CRYONICS

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EDITORIAL MATTERS

by Mike Darwin

An error is the more dangerous in proportion to the degree of truth which it contains.

-- Henri Frederic Amiel

Every once in awhile in writing an article or editing this magazine I really blow it. The article, "No Easy Answers," which appeared in the January, 1990 issue of Cryonics and reported the Richard Leibee* situation is a case in point. For those who are unfamiliar with the Leibee situation a brief recap is in order:

1) Richard Leibee is an elderly Alcor member with organic brain syndrome who made suspension arrangements with Alcor in 1984. As Mr. Leibee was too old at that time to purchase life insurance, he arranged to pay for suspension with a revocable trust naming Alcor as beneficiary.

2) Mr. Leibee is now incompetent and has had a guardian appointed who is seeking to break the trust and void his suspension arrangements.

3) Even if the trust is left to stand, it will probably be necessary to invade the corpus of the trust to pay for the chronic care of Mr. Leibee, ultimately resulting in "spending down" past the point where there is adequate money left to cover the cost of his suspension.

4) The Suspension Members of Alcor and the readers of Cryonics were asked what we should do in response to this situation and others like it. The possibilities are probably pretty much as follows:

a) Establish a general suspension emergency fund to be paid for by increased dues/suspension charges.

b) Establish a general suspension emergency fund to paid for by voluntary giving.

c) Establish a "Richard Liebee suspension fund" to be paid for by voluntary giving.

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* Richard Liebee is a pseudonym to protect personal privacy.

d) Cover the cost of the suspension from operating expenses.

e) Do nothing at all.

The response was overwhelmingly negative with respect to any active intervention on Alcor's part. The consensus seemed to be: "He should have known better, he didn't do what he was supposed to do, let him rot."

I was and am shocked by this response. However, it has been pointed out to me that the reason for it may well have been my fault: i.e., I failed to tell the story completely enough and may have unintentionally distorted some of the facts.

Therefore, I'll try to set the record straight and also offer a few opinions of my own (which I carefully refrained from doing in the first article).

Yes, it is true that Richard was urged to execute a comprehensive power of attorney and he refused to do so. But it was wrong of me to use the words "Durable Power of Attorney for Healthcare"; such a document was not in use by Alcor at that time. Richard did execute a Patient's Directive to Physicians and Health Care Providers, as he was requested to do so.

Even today Alcor does not require execution of a financial Power of Attorney and we will not do so because of the sweeping power they confer. While it is true that Richard was advised to do this, his refusal to do so was understandable, and common: very few of our members have executed financial Powers of Attorney in conjunction with their cryonics arrangements.

At the time that Richard executed his Revocable Trust, Alcor not only did not require the use of irrevocable trusts; we were not sensitive to their importance. Thus, if there was any deficiency in all of this, it was in our requirements, not Richard's arrangements. In fact, we did not become truly sensitive to the importance of irrevocable trusts until the Dick Jones case taught us a bitter lesson. And keep in mind that we were getting what we considered to be top drawer legal advice from a broad pool of lawyers with expertise in such matters. (Including not only our own lawyers, but those who counsel other cryonics organizations as well!)

What is the bottom line in all of this? It's simple, really. Mr. Leibee did everything we asked him to. Everything we thought and were advised was necessary to protect him, and further, everything his own attorney (who drafted the trust) advised him was prudent. We feel bad about this, and I feel especially bad about it since I was involved in Richard's sign-up.

In re-reading my piece in the January issue, I realize that there were a couple of pejorative statements that should not have been in the article, and which no doubt reflect the frustration I felt with Richard at the time when he was less than cooperative about executing the Power of Attorney that I advised him to put in place. This was inappropriate, since the fact is, he met the Alcor requirements to the letter.

Finally, there is the issue of your situation. It is quite possible that many of you out there will find yourselves in a situation like Richard's despite both our best effort and yours. How? Well, an example that leaps immediately to mind is the increasing pressure the state is

bringing to bear to make people accountable for their own chronic care expenses: even by seizing the cash value of life insurance policies. There are theoretically possible scenarios where the state may take your cryonics life insurance funding.

The point is, we are in the early days of cryonics where there are many bugs left in the system. The insurance industry took many decades to shake out such failure modes. Indeed, practically every line in an insurance contract represents a lawsuit or a failure mode experienced the hard way. Ultimately, in the case of the insurance industry, the problem was solved by enabling legislation. Thus, insurance benefits cannot be seized by creditors (with one exception: the IRS), and there are all kinds of other protective features in place that were put there by the legislature.

In the meantime we have to decide how we handle our own "innocent" failure modes. I may not have written "No Easy Answers" in the best way and I may have made some serious errors of fact. But even allowing for that, I was shocked at the mean-spiritedness of the responses. With one or two exceptions there was not a shred of mercy, understanding or sympathy for Mr. Leibee's plight.

I think we can do better than that.

If the court grants Alcor's petition to preserve Mr. Leibee's cryonics arrangements, then we may well find ourselves confronting a situation where we have the legal right to suspend the member, but no assets to fund it.

I want to go on record as saying that I for one am willing to take a $1K cut in my salary for this year to help put emergency funding in place for Mr. Leibee.

We need a minimum of $15K to be able to place Mr. Leibee into suspension (this is amount required for the Patient Care Fund and presumes we can round up supplies and labor at little or no added cost).

* * *

Dear Cryonics:

For the record, . . . re the article, "No Easy Answers," (January, 1990), which concerned Alcor member "Richard Liebee," I wish to point out a few minor errors. The don't detract from the premise of the article, which I appreciate having been written, and was sorely needed. I was, in fact, writing a similar article myself. Thanks for beating me to it. I would like to correct the following:

1) Only one CVA was actually diagnosed by a physician, as far as I know. You and I might diagnose several more by observing Richard's deterioration, but we don't really know what his total health condition is. I've attempted to speak with his physicians but knew in advance they'd maintain confidentiality. Richard denies there is anything wrong, and so of course will not volunteer any information.

2) The destination of Richard's trip to Los Angeles was not Alcor, but the city itself, as he informed me he wished to relocate there. I don't recall having made any "frantic" calls to Alcor, though I did receive one, via a friend at my former residence, who relayed to me the

message that there was an "emergency at Alcor." I then telephoned Alcor and spoke to Hugh Hixon, who informed me of the situation and of Richard's return flight. Airport Good Samaritan personnel telephoned Alcor, having found the number in one of Richard's carry-on bags. The flight's point of origin was near Los Angeles, as that's where he was staying at the time, and I had no idea he was attempting to move until notified by Alcor.

3) The guardian "ad libitum" had been appointed prior to Richard's travels through intervention by his bank, who had assessed his situation independently and formed a

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similar conclusion regarding his competency. I was only made aware of this by telephoning the bank on another matter. I did speak to county Social Services at one time, but was never working with a social worker. There was a social worker contacted in California, but Richard had left the state before he could be interviewed, so there were no social workers involved in the appointment of the guardian ad libitum, and therefore none were working to have me appointed as such. I did attempt to assist the guardian ad libitum, who suggested my co -guardianship with her. Richard disliked the guardian ad libitum from the start, which is why someone else was finally appointed. He did not turn against me because of the idea that I could become co-guardian, but for other reasons.

3) The person awarded the guardianship was not contacted by him, but by someone known to him. The current guardian was neither reluctant nor a friend.

I know these are minor points, but since there is so much misinformation abounding in the field of cryonics, we may as well get our own facts straight internally. I think of Richard and his desperately confused mind, and the fact that he's often claimed to be the victim of lies, and feel that we should the ones who are clear as to what really has gone on and is going on. Though given the nature of the subject, we will never have the total picture; and obtaining information has been difficult, as you know. I have received misinformation many times.

Since the publication of the article, a petition for an order authorizing the guardian to revoke Richard's trust has been filed by the guardian, and three hearings have been set and postponed.

Concerning your request for answers, that's the one thing that I unfortunately can't contribute. We can say that this situation is important because we could all end up in a similar one, potentially. What's also important is that Richard is still alive and that there's still hope.

By the way, Richard and I are good friends again!

For longer life,
"Alissa"

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DAVE PIZER ELECTED TO ALCOR BOARD

by Carlos Mondragon
President, Alcor

David S. Pizer was elected to Alcor's board of directors at the February 4th meeting. Dave has been a cryonics activist for many years and a suspension member of Alcor since 1985. He was a founder of the Venturists and is known for his pointed poetry and prose frequently printed in this and other cryonics publications.

Dave's 32 years of experience in the business world will be most useful on the Alcor board. In 1970, Dave took over the family business, a single auto upholstery shop in Phoenix. Fifteen years later the business had grown to nine stores, a warehouse, a factory, and an advertising agency. Recently, Dave and his wife Trudy sold that business and moved to Wrightwood, California where they own and

operate the Mountain View Motel, while still maintaining real estate interests in Arizona.

Since coming to California, Dave has already hosted one very successful Alcor gathering, and he has given us several days of volunteer work. His energy, enthusiasm, and commitment and his expertise in business and finance all make for a needed and welcome enhancement to our board of directors.

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ALCOR BEGINS PLANNING A NEW FACILITY

by Carlos Mondragon
President, Alcor

Only thirty-seven months ago we moved into our present location on the western edge of the city of Riverside. We were and are very proud of the accomplishment which this facility represents. It is still the largest and most sophisticated cryonics facility in the world.

So why would we want a new one? When the building opened, we had two full-time employees. Now, on an average day there are seven people working here, more when volunteers come in for special projects. We've also seen a huge increase in the volume of visitors, sales people, tradesmen, and suppliers. Not a week goes by that we don't acquire equipment. We're using three nearby mini-warehouses totaling over 500 square feet and costing $150 per month. We have outgrown this building!

A secondary, but important impetus for change is esthetic: the industrial warehouse look, in an area largely occupied by manufacturers and auto services, does not inspire confidence in the long term strength and reliability of our organization. Many new and prospective members have made this clear to us with varying degrees of diplomacy. The new building we have in mind will be beautifully high-tech and have the look of institutional stabil-

ity.

Our plans at this point are very preliminary. An important working assumption has been that we will use a ten acre site in Perris (20 minutes to the east of us) which we had planned for, but ultimately not used, the last time we moved. This choice of location hasn't been finalized. Other options would be to find another piece of land or an existing building.

The financial structure of the project is somewhat more definite, but still open to change. Our current building is owned by Symbex, a limited part-

nership made up of Alcor members, in which Alcor has a 20% stake. The initial capitalization of Symbex was $193,000, of which $187,500 was used to purchase the building and the rest was working capital. The market value of the property is now about $250,000. In the course of our planning process, an independent appraisal will be obtained.

