

Alcor News Bulletin

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Alcor's Oldest Member Enters Cryopreservation

Less than a week after the case of Thomas Munson (reported in the previous Alcor News), we responded to a call from a Los Angeles emergency room where Alcor member A-1025 had experienced cardiac arrest. Although he requested anonymity, he had become well known among cryonicists over a period of more than two decades, having joined Alcor originally in September, 1977 when our organ donor documents identified us as "The Alcor Society for Solid State Hypothermia." When his legal death was pronounced at 10:52 PM PST on Saturday, March 1st, 2003, A-1025 was our oldest patient, aged 88.

Purely by coincidence we had deployed a standby team at another hospital less than a mile away, where we were concerned about a member who had been suffering from pneumonia complicated by congestive heart failure. Since she was beginning to show a marked improvement (which we are pleased to report has continued), the standby team for her case, including David Hayes, paramedic Larry Johnson, and some Southern California members, quickly moved to the emergency room where A-1025 was located.

This also happened to be the first night of our training sessions in Arizona at Creekside Lodge, a luxury motel owned by former Alcor vice-president David Pizer. Fortunately we had overstaffed the training sessions as a precautionary measure and were able to continue without two of our instructors who were dealing with events in California.

A-1025 had been incapacitated alone at home and had suffered two days of dehydration before being taken to the emergency room. A staff physician administered heparin and did chest compressions, but we were not able to witness this, and we speculate that the stressful conditions in a Los Angeles hospital on a Saturday night may have allowed very little time for CPR on someone who would have been perceived as beyond help. We believe that A-1025 probably was subjected to a combination of dehydration and inadequate heparinization.

Some blood clots were found during the washout procedure, and the usual 20 liters of solution were insufficient to obtain a clear venous return. The patient was delayed overnight by mortuary paperwork problems and reached Alcor by ground transportation at 4:35 PM PST on Sunday, March 2nd. We regret that he failed to perfuse as well as our previous four cases.

On the upside, he lived long enough to reach the emergency room before he was pronounced. If legal death had occurred earlier while he was still in his home, he could have been subjected to an autopsy.

Many thanks to Dr. Jerry Lemler for managing the case of A-1025 while our director of suspension services was running

Alcor's training sessions. We hope to augment this brief summary when we have time to assemble reports from all the people who were involved. Our thanks, once again, to our Southern California team members who responded to yet another case which occurred without warning.

Training Sessions Completed

More than twenty people gathered for training sessions which commenced at 4 PM on Saturday, March 1st and lasted until noon on Thursday, March 6th. A few people had participated in previous cryonics cases, while others had received no prior training at all. This disparity made it difficult to provide classes that would suit everyone. Some students told us that they would have preferred a more intensive approach.

We felt an obligation to cover as much ground as possible, including cryonics history and some basic cryobiology and resuscitation medicine, because more than two years had elapsed since our previous training. All aspects of standby work were included, from infection control to operation of equipment such as the ATP. On the last day a brainstorming session yielded some extremely valuable suggestions for service enhancements, which will be discussed in a future issue of Cryonics magazine.

We are delighted that as a result of the training at least half-a-dozen newcomers have been added to our list of Alcor cryotransport technicians, and we thank everyone who made the pilgrimage to Creekside Lodge, including four who came all the way from England. Some of our students told us that the best way to continue their education in the future will be by observing future cases, and we'll do everything we can to facilitate this.

Later this year we expect to offer shorter training events which will address a narrower range of topics and will be tailored for smaller groups of students sharing specific needs.

Board Meeting Addresses Timely Issues

Alcor's regular board meeting took place at our Scottsdale facility at 11 AM Mountain Standard Time on Sunday, March 9th. While the official minutes of this meeting are the definitive guide, Alcor News can summarize a few of the issues that were raised.

Vice-president Michael Riskin announced that his plan for "Universal Standby" should be implemented by January, 2004. This will be preceded by a very thorough informational campaign to familiarize all Alcor members with the new system. Currently the extent of our standby service may vary after the initial three days that are included within our cryopreservation minimum. In the future, standbys should be

supported by a special fund for members whose health needs are critical. Michael Riskin promised to provide details of the new plan during the summer, after he has satisfied his remaining concerns about financial considerations.

