss of function. Suppose that at about the time your car stops running you become rich. You might decide to junk the car rather than have it repaired. You watch as your ex-vehicle is crushed into a thin slab of metal. Now, if you declare "My car is dead," you mean that it is irreversibly dead, i.e., the same car cannot be returned to you. There is not enough left of the structure of the car to repair it and make it functional. At best, some of the metal could be used to build a new car of the same model. But that would be a *different* car. Cryonicists have a handy term to refer to functional "death" — deanimate. We reserve the term "dead" for cases of irreversible loss of function.

Standard conceptions of death fail to make the deanimate/dead distinction. Even worse, they fail to disentangle the idea of *permanent* absence or loss of consciousness from the idea of *irreversible* loss of

consciousness. Permanence and irreversibility are distinct and separable since cessation of consciousness might be permanent yet reversible. Every day, patients are "no-coded" by doctors and declared dead. In no-coding a patient, the attending physician is saying that though the patient could be resuscitated (by CPR or defibrillation), this is not to be done, since the patient's restored life will be brief and unpleasant. Where a no-code instruction has been issued, cardiac arrest entails permanent loss of consciousness. Yet it might be quite easy to resuscitate the patient, at least temporarily. So, depending on whether we are interested in permanent or irreversible loss of consciousness, we can say the death of a person occurs either when:

(a) **Irreversibility condition:** There is a sufficient degree of destruction or dissolution of the brain (or other medium for support of consciousness); or

(b) **Permanence condition:** The capacity for consciousness is lost and no attempt will ever be made to revive or repair the patient.

We can now distinguish two senses in which someone might be thought of as dead:

A person is theoretically dead if they meet the irreversibility condition.

A person is permanently dead if they meet the permanence condition, whether or not they also meet the irreversibility condition.

Assuming that cryonics works, when someone's cardiac and respiratory func-

tions cease and cannot (at that time) be restarted, but the decision has been made not to place them into biostasis, then we can, at that point, say that they are permanently dead but not theoretically dead. Clearly cryonicists are operating on the theoretical view and not on the permanence view. We need to be aware that most people are not clear about this distinction and it leads to confusion over the moral and practical motivations for cryonics.

My next step in constructing a universally applicable conception of (theoretical) death is to delineate several senses in which an organism might be said to continue, and to apply these to a critical analysis of current criteria of death such as cardiac-respiratory arrest, whole brain death, lower brain death, and neocortical death. If true death is irreversible loss of consciousness (or of the capacity for consciousness), what kind of continuity matters?

One defender of the neocortical criterion for death avers that destruction of the neocortex has been shown to produce permanent unconsciousness and to be an empirically verifiable pattern of brain destruction prior to the failure of the organism as a whole. Since human death is the death of the person, and the death of the person occurs with permanent loss of consciousness, neocortical death is an adequate criterion for declaring death. [Karen Gervais, *Redefining Death*, p.150-51] To show that this is incorrect, and that a person can survive neocortical death (constructed in either of two senses), I need to explain three types of continuity.

Structural Continuity: Atoms or molecules may gradually be replaced, but the arrangement of the parts of the body or brain persists. That is, the physical struc-

ture is maintained even though there may be a gradual turnover in the material of which it is composed. Structural continuity is static when two temporal stages of the system are qualitatively identical, and dynamic when the later stage has resulted from the earlier stage by a sufficiently gradual process involving no spatiotemporal discontinuity.

Functional Continuity: (a) Bodily functional continuity: The body and (perhaps) the brain continue to function (either autonomously or with mechanical support). Functional continuity may be maintained despite a serious loss of structural continuity. Replacement of the heart with a mechanical heart may maintain the original function despite the two organs having entirely different structures. (b) Psychological functional continuity: Personality continues to operate and act; consciousness (or the capacity for consciousness) is maintained. This may occur despite a radical change in the structure of the physical organ making consciousness possible. Loss of functional continuity may be (i) reversible or irreversible by current means, or (ii) reversible or irreversible by any empirically possible future technology.

Informational Continuity: Physical structure may be destroyed, but all the information necessary potentially to allow reconstruction of the brain (or other consciousness-support structure) — and thus restoration of its function — persists.

Neocortical death may be understood in two ways, neither of them adequate as a universal criterion of death. Neocortical death might mean either (a) that the neocortex has ceased functioning and it cannot be restarted with available technology (neocortical dysfunction), or (b) that the neurons of the neocortex and their patterns of interconnectivity have either decayed or been destroyed so that no empirically possible future technology could ever repair them (neocortical destruction). Given today's standard practices (i.e., biostasis not being applied), a patient who is neocortically non-functional will eventually become neocortically destroyed. Nevertheless, the two are distinct; in the absence of effective biostasis, cessation of neocortical function is prognostic of personal death, but it is not diagnostic unless accompanied by neocortical destruction. If death is an irreversible state, then cessation of neocortical function that is irrevers-

ible by *current* medical technology is no more the point at which death occurs than was cessation of heartbeat in the past. If we were to find a way of restoring a dead (non-functional) neocortex to function, then we would have to say that the person had not been dead.

So long as the necessary neuronal structures persist we cannot say that the capacity for consciousness is irreversibly gone. Cessation of neocortical function need not imply loss of critical structure or information: Sufficient structural and chemical clues may remain to allow restoration and revitalization of neocortical function and neuronal interconnections. Full structural continuity of the cells is unnecessary for the possibility of repair of the neocortex, since the desired structure and function of the neurons may be inferred from residual chemical clues, or it may only be necessary to repair membranes, open ion channels, restore synapses, or replace organelles such as ribosomes.

An objection might be raised to the effect that "capacity for a conscious, but not necessarily continuous, mental life" means that the neocortex can support consciousness given the appropriate stimuli and that these stimuli should be defined in terms of current technology. An analogy might be given as follows: If we say that a car has the capacity to move at 110mph, we mean that it is currently in a state such that, given appropriate stimuli (such as gas, a foot on the accelerator, etc.) it will achieve 110mph. The objection claims that we don't mean that the car could achieve 110mph given available technology, and we don't mean that, given some empirically possible but non-actual technology, the car could achieve 110mph. The problem with the objection lies in the fuzziness of the terms "capacity" and "appropriate stimuli." Does the car have the capacity to move at 110mph if a wire has been loosened? In that case it doesn't have the capacity immediately, given only the normal stimuli. However, there is a perfectly reasonable sense in which it does have such a capacity: The car has the capacity to move at 110mph if we reconnect the wire. If someone were to say, before reconnecting the wire, that the car could not go 110mph, the statement would be misleading in that we might be led to think that this *kind* of car does not have that capacity. The car will not function normally without that repair, but so long as the repair can be effected there is an important sense in which the car does have that

capacity.

Neocortical death might mean not loss of function but decay or destruction of the neurons of the neocortex and their patterns of interconnectivity so that no empirically possible future technology could repair them. This is less parochial than the loss of function definition and is acceptable as a historically temporary criterion (i.e. *given current technology*), but it still fails to provide a transhistorical, universally applicable criterion. Locking the criterion of death into neocortical destruction is mistaken since our continuity is essentially psychological continuity and connectedness — the R-relation — and not physical continuity. We might say that we are software and not hardware; the psychological relations that constitute me are currently instantiated in *this* neocortex, but I am not *essentially* this neocortex nor even (more controversially) any neocortex. We can conceive of personal continuation despite neocortical death, and this may even become technologically possible in the future. Here are a couple of ways in which neocortical death and personal death could come apart:

Brain Scanning and Replacement:

Suppose that, at some time in the future, some extremely powerful scanner were available, the descendants of today's MRI, NMR, PET, SQUID, SPECT and CAT scanners. These scanners might be used to scan a brain so completely that the resulting data specified the entire neuronal structure, including neuronal interconnections, electrical charges, spiking potentials, and levels of all neurotransmitters and hormones. Suppose that your brain was then destroyed (or is destroyed layer by layer as the scanner does its work). A new brain is then built according to the information gathered from the scan, it is implanted in the original body, and all necessary connections are restored. We should say that this brain is a *new* brain, for a brain is a physical object and spatiotemporal continuity is a necessary condition for physical objects.

Despite the spatiotemporal discontinuity and the destruction of one brain and its replacement by another, the same person remains throughout the procedure. Though there is an interval during which there is no structural or functional continuity, there is always informational continuity. The new brain is structured the way it is, and functions the way it does, because of the structure and function of the original brain.

Uploading: In the second kind of case, I can survive the loss of my brain even though it is *never* replaced by another biological brain. If what matters in my survival is my psychological continuity, then I will continue to exist so long as my consciousness, my psychological features, are maintained in hardware that is functionally equivalent at the necessary level. This hardware may be nonbiological, perhaps an appropriately-configured parallel-processing computer constructed according to the information gained from the destructive scanning of my brain.

I have shown that the neocortical

criterion is not acceptable as a universally applicable criterion of death. Certainly it is superior to the cardio-respiratory criterion, since it is the brain that supports mental life, and the neocortex that generates and sustains higher cognition. However, neither loss of neocortical function, nor neocortical destruction is a sure sign of death in all situations. For suspension patients, the former is not accurate even today, since we expect absence of neocortical function (probably) to be temporary. The idea of informational continuity enables us to form a universally valid conception of death and form contextually useful criteria based on it.

A final caveat: My discussion may have left the impression that death is an event, an all-or-nothing occurrence. However, the boundary between life and death is a fuzzy one, as should be evident from the continuity principle outlined above: Informational continuity is a matter of degree, and thus the question of whether a person has died may not admit of a straight yes-or-no answer. I will probably discuss the idea of partial death in a future column. (My January 1991 column explicated the idea of a category of *deanimate* — a spectrum of cases lying between life and death.)

The Real World Interface

The Real World Interface

Introduction

Charles Platt



I'm a relative newcomer to cryonics. I'm also a writer who spends a lot of his time trying to concoct fiction and fact that seems relevant to people's lives. As a result, I find myself seeing things from two viewpoints: the cryonics viewpoint, and the mortalist viewpoint.

