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Alcor News Bulletin
-----Number 23: March 9 2004
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First Words

With unusually busy times lately, this edition was delayed, and it also covers only up through March 4--a few days ago. More on subsequent events will, of course, be included in the next issue. Most of the credit for what follows goes to Tanya Jones [TJ] as usual, with a little assist from Joe Hovey [JH] and others.--Mike Perry

In This Issue:

Patient Population Reaches 60
Legislative Report
Fundraising Appeal

Patient Population Reaches 60

On the morning of March 3, 2004, we got a call from the wife of one of our members. The member had died in his sleep that night, and she had found him in the morning when checking on his condition. As someone who'd been suffering from stomach cancer, the patient was aware of his own decline, and he and his wife had come to Phoenix twice to be near Alcor. Helping them contact the hospice personnel was fairly straightforward, and they found a nurse they liked quickly. The patient was examined by a hospice doctor a few days ago. He and his wife were settling into a nearby hotel until such time his admittance for 24-hour hospice care could be arranged.

They left town without telling anyone at Alcor, returning home to the Los Angeles area. Less than 24 hours later, the patient's heart stopped. We're not sure what the actual time of death was, but our preliminary calculations indicate that

it wasn't too long before his wife entered the room. She called 911, and the LAPD responded. No resuscitative measures were applied.

The wife called Alcor, and we called the Southern California transport team leader. When we queried the LAPD about potential autopsy risk, we were informed there was none; so there was no potential impediment to the team's relatively timely stabilization efforts.

A response team of three was ultimately dispatched to the address, and they administered surface cooling, cardiopulmonary support, and medications. Our local Funeral Director worked hard to get the paperwork filed quickly, and we had all the necessary permits to transport the patient across the state line prior reaching the border.

Surgery and washout went smoothly, and only during the cryoprotection did we see signs of the ischemic trauma that had occurred. All observable clots were small; edema was limited to the right hemisphere of the brain, and before the end of the perfusion, had even retracted. Cryoprotectant concentrations reached 10.03 Molar (target 10M) prior to ceasing perfusion. Low-temperature cooling was started and the patient, a neuro, reached -110 degrees C. by the evening of March 4. Further details will appear in the next issue of Cryonics Magazine.

Our thanks go out to the transport team and the operating room personnel who assisted with this case, and to the patient's wife who called us promptly. [TJ]

Legislative Report

As most of you are aware, the hearing on the proposed Arizona cryonics legislation was held in the last week of February in the House Health Committee. This hearing was the second step in the process of making laws for cryonics in the State of Arizona, and it came upon us rather quickly. With this bill (designated HB 2637: embalming; funeral establishments; storing remains) only two committees were assigned: Health and Rules. For most legislation, this is considered a good thing, as each bill must pass every committee to which it is assigned; and the more committees to which a bill is assigned, the less likely it becomes that it will pass into law.

The Rules Committee is solely responsible for ensuring the constitutionality of proposed legislation and that there are no conflicts with existing statutes. Because the bill was not proposing to directly outlaw cryonics or cryopreservation the constitutionality of which has been upheld in the California Appellate Courts we had few grounds upon which to request the bill be killed there. Our one main chance to kill it at this stage was in Health.

Joe Waynick, Barry Aarons, and I continued our meetings with the Representatives, re-focusing our efforts on many Health Committee members. During that time, we met with Representative Deb Gullett, the Health Committee Chair. This

meeting was important, because the Chair of a committee has the authority to refuse to hear a bill, effectively stopping its development immediately. We were informed in no uncertain terms that the hearing scheduled for Feb 26, 2004 would move ahead as planned.

In our discussions with the legislators, we also found that our State Representatives were unanimous in their desire to protect patient choice and to ensure consumer safety, desires we share. Nearly all of them mentioned a reluctance to inflate the government further with additional legislation. We also found however, that there was much misinformation circulating, that they were specifically unclear on what our procedures required and the degree to which our members are informed about specifics of the cryopreservation process. We did what we could to clear up these misconceptions, and slowly began gaining the votes necessary to defeat this bill at the hearing.

Sending out an electronic mailing, we asked all our Arizona members to contact their legislators and the members of the Health Committee, asking them to vote against this regulation. With that mailing, we included a list of many reasons why this legislation was unacceptable. Our members rallied on our behalf, and all of a sudden, each time we met with someone at the Capitol, they mentioned the one or two hundred emails, faxes, and phone calls they were getting on this topic.

Highest on our list of objections ("Talking Points") was the revocation of our use of the Uniform Anatomical Gift Act to collect our patients, and as long as that was in the text, we were prepared to categorically oppose any and all regulation at this time. Another problem was the insistence that we use only licensed embalmers to perform our procedures, which would leave our contract physicians--many of whom have helped us establish and improve our procedures over the years--with nothing to do in a case. We were also concerned at the allegations of "closed doors" reported in the media. Our doors have always been open, as evidenced by the extensive documentation on our website, the regular tours we provide, and the regular visits and inspections of regulatory authorities. The only closed doors we maintain are those required to fulfill our contractual obligations to patient confidentiality.