Retention of the Symbex Limited Partnership as our friendly landlord is likely. Existing Symbex partners will thus not be forced to take a capital gain and the resulting tax hit. Further, Symbex now has a track record as a successful investment vehicle.

The proposed budget for the new facility will be approximately $750,000. This means that Symbex will need additional capital of approximately $500,000. There is a limit on the number of limited partners which Symbex can have (30), and at this time I project there will be about 14 open slots for new investors. Funds will also be raised by asking some of the existing investors to increase their participation. Alcor will be seeking donations for a building fund in order to increase its own ownership position in Symbex, with a goal of reaching 51%.

We don't yet know exactly what the new facility will look like, but we have determined some of the basics: It will be planned in phases so that future expansions won't necessitate another move or major re-construction. The first phase (given the budget referred to above) will be 8,000 to 10,000 square feet. Every effort will be made to stay in Riverside County so as not to waste the huge sums we've spent taming the local looters.

So far, three architects have submitted bids to do the design work. As our plans develop we'll keep you informed in these pages or by special mailings.

MEMBERSHIP STATUS

Alcor now has 163 Suspension Members, 338 Associate Members, and 13 members in suspension.

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ALCOR vs. THE NECROCRATS: AN UPDATE

We won. Or so they tell us. In late February, Ms. Tammy Chung, counsel for the Attorney General's Office (the AG represents the Department of Health Services (DHS)) contacted David Epstein, Alcor's attorney, and informed him that the DHS had changed its position and decided that cryonics was legal in the State of California under the provisions of the Uniform Anatomical Gift Act.

However, it is not completely over yet. The DHS wants us to be licensed, and they are now trying to figure out how to go about doing that. After being pointed down several blind alleys toward "licensing," we have responded with interrogatories (formal legal questioning) to determine from the DHS exactly what licenses they have in mind. We expect a response to these interrogatories within the next 30 days.

Once the DHS has answered our interrogatories, Judge Mu¤oz will make a decision as to whether the DHS demands are reasonable. The case will then be closed at that point.

Except for one niggling little detail: the issue of the $80,000 it has cost Alcor to fight this meaningless, absurd battle. According to Alcor President Carlos Mondragon, "We intend to recover costs in this matter. All of this could have been resolved without costly and unnecessary litigation -- not to mention the anxiety, grief, and loss of productive time involved."

It's not over yet, but it looks like it's getting there -- unless the necrocrats have something else up their sleeves.

We'll keep you posted!

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CRYONICS AS AN EMPLOYEE BENEFIT

Aardeus, Inc., a Palo Alto, California software development firm, has become the first corporation in the world to offer cryonic suspension as part of

its employee benefits package.

Aardeus recently negotiated "group" coverage availability of Alcor's cryonic suspension services for interested employees under the following conditions:

1) There must be three or more people at the organization who enroll in the Corporate Cryonic Suspension Plan (CCSP).

2) The $300 Alcor sign-up fee will be reduced by 50% for all CCSP members.

3) Individuals covered under the CSP must still have private insurance or other Alcor-acceptable funding and must complete the Alcor suspension paperwork the same as any other suspension member.

4) As long as Alcor emergency responsibility fees (ERF) are billed to the company these fees will be 50% of the regular ERF (i.e., $100/year, currently).

While Aardeus was the first to negotiate a CCSP, they will almost certainly not be the last. We have inquiries from another Silicon Valley firm and anticipate others.

If your company is interested in a CCSP with Alcor please contact Alcor's President, Carlos Mondragon.

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ANOTHER CRYONICS SOCIETY?

We've heard word that a new cryonics organization in Northern California is apparently in the offing. The new organization, which will reportedly initially contract with Trans Time for suspension services, is to be called the International Cryonics Foundation (ICF) and is to be created by former American Cryonics Society (ACS) Chairman and President Jack Zinn and former ACS marketing Director Irving Rand.

ICF was formed after the recent victory by the "reform candidates" slate in ACS; both Zinn and Rand were candidates for the ACS board, but were not elected. (See the February, 1990 issue.)

TRANSLATORS NEEDED

Alcor has already done one international cryonic suspension (see Cryonics, November, 1989) and we are in the process of adding five suspension members from Spain. We have a growing number of inquiries from France. We are now translating our core literature into Spanish and

investigating translating it into German.

With the completion and opening of the U.K. facility nearing, Alcor will soon have major visibility throughout all of Europe. We can thus expect increasing numbers of inquiries from foreign nationals who want to arrange for cryonic suspension both for themselves and for loved ones. Some of these cases will no doubt be of the "last-minute" variety and it is very clear that we are going to need translators available at a moment's notice to assist in such cases.

Also, as we begin to process more "routine" sign-ups from overseas we will need translators available to explain Alcor's program and answer questions about cryonics.

And that brings us to the subject of this article: do you speak and/or write a language other than English and would you care to sign-on to the Alcor translator's corps? Our requirements are simply that you be fluent in any of the following languages and that you be willing to be called whenever the need might arise (even in the middle of the night):

(In order of priority.)

Spanish
French
German
Portuguese
Italian
Japanese

You will be compensated for this service on a generous piecework basis (although contributed services would also be greatly appreciated!).

We're are trying to recruit at least two (2) people for each language since there will be no formal on-call system with translators carrying beepers; thus it might be impossible to reach someone when needed.

If you are interested in serving as an Alcor Translator please contact Alcor's Administrator, Arthur McCombs, at (714)736-1703 (in California) or (800)367-2228 (outside California).

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CHRISTIAN CRYONICISTS: SUPPORT GROUP NEEDED

by Mike Darwin

It's no secret that we have had relatively few people of strong religious faith involved in cryonics in the past. But that is changing rapidly. Right now Alcor has a growing number of practicing Christians and other religions either as signed-up members or involved in the sign-up process.

I have met almost all of these people and I have found them to be intelligent, sincere, and very good people who do and

who will represent a powerful asset to cryonics and to Alcor. However, cryonics is neither customary nor mentioned in Scripture, so there is some problem at this point as to where such an obviously valuable idea should fit into the religious worldview.

The first source of problems is from within Alcor, and by that, I do not mean Alcor management, but rather from within the community of Alcor members. I have, in the past, witnessed several rather ugly incidents in which Alcor members were condescending, hostile, or intolerant of the religious beliefs of others. This behavior is inexcusable and it will not be tolerated at any Alcor function or event.

The management of Alcor wishes to go on record here and now in saying that we feel there is no conflict between cryonics and Christianity; we urge and welcome the participation of Christians in Alcor. The few Christian thinkers that have considered cryonics have argued cogently and well not only for the lack of conflict between cryonics and Christianity, but for their compatibility and even synergy.

All of us in the Alcor family need to be very careful to respect the beliefs of others and to open our organization to persons of good will everywhere who share our common goal of wanting to live longer through technology. That part of the problem at least is one we can do something about.

The second part of the problem is a bit more difficult but still solvable in the long run. That problem is the problem of bigotry outside Alcor. Christians interested in cryonics, just like non-Christian cryonicists, run into bigotry. Sometimes it is from misguided "friends" and clergymen who presume to tell them that cryonics is immoral or against God's will (but of course dentistry, antisepsis, penicillin, and heart transplants are not). This class of bigots seems to have forgotten completely that their God must have made them for some purpose other than to poke their noses into others' lives and presume to tell them when to quit living.

The answer to this problem is to develop what John Warwick Montgomery, in his article "Cryonics and Orthodoxy" (Christianity Today, 12, 816 (1968)), calls "a serious theology of cryonics." A first step in this direction is for practicing Christian cryonicists to get together and form a Christian Cryonicists Support Group.

The need for such a group was recently brought into sharp relief with the visit of a local woman to the Alcor facility. She was one of the most excited and seriously enthusiastic prospects we've seen recently. Additionally, she was also a lovely person with skills of potentially great use to Alcor and a strong desire to participate in our program on every level (she is a licensed nurse). She is also a born-again Christian and she was wrestling with the issue of the compatibility of her faith with cryonics.

This soul-searching was not made any easier by comments from people in her church to the effect that cryonics was un-Christian and would result in her damnation!

Lest those of us who are not religious be too quick to pass off such remarks as solely the province of religion, think about how many put-downs we've experienced from social groups important to our well-being? After all, how does the Society for Cryobiology feel about cryonics? Their only significant difference from the religious group I just mentioned (and probably their major regret as well) is that they can't threaten to send us all to hell (although in several cases they have worked remarkably hard to do so simply by making life seem that way now!).

And the need for such a support group is not by any means confined solely to members or prospective members of Christian faith. It is also needed for the Christian relatives of Suspension Members, many of whom have serious doubts about the compatibility of cryonics with their religious beliefs and who bring pressure to bear on the Suspension Member. Such relatives may also be hostile and non-cooperative in the event a suspension needs to be carried out. Much, if not all, of this hostility could be defused if there were only educational and support services available in this critical area.

What would be especially helpful would be for those of religious faith who are Alcor members to step forward and get organized. The best people for this job are the people who understand the problems best. If you are interested in helping to form a Christian Cryonicists' Support Group please contact:

Michel Laprade
875 Noyes Road
Arroyo Grande, CA 93420-5008
Tel: (805) 489-9309

We also need support literature and clergy resources that can be brought to bear to help Christians wrestling with prejudice and bigotry in their own religious communities to deal with them effectively. Any takers on helping to generate such material should contact Mike Darwin and Arthur McCombs at Alcor.

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The Right To Life, The Right To Die

by Jerry D. Leaf

The Nancy Cruzan case, now before the United States Supreme Court, is

potentially very important to controlling our lives and our ability to be cryonically suspended. We can only hope that the Court will recognize that the right to one's own life entails the right to end one's own life if it serves the interests of the individual. Who shall have the right to decide issues of life and death, the individual or the government? Who shall decide issues of life and death in the health care environment: the incapacitated patient's attending physician and family; or the government and its bureaucrats?

In order to understand what is involved in the Nancy Cruzan case, I will begin by listing the some of the facts. The sources are mostly newspapers and magazine articles on the case (see references).

> The patient's brain was injured by being without oxygen for 12 to 14 minutes, according to one source (1), and 20 minutes is cited by another (2).
>
> The patient never regained consciousness after the injury (3) and is in a "permanent vegetative condition" (5). (The term vegetative, in this context means; "Functioning involuntarily." (4)
>
> A feeding tube has been surgically implanted in order to maintain the patient's nutrition. (3)
>
> The patient's ". . . body is stiff and severely contracted, her knees and arms drawn into a fetal position, her fingers dug into her wrists." (3)
>
> The patient can breathe on her own. (2)
>
> The patient's attending physician and family agree that medical support should be withdrawn, i.e., tube feeding should be stopped. (1)
>
> The family lawyers argue ". . . that the guarantee of liberty in the Constitution's due process clause protects individuals -- including helpless patients -- against unwarranted bodily intrusions by the state, and that a loving family is the best surrogate to decide what medical course an incompetent relative would choose." (3)
>
> The lawyers for the state of Missouri argue that, "The state's concern with the sanctity of life rests on the principle that life is precious and worthy of of preservation without regard to its quality. . . ." (2)
>
> The patient's family testified that the patient ". . . said several times over the years that she did not want to live as 'a vegetable.'"
>
> The Missouri Supreme Court, in regard to the family statement about the patient's intent, said it "found those

> comments unreliable proof of her intent."