My double vision can be confusing, but it can also be useful. If cryonics is ever going to find greater acceptance, everyday people need to understand the cryonic mindset, and cryonicists need to be reminded about the mortalist mindset. What I will try to do in this column is bridge that gap — provide an interface between the small world of cryonics and the larger world outside it.

* * *

The October issue of *Life* magazine graphically illustrates how wide the gulf is between cryonics advocates and everybody else. *Life's* cover-feature on aging is a

must-read, in my opinion — not for new information (it doesn't have any) but for insights into public antagonism toward the whole idea of avoiding death.

According to *Life's* editorial, when senior editor Stephen Petranek told his colleagues that molecular biology might enable people to live for "hundreds of years," everyone "laughed hilariously" at such a wacky idea. However, a staff writer was assigned to the topic, and he came back with the surprising news that there might be something in it after all. At the same time, however, he commented: "Only the most flexible people would be able to deal with the problems of living practically forever."

The feature article that he wrote warns us that longevity could cause a "wall-to-wall revolution that would force every human institution through a meat grinder of change and demolish civilization in its present form." And, it could create "a dreary, overcrowded zoo of an-

cient mutants, a monotonous community of smooth-faced Dorian Grays enduring eternal youth on a planet where time no longer ticked and death alone offered relief from boredom."

So, there it is: from the perspective of a mass-circulation magazine (which reaches more than 1,000 times as many people as this issue of *Cryonics*), longevity sounds like a joke. And if the people at *Life* are forced to take the topic seriously, it frightens them.

To be fair, the October *Life* also includes a page describing how a life-extended society might actually function. But this is ominous in a different way: it assumes that to solve the "problems" of longevity, we will need legislation which would pretty much destroy personal freedoms. Compulsory sterilization, for instance.

The moral of this story is obvious, but I think it needs to be reiterated: Most people find any form of substantial change

extremely unsettling. Cryonicists tend to get impatient with public inertia, and they dismiss it with comments such as, "People will have to face these issues when technology forces them to do so," or, "If they don't want to live, let them die." But the bottom line is, cryonics organizations need more members, right now. Cryonicists are in no position, therefore, to be dismissive, and it might be a better idea to try to understand the other side's point of view.

* * *

To a suburban family in Anytown USA, life probably looks something like this. They have a twenty or thirty-year mortgage, and kids in school. They are not quite as wealthy, in real terms, as they were five years ago. Their job security has been eroded by shifts in technology and by the recent recession. They are worried by countless scary news items about polluted water, carcinogens in their food, AIDS, global warming, and obscene lyrics in rock songs, just to take five random examples.

To them, it seems as if the benefits of progress have been mitigated by some substantial penalties. Maybe this assessment is false; but many of them loved Ronald Reagan because he gave them some old-world reassurance, and they probably believe that life was better in many ways in the 1950s.

My hypothetical suburban family has made a lot of decisions based on their per-

ception of the ground-rules of life. When to have children, when to get married, what career to choose, where to live, how much money to save — all these options have been biased, to some extent, by the fixed idea that a "natural" lifespan is about 75 years.

Now try to tell this family that they can live again in the future, or they may not even have to die at all. And tell them that this will be a new benefit brought to them by the technology that has already impacted on them in so many ways. Is it any wonder that they are less than thrilled by the news?

From their perspective, the implications of true longevity would be disturbing. Job promotion as a function of seniority would become a thing of the past. The "natural" cycle of marriage, children, grandchildren, and retirement would be forever stopped. The time-markers of life, providing orientation, would be swept away. All their preconceptions would have to be revised.

Of course, on the up side, cryonics and/or longevity treatments would help people to worry less about the immediate prospect of death. Big deal; they probably weren't worrying about it anyway! Most people don't sit around brooding about mortality; they push it to the backs of their minds and pay much more attention to everyday concerns such as how to pay their bills or how to find out whether their

kids are using drugs.

* * *

Back in the 1960s, we saw how the "silent majority" reacted to the idea that a few moral values might be overdue for modification. There was nationwide outrage and backlash. But this would be nothing compared to the outcry that would occur if the human lifespan became open-ended; because longevity would entail a far bigger overhaul of people's values and world view.

To make cryonics and longevity seem acceptable is a far bigger challenge than I think we have allowed ourselves to realize. It's a challenge that I relish, because if we tackle it successfully, the benefits will be enormous. But I don't think we will have any hope of success unless we first admit the size of the task, and then try to meet the general public on its own territory

In my next column I'll make some suggestions about how this might be done by co-opting the media, without losing our integrity in the process. In the meantime, I feel we should keep the feature in *Life* magazine for reference, to bring us back to reality anytime we get too carried away with our own dreams. We must never forget that those dreams which give us comfort and sustenance are strange, confusing, and scary to the mortalists of the world.

Signing Up Made Sensible

Naomi Reynolds

Many thousands of people have heard about cryonics. A very small fraction of them have signed up. A large fraction of them have apparently dismissed the idea, and will never become members, unless they rethink their decision. But there is a third fraction who have decided, "Yes, cryonics is a good idea. I am certainly going to sign up — later." There are many reasons given for delaying the sign-up process — including finances, risks, and

time. What follow are numerous reasons for *not* delaying, which I hope you will find more compelling than the reasons for delaying.

Finances are the most cited excuse for not signing up: "I'm saving up for a car or a house; or I'm unemployed; or I'm young — my salary is insufficient; or I'm old — I can't afford the life insurance." It is true that signing up takes money. With Alcor, it costs \$100 for the sign-up fee (plus \$25/

month if you take more than 4 months to sign up), plus yearly fees of \$288 (for the first adult member in your family). Then there is your life insurance premiums (anywhere from about \$100/year for a term policy on a young, healthy individual opting for neuro-preservation to over ten thousand/year for a cash value policy on an older member with a face value sufficient to cover whole body suspension).

But what are the financial costs of *not*

signing up? There are several. First, Alcor has established minimum amounts of funding which you are required to have in order to sign up for cryonic suspension. These minimum amounts have risen in the past. When we have raised prices in the past we have "grandfathered in" members with lower amounts of funding. There is, of course, no guarantee that prices will (or will not) rise in the future, and there is no guarantee that if they do rise, current members will be allowed to maintain their suspension funding at the old minimums. However, the same arguments that have been used in the past would be just as valid in the future, and the new minimums would probably be required only of new members. (This does not mean that the members with the old minimums *shouldn't* get more funding; it only means that if they can't (due to illness or aging) or won't, they wouldn't be required to.) The bottom line is that if you sign up later, you *may* end up needing a larger life insurance policy, and that would cost you more money.

A second extra financial cost awaits you if you unexpectedly become ill or injured and are *unable* to sign the legal documents required for suspension. Suppose that you are fortunate enough to have discussed cryonics with your family and they are considerate enough of your wishes to execute the legal documents for you, as next of kin. This is going to cost you, or your estate, or your family an extra *twenty-five thousand dollars*. Alcor charges this last minute sign-up fee because, frankly, our liability is higher (and our time for preparation and planning is lower) in a situation like this.

The third financial cost of delay is not yet a reality, but may soon become one. Many of the people we suspend sign up only *after* being diagnosed with a fatal (or potentially fatal) illness. Right now, Alcor Central is considering implementing a "terminal sign-up charge." This would be a surcharge similar to the last-minute surcharge and the out-of-the-U.S. surcharge, and would be charged to members who sign up with a terminal condition. The exact details are yet to be worked out, but the proposal I've heard is something like this. Each prospective member would have to submit a form from a physician stating whether or not the prospective member

had a terminal illness that might kill him within less than a year. The terminal sign-up fee would be charged only if 1) the form stated that the applicant did have such an illness, and 2) the individual deanimated of that illness within twelve months of signing up. Of course, Alcor and the signer-upper would not know at the time of signing up whether #2 would occur, so the higher level of funding would have to be provided before membership could be approved. This fee would not

It is just, plain harder to be accepted as an Alcor suspension member when you are "on your deathbed." It's not just up to you, it's up to Alcor as well. And you should take careful note of the fact that of the dozens of potential last-minute cases Alcor is faced with each year, about 5% are accepted.

apply to individuals who did not know they were terminal (the doctor said they were fine), nor would it apply to people who were unlucky enough to deanimate from a very rapid, fatal illness or from an accident, even if such deanimation occurred within the first year. (Incidentally, I'm not at all sure that I approve of this proposed policy, and at this point is still pure speculation, but there is a possibility that it will happen, and you should bear this in mind when you consider the timing of your sign-up.)

Of course, money is not the only reason for signing up immediately. Consider safety. Everyone is subject to accidents. If you have a fatal accident, and you are not signed up, *you are dead*. (Unless you have rich, determined, immortalist family members!) Even if you don't smoke or drink and you always wear your seat-belt and look both ways before crossing the street, you can *still* die suddenly. *It happens to people all the time*. Are you willing to bet your life that it won't happen to you?

Even if you don't die suddenly in an accident, you could still die before becoming a suspension member. I discussed previously the financial aspects of becoming seriously ill before signing up. Suppose though, that you brushed that aside. You're filthy rich and can afford the "er-

minal sign-up" fee. Or you've already purchased plenty of life insurance, so that when you get around to signing up, it will be there. But increased cost is not the only problem with signing up after having been diagnosed. *It is just, plain harder to be accepted as an Alcor suspension member when you are "on your deathbed."* It's not just up to you, it's up to Alcor as well. And you should take careful note of the fact that of the dozens of *potential* last-minute cases Alcor is faced with each year, about 5% are accepted. This is because cryonics is not yet widely accepted. We are generally considered anything from misguided to fraudulent. We cannot afford to have people say that we pressured people into signing up, that we took advantage of them while they were distraught, in an emotionally susceptible state. To sign up after you are diagnosed with a terminal illness, you have to sell Alcor on suspending you, not vice versa.

Now consider the quality of the suspension that you desire. Remember, your yearly fees and donations go, in part, toward improving Alcor's capability and readiness for suspensions. Therefore, as a general rule, the sooner you become a member and start supporting Alcor, the better the suspension you will get when your time comes.