As is typical with the legislative process, we were given seven days' notice of our bill being heard in Committee. We were added as the last item on the agenda, which was to ensure we had enough time to present our testimony. This short deadline meant that we had little time to draft people to testify on our behalf, but several of our medical and scientific advisors agreed to make the trip, including: Drs. Steve Harris, Aubrey de Grey, Jim Lewis, and two cryobiologists. Arizona members Judy Muhlestein and Bobbi Kraver and our Funeral Director, Steve Rude all agreed to speak as well. We spent some time coordinating testimonies to ensure that there would be little redundancy, but mostly left the precise content up to the experts.

On the afternoon before the hearing, Joe Waynick, Barry Aarons, and I met with Representative Stump, Health

Committee staff, and a Policy Advisor for the Majority. This was our first personal meeting with Representative Stump, and we made the most of the opportunity.

Explaining the importance of the UAGA was our highest priority, and was done first thing. When asked about the "closed door" statements cited in the press, Representative Stump responded that these were largely metaphorical comments on the lack of regulatory oversight. To this, we responded with an explanation of the forms of oversight and inspection that already exist. Everyone seemed interested in our record-keeping policies, asking about informed consent and whether we allow family members to view procedures. After explaining about our sometimes-excessive honesty about the experimental nature of cryonics, we added that family members may view the procedures, though we don't encourage this as we don't wish to have surgery be the last memory a family member has of any patient. We also had the opportunity to reiterate our preference for any regulatory group to have some relevant expertise to allow for knowledgeable oversight.

By the end of this meeting, Representative Stump had agreed to several amendments, including: we retain our access to the UAGA, our requirement to use an embalmer for procedures would be struck from the bill, the matter of expertise could be addressed if a member of the Funeral Board were familiar with the procedures, and an effective date that would be pushed to Sept, 2005.

With the hearing the very next morning, we waited impatiently for the amendments to be posted, but technical difficulties made it so they weren't posted until about an hour before the hearing. With Representative Stump making good on most of his promises, we had to quickly change our testimonies. The amendments and a commitment to continue negotiations prior to submitting the bill to the House floor for vote meant that the entire point and tone of our testimonies would be changed. We made these changes with cautious optimism.

At the hearing, there was less time for testimony than expected. Given the public description of the amendments and the volume of other bills needing resolution, we had to be satisfied with testimonies from only a few of the attendees: Barry Aarons, Joe Waynick, Steve Rude, Aubrey de Grey, and one cryobiologist. They were enough--more than enough--to ensure the committee that we felt the process was proceeding in acceptable fashion and that we were looking forward to continuing the negotiations on the remaining points of concern.

The Health Committee voted unanimously to pass the bill as amended, with the verbal assurance that the final point missing from the changes (the extended date) would be introduced on the floor. Several members qualified their votes with comments on the strides taken on both sides to hammer out the revisions, and stated they hope the negotiations would continue to show progress. All in all, the hearing seemed a little anticlimactic, since we'd been so geared up for a fight.

Only one thing marred the occasion, and that was the lateness of the amendments. With the amendments being posted at the last minute, a couple of the Representatives hadn't read them, and neither did we have time to explain them to all the attending Alcor members. Several people had registered their objections in the computer registry at the House, and now the records are decidedly confused as far as public support or opposition are concerned. While it's not particularly important at this stage, it's good to make a note somewhere that there was confusion in the record.

Since the hearing, Joe Waynick and I have met with members of the Funeral Board, and we've come to discover that our concerns are the same. Like us, they wish to protect patient choice, to eliminate public health and safety concerns, and ensure that proper record-keeping exists. The accord we've achieved with the Board is significant, and we strongly appreciate their assistance in reassuring our own Board and members. Toward this end, Randy Bunker and Rudy Thomas will be attending the March Board meeting to share their positions and to answer any questions our people may have.

It's not over yet, but the Board and Advisors have been actively working to develop regulatory definitions and language to submit for the revised bill. With the active support we now have from the Funeral Board, it becomes more likely that if this legislation moves forward during this session, it will be more realistic. [TJ]

Fundraising Appeal

Alcor continues to expand and improve. This is an ongoing process. It will never stop.

Last October a fund raising appeal was sent to all members detailing the items that were and are part of our facility expansion. Some of those projects have been completed, and some are still far from complete. The most immediate need is for donations to help offset the costs of completing our new Operating Room, which will enable Alcor for the first time to perform two suspensions simultaneously. Some of the items required are: two new operating tables; a patient hoist; one set of operating room lights; a new heater cooler for cryoprotective perfusion; and new surgical trays. The new heater cooler and surgical tray alone will cost us over \$40,000!

We are appealing to our membership once again to step up to the plate and help us out. Don't forget, depending on your individual tax status, a large part or your entire donation to this project may be tax deductible.

Watch this space for continuing updates. [JH]

Board Meeting Schedule

The next Board meeting is scheduled for Saturday, April 3, 2004 at 10:00 AM (PST), 11:00 AM local Arizona time.

Board meetings are held on the first Saturday of the month at the Alcor facility (7895 East Acoma Drive in Scottsdale, AZ). Members are encouraged to attend.

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End of Alcor News bulletin #23 dated March 9, 2004.
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