One of the nurses attending the patient has remarked that the patient does grimace, "She's hurting when you try to move her." (1) The nurse does not want the patient's feeding tube removed.

A patient bedridden and unable to move has to be moved every few hours in order to avoid serious injury, i.e., decubidus ulcers.

"The American Medical Association and many ethicists believe even artificial nutrition and hydration is a medical treatment that may be withdrawn from terminally ill or irreversibly comatose patients." (3)

The patient could live another 30 years in this condition, yet no patient has ever recovered after being in a vegetative state for as long as this patient has already experienced.

Both sides in the issue seem to agree on the diagnosis and prognosis of the patient's condition; the patient is in an irreversible vegetative state. There are no medical facts that have been offered to the contrary. This is not the issue to the state of Missouri, which has no regard for the quality of the patient's life, even though the only expressions evident from the patient are those of pain and suffering. This is quite remarkable in view of the fact that no one would dare treat a competent patient in such a manner of abject indifference regarding pain and quality of life. A competent patient would have the state of Missouri charged with assault and the hospital and its staff with medical malpractice.

The state of Missouri alleges that it is concerned with the "sanctity of life" and that "life is precious and worthy of preservation without regard to its quality." Yet the state of Missouri has 73 prison inmates on death row who are waiting to be put to death by lethal injection, as ordered by the same "benevolent" authority. It would seem that the state has at least one other principal it holds to be higher than life, the principal of retribution. It is not the principal of life over death that Missouri represents, but rather the principal of the power of the state over the lives of its citizens. This is the issue to be decided by the United States Supreme Court.

Contrary to most other states, Missouri does not recognize family surrogate decision making in cases where the patient has left no written directive, such as was previously recognized in the landmark Karen Ann Quinlan case. Further, the arguments presented by Missouri could have the effect of eliminating even written directives by patients as to how they will be treated once they become incompetent. The chilling effect upon physicians will be such that they will not dare act without a court order in cases where the quality of life has previously mandated suspension of medical treatment. I see no

reason to believe that an Alcor member's Medical Power Of Attorney, nor any other document will long stand before the will of the state of Missouri, if they are not stopped by the Supreme Court.

As has been shown above, the issue of the value of human life is not the issue to Missouri. What has driven its interest in so-called right-to-die cases? The answer is, abortion. The religious fundamentalists in the state of Missouri have attacked other citizen's right to control reproductive functions, elevating the status of a fertilized egg to that of a citizen. The so-called Right to Life groups that have pursued anti-abortion legislation have also made right-to-die cases subject to their fanatical beliefs. The state of Missouri is being used to acquire control over life (who shall be born) and death (who shall be executed). As soon as conception occurs, the parents' interests are to be set aside, even though they must carry the responsibility for a new life. Once the egg develops and is born into the maternal atmosphere of Missouri and has been nurtured, clothed, and loved for 18 years by its parents, without having been seen by a single bureaucrat, now the parent's interests can be further replaced by the interests of the state of Missouri. Even if the state of Missouri's interests consist of dragging this state-ordained citizen, screaming, to a gurney where he/she is strapped in place and given a lethal injection. This is the real meaning and spectacle of "cradle to grave paternal government," except now we have the new expansion of government power so that its control begins at conception. If you ever wondered what "the dark side of the Force" entailed, take a good look; it is the power of the state over the interests of the individual. It is the cause of what I saw rotting in the jungles of Vietnam. It is the reason that governments are so adept at filling graveyards but so poor at enhancing the quality of life. It is the reason that our right to life must never be surrendered or allowed to be encroached upon by government. Our right to life entails, if possible, when, how, and for what reason our life should end. There is a monument in Washington, DC to the women who lost their lives because therapeutic abortions by competent medical practitioners was denied them by the laws of the states. In 1964, when I was debating with other college students about a woman's right to an abortion, the magazines of the day were estimating the death toll to be at 70,000 women. I say, never again!

What would Nancy Cruzan intend? The determination of "intent" is not always easy to establish in a court of law, but it may be established by introducing physical and/or testamentary evi-

dence. There was no physical evidence, i.e., Living Will or other document, to verify Nancy Cruzan's intent in the event she were to become a patient in a vegetative state. However, there was evidence given in the form of legal testimony that Nancy had stated she did not want to exist in a vegetative state. This is not hearsay evidence, but direct evidence given by witnesses who observed Nancy make such a statement, more than once. In a civil case, if testimony by witnesses to an event were the only evidence available, then one may presume it would constitute the preponderance of evidence and be the deciding factor in the case. In a more demanding court case, involving criminal justice, the testimony of witnesses to the event would be accepted toward eliminating any reasonable doubt. But what we see in the Missouri court is dismissal of testamentary evidence as being "unreliable" by fiat. What we have is two interested parties, the state of Missouri and the family, contesting what the interest of a third party, Nancy Cruzan, actually entails. When the Missouri court dismisses the only evidence available, without evidenciary reason for such dismissal, it would seem to be arbitrarily done to achieve its own interest. Is this not a conflict of interest by the state of Missouri? Certainly it is the state of Missouri deciding a case contrary to the evidence presented and contrary to Nancy Cruzan's stated interests.

When a hospital patient's physical condition is under consideration, it is the attending physician's responsibility to make this medical determination. In the Nancy Cruzan case the medical facts as provided by her attending physician are not disputed, they are simply disregarded by the state of Missouri's lawyers. Nancy Cruzan's parents have taken the medical facts, their own observations of their daughter, and considered Nancy's previous statement that existing in a vegetative state is contrary to her interests. Who is acting in good faith as a surrogate here, Nancy's parents or the state of Missouri? Nancy's medical care is being paid by the state of Missouri and some people may believe this gives Missouri the right to decide her fate. This is a contemptuous notion for two reasons: 1) The reason the state is paying these medical costs is due to the Missouri legislature passing laws mandating such payment, and; 2) No individual citizen or state can purchase the right to determine the life or death of another, otherwise there would be a moral and legal sanction for slavery. Because someone elects to pay his neighbor's medical expenses would not endow him with the power to determine his neighbor's fate, at least not in a society where human rights are the most respected political value.

Selecting a Power of Attorney for Health Care (a medical surrogate) is a very important task, along with communicating your intent to whoever you

select. A legally recognized document establishing such a surrogate is essential. Even so, your medical surrogate must have the cooperation of your attending physician, who will only be cooperative if the medical facts support your requests. The patient/physician and/or

surrogate/physician team constitutes a system of checks and balances to help insure appropriate care. Only when there is a difference of opinion by such a team should a third party, as represented by the judicial system, be considered for arbitration. The Missouri action in the Nancy Cruzan case is the first step in subverting this system of checks and balances. The so called "Right to Life" political forces, as represented by the state of Missouri, will take away as much of the decision-making power from the rest of the citizenry as they can. Like the Animal Rights activists who say they only want to protect pets, but whose true agenda is to not only outlaw all animal research, but to eliminate the eating of meat and the use of all animal products. We already have the dual spectacle of the Animal Liberation Front and the Right to Life activists engaged in terrorist activities involving bombings and threatened assassination of those who oppose them. If there is a better system than patient/surrogate/physician, it certainly is not the state of Missouri. Consider the possibilities for abuse if government replaces us and our physicians in making life and death decisions at the health care level. If anyone believes their government would best serve them in this capacity, they may designate the state of Missouri as their Power of Attorney for Health Care. As for me, no thanks!

Let us examine further whose interests are and are not being served in the Nancy Cruzan case.

The nurse who does not want Nancy's feeding tube removed? The nurse has never known Nancy Cruzan, has never heard her talk, walk, eat, or even communicate a single thought. But Nancy Cruzan is the nurse's patient. The identification that nurses develop with patients in these situations is common. Any good nurse believes that it is her/his job to care for patients and nurse them to health if possible. Having a patient die is a painful experience for nurses and an affront to their sense of value as professionals. This is why oncology (cancer) nurses, who see many of their patients die, experience a high professional burnout rate. The nurse has indicated that the patient shows signs of experiencing pain when moved. What was not said, is that a bed-ridden patient has to be moved every few hours in order to avoid injury, i.e., decubidus ulceration. The nurse does not focus on the patient's expression of pain. The nurse is serving her own emotional needs, her own interests, not Nancy Cruzan's.

The Right to Life activists? These are, typically, religious fundamentalists who believe that abortion and withdrawal of medical intervention in hopeless cases is a violation of God's Law. These activists are serving their own interests by doing God's work and securing for themselves a better chance to go to heaven. The activists serve their own interests, not Nancy Cruzan's.

The politicians of the state of Missouri, which includes state Judges? As usual, the politicians are trying to buy votes by doing what the most vocal special interest groups want. Some of them may also be religious fundamentalists, a

double bonus. Missouri pays $130,000 per year to maintain Nancy Cruzan in a vegetative state. Medical authorities say this could continue for as long as 30 years, which would be a total cost of $3,900,000 in tax money. At this time, throughout the U.S.A., one billion dollars per year is being spent to keep patients in a vegetative state. (1) Thieves and governments usually present the view that money is neither created nor destroyed, it's just redistributed. However, it was Americans who coined the phrase, "to make money," which meant that they understood that wealth (money) was created by a productive process involving an expenditure of human effort and that wealth represents an expenditure of productive human life. The lives of Missouri's taxpaying citizens are in effect being traded to maintain a patient who has previously stated she did not want to exist in a vegetative state. The common denominator here is the coercive use of power. The politicians are serving their own interests, at everyone's expense, and not serving the interests of Nancy Cruzan.

The attending physician? Since both the state of Missouri and the patient's family accept the physician's evaluation of Nancy Cruzan's medical prognosis, it isn't an issue. The physician provided medical care for his patient and after extended observation determined, with all information available, that nothing further could be done for Nancy Cruzan. For those who wish to speculate that Nancy Cruzan might "still be in there," I can understand such possibilities, but I fail to see why mere speculation should be elevated to equivalency with objective medical prognosis. The physician has done all he can for Nancy Cruzan and served her interests in the best traditions of his profession.

The Cruzan family? They are the only people involved in the case who know who Nancy Cruzan was and what Nancy Cruzan wanted. It is true that seeing Nancy maintained in a vegetative state, against Nancy's own wishes, is painful to them. If the family's action serves both the patient's directive and their own feelings, then both interests are being served. The family is acting in accordance with Nancy Cruzan's stated interest. I believe I have answered the question about who serves whom.