Secondly, your family and friends will be more inclined to be knowledgeable and cooperative if you sign up now, before you are diagnosed as terminal. They will be less likely to claim that you were under undue pressure. They will be less likely to place legal, emotional, and logistical roadblocks in the way of your suspension if they believe (because of your long-standing membership) that cryonic suspension is a choice that you made calmly and rationally, and not as an emotional, fearful reaction to your "death sentence." (I am not saying that everyone who signs up terminal makes an emotional decision as opposed to a rational one; I am merely saying that family members may *perceive* it this way.) The cooperation of family members is *vital* to getting a high quality transport. *Vital*. For example, if the transport team is not allowed to stay in the patient's home, and ends up staying in a motel "less than five minutes away," a delay of *half-an-hour* (or more) can be expected. This has

happened twice in the last three suspensions. And yes, the motels really were that close — but you cannot count on distraught family members to note the signs of impending clinical arrest and to notify the transport team and the hospice nurse enough in advance for everyone to be at the patient's bedside at the time of clinical death. (And in both these cases, I am sure that the family members felt that they were being quite supportive and cooperative — imagine a case wherein your family members are being openly hostile because you were "coerced" into signing up for cryonic suspension.)

(And don't tell yourself, "My family knows that I'm truly interested in being suspended after my death, even if I haven't taken care of the legalities yet. After all, I've been subscribing to *Cryonics Magazine* for 10 years." On the contrary, they're more likely to say, "He knew about it for 10 years and never signed up, until he was diagnosed — obviously he was not really interested, and is only doing this because he's grasping at straws.")

The third quality-related reason has to do with local transport teams. Increasing the number of members in your area increases your chance of getting a Local Transport team. The decision to establish local response capability is based on many factors, and size of the local group is not a primary one. The existence of concerned, willing, capable local individuals is. The more local members you have, the more likely it is that some of them will feel a need to gain local transport capability. The more local members you have the more likely it is that your group will be able to gather together the personnel and financial resources to have such capability. And I can't possibly over-emphasize how the presence of a local transport team improves your chances of a good transport and suspension. (Especially now that Alcor has gone way over budget on a couple of cases, and is sure to be far more financially conservative when it comes to sending people from "Alcor Central" to various parts of the country.) This is true not only in cases of emergency, when the experienced cryonics professionals cannot make it to your side rapidly enough, but also in cases where we have plenty of advance notice. Why is this? Because even before anyone in your area is classified as being high risk, your local transport team will be talking with local mortuaries, hospitals, coroners, and air ambulance

companies; they will be finding out where the best sources are for 24-hour ice and for oxygen (with or without a prescription).

Then there are moral and ethical reasons for avoiding delay. If you do not sign up now, because you do not need suspension services yet, you are depending on others to insure that Alcor will be there for you when you need us. It is unfortunate that, in some sense, by signing up now you would be subsidizing those people who neglect to sign up until the last minute. However, the solution to that is to sign up yourself to help set an example, and to be more active in encouraging others to sign up. If you yourself wait, and everyone else also waits until the last minute, Alcor will not grow in size and strength, and will perhaps be washed away by some future wave of state or social oppression that it's just barely too small to handle. Then no one will get suspended at all. (At least, not by Alcor.) Why not help insure the survival of Alcor while enjoying the moral high-ground simultaneously?

There are social and political reasons for signing up now. As a member, you can meet with other future-minded, life-loving people, on an equal basis. No more rolled eyes when you state that you're still in-process (after eight months or two years or whatever). You'll be one of us — an "immortalist." (Sorry, Ralph Merkle, I know you disapprove of that word.)

Moreover, the sooner you sign up the sooner your status as a "Newcomer" will disappear. This may be important if there is some issue that you wish to influence. Why? Well, recently there has been a lot of politics going on at Alcor. One of the things I have noticed during the various discussions, memos, meetings, and other forms of communication is a tendency for everyone to denigrate everyone else as a "newcomer." Those people who have been members for two years say that those who are just now arriving on the scene, however enthusiastic and energetic, are newcomers who don't know what they are doing or talking about. Those who have been members for four years say those who have been members for only two are newcomers who don't realize the ramifications of their proposals, all of which have been seen before in the history of cryonics. Those who have been members for six consider those who have been members for only four as newcomers. (After all, they weren't around during the Dora Kent affair — and not having been through that time

of trauma and anxiety, they cannot fully understand our concerns.) Those who have been members for eight consider those who have been members for only six ... wait a minute, I've been a member for six years ... I think I'd better stop here.

In any case, I hope this is a temporary aberration, and that soon people will remember that it is the quality of your ideas and proposals and the quality and effectiveness of your actions that count the most. But if it is not, the sooner you sign up, the fewer people there will be who can one-up you, and the more people there will be that you can one-up. Who knows, the length of your involvement with Alcor may make a big difference in the influence you wield when some issue of concern to you arises. Of course, you have to start at zero, but the sooner you start the sooner you will be a member of a year, then two, and eventually, hopefully, you will be a wise old member (like me).

Continuing in the social/political category, each additional member makes the cryonics movement larger and stronger. It helps, however slightly, to convince legislatures, medical authorities, the media, and the general public that we are a force not to be trifled with, that we are not some small California-crazy fad.

Also, when you sign up it helps convince those who know you that cryonics is a reasonable choice of action made by fairly normal, reasonable, sane, respectable people. (Assuming that you are such!) Knowing a real person who has chosen to be cryonically suspended can turn *them* into members, making the movement grow even more. In this way you may save the lives of your family and friends, and, the addition of them to the cryonics movement, helps *you*, by improving the probability of and quality of your suspension.

So far I have mentioned financial reasons, safety reasons, quality reasons, moral/ethical reasons, and political/social reasons. If you are still not convinced, I will try one more time. The final reason for signing up now is for the psychological benefits that you derive from being a suspension member. When your paperwork is signed and approved, you will feel not only relief that the ominous paperwork is finally over (and it wasn't really that bad), but you will also feel secure, knowing that you have a safety net underneath you. It's a great feeling. I know. So should you.

Notes on the Transport Training Course

Derek Ryan

September 6th, 1992 began exactly as the last month of workdays had begun for me: Get up, get ready, go to my new job at the Alcor Life Extension Foundation. This day was different, however, in that it would mark the beginning of what was to be a tremendous learning experience for me. Alcor's third official Transport Protocol Training Course would profoundly alter my view of life, death, and the fine line that separates the two.

It still amazes me to no end how diverse and varied a group of people cryonicists are. The ten people attending this course came from ten different walks of life. There was Thomas Munson, M.D., Alcor's medical director; Stanley Gerber, an Emergency Medical Technician; Robbie Henderson, a commercial fisherman as well as an EMT; Keith Lofstrom, who runs his own silicon design/engineering company; Paul Garfield, who is retired (but still running marathons at 74!); Paul Wakfer, who is currently spearheading new cryonics research through his company, P.W. Biomedical; "Sally Hedges" (pseudonym), who prefers to remain anonymous and is a pre-med student; Charles Platt, a science fiction writer who promotes cryonics (his *Omni* article has brought in well over a thousand information requests!); Mary Margaret Glennie, the person most responsible for assembling a community comprised solely of libertarians in Fort Collins, Colorado, and whose husband Jim Glennie was suspended by Alcor earlier this year; and finally, yours truly, Derek Ryan, current Alcor membership administrator. Teaching the course would be Mike Darwin, author of *Transport Protocol For Cryonic Suspension Of Humans* — which would be our text for the course, and owner of Biopreservation, a new cryonic suspension and research company.

From the 23 year old child to the 74 year old grandfather, from the (self-

described) gruff New Yorker to the gentlemanly Englishman, from the M.D. to the pre-med student to the EMT's to the medically challenged (a necessary euphemism, I'm afraid), we assembled with one basic purpose in mind: to learn how to stabilize and transport a cryonic suspension patient.

Monday

We all showed up at the facility in Riverside at or about 9 a.m. on Monday, not knowing exactly what to expect, but (speaking for myself and at least a few others) nonetheless apprehensive about the one thing we did expect. I refer of course to the infamous, darkly portended "Meds Test." This unsettling anticipation was to be met with wonderful relief however, in that Mike decided to delay that test at least a day, and probably until late in the week.

Having learned this exciting news, we were then ready to dig in to the meat of the training, only to be delayed by a long exposition of necessary caveats from Mike. The impetus of his opening talk was that cryonic suspension, lest we forget, is still an experimental procedure which a) is in a constant state of evolution and upgrade, and b) is still not accepted by the masses, nor even the bulk of medical professionals. Loosely translated, this means a) that none of

what we were about to learn would be analogous to English 101, i.e., easily learned for the express purpose of passing a standard set of tests, only to be forgotten with few or no repercussions soon after the pressure of testing passes, and b) that even the most diligent of transport trainees could not possibly gain all of the necessary knowledge required to successfully transport a patient without actually going on a real transport to see how hospital personnel, patient family members and others influence the dynamics of a

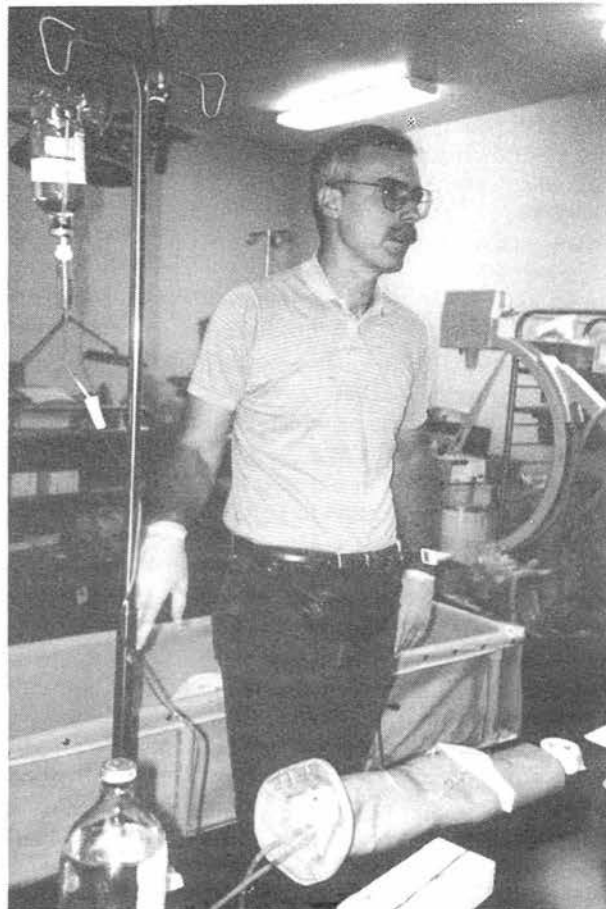


Photo: Margaret Glennie

Mike Darwin delineates the ins and outs of I.V. maintenance with the help of a surrogate arm.