Hugh Hixon reported problems impeding an attempt to evaluate results of cooling two patients who are currently at an intermediate temperature (higher than the -196 degrees Celsius of liquid nitrogen). "Crackphone" sensors, designed to detect fracturing events below the glass transition point of vitrified cryopatients, had been storing their data in a computer which crashed periodically. While this problem has not affected the temperature or preservation of the patients in any way, it has deprived us of information which could be valuable in our efforts to evaluate intermediate-temperature storage as a practical long-term option. Hugh told board members that he believes he understands the cause of the computer problem and will offer more information at the next board meeting.

Alcor's membership administrator, Jennifer Chapman, asked the board to establish a pricing policy for members' pets. After extensive discussion among several board members, Ralph Merkle made a motion that Alcor should provide a \$12,500 contribution to the Patient Care Trust for each cryopreserved pet that fully occupies the type of container that is normally used for a human neuropatient. Alcor management may offer a reduced rate for pets (including "neuropets") that are small enough to share a container. Pets will be accepted only from Alcor members, who will be warned that the funding amount does not include the very conservative safety factor applied to human patients. Also, in any hypothetical emergency, the safety of pets will be considered secondary to the safety of human patients. Alcor's directors agreed to these terms unanimously but pet owners are cautioned that this summary does not include all the conditions of our pet acceptance contract. Please contact our membership administrator if you want full information.

CEO Jerry Lemler notified the board that in recent media interviews he has received a mixed response to his use of the word "patients" to describe Alcor's members who have been cryopreserved. He wondered if there might be a more acceptable term. After a fairly short discussion, board members agreed that Alcor should continue to use the word "patients" as a reminder to ourselves, as well as others, that the people in our Dewars are still people. Some directors offered sardonic comments on this topic. Ralph Merkle suggested that if doctors today find our nomenclature implausible, they should wait for a second opinion from doctors of the future. Carlos Mondragon said that if anyone needs a politically correct term, Alcor's cryopatients could be referred to as "metabolically challenged."

Jerry Lemler raised the issue of last-minute cases. Recently we declined a patient in Florida who could not give informed consent because she was unconscious and had never completed signup paperwork. (Her case was taken subsequently by The Cryonics Institute, assisted by Suspended Animation, an independent Florida-based service provider.) Under what circumstances should Alcor accept or decline this type of

case, and where should we draw the line between a regular signup and a last-minute signup?

Carlos Mondragon provided some historical perspective, reminding board members that Alcor traditionally used the term "last-minute case" to describe people who are unable to complete signup documents on their own behalf. He said that a person who can still execute documents despite a terminal condition should not be treated differently from anyone else who seeks to become an Alcor member. Board member Michael Seidl agreed, conjecturing that antidiscrimination laws might prevent Alcor from refusing to accept a new member merely because the person is near legal death.

Charles Platt pointed out that insurance companies routinely deny service to people who have serious health problems. He said that although Alcor should always try to extend its service to as many people as possible, he was concerned that if the organization is compelled to accept any new member whose legal death is imminent, this might compromise treatment for a longterm member who happens to die suddenly around the same time. Alcor advisor Bob Newport advocated a formal or informal policy under which longterm members would receive preferential treatment in a crisis situation where two cases occur simultaneously. Ralph Merkle said that a more acceptable way of implementing this kind of policy would be for Alcor to disclose any current service limitations to applicants who are near legal death, so that they can decide for themselves whether to seek service from another organization.

Alcor's directors seemed to agree that Alcor can turn down any case where a prospective member is unable to sign documents, but Michael Riskin remained unconvinced that we can be accused of discrimination if we refuse to accept an applicant who is able to execute paperwork but is near legal death and might overburden our ability to provide service because of conflicting obligations or limited resources. He asked that Alcor should seek legal advice on this. Pending such advice, the question remains unresolved.

Charles Platt asked the directors to accept a recommendation from management to hire a new fulltime employee, Todd Huffman, who has worked with the Southern California standby team and has offered to do lab work fulltime at Alcor while pursuing a Ph.D. in neuroscience. The board approved his employment, which will commence on June 1st. We believe that he will greatly enhance our ability to serve our growing cryonics membership.

Tanya Jones, Jennifer Chapman, and Charles Platt were nominated as board advisors. Alcor's directors approved all three unanimously.

Jerry Lemler announced that he has accepted a proposed agreement to extend Charles Platt's association with Alcor as an independent contractor for another six months. Paramedic Larry Johnson will take over many of the responsibilities for standby work while Charles Platt will refocus his attention primarily on inventory control, production of meds kits and other equipment, and the expansion of our lab space in accordance with a plan that

was approved previously.

The March 9th board meeting ended at 1:30 PM Mountain Standard Time.

Alcor News is written primarily by Charles Platt.
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