** PHOTO SPACE **
** CAPTION --

"Joe and Joyce Cruzan, Nancy Cruzan's parents."

**

What effect could the Nancy Cruzan case have on your cryonic suspension arrangements? That depends on what specifics the Court decides to rule on. The most likely specific ruling will be about

the validity of the surrogate decision-maker, a position most often held by the next of kin. If the Court rules in favor of the state of Missouri, those of you who do not yet have Durable Medical Powers of Attorney for aging parents had better execute them, otherwise you could find physicians being afraid to follow your directives regard-

ing their health care, should they become incompetent. The whole concept of surrogate decision making will be in jeopardy, even the Medical Power of Attorney as surrogate. This could affect your suspension considerably. If this happens, we may need a court order to enforce critical health care decisions for Alcor members. Physicians will fear not providing maximum medical technology to their patients, regardless of the consequences to suspension members. It takes little imagination to see the possibilities for metastatic cancer or brain tumors being allowed to destroy a patient's brain, all in the name of "preserving life without regard to its quality."

What realistic biological condition is represented by a patient such as Nancy Cruzan? Is she merely a person who is unable to communicate with us, as implied by some? The first question is answerable by reference to virtually all of the considerable data available on the pathology of ischemic brain injury, both animal research and human clinical findings. This information shows a clear picture of massive injury after 12-20 minutes of warm ischemia followed by uncontrolled reperfusion. Nancy Cruzan was not "in there" after day one, and six years later she is still not "in there." There is no evidence to the contrary. Other speculations are unwarranted legal obfuscations, metaphysical pie in the sky, or outright self-delusion designed to justify the imposition of someone else's authority against another individual. Do not misunderstand me; the people who favor Missouri's position do not see the issue in terms of the state vs. the individual, but rather of pursuing their religious values. They do not recognize that forcing their values on others is itself evil. The road to hell is still paved with good intentions, and the sacrifices of human life still go on, a shadow cast from the Dark Ages and beyond. As for me, I've been to hell, and back again, I do not intend to walk the same roads again.

References

1) "U.S.A. Today," December 6, 1989.
2) "The Press-Enterprise" (Riverside, CA), September 28, 1989, Section F.
3) "Time," December 11, 1989, page 80.
4) "Taber's Cyclopedic Medical Dictionary," Edited by: Clayton Thomas, M.D., F. A. Davis Co., Philadelphia, Edition 14, page 1545, July 1981.
5) The Press-Enterprise (Riverside, CA), December 7, 1989, A-4.

LETTERS TO THE EDITORS

Dear Mike and Carlos,

Alcor acted correctly regarding the Spanish woman and should find a way to accept non-members for suspension. Alcor needs to adopt procedures insuring that those paying for a suspension are not likely to: 1) change their minds later, and 2) have legal grounds to get their money back.

The problem is lack of time for the bereaved to make the difficult decisions required for a suspension. I don't think that careful wording of forms is the answer. We must try to devise a procedure that enable the family or friends of the patient to take the needed time to make the decision to suspend without feeling rushed or distraught.

It is unlikely that the "90-day presuspension storage" at 2ø Celsius, for example, would preserve much patient structure. So what else could we do? Let's take the case of neurosuspension, which I feel is a good choice for non-members due to its low cost.

Separate the initial suspension procedure cost from long-term storage costs. These initial costs of $15,000 could be called a "non-refundable deposit." The suspension would proceed after the full payment of $35,000. The $20,000 earmarked for long-term storage would, however, be returnable, along with the patient, within a three or four month period. This would lessen the "irrevocable decision" pressure and give those paying for the suspension time to reconsider after the distress has somewhat receded from their lives. (The dollar figures given above are examples only.)

Current funeral and burial fees usually exceed $5,000 and in many cases are comparable in cost to Alcor's initial neurosuspension expenses. The relative reasonableness of these initial expenses should protect Alcor in case of a lawsuit.

Hank Lederer
Wayzata, MN

* * *

Dear Mike and Carlos:

I think our organization must take a very conservative stand on freezing people who are not members. In other words, we should not take any chances that might endanger our reputation, our funds, or the infrastructure of our organization.

As you know, we have enough people that think we are crazy and who feel it is their duty to stop our organization already without giving them any additional ammunition. We cannot afford to take chances and we are already walking a tightrope. In addition, I think we should play down the head-only freezing. I noticed on one of the interviews done on TV recently when the subject was brought up, the person representing cryonics spoke about protecting the brain only and did not mention anything about cutting off a head and freezing it.

Additionally, I think you ought to give serious consideration to making peace with City Hall. I think you have already accomplished quite a bit and I believe the authorities would probably be happy to let the matter

drop if we were willing to do the same, and at the same time you have established the legitimacy of cryonics in the court system. To push further might eventually backfire on us.

Please give this serious consideration.

Sincerely yours,
Austin Tupler
Davie, FL

* * *

To the Editors:

Your "Nanotechnology Update" article of the February, 1990 Cryonics issue mentioned briefly the Usenet nanotechnology news-group moderated by Josh Storrs Hall. I must mention to readers of this magazine that Usenet newsgroups are not computer bulletin boards, in contradiction to the aforementioned article.

A computer bulletin board, or "BBS," is a service usually provided free or for a nominal charge by the owner/operator of a personal computer system. Users of the bulletin board call the host system via their modems, which enable data transfer over the conventional phone lines. A typical bulletin board does have the public message feature from which the term "bulletin board" draws its meaning. In addition, the BBS usually features nominally private electronic mail communication between subscribers, and libraries of text and program files available for transfer to the user.

The BBS market is dominated by machines running the MS-DOS operating system, in its

recent versions. BBS system operators, or "sysops," use special software to accommodate file handling and telecommunications requirements of their machines.

Usenet is something altogether different. A typical Usenet subscriber is a person with an account on a government, corporate, or university mainframe or minicomputer, or who has had made a special arrangement with the manager of such a system. UNIX, in one of its myriad manifestations, is usually the operating system, and telecommunications software is almost always one of its features.

A Usenet subscriber does not "dial up" a host to interact with it in the manner of a BBS user; rather, he submits an item for open discussion or relevant news, and that text is then evaluated for topicality by the moderator. If it passes, as most submissions do, then the message is broadcast from the host site to all subscribers. The message is then routed through a usually Byzantine network of computers until it reaches the local account of an individual.

Messages don't usually cross the "DOS/UNIX barrier," with the exception of those PC's equipped with cumbersome Unix Mail emulation software.

A growing number of large commercial PC information services, most notably CompuServe in Columbus, Ohio, do allow their subscribers to send and receive Usenet messages, through the Internet system. I suspect that a

larger-than-national-average percentage of Cryonics magazine recipients have PC's with modems, and I know at least a couple of Suspension Members with active CompuServe accounts. Though CompuServe does not aggressively advertise the Internet feature (most less-than-adventurous users would find it unusable arcana), it does exist, and involves no surcharge.

Those who have CIS accounts and wish to receive and contribute sci. nanotech messages can contact moderator Josh Storrs Hall by going to the electronic mail area and entering at the "To:" prompt this address: >INTERNET:josh@aramis.rutgers.edu. There are a couple of other addresses which work, and which may show up as headers on received text.

A less active newsgroup, but of particular interest here, is Kevin Brown's cryonics mailing list. Kevin can be reached via CIS at: >INTERNET:kqb@whscad1.att.com. Submissions have recently included excellent articles by Ralph Merkle of Xerox PARC and Hans Moravec of Carnagie-Mellon University.

Anyone who is interested in receiving cryonics or nanotechnology messages via CompuServe please feel free to contact me by any one of the means below. Note: I am not, of course, a CompuServe representative... just an enthusiastic subscriber.

Warmly,
Russell E. Whitaker
1350 E. Flamingo Rd. #247
Las Vegas, NV 89119
(702)366-7958: Voicemail
(702)434-1297: Home
(702)735-0258: Lab
CompuServe: 71750,2413
Internet: 71750.2413@compuserve.com

AUSTRALIAN RENAISSANCE?

by Mike Darwin

During the past two years there has been a slow but steady growth of Alcor Suspension Membership in Australia. Most of this has been due to increased local recruiting, but one addition to the down under fold is an American emigrant: Joe Allen, formerly of Alcor's Indianapolis, Indiana group.

Currently Alcor has five Australian members with three more pending and several prospects waiting in the wings. In recent months we have been receiving more and more serious requests for help from the Australian group and in November of 1989 they began publishing a newsletter, Cryonics Australia, which contained some good articles; we are reprinting one elsewhere in this issue.

After months of inquiries and no response from Alcor Southern California (ASC) (we've been busy setting up in the UK), Mike Darwin finally got around to writing back. The text of his Epistle to the Australians follows this article. We reprint it here because it contains much good advice to any overseas start-up group and it lays out the likely problems very well. We might also add that aside from the advice Mike offers in his letter, one other very important suggestion needs to be added

if you want to get action going in your area (and this applies to people both inside and outside of the United States): PUBLISH A REGULAR NEWSLETTER.

Cryonics magazine is a good communication tool and it has many valuable things to offer its readers. But one thing it can never do and was never intended to do, is to address the intimate concerns and needs of local groups. Right now Alcor has groups in New York, Florida, Northern California, Indiana, and England. Even if we wanted to, Cryonics magazine could not possibly begin to hold all the news and information that is of relevance to these local groups. Day-to-day business such as negotiating with local mortuary personnel, getting media coverage, and trying to build up a local capability cannot possibly be addressed by us here in Southern California.

Only you can do that. Putting out a regular newsletter and doing it regularly is probably the most important confidence builder available. After all, when most people need our other services they aren't usually able to appreciate them right away! A local newsletter or published and widely distributed meeting minutes help to keep things on track, keep people interested who cannot attend every meeting, and, above all, show that the local leadership is serious and at least somewhat organized. (And believe me, as anyone who's ever put out a newsletter knows, it takes work and commitment to get the job done!)

The Australian group met recently (after receiving Mike's letter and a mound of accompanying information), and they have decided to begin pursuing a commitment to setting up a perfusion and cool-down facility in Australia. This was their third meeting in recent months and it was attended by a mortician who has a strong interest in cryonics and a little first-hand experience (see the article from Cryonics Australia elsewhere in this issue). This mortician is reportedly planning to fly to Southern California later this year at his own expense to obtain some training from Alcor so that he can at least carry out the initial blood washout and cool-down to 1ø-2øC for any members that experience cardiac arrest without sufficient warning to allow for the presence of U.S. personnel.