Photo: Margaret Glennie

Mike Darwin, between sessions, clarifies part of the earlier lecture on reperfusion injury for Derek as Paul Wakfer listens intently and Paul Garfield gets in some leisure reading.

transport. Let it never be said that Mike Darwin lacks the ability to bring the shiny, happy optimists down out of their respective clouds of ignorance and into the cold, grim fog of reality.

Following the seemingly endless caveats, he next entered into a long explanation of ischemia (inadequate or complete lack of blood flow) and the effects thereof. He briefly explained cell function, cell metabolism, and the ongoing balancing act — known as homeostasis — which the body performs to keep itself up and functioning. Ischemia ruins all of this. The various pumps which keep the good stuff in the cells and the bad stuff out shut down, allowing elements existing in abundance in the cells to rapidly diffuse out, and elements existing in abundance outside the cells to rapidly diffuse in. While this is happening, the delicate cell walls themselves begin to deteriorate, causing said entrance of and exit of elements to accelerate. As it turns out, ischemia is just about the worst thing that could ever happen to a human, topped only by death (and maybe taxes).

At this point I was feeling very weak and feeble and helpless, so it was fortuitous that we took a break for lunch. We gathered most of the course attendees together for a trip to the ever-popular Souplantation. There we enjoyed an hour of acquainting ourselves with each other.

Back at the ranch, the gravity of the

suspension patient's situation still on all our minds, Mike went further by reminding us that above and beyond ischemic damage, we must deal with the fact that any patient under our care will only be under our care *because he is already physiologically compromised to the point that his death is imminent!* This means that on top of the damage occurring as a result of time necessary for a "qualified"

authority to "pronounce" a patient dead, there will already be a significant amount of damage to the patient's organs and tissues which caused him to die in the first place, and which will, of course, only serve to compound the subsequent ischemic damage.

This not so pleasant enlightenment led naturally into the next topic, which only added insult to my already injured internal conceptualization of a transport. It turns out that things are about to get even worse for our patient, but this time not as a result of the dying process nor lack of blood flow. Rather, it is reperfusion, i.e., the necessary restoration of blood flow, which causes further damage. In order to combat the deterioration which results from ischemia, we must restart the patient's circulation so that we may administer ischemia-fighting medications. Unfortunately, reperfusion further compounds many of the problems which ischemia introduces. This means that, in addition to combating ischemia, we must also combat reperfusion injury.

This, then, is why the Transport Technician exists — to combat ischemia and its complicated effects.

Tuesday

Mike used the morning Tuesday to familiarize us with the signs which indicate the imminence of a terminal patient's death. This knowledge is highly valuable,



Photo: Margaret Glennie

Keith bravely wrestles the HLR arm to the ground as Mike, Paul, Dr. Munson, Stan, and Robbie cheer him on.

in that the major stress of a transport (as evidenced by Alcor's most recent suspension) is often experienced during the standby portion. The more accurately we can predict when our services will actually be required, the more efficiently we can prepare ourselves technically, and just as importantly, psychologically.

During the remainder of the morning we received a brief introduction to airway management. (Naturally, when I first heard this phrase, I immediately envisioned guys in flight suits standing on runways describing incomprehensible geometric shapes with strange, glowing orange things in their hands. I guess that would actually be *runway* management, though.) First we saw the various types of tubes that can be used. One of these is the endotracheal tube, which is ideal if available. Unfortunately, inserting this type of tube is no simple task, but patients will often have them in already, especially if in a hospital. The more useful tube, for those who are not respiratory therapists, is the Esophageal Gastric Tube Airway (EGTA). The EGTA is as idiot-proof as such an apparatus can possibly be, which is to say, not very, at least for those of us who are idiots. Fortunately we had time at this point to practice intubating with the EGTA. Since we could not get Stan Gerber to let us try this procedure on him first, we used option B — an anatomically descriptive model of a human head with accompanying esophagus, stomach, trachea and lungs — to practice placing and properly sealing the EGTA.

After lunch we covered many of the practical aspects of a transport, such as what to include in our overnight kits, and the circumstances under which a transport may occur, i.e., proper notice, little notice, and no notice of death. We discussed which types of death are normally coroner's cases and may therefore subject the patient to autopsy, as well as the conditions which might cause a transport team to release a patient into the care of a non-Alcor authority, i.e., never, or — more conservatively — only when faced with the proper badge and gun.

Much to everyone's delight, the remainder of this day was taken up by our first test and an appropriate debriefing session immediately afterward. This session was used to address the obviated misunderstandings, most of which were trivial and innocuous, and some of which were downright hilarious.

Wednesday

This day was for some the most fun, and for some the most stressful, in that we finally got down to brass tacks and were required to *do* something. Bring on the portable ice bath (PIB), the Heart Lung Resuscitator (HLR, also known as the "Thumper" due to its distinctive sound during operation), and the star of the day, resusci-Annie, who has been an honorary cryonicist since Alcor's very first Transport Training Course, held in December 1990. Our task: acquire the ability to adjust the height setting, lock into place, and turn on the Thumper in seven seconds or less. Sounds easy? That's what I thought until I tried it. It looks a *lot* easier than it actually is, which is of course why we bother having this sort of training.

Mike first spent some time explaining how to put the HLR together, how to set and connect its oxygen supply, and how everything — the patient, the hospital room, and the PIB — would be set up prior to applying the HLR. Then we did a little review of CPR techniques, as well as its advantages and disadvantages. Soon, we were all taking turns doing manual CPR on Annie, managing her airway (an arduous task actually), and attempting to apply the HLR within the seven second time limit which begins with the last manual chest compression and ends with the first HLR compression. All of this had to be done with the Annie actually in the PIB, as will be the case with a patient in the field. Also, just to make it more like the real thing, Mike constantly adjusted the height of Annie's chest, thus preventing any memorization of proper height setting and subsequent cheating. The essence of this is that the HLR must be applied *both* quickly *and* properly, and that's what makes it such a daunting task.

Since mastering this skill would be a

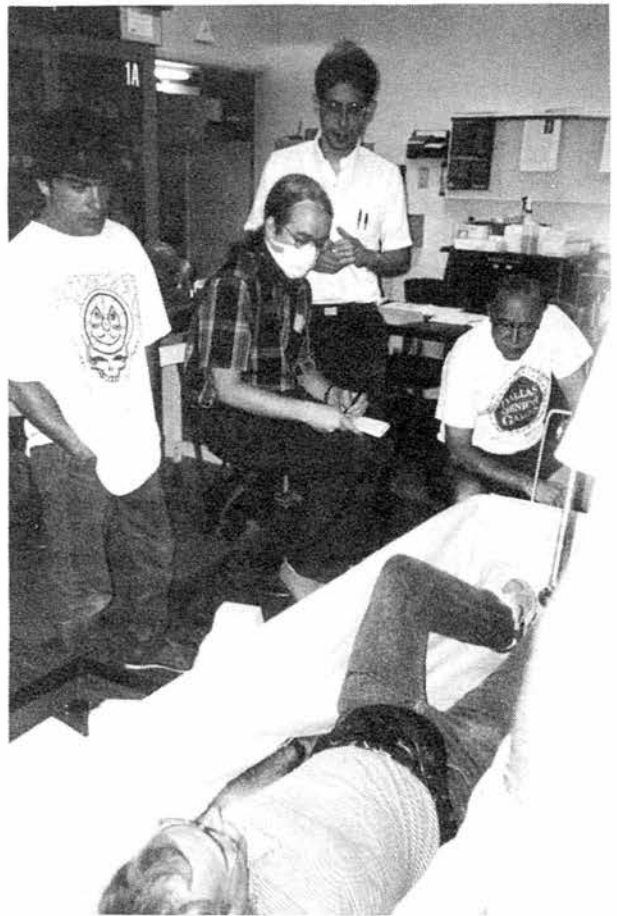


Photo: Margaret Glennie

Mike Darwin demonstrates how a real patient fits in the PIB, as (left to right) Robbie Henderson, Keith Lofstrom, Stan Gerber and Paul Garfield look on.

requirement to pass the course, the entire afternoon session was reserved for first watching Mike do it a significant amount of times, and then setting and resetting it ourselves, all the while giving each other advice, monitoring each other, and encouraging each other to *get it right!* Eventually, we all succeeded, but not without a few frazzled nerves and sweating brows which were easily discernible to all.

