

Alcor News Bulletin

Number 4: January 9th, 2003

Normally we would not distribute a new edition of Alcor News so soon after a previous edition, but there has been an unprecedented amount of news at Alcor.

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Alcor Ends 2002 with More than 600 Members

Jennifer Chapman, Alcor's membership administrator, reports that Alcor achieved 10 percent membership growth during 2002. This number represents net growth, after allowing for some members who left Alcor and eight who entered cryopreservation during the year. The last time that Alcor enjoyed double-digit growth was back in 1992. A total of 79 newcomers joined during 2002--an average of 1.5 per week. Consequently, as of December 31st, Alcor had 611 members on its emergency response list.

Alcor also has more than 90 people who are "in the process" of becoming members. In other words they have received Alcor signup documents but have not completed these documents or have not finalized their payment arrangements. In many cases this indicates a very familiar human trait: Procrastination! If you are "in the process," we urge you to complete your signup. Remember, Alcor cannot respond to a health emergency for anyone who has incomplete membership arrangements.

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Alcor Board Meeting

On Sunday January 5th Alcor hosted one of its regular board meetings. The next three meetings will be on March 2nd, April 6th, and May 10th, and will be open to the public at the Alcor facility in Scottsdale, Arizona. Please call 408 905 1906 if you want information about the starting time of a meeting or if you need travel directions to Alcor.

Below is an informal summary of the recent meeting. The official record will be the minutes which were taken by Alcor's secretary, Jessica Sikes.

SIGNUP FEE: Currently Alcor charges all prospective members a \$150 signup fee to defray the costs associated with taking each person through the sign-up process. Our membership administrator often devotes considerable time to a signup, because prospective members may be incompletely informed about cryonics and are confused by the various options on the Alcor legal documents.

Opponents of the \$150-per-person signup fee have argued that it discourages new members and becomes an unfair burden when several people in a single family decide to sign up simultaneously.

Alcor director Michael Riskin mentioned various alternatives, including reducing the fee, making it refundable, or eliminating it entirely. Alcor director Steven van Sickle made a motion to empower Alcor management to experiment with the application fee policy in an effort to discover which variation would produce the best results. This motion passed unanimously.

Alcor News will report any future changes in the fee structure.

EXPANSION OF THE ALCOR FACILITY: The board discussed possible future expansion plans for Alcor. The facility is located in a building divided into units numbered 101 through 111. Currently Alcor uses units 107 through 111, representing less than half of the total floor area of almost 20,000 square feet. Units not currently occupied by Alcor are rented out to other tenants.

During 2002, units 101 and 106 became available and have been held empty pending a decision on their use. A committee consisting of Steve Bridge (former Alcor president), Charles Platt (director of suspension services), and Steve van Sickle (member of the Alcor board of directors) was established to discuss how much space Alcor can use in the immediate future. The committee recommended expanding into unit 106 but saw no use for unit 101 for the next year or two and recommended that it should be rented to new tenants. Carlos Mondragon made a motion to accept the recommendation. The motion passed with 7 votes in favor, no votes opposed, and Hugh Hixon abstaining.

INTERMEDIATE TEMPERATURE STORAGE: For technical reasons, an "ideal" temperature for Alcor patients may be around -145 degrees Celsius rather than -196 degrees, which is the temperature of patients in liquid nitrogen. Alcor currently has access to a Cryostar freezer which works on the same principle as a refrigerator but is capable of going down to -140 degrees. At this temperature there is some hope that we may avoid the fracturing that can occur as a result of thermal stresses in patients that have wholly or partly vitrified. (Vitrification is a state in which all water in the tissues becomes a uniform glasslike substance instead of forming ice crystals).

Some Alcor directors are opposed to using the Cryostar. Because it is a refrigerator, it requires uninterrupted electrical power and incurs substantial running costs. Like any electromechanical device, eventually it will wear out and fail. The Cryostar does have an emergency backup system using liquid nitrogen, but when this is activated it incurs additional substantial cost. The Cryostar which Alcor has used has experienced unexplained temperature swings, which may not affect the patients (since the fluctuations are brief) but are a cause for concern. Lastly, Alcor Fellow Hugh Hixon has been concerned that storage of patients at Cryostar temperature may allow undesirable biological consequences. A noted cryobiologist, who advises Alcor from

time to time, has disagreed with Hugh, but has not provided the Alcor board with a detailed refutation of the objections that Hugh has raised. Consequently the use of the Cryostar has been a controversial issue for the past six months.