If the Australian group's commitment is as firm as it sounds, the future looks bright. In any event, we wish them well, and we will be offering them what support we can in the coming months. Others wishing to contact the Australian group may do so by writing:

Robert Cardwell
P.O. Box 207
Darlinghurst, N.S.W. 2010
Australia

* * *

An Open Letter To Australian Cryonicists From Alcor

Dear Friends,

Since August we have received a number of requests for information and help on improving readiness in Australia. I apologize for being so long in responding, but as I said at the time of Mr. Tatton's initial inquiry of 27 August, 1989, the British group comes first, which is only fair since they

asked first.

I have enclosed some color photocopies of the British facility so that you can see the progress they have made. The facility they have put together is stunning and should serve to inspire all of you in Australia. The physical plant actually appears to be nicer than the one we occupy here in Southern California. It is a testimony to what kind of progress is possible with commitment, planning, and support.

I will try to address the concerns in Mr. Tatton's letter of 27 August and his accompanying Discussion Papers, as well as provide you with some general advice and information.

Background

In the 1970's, when Thomas Donaldson began his efforts to get cryonics off the ground in Australia, we all had a lot less experience than we have now. As is both usual and necessary in the early days of any project there are idealized expectations and even "dreams" which underlie the "world-view" of the people involved. I think it's fair to say that with the passage of time and much additional experience we're all considerably wiser about the realities in all areas of cryonics, and in particular those peculiar to overseas operations.

I intend to be very honest with all of you in this letter. Alcor in general, and I in particular, are not known for pulling any punches or spinning any rosy scenarios. Nor am I known for my tact or gentle ways. I will thus speak bluntly and I hope no one will take offense. Believe me, I care about your situation and I want to help. But you must understand that time and energy for all of us here in the U.S. are precious and what little we have to spare we want to use wisely. Thus, what follows is my unvarnished assessment of your situation and things you might do to improve it.

Your current situation, as I think most of you are aware, is not a good one. You are few in number, a great distance from any cryonics capability and, what is worse, you are scattered and isolated in your own country. In the past it has been my perception that some of you have been very unrealistic about your predicament in particular and cryonics in general and, further, were not very committed to changing things. (Yes, I know that some of you are newcomers and so bear no responsibility for the past.) So it must be said at the start that tough situations require tough and committed people.

It should also be pointed out that Mr. Tatton, who appears to be leading the group in its effort to improve things, is not yet an Alcor Suspension Member and, further, has

little if any detailed knowledge about the capabilities and administrative and operational procedures used by Alcor. This is a potentially serious handicap in interfacing with Alcor to improve things, as he will likely not have a very detailed "model" of what to aim for and of what to expect from us. Likewise, we know little of Mr. Tatton and do not know what to expect of him.

I will attempt to do what I can to correct this situation, but it would

be best addressed by Mr. Tatton visiting Alcor Southern California (ASC) to see first-hand how we operate (and vice versa).

It is probably also wise to point out that gone are the days when we will try to "do it for you." And that brings me to the most important thing I have to say to you: your problems are in a very real sense your own and only you can solve them. We can help and we will, but we will not do it for you.

All of us are probably now more realistic about what is likely to happen if one of you "goes down" unexpectedly and there are no facilities in place in Australia. The delays might be very long, and in my opinion it is not unlikely that you will end up being straight-frozen (i.e., frozen with minimal or no pre-treatment) and stored on dry ice for days or possibly weeks before reaching the United States. We have never transported someone from Australia, but our recent nightmarish problems with the young Spanish

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national we suspended do not encourage us. Your situation is complicated by the fact that most of you do not even have a cooperating local funeral director. It is quite possible that some of you might not get suspended at all in the event of an untimely emergency.

If cardiac arrest occurs on a Friday or just before a holiday when the U.S. consulate or Embassy is closed, it might be 3 or 4 days before paperwork processing could even start. And there could be snags anywhere along the way.

The point is, you need to get at least bare-bones facilities to carry out cryoprotective perfusion and cooling to dry ice temperature in Australia. And you need to develop some kind of internal resource to aid each other in the event of an emergency.

Mr. Tatton's letter touches on many of these points and his accompanying Discussion Papers lay out the issues fairly well. I will now try to point out the kinds of things I think you should consider doing, detail their rough costs, and tell you to what extent Alcor is willing to help.

Local Support

You need to have at least one person who can be reached via pager who has been trained by Alcor to interface with the hospital and mortuary and to carry out rescue procedures. Your Alcor bracelets will have the Alcor telephone number on them and this is what should be used to summon help (we can then page your local Coordinator). When you grow large enough, you can set up your own communications system and handle it locally. But you don't want to do this early-on because the monthly costs are high and you have needs which are more urgent. (Since most of you are young and healthy, you are unlikely to experience an emergency soon. On the other hand, you have a lot of equipment/training that you need to acquire in order to get ready for when you aren't young and healthy anymore! Spend your money there at first.)

Specifics Of What Is Required

You need a heart-lung resuscitator (HLR), medications kit, support equipment, and Pizer Tank. We used to issue these free of charge. We no longer do this. We now meet you half-way on costs in issuing these kits. If we deploy a used HLR in Australia (taking into consideration that you paid for one before) plus the rest of the kit, I would guess your expenses to be about $1,800, not including shipping. You will own this equipment and need not fear it being "repossessed." I have provided a copy of a list of equipment present in the typical Alcor Coordinator's kit. This list is confidential and not for distribution to other cryonics groups.

You will also need training. I am willing to come to Australia to do this provided all my expenses are paid (these should be modest since I do not insist that my meals be paid for and I am willing to stay in members' homes). Alternatively, you may wish to send two people to the U.S. for training (this will be more expensive). At present we are not charging for training even though our materials costs (not to mention our time) are significant. However, that may soon change. Thus, if you wish to be trained it would be wise to arrange for this before charges are instituted.

At least one of you will need to get Emergency Medical Technician (EMT) certification or the Australian equivalent before training occurs.

I notice in your Discussion Paper that you mention "Suspension Officers" and "Crisis

Manuals." Alcor has an integrated and uniform system of manuals and documents for responding to emergencies. Once Coordinator status is achieved, the Coordinator is issued the Alcor Emergency Response Manual which is a large (over 100 pages) loose-leaf format resource with all the necessary forms and protocols in it. A condition of support from Alcor is uniformity of administration wherever possible (i.e., wherever it is not in conflict with local law). We have created a system where a Transport Technician from Indianapolis can walk into the facility in London or Los Angeles and pick up and use the local rescue kit without a moment's hesitation. We believe strongly in the merits of such a system and plan to continue it.

In essence what we are aiming for is the creation of semi-independent groups of Alcor members that share Alcor's core operating procedures and administration, as well as its name. Under such a scheme it is questionable as to what function, if any, CAA would serve.

Once you are trained, a kit has been issued, and you have Coordinator status, the next thing to work for is a perfusion and cool-down capability. This can be pursued on several levels and I will discuss your options directly.

However, before we will provide any help you must have firm written commitments from at least two mortuaries for use of their facilities, or alternatively, a facility of your own. I strongly recommend the latter, but I understand that it is probably beyond your means at this time.

I would estimate that your costs for a very basic cryoprotective perfusion capability to be used in conjunction with a mortuary would be about $10,000 U.S. (depending upon how

much of a hurry you are in and what level of quality you wish to have). This estimate does not include perfusate chemicals or surgical instruments (add another $2K to $3K for those; although I believe you already have some chemicals and water). I have enclosed a very rough list with even rougher price estimates. I hope to have a comprehensive list prepared for you sometime in the next 2-3 weeks, as we will be done shipping things to the U.K. then. This list is also confidential and not for circulation to other cryonics groups.

A very high priority item is an air transport box so that patients can be moved into the U.S. If you plan on transporting whole-body patients at dry ice temperature, the cost for such a box will be formidable. Alan Sinclair paid 1,500 for the box you see in the picture. I think you can build one yourself a lot cheaper, but it must be built to exacting standards to be accepted by the airlines and still let your patient reach the U.S. adequately refrigerated. We can and will provide specifications and instructions for the construction of such a box. Alternatively, the box can be ordered from British Oxygen Co. via Alan Sinclair of Alcor, U.K.

The shipping box is a high priority because it will at least allow you to straight-freeze, cool to dry ice, and store the patient temporarily should insurmountable problems arise in trying to undertake air shipping to the U.S. at water ice temperatures before you have cryoprotective perfusion capabilities.

Access to adequate credit during an emergency is very important and the candidates for Coordinator must be people who can get credit cards with a reasonable upper end (i.e., minimum of $5K) such as American Express or the Australian equivalent. Expenses during a suspension will mount with incredible rapidity and you will need a way to pay for them with credit until Alcor can reimburse you.

Discussion

These are the practical things that need to be done. They will take years to accomplish, but they can be done. But before they can happen you must do other things. First, you must all get signed up. It does no good to chicken-and-egg over the issue of viability during 24-hour ice-cold storage*, or for that matter over any other issue. The fact remains that if you don't sign up and make a commitment to improving things there will be no improvement. And we all know where that will leave you in the long run: dead. It is just that simple.

Over a decade has slipped by since Thomas began things in Australia. None of you are any younger. And the situation with respect to cryonics has not improved. It will take you YEARS of hard work and the expenditure of many dollars to get a capability on which you can rely. (Alternatively you can spend a lot more money and get results without the years of waiting!) The point is, you need to start doing something now, and you need to have a plan that you can both have confidence in and be patient with. From what I know of

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* Incidentally, I think that the issue of "viability" after 24-hours of ice-cold storage is a red herring and suggests that the person advancing it may not understand the central premise of cryonics: We are not primarily

concerned about viability but rather about preserving sufficient structure to allow us to infer the functional state of the patient from the nonfunctional one. There are many papers in the literature documenting good structural preservation at 0øC to 4øC over much longer time courses than 24 hours. Even red blood cells can be stored for 21 days by the simple expedient of refrigerating them to a few degrees above freezing!

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your situation there are likely to be no quick fixes.

Making It Happen

How should you go about making things happen? Well, first you will need money. And I suggest that each of you bite the bullet and make a real commitment: tithe. Each of you should contribute as a minimum 10% of your income per year for a fixed number of years (perhaps until you purchase a facility and equip it). Set up a stock company to hold the equipment if you like. But regardless of how you do it, get it done. If each of you puts in only $2K per year and there are six of you, that's $12K per year. In two or three years you could have a very good perfusion and cool-down capability. A top-drawer perfusion capability would run you about $20K. Right now, used heart-lung machines of very high quality are coming on line in the U.S. for about $1-1.2K. This might be one of your first major purchases.

The point is, nothing will happen unless you make it happen. It will take time, effort, and money. But once you make the commitment things will happen, and they will happen faster than you imagine possible.