I think that this one task brought us together in spirit as a group more than any other during the week, in that it not only allowed each of us to see the strengths and weaknesses of the others in the course, but also forced each of us to put our own strengths and weaknesses on display. Not so with a written test, which only serves to show *you* what you know and what you don't, and forces you to depend on no one. Cryonics will not work unless a substantial group of competent individuals who share one common purpose — to fight death at all costs — come together to cooperate in accomplishing

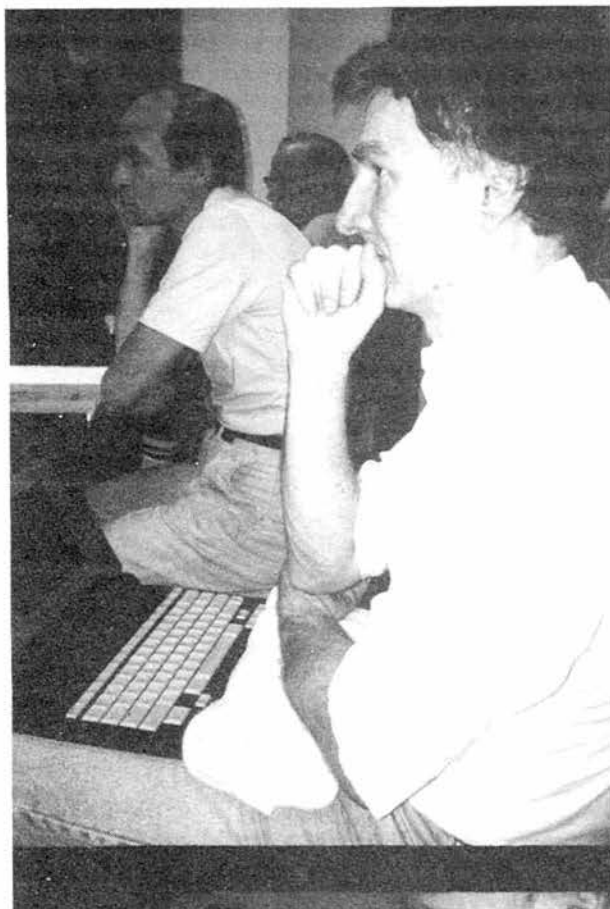


Photo: Margaret Glennie

Charles Platt, Paul Wakfer and Paul Garfield (from nearest to farthest) put on their most attentive looks for the camera.

that purpose. As much as I might have already known this, the course, and particularly the session working with the HLR, brought this home to me in a manner which seems utterly profound.

After the training day ended Wednesday, most of the class went to see Mike's new lab just up the road in Colton. There Mike explained his plans for research as well as his plans to achieve a completely autonomous suspension capability.

Thursday

On Thursday we had a crash course (a phrase which usefully describes the *entire* course) in administering transport medications. Since IV's are the main pathway used to achieve this, Mike concentrated mainly on the procedures for setting them up and properly utilizing them. He pointed out the potential pitfalls, such as hematomas, infiltrations, and air embolisms (the introduction of air into the patient), as well as the likely con-

sequences of these things. As an example, a failure to monitor an IV line which is rapidly infusing anything from a vented bottle can result in a lethal dose of air in a matter of *seconds*. Given that the initial stages of a transport are a virtual *race* against the clock, avoiding mistakes of this nature must require a tremendously cool head. This knowledge subsequently caused me to look long and hard at my own capabilities and to respect the individuals who have done this in the past all the more.

That afternoon Mike went on to discuss the procedures for actually drawing up the medications as well as how, when, and why to take blood samples. These last are the best indicators of the actual quality of care the

patients receives during a transport. Unfortunately, due to the complex set of problems we currently face (not all of them medically oriented) there is no dynamic way to assess these samples during the actual transport, a deficiency which will not easily be addressed.

The remainder of this day was taken up by a brief review and test number two, as well as another debriefing session afterwards. Again, there was a certain amount of comic relief enjoyed by all due to the creativity of a certain trainee's answers, which at this point in the course was a welcome sort of relief. (On behalf of the other nine of us, I'd

like to thank that fellow trainee, who shall of course remain nameless, for being so downright entertaining!)

Friday

This day arrived subjectively much sooner than I had hoped or anticipated, and yet there was still much to accomplish. The morning was taken up by descriptions of each of the individual medications given during transport, including what sort of containers in which they are likely to be found, their proper dosages, method of administration, and pharmacological purpose. (For those of you who don't grok "pharmacological purpose," and I certainly didn't at first, it simply means "reason for administration.")

After lunch we finally received the beating we had anticipated, i.e., the meds test. All that was required was that, after being supplied with the names of 17 of these medications, we reproduce from memory everything (except container type) that I outlined above, i.e., dosage,



Photo: Margaret Glennie

Mike Darwin expounds on the evils of ischemia.

method of administration and purpose. Suffice it to say that this is the one test which, in addition to providing lots of headache material for those who passed, caused a small portion of the trainees who would otherwise have passed the course to fail.

That unpleasantness aside, we spent half of the afternoon reviewing material from the entire course, and the other half taking the final test. It was long and it was hard, but eventually, mercifully, it was over.

That evening we all went to Saul Kent's for a celebratory party as well as, for most of us, a farewell. On a very positive note, I finally got three of the trainees to execute their suspension paperwork at the party, these in addition to the trainee I had gotten to do the same earlier in the week. (For those of you encouraging people you know in the sign-up process to execute their paperwork, please note that it is always easier to get this done in a situation where there are many festive cryonicists enjoying each other's company, some of whom will always be willing to act as *witnesses*.)

Afterword

The one overriding concern that entered my mind during the introduction to ischemia and its effects, and which stayed with me all through the course and beyond, is that all of this is so damn *unnecessary*. I refer not to cryonic suspension itself, but rather to the methods we must employ to make it happen. We should be getting suspended in hospitals by medical professionals who have the background, experience and equipment to make our suspensions ideal. We should not need to train Derek Ryan, regular guy, to assist in any facet of a suspension. Unfortunately, we do need me and all of the regular guys like me who are willing and able to help, because if we don't do it, no one will.

Beyond the fact that utilizing non-medically oriented personnel is a necessity, I am still overwhelmed by the ischemic damage that our patients (and someday, possibly, I) have to suffer simply because cryonics can only be attempted post-mortem. Even we regular guys could give our patients a far superior chance at optimum suspension if a) we didn't have

to wait for a patient to degenerate to the point that his heart stops on its own, b) we could begin administering medications pre-mortem and/or c) we could begin *cooling* the patient pre-mortem.

In spite of this newly acquired intellectual and emotional burden, I still feel very fortunate to have acquired the knowledge I did from the course. I understand the process of cryonic suspension and the events which lead up to it much better. I can appreciate much more fully the obstacles that have been encountered and overcome by cryonicists in the past. I am thankful that Mike and others (most notably Jerry Leaf) have developed such a refined protocol for transporting and suspending patients that properly motivated regular guys can actually be of value.

I strongly recommend to any interested cryonicist — especially those of you likely to be of highest immediate value to a transport team, i.e., those who already have some medical training/knowledge — that you take this course and/or acquire this knowledge in other ways. The life you end up saving may be a friend or a loved one of your own.

Report on Endowment Fund Audit

Michael Riskin

Personal Philosophy

When evaluating any actions relating to Alcor or cryonic suspension, I ask, "Will it maintain or increase the possibility of life extension?"

Background

During the 9/13/92 Alcor Board of Directors meeting, there were strongly worded claims and concerns of improprieties in the management of the Endowment Fund assets.

The Alcor Board of Directors maintained that the fund has been properly administered.

After discussions initiated by Ralph Merkle which later included Carlos Mondragón, I was asked, and I agreed to, conduct an independent review of the endowment fund.

My qualifications, in brief:

Graduate school through Ph.D. — Business and Psychology. Certified Public Accountant and Licensed Psychotherapist. Broad experience in management, financial, and personnel consulting; both non-profit and profit organizations from leisure/entertainment to high technology R&D startups.

Psychotherapist specializing in self esteem and personal potential.

Ten year Alcor suspension member.

Alcor ombudsman (not an Alcor board or staff member).

The Procedure

I examined the books and records related to the Endowment Fund from its financial inception 7/29/91 to 8/31/92. This included the ledgers, postings, transaction journals, Witter/Hancock/Benham statements, deposit records, canceled checks, and the 1990 resolution concern-

ing the establishment of the fund. I received all the documents and records I requested.

Financial Results:

(rounded to the nearest thousand dollars)

Starting Fund Balance 7/29/91:	400,000
<i>Additions:</i>	
- dividends and interest income	28,000
- repayments from Alcor operating fund (note 1)	36,000
- One Million A.D. (Jones estate) (note 2)	<u>86,000</u>
<i>Total (Starting Balance + Additions):</i>	550,000
<i>Withdrawals and Reductions: (note 3)</i>	
<i>Net Cash and Securities:</i>	<u>-154,000</u>
	396,000
<i>Receivables:</i>	
- Interest Bearing Loan from Alcor	3,000
- Untransferred donations (note 4)	<u>1,000</u>
Fund Balance as of 8/13/92:	400,000

The above summary and accompanying notes were independently prepared by me — not submitted by Alcor management.

Note 1: Repayments:

- Refund of Worker' Comp. Deposit	26,000
- Repayments of the Mike Perry Advance	<u>10,000</u>
Total Repayments:	36,000

Note 2: Per Carlos Mondragón, half of the remaining Jones Estate, One Million A.D., held at Bank of America and due Alcor.

Note 3: Withdrawals and Reductions:

- Alcor Workers' Comp. Deposit	30,000
- Rescue Mike Perry from Mexico Advance	10,000
- Attorney Fees	49,000
- Suspension Expenses	20,000
- Suspension Equipment	6,000
- Computer and Oxygenators Purchase	5,000
- Transfers to Alcor General Operating Fund	33,000
- Decline in Book Value and Broker Fees	<u>1,000</u>
Total Withdrawals and Reductions	154,000

Note 4: Donations to the Endowment Fund are not immediately deposited to the fund.

Factual Conclusion

All monies deposited and withdrawn to/from the endowment fund are accounted for. There is no evidence whatsoever of wrongdoing or negligence by Alcor administration in the management of fund assets.

Unfounded accusations can cause severe political and financial damage to Alcor. I am extremely pleased to report that my subsequent efforts with all concerned parties have resolved this

particular issue. I urge that everyone closely examine their evidence and motives before initiating any actions of material consequence to the goal of life extension.

My review was limited to the Endowment Fund. I strongly recommend retaining independent certified auditors to examine the entire financial structure. This will be a prudent and very important procedure to accommodate internal and external reporting requirements.

Alcor management also needs to address the policy of using the Endowment Fund as a source of financing Alcor general operating expenses. Should such procedures for emergency or other reasons become necessary in the future, I recommend immediate disclosure.

There was one check written for \$1700, made out to "cash" and cashed by Hugh Hixon. The explanation was that it was necessary for a "good deal" on critical equipment. There is no back up documentation for this transaction. This is an unacceptable accounting procedure. It makes one wonder about the underlying nature of the transaction itself and whether or not it's something that Alcor wishes to engage in.