The Alcor board voted to reduce the temperature inside the Cryostar from -122 to -140 by one degree per day, during which time Hugh Hixon will monitor the patients for fracturing, using Alcor's "crackphone." Hugh expects fracturing to occur; our cryobiology advisors believe that since the patients have been held at -122 for enough time to equalize thermal stresses, this annealing process should inhibit fracturing. Either way, the board decided by 5 votes to 3 that the patients should be moved out of the Cryostar into liquid nitrogen after they have reached -140 degrees.

This issue is still not entirely resolved since some board members were unhappy with the decision and are hoping for clarification of the technical issues before the patient transfer occurs. Dr. Jerry Lemler has requested that the removal of patients to liquid nitrogen should not occur before a presentation of cryobiology arguments at the next board meeting.

A NEW STANDBY TEAM LEADER: Charles Platt announced that he has found a paramedic whom he would like Alcor to hire as its future standby team leader. Platt currently has the responsibility for running standbys but would like to surrender it eventually to someone with medical qualifications.

Platt informed the Alcor directors that Larry Johnson is a paramedic who works in Las Vegas but is willing to relocate in the Phoenix area. Larry has served in positions including Director of Clinical Services, overseeing all clinical and educational aspects of a large 911 service in Fort Worth, Texas; has performed a similar role in Oklahoma City; was manager of critical care services and a program director for a helicopter emergency-response service in Dallas, Texas; and has been a flight paramedic, an EMS instructor, and a paramedic supervisor. He is nationally qualified as a paramedic (able to work in every state), was President and Founder of the National Association of Critical Care Paramedics, and is under contract to coauthor a critical care paramedic textbook for Brady Publishing.

This resume was sufficiently impressive to prompt Alcor director Carlos Mondragon to ask, "Why does he want to work for us?" Dr. Jerry Lemler, Michael Riskin, and Charles Platt had asked Larry the same question when they spent several hours with him the previous day. Larry told them that he has been aware of cryonics and interested in it for many years; he has always enjoyed innovative ideas; he likes to learn something new; and he likes the idea of a case load of "only" 10 patients per year instead of the multiple cases he deals with every day in his current high-stress occupation. In addition he sees cryonics as a possible extension of orthodox emergency medicine, and Alcor provides an opportunity to become involved in a new field with unknown future potential.

The board voted to approve employment of Larry Johnson subject to verification of his references and a routine drug test. As of January 9th, all of Larry's references have checked out. We expect that he will start at Alcor near the end of this month.

This is an unprecedented development for Alcor. For the first time in our history, we are hiring a medical professional, with exceptional qualifications, in the hope that he will serve as our standby team leader. In the past we have received highly skilled assistance from Todd Soard, a paramedic in Florida, but Larry Johnson will be our first fulltime paramedic.

For additional good news about our affiliations with medical professionals, read on.

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Alcor Signs Agreement with Paramedics Unlimited

On Monday, January 6th, nine paramedics visited Alcor for a get-acquainted session in which they received preliminary information about cryonics procedures. Later the same day, Alcor CEO Dr. Jerry Lemler signed a contract specifying an hourly rate at which any of these nine paramedics will assist Alcor as independent contractors in future cases.

Earlier in its history, when Alcor had to deal with no more than one human case per year, standby/transport services were delivered almost entirely by unpaid volunteers. Today, assuming that our members have a mortality rate that is comparable to the American population, we can expect eight or nine patients per year. (The implications of these numbers are explored in a feature in the next issue of Cryonics magazine.)

Obviously we cannot expect our volunteers to deal with such an overwhelming case load. Most have careers and other obligations which conflict with cryonics. We have begun paying a small fee to our volunteers, but this provides no guarantee that they may be available in an emergency.