The last 10 years went by awfully quickly. The next 10 will go even faster. The sad truth is, that like the profligate grasshopper, some of you are likely to find yourself confronting winter unprepared unless you start NOW.

As I said at the start, you face a tough situation. You need to get together, make the financial and emotional commitments required and get going! As you need additional information and help from me and Alcor, I'll try to provide it in a timely fashion.

Best Wishes,
Mike Darwin
Coordinator Program Director

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MY DOG DIED

by Michael Connaughton
Reprinted from Cryonics Australia with permission of the author.

I have written this article as correctly as possible. To keep things accurate I have placed events in chronological order and expressed my thought and feelings as they occurred, and I apologize if any part sounds too emotional.

It all seemed so easy. I was making the arrangements with Alcor, I had checked out the airlines, I knew the exact routine I would follow. When my dog, twelve years old and quite obese (not my fault) looked as though she would not last much longer, I would just book a flight to Los Angeles, send her over, and have her resting comfortably in Alcor's vaults. But things didn't go the way I planned it.

My dog died.

She died on a Friday (midnight) at the start of a long weekend, not an ideal time. She had been ill for over a day with a suspected gastro-intestinal complaint and I was definitely not prepared for an impending death. At 11:00 p.m. that night it was obvious

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she was going. There was an all-night vet only ten minutes away. I headed off with the most important items I will ever have, my dog and Alcor's number. When I arrived the prognosis was obvious: heavy breathing, racing heart, relaxing of bowels, imminent death. I told the vet that she must be kept alive, and rang Alcor at 5:30 AM California time. Ten minutes later Mike Darwin, roused out of bed, was speaking to a vet halfway across the world, discussing the case. Not much could be done, I knew; after all, I'm not at Alcor's facilities. Mike Darwin's verdict is 40,000 i.u. of Heparin to stop the blood from clotting, barbiturate overdose, cooldown, and wait. He needs time to think and he already has a much too busy day ahead of him.

At midnight I ordered the overdose of barbiturates to end her suffering, immediately cooled her head with cold water, encased the head and neck in ice, and had her put in the vet's dead animals freezer, which was turned on and off all night to stay above zero

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degrees Celsius. I went home at 1:00 a.m. Saturday morning.

Question! How does one get a dead dog to a scientific facility halfway across the world at 1:00 AM on a Saturday morning? Answer! At 1:00 a.m. on a Saturday morning, one doesn't. Stiff, isn't it. All of my well-thought-out plans up in smoke. So what can you do? You do your best and if it's not good enough, no-one can say you never tried. The trouble is at this point in time I'm not even a member of Alcor and I had only received my SUMS manual. I'm reading through back issues of Cryonics for anything that might help.

Luckily, death is still big business (that is, until we get our way). There are plenty of funeral parlours in the phone book. Some are 24 hour service. It's a start.

"Hello, I'd like to know if you can help me. My dog has just died and I want to send it over to the U. S. for cryogenic preservation. Is it possible for

you to embalm it and what permits do I need to obtain?" This does not go down too well at 1:30 AM on a Saturday morning and I can understand why. I have obviously just finished a late night binge at the local bar or disco and it's time to have fun at somebody else's expense. Although the answers are varied they don't amount to much initial success. That's it, nothing left to do 'til 8:00 AM, when I can talk to somebody high in the funeral parlour hierarchy. Time for a disturbed sleep and the frustration of waiting. At 8:00 AM my mum hands me an envelope. It was her dog in name, but she knows it was my dog in heart. It is my dog's pedigree birth certificate. Ironic, isn't it. I go to my bedroom and try to hold back the tears, thinking: eight hours in the freezer and nothing done. On the subject of cryonics, people have a chance to say yes or no and my own view of life will not allow me to abandon her no matter how long it takes. It is obvious that too much time will pass before I can get her to the States. The choice is brain deterioration or freezing damage. I would prefer the freezing damage and put my trust in future science to correct it. At 8:30 the phone rings. It is a funeral parlour: "Were you serious about sending your dead dog over to the U.S.?" "Yes, no joking." "Wellllll. . . maybe our embalmer might be interested, we'll give him a ring." Success. He's interested, even when I tell him of the strange (to me, not him) procedures that have to be performed. In fact his attitude is one of surprise, interest, excitement, and eagerness all rolled into one. I've hit the jackpot.

Mike Darwin calls and tells me the prognosis is not good. Because of the time it

might take to get to the U.S. and because Alcor is low on material due to a suspension just having been performed, it looks as though my dog will end up with a crude formaldehyde job. (Who cares? Any port in a storm.) Mike unfortunately cannot speak at this moment; he's in court on the Dora Kent case.

Time to do some emergency shopping. First, dry ice. Guess what, it's Saturday and all the gas plants are closed -- but I know where there is plenty. The local ice cream factory is not far away and a kind word to the gentleman's wallet does wonders, and an empty scientific warehouse will dig up a low temperature thermometer if you ask the manager politely enough.

11:00 AM and I have Mike Darwin paged. 11:30 AM -- Mike Darwin rings back telling me that it would be pointless to talk to the embalmer and says he will call me back after court convenes. 3:00 AM -- Mike calls again and I persist in trying to get him to talk to the embalmer. The point I try to get across is that he and the embalmer speak the same language (preserving fluids) and it would be better if he spoke directly instead of going through me as an intermediary who doesn't know the language and would probably forget half of what he hears. Mike agrees to phone him. I go to the vet's and call the embalmer. He's enthusiastic: "I can do this. I can definitely do this." Phone calls are now going everywhere. U.S. to embalmer to vet's to chemist's [pharmacy]. 5:00 PM -- the body is released, with drugs and addresses of chemist's with more required drugs.

6:00 PM -- I meet the embalmer and his student for the first time at the rear of the parlour and greetings are exchanged. The embalmer has received approval from the directors if he decides to perform the perfusion experiment. First the dog is laid on the "slab," chest upward. Rigor mortis has set in in the extremities. The embalmer works from the human body chart and experienced guesses. First incision is a vertical slice from the throat to halfway down the abdomen, deep enough to hit the ribcage, then the flesh is completely peeled off the ribs like a slide of beef. I am watching my dog being butchered in front of me but I do what I have to do because it is necessary and it is right. The ribs are cut away with a pair of garden shears (you work with what's available) and the chest organs are exposed. Time to proceed with care. What the embalmer is looking for are the blood vessels going to and from the head. The heart is exposed and the aorta is followed to find the two carotid arteries to the head. After an educated guess they are clamped off, cut, and the incision is deepened to cut through the two jugulars from the head. Excess blood is being constantly suctioned out of the cavity and the good part is that the Heparin has done its job. The blood isn't hardly clotted even though a mistaken 4,000 instead of 40,000 i.u. was injected into her. Now that the head has been isolated from the rest of the circulatory system, perfusion can begin. One of the carotid arteries is unclamped and a tube from the perfusion pump is inserted and held in place. Due to the size of my dog (40 kg.; child size) the pressure of the pump is set to the lowest possible setting, 6 p.s.i. The pump is started. The first liquid is a one litre saline solution to perform a blood washout. The blood slowly fills the body cavity as it comes out of the jugular vein and is then suctioned off. 500 mls. of saline are alternated into each of the carotids -- each time the flow coming out of the jugulars is becoming paler and clearer. After three litres has been pumped through the flow is almost completely clear. Time for the next phase. Because this was an emergency procedure, the idea of this perfusion was just to lock up all parts of the brain on a molecular level so that the structure was preserved. That the memories have been preserved, only 200 years of time will tell. I hope they have. The next fluid is a mixture of saline, glycerol, and formaldehyde. The glycerol is used to lower the edema (swelling due to excess fluid build-up) and the formaldehyde penetrates the tissues and holds the structure in place. As litre after litre is pumped in, the body colour has gone from purple, from lack of oxygen, to pale pink (first perfusion), to yellow as the formaldehyde replaces the water.

There is a slight shrinkage of the tissues and the head has become as hard as a rock. Perfusion has finished.

Now comes another personal test. The head is removed and I hold it. Ask yourself, could you do something like this if your help was needed? I have and probably will again. After all, somebody's future life may depend on it. The head is placed in an ice-filled container. According to Mike Darwin the head is now safely preserved even at room temperature, but it will soon be cooling down to dry ice temperature when I get home. I thank the embalmer and his assistant. He will be writing out an embalming report which shall be necessary to get the head into the States; and that is the next interesting step. How to get a dead dog's head to the States? I can do nothing until the next working day; meanwhile it's take the head home and slowly cool it down at two degrees Celsius per hour, although I was later told by Mike Darwin that I could have cooled it immediately to dry ice temperature with no harm.

The next day is busy: Customs, quarantine, airlines, and U.S. embassy. The new name for "dead dog's head" is "natural history specimen." Customs sees no problem exporting a "N.H.S." Quarantine is interested only in live exports and Australian native specimens

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and since my N.H.S. is neither and has embalming papers they see no problem. The airlines say that I will have no problems if I have a sealed container and future inquiries will show that I can get away with a large Esky [picnic cooler]. So far no problems. The U.S. embassy hits me with a booklet on what can get into the States and what can't. An N.H.S. can get into the States only if a U.S. citizen in the States applies for a permit. This means that to get my N.H.S. to Alcor, they must apply for a permit personally. I make a phone call to Alcor and they say they will apply for a permit.

My only problems are to find a large enough Esky and to keep a constant supply of dry ice. Five weeks later the permit is through and I prepare the (100 litre) Esky. I completely surround the inside with 50mm of polystyrene foam, which will allow room for the N.H.S. plus one cubic foot of dry ice -- enough for at least three days (I know from five weeks of experience). I book the flight with the airline, seal the head in an airtight bag (another trip to the embalmer), and go to the airport. Airline strike (typical). Rebook, return to the airport two days later, pack the Esky (and show the head off to the girls behind the ticket counter), seal it, and say farewell. It reached Alcor OK but was not placed into liquid nitrogen until three weeks later when a whole-body poodle was placed into the same container.

I am not ashamed to say that I was extremely lucky to get my dog over to the States at all. I have received my lifetime's quota of luck on that one day. I have to thank the embalmer whose dedication was invaluable to me. It was lucky that my knowledge of Alcor's medical procedures was sufficient to prove to him that I was not pulling his leg.

Mistakes, of course, did happen, although they were all minor apart from one. That was that I lived at my parents' house and they did not even know that I was joining a cryonics organization (BAD MISTAKE), let alone having the dog frozen. They found out what I had done (yes dad, I do have my dog's head in my bedroom). I have never seen them so upset, but I know that if I had told them beforehand they would not have allowed it and that was unacceptable to me.