There are two major unresolved issues:

1. Should the \$86,000 One Million A.D. money be considered Alcor operating fund monies and therefore spendable, or additional contributions to fund capital and untouchable? The 1990 Board Resolution directed that all Jones proceeds shall go to Endowment Fund Capital. Mr. Mondragón verbally informed me that subsequent board actions altered that to the first \$400,000, any additional monies allocatable at board discretion. Mr. Mondragón needs to produce evidence of a written or witnessed form to substantiate that statement.

2. Are the officers of Alcor using sound managerial judgment in their methods of financing Alcor's operating expenses?

Note: The initial \$400,000 deposited to set up the Jones Endowment Fund was only part of the net proceeds from the sale of the Jones house. The excess money went into the Patient Care Trust Fund.

Summary

There is no evidence of improprieties in the administration of the Endowment Fund.

There are four issues/questions concerning policy and procedures for the administration to answer:

1. The official status of the Jones estate proceeds.
2. The handling and recording of fund donations.
3. Why is a check made out to cash for an undocumented equipment purchase?
4. The borrowing from, and repayment to, the Endowment Fund, to finance general operations.

From a technical point of view, if the endowment fund accounting is representative of Alcor accounting in general, the books and records are maintained in a workmanlike, professional manner, and easily auditable.

From the November, 1982 Issue of Cryonics:

This letter by Jerry Leaf to all members of the Society for Cryobiology was intended to warn the Society members of impending changes to the Society Bylaws that would allow the Society Board of Directors to a) create new Society policies without input from the members, and b) expel members who did not conform to Society policy. Since the first policy the Board intended to enact was the exclusion of anyone practicing "cryonics" from the Society, this was Jerry's one chance to convince the members to vote against a policy which was, effectively, the loss of all power by the members to vote on any future policies. As it turned out, Jerry's letter was largely ignored, and the Board of the Society for Cryobiology gained the power to create policy and subsequently exclude members who did not conform.

Dear Society of Cryobiology Members:

I am writing to you because important issues will be decided by you that will affect the character of our Society for many years. But first, I would like to introduce myself. I have been a member of the Society for Cryobiology since 1970. I am currently working at the UCLA School of Medicine, Dept. of Surgery, Div. of Thoracic Surgery as a Research Associate in Dr. Gerald Buckburg's laboratory, well known for its studies in myocardial protection and development of blood cardioplegia. I also own a private research laboratory, Cryovita Laboratories, dedicated to studies in low temperature biology and medicine.

As members of the Society we will be asked to vote on a completely new set of Bylaws. There are substantial issues involved in the proposed new Bylaws; however, I would like to address one particular area affected by these changes, the power of the Board of Governors to make "policy" and issue "policy statements," as provided in Section 4.14, part (a). This new power to make "policy," without approval of the membership, can only be appreciated by noting that support of "policy" is a new requirement of membership, Sec. 2.01, part (a) and (b). If a mem-

ber should disagree with, i.e., not support, some future "policy" of the Board, then such a member would no longer satisfy the requirements of membership. The Board then has grounds for Discipline, Sec. 2.03, e.g., the Board may expel such a member.

Your first, and last, chance to openly disapprove a "policy" is now before you. The "policy statement" about cryonics, freezing clinically dead humans, is the first "policy" to come down to us from the Board. If you approve the new Bylaws you will never again have a chance to cast your vote for or against a Board "policy." The Board should be anxious for the membership to approve this "policy statement," as it will disqualify from membership several current members of the Society who will not support this "policy." If the Board seeks to expel these cryobiologists, the result may be lawsuits against the Board for loss of income. The possibility of such litigation perhaps accounts for Sec. 10.01, Indemnification, also a new addition to our Bylaws, if they are approved.

Why do we need a "policy" toward cryonics? It is apparent that Dr. Harold Meryman has deeply held negative feelings toward cryonics, based on his own social views.

The Board of Governors has complained about receiving inquiries concerning cryonics. Since the Board knows nothing about cryonics, they should disregard such inquiries as beyond their field of expertise, or respond within the limits of their knowledge as cryobiologists. I don't see what their problem is, unless they are simply looking for an excuse to make a policy statement about cryonics from more obscure motives. I receive much unsolicited mail, as we all do. It would be absurd of me if I were to make a public policy statement about Ford Motor Company simply because I receive unwanted inquiries from them concerning my knowledge of their latest products or my opinion of their performance.

The first principle of good science is observation, and whereas Dr. Meryman has never observed the perfusion and freezing of a human, I cannot see how he can make any scientific judgment about its value scientifically. Since I have observed such procedures, have in fact

directed the most technically advanced of these procedures, I can state unequivocally that scientific knowledge has been gained by doing "cryonic suspensions" or "clinical cryostasis," as such procedures are called. I am compiling data that should have the opportunity to be presented to those most knowledgeable in low temperature biology and medicine, cryobiologists. If we allow Dr. Meryman and/or our Board of Governors to decide for us what is or is not knowledge, why should we travel to meetings? They can simply mail the "truth" to us in a series of Policy Statements.

I am also pursuing research at Cryovita Laboratories using animal models for experiments in both organ and whole animal preservation at low temperatures. I expect to be allowed, as a member of the Society for Cryobiology, to present my findings, for your judgment, at future meetings of the Society for Cryobiology. This is the normal and proper function of a scientific society and its membership. . .

While Dr. Meryman's organ research is greatly supported by public funds, all cryonic suspensions are supported by private money, freely donated by choice after an "informed consent." As for my own animal research, I do not accept public tax money, but only private donations. Dr. Meryman believes a "massive infusion of money" could lead to "an orgy of empirical experimentation" resulting in a "waste of resources." Apparently organ preservation research in Dr. Meryman's laboratory results in scientific experimentation, but if others, not on his approved list, do organ preservation research it results in an "orgy of empirical experimentation." If Dr. Meryman gets an "infusion of money" from the public cash box it's money well spent, but if others, not on his approved list, receive money, it is a "waste of resources."

The value of any scientific society or scientific publication is the sharing of information. I expect this is the reason most of us are members of the Society for Cryobiology and subscribe to the Journal of Cryobiology. It is a function of scientists to hear and see all sides of an issue. This is what distinguishes science from less rational endeavors. The presentation of data for examination and criticism is the most reliable road to truth, not policy

statements by demigods. There are other members of the Society for Cryobiology that are involved in cryonics, but have been told they would be excluded from their chosen profession, cryobiology, if this became public knowledge. So they have remained silent, some under direct threat to their jobs. I do not accept irrational limitations imposed on my

thoughts, my research or my associations with others. I hope you will not accept unfounded and grossly unjust limitations on yours. I will vote against any limitations of my activities that are legal and, therefore, my right to pursue. I will also vote against any policy statement that attempts to detract from the pursuit of scientific knowledge and its communica-

tion to other scientists. I hope you will join me in this action. Thank you.

Sincerely yours,
Jerry D. Leaf
President
Cryovita Laboratories

Reviews

The Tragedy of Technology

by Stephen Hill

Reviewed by Thomas Donaldson

We live now in a time where much more than before people have been conscious of technology. Whether it has become more *dominated* by technology than other times and cultures remains, to me, an open question. The technology of any culture must play a major role in anything an individual within it might do; but no one can claim now that these roles are ignored.

Several sociologists, among others, have taken it on themselves to make a social study of technology: for instance, TJ Pinch (*The Social Construction of Technological Systems*). Other commentators, including Lewis Mumford (*Technics and Civilization*), David Dickson (*Alternative Technology*), have also felt a need to comment on technology. Since cryonics itself isn't just a social, religious, or ethical movement but must essentially involve technical questions in medicine and biology, a review of thinking by others about these issues may help us understand more about our times and future. I intend this review to begin such a discussion.

First, Hill's theory of technology has

essential flaws which destroy it from its start. I review it because we may learn much more from clear error than from apparent truth.

The very first point to make about Hill's book is that he doesn't really discuss technology at all. Instead he discusses some particular technologies, with an unspecified definition implicitly claiming that they include the whole. His choice

If all the Pacific islanders fly away to try to make their fortune in Los Angeles, that fact alone is cause for neither joy or regret. (The most that anyone can ask is that these people not be misled in their choice... After all, 19th century European civilization can also be described as "destroyed" by 20th century technology.

for "technology" consists of the industrial technologies of the early and mid 20th century, with all their faults. He wrote his book before the breakup of the Soviet Union, and therefore writes as if

nuclear destruction were the inevitable end of this system. His book does not discuss any effects of personal computing at all, but only the massive multiuser computers for which IBM became famous. And he carefully explains his title in terms of the Greek notion of tragedy: a character flaw which by its working puts its possessor, despite his many powers, into decline and devastation.

It's become more and more clear that we now move *out* of such times rather than toward them. Just what we move toward remains unknown, but Hills' study of industrial technology clearly hasn't equipped him to make any good predictions. Any serious attempt to understand technology should reach an understanding valid across a wide range of times and cultures. To understand the present or future, or even to understand, say, Roman times, we need a much broader definition: a chipped hand ax gives just as valid an instance of "technology" as a starship. If we *really* seek to understand "technology" rather than simply rain vituperation upon our local scene, our ideas must include both

the hand ax and the starship.

And finally, when examined free of jargon he's actually saying very little. As for jargon, to Hill, technology provides a "text" (????). To explain how technologies have been far more influential than ideas, he says they "enframe" a society, making other choices impossible. (Yes, that seems to happen. But he never explores exactly how or why: "enframe" is no more than a buzzword.)

I have many other problems with his account. For instance, he describes how 20th century technology has "destroyed" other more primitive "cultures" around the world, specifically in the Pacific. Though anthropologists and sociologists may regret this, no culture or society has any moral claim on its members for their adherence. If all the Pacific islanders fly away to try to make their fortune in Los Angeles, that fact *alone* is cause for neither joy or regret. (The most that anyone can ask is that these people not be *misled* in their choice — a matter about which Hill says almost nothing.) After all, 19th century European civilization can also be described as "destroyed" by 20th century technology. We are *all* responding to the same changes.