As Alcor's membership grows and the age of the cryonics population increases, we must shift gradually to a new service model in which we employ personnel to handle the arduous and demanding process of standby work. Can we afford to do this? In the future, as our standby service becomes more sophisticated, we may need to reassess the minimum cryopreservation fees that new members must guarantee. This topic is still under discussion. In the meantime, Alcor directors have allocated existing funds to cover the expected costs of training and deploying part-time paramedics during at least the next year.

As a result of our agreement with Paramedics Unlimited, the number of helpers whom we can count on, in an emergency, has doubled overnight. We now have a safety net for all of our members that never existed before. We will proceed with training these new team members as quickly as possible.

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Ambulance Issues

On Monday, January 6th, Hugh Hixon, Charles Platt, and James Sikes accompanied our "ambulance conversion consultant" Tim Carney on a fact-finding mission around truck dealerships in the greater Phoenix area. We were interested in buying a "step van" similar to the vehicles used by United Parcel Service. We planned to convert this vehicle into a cryonics ambulance that would contain enough space not only to transport patients, but to perform procedures such as femoral cutdown and blood washout. This would require a load area of at least 7 feet by 13 feet and interior head room of 7 feet. Conventional ambulances simply are not big enough.

Unfortunately we discovered that all step vans tend to contain "wheel wells": Box-shaped intrusions into the load area, around the rear wheels. These wheel wells are a problem because they are located precisely where our cryonics team members would be standing either side of a patient on a central operating table or ice bath.

We turned our attention to "box vans" which are typically used as domestic moving vehicles and are rented out by companies such as Ryder and U-Haul. These vehicles have an entirely flat floor. However, all the dealers we visited informed us that rental companies never get rid of a box van until it has accumulated 100,000 miles. Since reliability is our primary concern, we prefer to buy a vehicle that has not incurred so much mileage.

When we looked at new box vans, we found that the starting price is around \$25,000, which happens to be the limit previously agreed by the Alcor directors. After sales tax, a lift gate, heat insulation for the load area, and air conditioning are factored in, buying a new vehicle would take us well over-budget.

Several Alcor directors expressed willingness to spend more than the \$25,000 if necessary, but we are continuing to look for a reasonably low-mileage second-hand vehicle, and we are also looking for other new vehicles that may be cheaper.

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Upcoming Events

A RETRAINING SESSION for Alcor cryotransport technicians is way overdue. Our current best guess is that the training will begin on the weekend of March 1st and March 2nd. The next Alcor News will contain specific details of training topics and scheduling. Until then, if you are interested in receiving training, please try to avoid making other arrangements for the seven days commencing March 1st.

THE NEXT ALCOR CONFERENCE has been postponed from June 2004 to June 2005. It will take place in the Phoenix area.

ALCOR UK will receive a visitor on January 24th and 25th: Charles Platt will be flying in to meet all local cryonics members and discuss arrangements for cryonics emergencies. If you live in the UK and want to participate, please contact Andrew Clifford. Charles will also visit Cryonics Europe, a group that hopes to provide service for members of any cryonics organization.

BILL HAWORTH has decided to end his association with Alcor as an independent contractor. Bill was retained to assist with publicity following the death of baseball star Ted Williams. Among his achievements was a front-page feature on cryonics in The New York Times. Subsequently Bill played an important role in running the Alcor conference in November 2002. Since then he has been less actively involved with Alcor and will cease doing PR for us on January 31st. However he has circulated a preliminary proposal for a fund-raising plan which he hopes will be of interest to Alcor.

A MEDICAL ADVICE BOOKLET is in the final stages of preparation. Many Alcor members have asked for advice on issues such as avoiding autopsy, appointing someone with durable power of attorney for health care, and deciding whether a DNR (Do Not Resuscitate) order is in their best interests. Alcor has produced booklets of this kind in the past, but they have not been entirely comprehensive. If you would like to reserve a copy of the new edition, which will be distributed free of charge as a Word document, please contact Jennifer Chapman).

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CORRECTION: In the previous Alcor News we reported that a California laboratory had abandoned its plan to study the effect of vitrification solution on whole-body patients. A scientist from the laboratory contacted us to say that the plans have been postponed, not abandoned. The work may still occur at a future date.

Alcor News is written primarily by Charles Platt.
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