And what was the cost to me? The total cost of this venture was $400 medical costs, $300 for the embalmer, $1000 for dry ice and courier fees, $200 for the Esky and cold preparation, $300 airfare, and $2,000 in upkeep fees to Alcor. My $100,000 insurance policy had already been prepared for myself and my dog so my finances were OK. (Although it has occurred to me that if someone else wanted to take their pet on the cheap they could probably do it by paying storage fees to Alcor and then paying for their pet's revival after they they themselves had been revived and then save the necessary capital. That's one for Mike Darwin to think about.)

And was the cost worth it? To me it was. Becky gave me everything she had and asked for nothing in return. She was an only joy in an otherwise lonely life and she turned an extreme introvert into somebody who had to find a way for her to survive. It is now my turn to give her everything I have. She deserves her second chance for what she really is: the most

beautiful creature I have ever known. She comes with me; and how could it be otherwise?

I love her.

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FREEZING BEFORE DEATH: A VERY CHALLENGING ISSUE

by Mike Perry
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BACKGROUND

Beyond the question of the legality of cryonics (which we cryonicists are confident will be resolved in our favor, once we can get the wheels of justice moving), is a more difficult issue, that of freezing before death. It is not hard to see why this could literally become a life-and-death matter.

Suppose you, a cryonicist, have a degenerative brain disease such as Alzheimer's (which is now estimated to afflict more than 10% of Americans 65 and older, and nearly half the population over 85[2]). If something isn't done reasonably fast your brain will deteriorate, transforming you to a human vegetable and eradicating your memory and personality. (Actually the true extent of damage and the recovery potential in these cases are unknown, since as yet we do not have sufficient information about how memories are stored in the brain, but the observed damage is certainly cause for worry.) When the process finally goes so far as to result in your clinical death, there might not be much left that is worth freezing. On the other hand, you could hasten your own death through drugs or other interventive means, but the suspicion of this having happened will result in an autopsy (you'll be a "coroner's case"), which in turn (depending on the case) could result in your brain being partly or entirely destroyed, or at best, a serious delay before your cryonic suspension could be started. (Believe me, making yourself a coroner's case is not the thing to do. Such officials have enormous, sweeping powers over those society gives up on and declares "dead." Coroners and cohorts can be generally spiteful or have specific gripes against cryonics and may go out of their way to disrupt or otherwise impede a cryonic suspension. I've seen it happen or attempted more than once out of the eight or nine would-be suspensions I've been involved in, seven of which were actually carried out in some fashion or other.) A third alternative is refusal of food and fluids when you sense the end is near. The main cause of death then is dehydration. There was a recent suspension where the cancer-riddled and bedridden patient did just that. [1] It took him several days to die, a very courageous and noble challenge to a society which in its self-righteous interference, well-meaning but horribly wrong and misguided, approaches the medieval Inquisition. It was a horrible way to go but it did have the advantages of limiting the damage from a terminal illness, and at the same time avoiding autopsy, since the resulting death was classified as "natural." That is probably the best you could do for yourself, under such circumstances, under present laws. Clearly it would be infinitely preferable to be able to be frozen quickly and painlessly when your demise was near and the quality of your life had deteriorated to torture or, especially, to a condition in which a substantial destruction of your brain tissue could

occur before your clinical death.

Clearly a terminally ill person should have the right to elect that cryonic suspension be performed prior to clinical death. The suspension should be free of interference or harassment, either during or after the procedure, both for the patient and for those assisting in the suspension. The entire process should be treated as a conventional hospital operation. Clearly this would eventually follow if euthanasia were legalized, but there are stronger legal grounds for the case of premortem suspension. Cryonics is not euthanasia, but a rational attempt to extend human life and greatly improve the quality of that life. The case for cryonics working is not ironclad -- it may fail, much as other unperfected medical procedures may fail. The first heart transplant was only marginally successful (the patient lived less than a day) but nobody accused the medical team that performed it of murder. A similar rationale ought to apply in the case of

cryonics. Of course, to say it "ought to apply" is not to say it "would apply." Courts are notoriously slow and backward when it comes to innovations of any kind, and especially those that pose a scientific challenge (the kind that thinking, creative people might find interesting). Here I will consider some arguments for legalizing premortem cryonic suspension, above and apart from the worst case scenario, in which it is simply treated as a form of euthanasia. In reality it may be very difficult to convince a court at this time that such suspensions should be legalized on grounds that cryonics has a reasonable chance of saving the life of a patient. However, the arguments in favor of this position are scientifically sound and compelling enough to merit just this conclusion.

Consider the proposition: "Cryonics cannot possibly work; thus a premortem cryonic suspension would, beyond a reasonable doubt, be a form of euthanasia or homicide and not a rational attempt to extend a human life or cure an illness." What I think can be said is that, at the very least, reasonable doubt exists about the truth of this proposition. Over the past two years, since the Dora Kent case (in which cryonicists were publicly accused of "murder" by a coroner for allegedly performing a premortem suspension), testimonies by scientists in support of cryonics have been collected and excerpted in a document made available by Carlos Mondragon, president of Alcor -- my thanks for permission to reprint this material below. (The entire document is reproduced, including a few observations on the value of cryonics in advancing medical knowledge generally.)

* * *

WHAT SCIENTISTS SAY ABOUT CRYONIC SUSPENSION

> "Whenever either brain structure or brain function has been evaluated after freezing to low temperatures and thawing, robust preservation has almost always been demonstrable provided at least some effort was made to provide cryoprotection, and in some cases good preservation has been documented in the absence of good cryobiological technique. Thus, it seems inescapable that brain structure and even many brain functions are likely to be reasonably well preserved by freezing in the presence of cryoprotective agents, especially glycerol in high concentrations and, therefore, that the cryonics premise of preservation would seem to be well supported by existing cryobiological knowledge."

-- Gregory M. Fahy, Ph.D., Cryobiologist
American Red Cross, Rockville, MD

* * *

"Most studies in cryobiology have focused on viability rather than structure and therefore underestimate the degree of preservation achieved by freezing. Viability depends on the ability of the cell to spontaneously repair all the damage it has sustained, whereas structure determines repair potential. If no structure is present, repair will be impossible, but if almost all structure is present, it should be possible to infer the missing structure and repair the cell with advanced medical technology."

-- Pierre Boutron, Ph.D., Cryobiologist
Laboratoire Louis Neel, CNRS
Grenoble, Cedex, France

* * *

"Cryobiologists are currently hostile to the basic premise of cryonics because they correctly point out that current freezing techniques introduce such substantial damage to brain tissue that retrieval of function upon thawing is impossible. I have no reason to disagree on this point. However, if technology becomes capable of massive manipulation of complex structures on the atomic level, it will be possible to repair freezing-induced damage, and thus to rebuild and then reanimate. The manipulation of individual atoms to make

complex structures at the atomic level is not forbidden according to our current understanding of the laws of physics and chemistry. . . . Cryonics is thus a rational gamble that rational individuals may decide on a personal basis to take or not to take."

-- James B. Lewis, Ph.D., Molecular Biologist
Oncogene Corporation, Seattle, WA

* * *

"I believe -- based purely on technical considerations -- that a cryonically suspended patient has a reasonable chance of being restored to health at some time in the future. I think it might be decades or centuries before the needed technology is developed, but this is a matter of small consequence to a patient suspended at liquid nitrogen temperature. . . . I base my optimism on the assumption that radically new and powerful technologies will be developed to manipulate atomic structures."

-- Ralph C. Merkle, Ph.D., Computer Scientist
Xerox PARC, Sunnyvale, CA

* * *

"Cryonic suspension is the preservation, at extremely low temperatures, of a deceased person in the expectation that future scientific advances will eventually allow the repair of the conditions that caused death, as well as damage incurred in the preservation

process, and thus permit the person to be restored to life.

"The speculative scientific literature contains a number of suggestions for how this repair might be effected. These include extensions of conventional medicine and microsurgery, enhancements of existing human cell repair mechanisms, the cloning of new body parts from single cells, introduction of micro-organisms genetically engineered to do microscopic repairs at the cell level, the use of ultra-miniature robots in a similar fashion, and methods for reading out the essential contents of a brain into a working computer model, creating, in effect, an artificial brain, analogous to an artificial heart. . . .

"This is an age of unprecedentedly rapid progress in all scientific fields, and each year things become possible that were inconceivable in past ages. It requires only a moderately liberal extrapolation of present technical trends to admit the future possibility of reversing the effects of a particular disease, or aging, and of death, as currently defined."

-- Hans P. Moravec, Ph.D., Research Scientist
Robotics Institute and Computer Science Dept.
Carnegie-Mellon Univ., Pittsburgh, PA

* * *

"Each time a cryonic suspension is done, the techniques become better and another small step is gained toward the future goal of demonstrating that this technology can preserve life function in a suspended state. . . . There are also fringe benefits for medical research in general in terms of better perfusion techniques and protection of organs from damage during surgery, trauma, heart attacks, and strokes."

-- Robert J. Morin, M.D., Prof. of Pathology
Harbor-UCLA Medical Center, Torrance, CA

* * *

"As far as the scientific issue is concerned, the statements (a)

cryonics has no chance of working and (b) cryonics does not advance scientific or medical knowledge, are both obviously wrong, as is amply proved by expert testimony.

"Although no one can quantify the probability of cryonics working, I estimate it is at least 90% -- and certainly nobody can say it is zero! The statement that it does not advance scientific knowledge is absolutely ridiculous, because whether it will work or not, research in this area will obviously be of great medical value.

"I would go so far as to say that anyone who maintains positions (a) and (b) is not only incompetent but guilty of doing grave damage to society -- like the doctors who opposed anesthetics and even aseptics, in the last century, because they were 'against Nature'!"

-- Arthur C. Clarke,

Writer of Science Fiction and Science Fact
Sri Lanka

* * *

SIZING IT UP

In view of the above can anyone seriously maintain that, beyond a reasonable doubt, cryonics as presently practiced has no chance of ever working? Note that there is a criterion suggested above (by Pierre Boutron) for deciding the question: if insufficient structure is present, there is no reasonable chance of cryonics working, because there will not be enough information to allow the necessary repair. In particular this would rule out the possibility of reanimation from conventional means of disposal such as burial or cremation, which destroy the brain. Contrary to this scenario, there is a great deal of brain structure preserved by freezing at low temperature, to the point that even many brain functions can currently be recovered on rewarming. (And the crude thawing techniques of today, that leave most of the repair process to the cells themselves, are very far removed from the atom-by-atom manipulations that seem to be allowed by the laws of physics. Certainly there is reason to doubt that such fine-scale repair scenarios would not be allowed!) Cryonics cannot, at present, be ruled out as a viable medical strategy in cases of (otherwise) terminal illness. To deny a living, terminal patient the legal right to proceed with premortem cryonic suspension would be tantamount, in some cases, to execution by gruesome torture.