One major fact about cryonics is the small number of its adherents. Perhaps if Hill had explained "enframing" better, it might give us a hint about just why that is so. But here's a stab at it: pursuit of physical immortality is essential to cryonics. Immortality (or even greater longevity, as we've already seen) means that birthrates must fall; low birthrates mean that virtually all women will spend a much smaller proportion of their time raising children, and therefore can (and will) have "regular" jobs. Any additional increased longevity will reinforce this change even more.

Again, many people (male or female) now identify themselves very much with their jobs: clearly if we expect to live for centuries that simply can't work. And society itself presently has a rigid age structure: a range of ages for growing up, for education, for working in a "job," for raising a family. . . and then, implicitly, for old age and death. Pursuit of immortality puts all those life-patterns into question: in the limit, age would have no bearing at all on when you went to school, nor could anyone identify

themselves with their *job* (as in "I am an engineer" or "I am a mathematician"), nor could age be any sign of special authority. The signs by which we normally judge others for their knowledge and integrity must change.

Recently the Republican Party decided that "family values" would become a major part of its election strategy. That entire picture, of course, has already diverged from the ideas of many people who might otherwise vote Republican (one branch of the Republican Party, for instance, is trying to remove its antiabortion plank). This tells us that even now, not long before the year 2000, many people haven't readjusted their values to fit a contemporary situation, much less any future one. More than that, abortion itself remains a major American question, with those opposing choice arguing that the fetus is "a human being." Now in 1992, with all the biology known and with prospect to become known, that a controversy should exist about choice tells us just how far cryonicists are from common thinking.

Death has many hooks into all the ways we relate to others and conceive of ourselves, and pursuit of *technological* immortality would tear out every one of them, one by one. It shouldn't surprise us that many people find this thought hard regardless of the words we dress it in. The present wide rejection of immortality may come out of its many implications.

But that's only about immortality. Any technology provides a way of doing something that some group of people wish to do. If that group chooses a technological path, and succeeds in it (despite opposition from others who do *not* want them to do that something) then that success changes the situation for everyone, not just for that group. That power comes from its use of physical law rather than any social arrangements to achieve its goal. Once understood, the principles by which a device acts makes it hard to suppress by any social rules or laws. We see this with nuclear weapons: even though no major nuclear war now seems likely, it's become impossible to suppress the knowledge of how to make them and what their effects are. Somehow the knowledge seeps out. (For those who want to know how nuclear bombs are made, I suggest F. Winterberg's book,

The Physical Principles of Thermonuclear Explosive Devices. Reading it will tell you what the Iraqis know.)

Of course a new invention does not, by itself, forbid some particular society to *try* to suppress it. But by its simple existence it raises the price of suppression higher than anyone can bear: we see this with the attempt to outlaw "drugs." (The problem still remains — it's only that the current depression has focussed many people's minds on other things.) And eventually, as with the Japanese who tried to outlaw firearms, an Admiral Perry comes from outside to put an end to that prohibition.

Technologies have another character, too. They often make issues that were once left to fate and chance turn into matters of *choice*. At first that may seem innocent, but many social arrangements rest on a mere assumption that some factor isn't under control, or isn't under the control of some group of people. Experiments with condoms went on at least 200 years before Pincus developed "the Pill." Casanova is said to have used crude ones. But the Pill was different because it gave control over conception to the *woman*, not the man. And now, since we know how to find the sex of a child very early in pregnancy, in India (where boy children are highly valued, and girl children thought to be worse than nothing) legislators try to stop the proliferation of clinics where couples can choose the sex of their child.

And of course, even now in our own society medicine has made the time of "death" much more a matter of choice. And by doing so, it throws the whole question of death, life, and murder into confusion. For if someone chooses to let a patient die, isn't that murder? As cryonicists we know the present confusion as only a beginning — and so we come back to immortality, again.

Business Meeting Report *by Ralph Whelan*

The meeting started at 2:00 pm, on October 4, 1992 at the home of Marce and Walt Johnson in Huntington Beach, California.

Steve Bridge, acting Chairman for this meeting, explained that during this and coming meetings we would be experimenting with changes to the format of the monthly business meetings, with the hope that we can make the meetings shorter, more businesslike, and less political. In general, he explained, the Board will first discuss each agenda item without input from the general membership. Then the membership will be given an opportunity to provide opinions and advice. Then the floor will be restricted to Board members once again for final discussion and voting. Also, Steve Bridge, Mark Voelker, and Allen Lopp will chair the Board meetings in rotation until/unless it's decided by the Board that one of them should take over the Chairmanship "full time."

Additionally, if an item is *not* on the agenda but a member believes it should be discussed, s/he will be given one minute to explain to the Board why it is important enough to be added to the agenda. If the Board agrees, it will be added to the agenda. If the board disagrees, it will be added to the agenda of the following month's meeting.

The September meeting minutes will be changed to include a notice that Michael Riskin volunteered to audit the Endowment Fund.

Page 5, paragraph 2 of the September minutes (Patient Care Trust Fund) will be changed to indicate that Keith's motion was to name the P.C.T.F. as a trust — not a motion to *vote* on that subject.

Resolved: *With the above changes noted, the September Alcor Board of Directors meeting minutes are approved. (Unanimous)*

The issue of Alcor potentially acting as a Tissue Storage Center for non-

Suspension Members was not brought up at the public meeting, mainly because the Board did not feel prepared to discuss it at this meeting. However, one important and timely matter was dealt with in private session. A gentleman contacted Alcor a few weeks ago and explained that his daughter had died in a car accident a couple of years ago, and that since then her ovaries have been in liquid nitrogen storage at a University. He wanted to know if Alcor would be willing to take over that storage, since the University has expressed a desire to discontinue. There was a brief discussion of the potential liability for Alcor, and it was agreed that further study was necessary, but that action should proceed in the meantime.

Resolved: *The Board authorizes Carlos and Ralph to negotiate a potential contract with the gentleman, to be presented and discussed at the November meeting. (8 in favor, 1 opposed [David Pizer])*

Carlos Mondragón and Paul Wakfer (President of Cryovita) signed an agreement by which Alcor will pay for the purchase of equipment from Cryovita on the following basis: \$3,000 will be paid toward the principal after each suspension Alcor performs; \$1,000 will be paid toward the principle after each pet suspension Alcor performs; interest payments at 6.5% will be made on a monthly basis.

Cryovita is unwilling to sell the MALSS (Mobile Advanced Life Support System) Cart to Alcor, but instead wishes to lease it, with the understanding that they can remove it from the Alcor facility for purposes unrelated to the suspension of an Alcor Member. For this reason, a new MALSS Cart will be purchased/constructed by Alcor during the next twelve months.

The Riverside Planning Commission has approved Alcor's C.U.P. with 19 conditions, two of which Carlos was

able to favorably negotiate on Alcor's behalf. The Riverside City Council will still have to approve the C.U.P.; their decision on this issue will be made in public session on Tuesday, October 6.

It is still unclear as to whether or not the simple fact of putting the word "trust" in the title of the Patient Care Trust Fund provides additional protection for the funds therein. Carlos has again contacted the attorney who advised us that this was the case, asking for further documentation in support of his opinion, but the attorney's response was unsatisfactory. (He simply resubmitted an inadequate statement that we already had.) Carlos and Ralph will draft a preliminary trust document for the P.C.T.F. and submit it to a new trust attorney.

Based on the information that he has received from us so far, Jack Zinn believes that we should hire him on a contingency basis to pursue the other half of the "One Million A.D." money left to Alcor by Richard Clair Jones (now in suspension). This decision by Jack is preliminary, and he will respond with more detail soon. Jack also pointed out that he will attempt to have the matter settled through binding arbitration. Carlos will report further on this at next month's meeting.

Because the supplier is being kept confidential, the purchase of a new "big foot" dewar was discussed during the private portion of the board meeting.

Resolved: *The Board authorizes the purchase of one "big foot" dewar, at an approximate price of \$17,000. (Unanimous)*

Carlos gave a brief report of recent media attention Alcor has received, including a CNN segment that aired twice but no one at the meeting had seen, and an article in *The New Scientist*. He also mentioned that he will be traveling to Las Vegas this month to attend a meeting of the Alcor Nevada Chapter that

will be attended as well by the Mayor of Las Vegas and the local Fire Department Chief, in an attempt to convince the Fire Department that they should follow the instructions on the bracelets of Alcor Suspension Members, if the need arises.

Tanya Jones reported on her recent one-week trip to South Florida (with Ralph Whelan). She explained that the cleanliness of the facility was a problem that needs to be handled better, but that otherwise the facility is fine for local washout in preparation for shipment to Alcor's main facility. She also explained that the heat and humidity was causing the loss of a lot of sterile supplies, but that the Florida group now plans to control the temperature and humidity in the facility on an ongoing basis. Additionally, the group will purchase a refrigerator for storage of meds and potentially Viaspan in the facility. Tanya and Ralph conducted an impromptu training session the day before they left which was well-attended, and the group expressed a desire to have a longer and more formal training session in their area sometime soon.

Derek Ryan reported briefly on his progress as Alcor's Membership Administrator. He mentioned that in the first 8 months of 1992 only 17 new memberships were approved, and that in the 2 months that he's been doing this full-time he's been able to sign up 13 more. He is confident that he will be able to far exceed the modest membership growth assumed in the Budget for 1993.

Allen Lopp reported that an independent certified audit for Alcor could cost as much as \$20,000, and that he will be sending out fund-raising letters and calling people in support of this. He mentioned that Austin Tupler and Bill Faloon have each offered \$2,000 toward this. He also reported that Austin Tupler is willing to pay for the bonding of the Alcor employees and Directors who handle the money, but only *after* there has been an audit.

Carlos pointed out that money or at least pledges for this purpose must be received by November 1, since audits usually begin by then.