EUTHANASIA AND CRYONICS

In the Netherlands euthanasia, if not formally legalized, has been openly and commonly practiced for years on a limited basis, with the support of the Dutch Medical Association, a government commission, and court decisions. Four conditions must be met: (1) there is intolerable suffering with no prospect of improvement, (2) the patient is mentally competent, (3) over a reasonable period of time the patient voluntarily, repeatedly and consistently requests euthanasia, and (4) two physicians, one of whom has not participated in the patient's care, agree that euthanasia is appropriate. It is estimated that five to ten thousand of the Dutch die by euthanasia each year [3]. (This is on the order of 5% of all deaths in the Netherlands, a significant fraction [4].) A majority of Americans now favor legalizing this practice under certain conditions [3] and recently a panel of American physicians recommended a milder variant known as "assisted suicide" in which the patient induces clinical death under a physician's instruction [3]. However, there is

also powerful opposition to euthanasia and assisted suicide among the American community at large and physicians in particular. Much of the opposition comes from religious groups who view such practices as murder. Many in the medical establishment see the taking of a life as contrary to the basic goals of medicine, healing, and sustaining life. There are also fears that patients may be subtly or otherwise influenced by physicians to end their lives. In short, it appears that euthanasia and similar practices are in for a tough fight among American legislatures. I would recommend dissociation of cryonics from euthanasia, along lines suggested earlier, should an attempt be made to legalize premortem suspensions. Such

action should be based on the premise that cryonics is an attempt to extend life and heal, not an attempt to end life.

This in turn could create another problem. "If a premortem suspension is not euthanasia, the patient isn't really dead, is he?" Most people fund their cryonic suspensions through life insurance, or other means that accrue to their cryonics organization upon legal death. Unless the patient is treated as "dead" upon suspension, transfer of funds could be impeded. In fact, it might be argued that, the stronger the evidence becomes that cryonics patients aren't "dead" (e.g. if a technique for reversible suspended animation of the brain were developed, or if substantial additional evidence surfaced that today's suspension patients could in principle be reanimated) the greater the danger that life insurance policies would not be honored upon suspension. Any effort to legalize premortem suspensions thus would have to be a two-pronged attack: A patient placed in cryonic suspension must continue to be regarded as "dead" for purposes of inheritance, etc., regardless of how their prospects of reanimation are reassessed. I'm not sure what the best strategy to follow in "having it both ways" would be, except the basic humanitarian one that we are, after all, trying to save a life and ultimately restore a person to consciousness and health. Maybe that would have some weight in the courts.

AN AMAZING NEW DEVELOPMENT

Very recently there has been an amazing development on the legal front. The action stems from the Dora Kent case, which involved the cryonic suspension of Dora Kent (mother of long-time cryonics activist Saul Kent) by the Alcor Life Extension Foundation on December 11, 1987. Mrs. Kent, an 83-year old bedfast woman suffering from severe dementia, was brought to the Alcor facility while still alive and died there. No physician was present when death occurred, though some of the Alcor staff had sufficient medical training to competently pronounce death. The cryonic suspension procedure was started promptly after death, and completed under better than usual conditions. (Normally death occurs under hospital conditions and there is some difficulty and delay while the patient is transferred out to the facility where the suspension can continue.)

Since the suspension was done under unusual conditions, though, it resulted in a coroner's investigation, one consequence of which was that Alcor was apparently under threat of prosecution for "unlawful practice of medicine." To forestall such prosecution Alcor asked for injunctive relief on grounds that "such a threat of prosecution results in an impermissible chilling of the constitutional right of the Adherents to have their bodies receive direct physical ministrations before clinical death in order to achieve cryonic suspension of their remains." [Presiding Judge Robert J. Timlin's summarization, in the ruling handed down on this case. Other quotations in this section are from this document. [6]] The motion for relief was denied on grounds that the state has an overriding interest "to alleviate pain during any such suspension activities and to allow natural death during which period a competent adherent may change his or her mind regarding such suspension." This means that certain actions that would normally require a licensed physician would not be exempted from this requirement in the case of cryonic suspension. Whether such actions might have been performed on Dora Kent prior to her death, by non-physicians, would be a matter to be decided. (At least, to the best of my knowledge, there is no evidence that bears up under scrutiny that she was physically harmed or that her death was unnaturally hastened, which considerably weakens any claim that wrongdoing occurred.) Thus the District Attorney

(in Riverside County, California, where Alcor is located) may still prosecute if he so chooses, though at present there is no indication of his intention to do so. (In fact, Alcor attorney Christopher Ashworth now considers this unlikely.)

> The 25-page ruling prepared by Judge Timlin attempts to address all the important issues bearing on this case. On page 11 there is an amazing paragraph that reads as follows (emphasis in the original).
>
> "This court concludes that the Adherents, including Dora Kent, under Article I, Section 1 of the California Constitution and the Fifth and Ninth amendments to the United States Constitution have a right to privacy, which includes the right to exercise control over his/her own body, and to determine whether to submit his/her body, or any portion thereof, including the brain, to premortem cryonic suspension. (In ruling on the application this court in no way comments directly or indirectly in the wisdom of such a choice.)
>
> In one fell swoop, it seems, the constitutional right to be cryonically suspended is being recognized (a matter that itself is currently being litigated by Alcor!), and moreover, the right to a premortem suspension! There is a further comment on page 20:
>
> "It is understood that a person may at a particular time in his/her life desire death and no further medical treatment and thereupon exercise his/her right to refuse such medical treatment and allow nature to take its course. But if a person desires to interfere with natural death processes by hastening it through suspension activities, (assumed to be natural methods,) the state has a compelling interest to require a licensed physician to perform those activities, which involve the practice of medicine, if for no other purpose than to alleviate pain and discomfort associated with such suspension activities."

Apparently, this is a reaffirmation of the opinion that a person has the right to have death hastened "through suspension activities" (i.e., a premortem suspension) provided said activities are performed by a licensed physician! The primary reason why a physician must perform the services is, apparently, to insure that there is no undue pain or discomfort in the process!

Well, to put it mildly, all this seems way too good to be true (despite the superficial defeat in denying Alcor's motion for injunctive relief). Possibly the judge is assuming that only "natural methods" of hastening death (refusal of food and fluids?) plus medication to relieve pain or discomfort, must be used. This would mean, for example, that a person desiring a premortem suspension must undergo a horrible and possibly permanently damaging regimen of self-deprivation, as did the Alcor patient mentioned earlier, rather than being promptly suspended when the time was right. However this is not clearly spelled out in the ruling. It is too

early to tell, of course, what impact this ruling will have on gaining legal recognition for cryonics and in particular, on the vital question of premortem cryonic suspensions. It would seem, though, that "some good must come of it." What that precisely will be, will hopefully be reported in future issues of this magazine.

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Meeting Schedules

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

The APRIL meeting will be held at the former home of Dick Jones:

(SUN, 1 APR, 1990) Alcor at Dick Jones'
10427 Valley Spring Lane
North Hollywood, CA

DIRECTIONS: Take the Hollywood Freeway (US 101) to Lankershim Blvd. in North Hollywood. Get off on Lankershim going north and go onto Cahuenga Blvd. (bear to the right) just past Universal City. Valley Spring is the first street off Cahuenga on the right. Turn right onto Cahuenga. 10427 is in the second block, on the left.

Alcor has just finished remodeling Dick's house, prior to selling it. One last time at Dick's. See you there.

The MAY meeting will be at the home of:

(SUN, 6 MAY, 1990) Saul Kent and Jo Ann Martin
16280 Whispering Spur
Riverside, CA

DIRECTIONS: Take the Riverside Freeway (Hwy 91) east to Riverside and get off going south (right) on Van Buren Blvd. Whispering Spur is south of the freeway four miles, and 1.0 miles beyond Mockingbird Canyon Rd., on the left. 16280 is the second house on the right, at the end of the white fence.

This meeting will be the same weekend (May 4-6) as the Reanimation Conference at the Clarion Hotel, Ontario Airport, Ontario, CA.

The JUNE meeting will be at the home of Brenda Peters, in Reseda, CA

The JULY meeting will be at Dave and Trudy Pizer's, in Wrightwood, CA, concurrent with the Venturist's Cryonics Conference.

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Alcor members in the San Francisco Bay area have formed an Alcor chapter, and 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. Meeting locations can be obtained by calling the chapter's Secretary-Treasurer, Thomas Donaldson, at (408) 732-4234 (home), or at work, (415) 593-3200 (ask for Thomas Donaldson).

The APRIL meeting will be held at the home of:

(SUN, 8 APR, 1990) Thomas Donaldson and Cath Woof
1410 Norman Drive
Sunnyvale, CA

The MAY meeting will be held at the home of:

(SUN, 13 MAY, 1990) Roy Yowell

12 Skyline Crest
Monterey, CA

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The New York Cryonics Discussion Group of Alcor meets on the the third Saturday of each month at 6:30 PM, at 72nd Street Studios. The address is 131 West 72nd Street (New York), between Columbus and Broadway. Ask for the Alcor group. Subway stop: 72nd Street, on the 1, 2, or 3 trains.

The meeting dates are as follows:

APRIL 21 MAY 19 JUNE 16 JULY 21

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

Gerard Arthus (516) 474-2949
Curtis Henderson (516) 589-4256

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Other Events Of Interest

Alcor will be present at the Space Development Conference, Memorial Day weekend in Los Angeles.

Alcor Staff is the author of Preserving Minds, Saving lives (4.67 avg rating, 3 ratings, 0 reviews).Â Discover new books on Goodreads. See if your friends have read any of Alcor Staff's books. Sign in with Facebook. Sign in options. Join Goodreads. Alcor Staffâ€™s Followers (2). Alcor Staff. edit data. Combine Editions. Alcor Staffâ€™s books. Alcor Staff Average rating: 4.67. Â· 3 ratings Â· 0 reviews Â· 1 distinct work. Preserving Minds, Saving lives by. Alcor Staff (Co-author), Aschwin de Wolf (Co-author). , Brian Wowk (Co-author). 4.67 avg rating â€” 3 ratings. Want to Read savingâ€¦ Want to Read. Media Matters staff. SEE LATEST â€ºâ€ºâ€º. Submit.Â we call Ask First to go statewide." However, Caldara failed to disclose that the Independence Institute helped launch and sponsor Ask First in several cities across Colorado -- the second time in as many days he omitted his think tank's ties in on-air remarks promoting the campaign. Gimme back my bullets Research â€ºâ€ºâ€º November 7, 2007 12:51 PM EST â€ºâ€ºâ€º MEDIA MATTERS STAFF. On election eve, Caldara touted ballot issues on KOA without disclosing his organization is sponsoring them. Research â€ºâ€ºâ€º November 6, 2007 6:11 PM EST â€ºâ€ºâ€º MEDIA MATTERS STAFF.