Michael Riskin read aloud his ac-

count of why he offered to audit the Alcor Endowment Fund, a task he completed in September. His offer, he explained, was prompted by allegations by some or all of the Endowment Fund Advisory Committee members that the fund was being "gutted," "mismanaged," etc. In summary, he explained that he could not discern any "cover-up" or "mis-managing," and that it was his opinion that the Endowment Fund Advisory Committee should retract all such statements. He also pointed out, however, that a lack of clear guidelines about proper use of Endowment Fund money makes the action of use (even with repayment) of Endowment Fund capital questionable, and that explicit guidelines need to be decided upon.

Steve suggested that we place on next month's agenda a new policy about when it is reasonable to borrow from the fund's capital.

Resolved: *Michael Riskin's Endowment Fund Audit Report will be appended to (and thus will become a permanent part of) this month's minutes. (8 in favor, 1 abstention)*

Carlos summarized his memo detailing which of the two committees' (Patient Care Trust Fund Advisory Committee and Endowment Fund Advisory Committee) suggestions should be followed, which should not, and why. Carlos was supportive of most of the Committees' suggestions.

Courtney Smith spoke up in further defense of one aspect of the committees' suggestions, but later agreed with Carlos and the rest of the board that Carlos' reasoning and intentions also made sense, and that he supported them.

Resolved: *The amended (by Carlos) version of the P.C.T.F.A.C. and E.F.A.C. suggestions will be implemented exactly. (Unanimous)*

Michael Riskin announced that he has written an explanatory letter about the new position of Ombudsman in Alcor, and that it is being sent to all mem-

bers presently. Carlos noted that his letter has just been bulk-mailed, so members will be receiving during the next one to three weeks. (It will also appear in the November issue of *Cryonics*.) Michael Riskin complained that with this being such a timely issue, it was not worth the money saved to have bulk-mailed rather than first-class-mailed the letters.

Ralph Whelan read aloud a statement issued by the Alcor Board of Directors in response to *It's Time For A Change*, a compendium of complaints about the current President and Board management of Alcor.

Resolved: *The exact wording of the Board's response to I.T.F.A.C. will appear in the meeting minutes. (Unanimous)*

That wording is:

"In response to concerns raised by Saul Kent, Paul Wakfer, and others in *It's Time For A Change* and other written and verbal communications, the Alcor Board of Directors wishes to make clear that we *are* taking those issues seriously, and we're making changes where we believe it's appropriate to do so.

"Because the Alcor Board is really nine person with nine minds and nine opinions, we don't believe it's appropriate to issue a blanket Board of Directors "Position Statement" on all of these issues. However, we *do* believe it's fair to say that we're all expending a tremendous amount of effort to address and eventually resolve these issues."

There was then extensive discussion of whether or not it was appropriate for Carlos to use any Alcor resources, particularly the Alcor Mailing List as a source of names and addresses to mail out his response to *I.T.F.A.C.* Carlos argued that it is completely legitimate and within the Alcor Bylaws for him to use the membership list for this purpose. The Board seemed nearly evenly split on this issue, with some Directors supporting this, some opposing it, and some undecided. At the close of the discussion,

Carlos announced that because of the Board's unwillingness to allow him the use of the mailing list for his response to the charges in *I.T.F.A.C.*, he will in the future refer all persons with questions and concerns originating from *I.T.F.A.C.* to the Alcor Board.

Resolved: *Carlos is prohibited from using the Alcor membership list as a source of names and addresses for the mailing of his response to I.T.F.A.C. (5 in favor, 3 opposed, 1 abstention [Carlos])*

Because of time restrictions, it was agreed that some items on the agenda for this meeting should be moved to the November meeting.

Resolved: *Discussions of an Alcor Business Plan, of a Rules Committee for meeting procedures, and of a change to Board-selected meeting sites and dates, are postponed to the November business meeting. (Unanimous)*

On behalf of the Board, Steve Bridge expressed sincere thanks to all the Alcor members who've provided their homes for meetings and Alcor functions over the years, and especially JoAnn Martin and Saul Kent for hosting the Alcor Turkey Roast for the past few years.

Carlos announced that on the day before the meeting, the Alcor Board and Staff had an eight-hour meeting during which the delineated a budget for 1993,

and that the proposed budget, if adhered to, will allow Alcor to operate "in the black" for the entire year. He warned though that the budget leaves almost no margin for error at all, and allows only \$10,000 for legal expenses. Brenda emphasized that this budget should allow us to monitor our financial performance on a month-to-month basis throughout the year. The budget will be published in *Cryonics* magazine.

Resolved: *The Alcor budget for 1993, as agreed upon by the Alcor Board and Staff on October 4, 1992, is accepted and will be implemented. (Unanimous)*

Ralph announced that he would be contacting people during the next couple of weeks for service on the Fund-Raising Committee. He also encouraged people with special interest or expertise to volunteer.

Allen Lopp explained that the Board is interested in suggestions and ideas for potential changes to the current self-perpetuating Director selection process. He emphasized, though, that the Board does not consider suggestions along the lines of a "pure" or "popular" democracy to be an option.

Michael Riskin expressed his disapproval that some board members did not cast all nine of their votes.

Saul Kent handed out a list of possible alternative voting procedures, and then announced that he would like the Board to express its support for special meetings toward making these kinds of

changes.

Resolved: *The Board supports the pursuit of special meetings (not Board meetings) for examining alternative voting schemes for the Board of Directors.*

Mark Voelker summarized the paper presenting his opinion that the Patient Care and Suspension Services portions of Alcor should constitute two separate organizations, for reasons of practicality and liability.

Carlos and Ralph pointed out that the idea should be published in *Cryonics*, circulated on the net, and promulgated in general informal discussion prior to further Directors' meeting discussion.

Alcor owns 64 acres of land in Arizona that, for property tax reasons, is costing us more than it is worth to retain. Carlos suggested that the Board allow him to raffle or auction off the property to Alcor members. Mike Darwin pointed out that the son of the person who provided us with the property might be willing to pay more for it than an auction or raffle would provide. Carlos agreed to look into that.

The meeting was adjourned at 4:52 p.m.

Shrinkley by Riskin & Evans

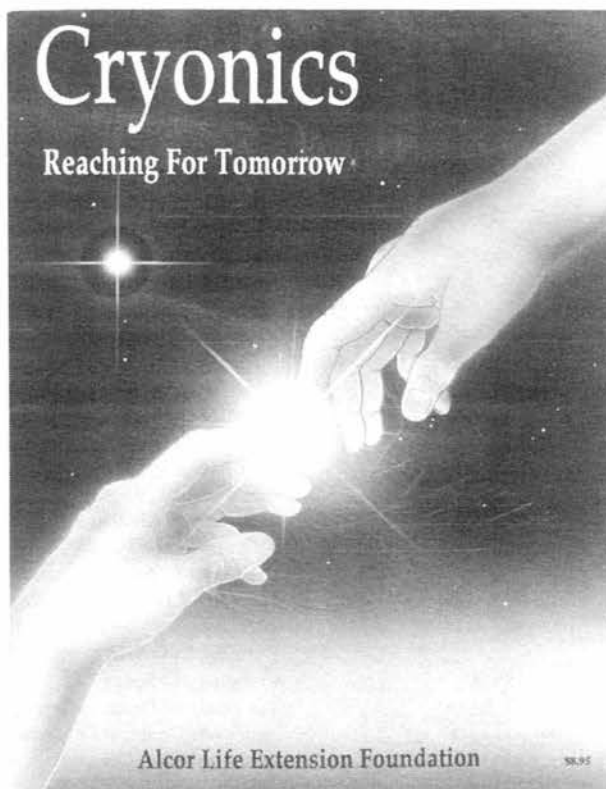


Cryonics is . . .

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.

Order Form

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

Books

Cryonics - Reaching For Tomorrow	\$5.00	_____
Engines of Creation	\$10.95	_____
The Prospect of Immortality	\$11.00	_____
Man Into Superman	\$14.00	_____
Great Mambo Chicken & the Transhuman Condition	\$18.95	_____
The 120-Year Diet	\$5.95	_____
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Advertisements, Personals, Meetings and Announcements

Advertisements And Personals

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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, NOV 1 meeting will be at the home of:
Tanya Jones and Ralph Whelan
11241 Heathrow Dr., Riverside, CA

Directions: Take the 91 to Riverside, and get off going south on La Sierra, which is on the east side of Riverside. Go right on Indiana to Wickham. Go left on Wickham to Heathrow. Go left on Heathrow. 11241 is about 2/3 of the way down the street, on the left. NOTE: Tanya and Ralph have four (4) cats. If you are allergic, take precautions.

The SUN, DEC 6 meeting is the Annual Turkey Roast at:
10106 Sunbrook Dr.
Beverly Hills, CA

Directions: Take the 405 to the Santa Monica Blvd. offramp and go east on Santa Monica Blvd. to Beverly Dr., in Beverly Hills. Go left (north) on Beverly to Benedict Canyon Dr./Canon Dr. at Will Rogers Mem. Park. Bear left onto Benedict Canyon Dr., with the park on your left, across Sunset Blvd., with The Beverly Hills Hotel on the left. Go up Benedict Canyon Dr. to Angelo Dr. Go left up the hill on Angelo past Hillgrove Dr. to Sunbrook Dr. Turn left onto Sunbrook and go about 100 yards to the top of the street. 10106 is on the right, just short of the top.

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.

Alcor's **Souther California** chapter chapter meets every other month. Please Call Chapter president Billy Seidel at 310-836-1231 for the schedule.

The **Alcor New York Group** meets meets on the third Sunday of each month at 2:00 PM. The location of the November meeting can be obtained by calling Brenda Peters at 212-353-865.

Meeting dates: Nov. 15, Dec. 20, Jan. 17, Feb. 21.

Ordinarily, the group meets 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.

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

The Alcor New York Stabilization Training Sessions are on the second and fourth Sundays of every month, at 2:30 PM, at the home of Gerry Arthus. The address is: 335 Horse Block Rd., Farmingville, L.I. For details call Curtis or Gerry 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 1:00 PM in the Riverside Casino in Laughlin, Nevada. Free rooms are available at the Riverside Casino on Sunday night to people who call at least one week in advance. 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: Dec. 6, Jan. 3, Feb. 7, Mar. 7.
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 1 of this issue.

ALCOR LIFE EXTENSION FOUNDATION
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