

# CRYONICS

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#### EDITORIAL MATTERS

In our article in the September issue on the Berkowitz/Trans Time litigation we erroneously referred to the elder Mr. Berkowitz (who is in suspension at Trans Time's Emeryville facility) as Joseph Berkowitz. In fact, his name is Samuel Berkowitz and Joseph Berk is his son. We apologize for this oversight.

The articles in the September issue on cryonics fees and the secondary effects of immortality were by Thomas Donaldson of the Cryonics Society of Australia. We wish to take this opportunity to urge ALL our contributors and especially Dr. Donaldson to please sign their camera-ready work. This may seem like a trifling request, but it helps and it is one less thing for the overworked editors to do. The last issue was proofread by three people, and all of them overlooked Dr. Donaldson's omission. Please sign your articles, it is the only way the readers will know who to respond to when they read something they really like or dislike.

The CRYONICS mailing list is now on the ALCOR computer. When you receive the November issue of CRYONICS you will notice some numbers to the right of your name. These numbers are the month and year your subscription expires. We will still be invoicing you as we always have, and this procedure will be faster and much, much simpler due to complete computerization of our billing/mailling operations.

We have received some fine financial support from Paul and Maureen Genteman and Steve Bridge for continued publication of photos in the magazine. We were surprised at the number of cards, letters and calls which came in complimenting us on the addition of photos to CRYONICS. Many people seemed genuinely excited by the pictures and a frequent comment was that they helped to make things seem much more real. We don't have any pictures in this issue, but we'll have more in the next. Our plan at this point is to run photos every other issue.

For those readers who would like to get a copy of Dr. Stuart Eisendrath's excellent Journal of the American Medical Association article which was reviewed in the August issue of CRYONICS you may do so by sending \$1.00 to:

Stuart J. Eisendrath, M.D.  
Assistant Professor of Psychiatry  
Clinical Chief  
Psychiatric Consultation—Liason Service  
Moffitt/Long Hospitals  
University of California, San Francisco  
San Francisco, California 94143

ALCOR RESEARCH/TRAINING DOG GOES HOME

We are happy to report that Phaedrus, the dog who was reported on in our September issue, has recovered completely and gone home to live with ALCOR member Lawrence Gale.

Despite the fact that a nonsterile perfusion circuit and nonsterile instruments were used in the bypass procedure, the animal made an excellent recovery complicated only by two minor wound infections which were rapidly resolved with high doses of antibiotics. Such recovery is a testimony to the power of a young, healthy immune system and a good fighting spirit—both of which Phaedrus has. Such success leaves all of us here at ALCOR feeling really good about our skill, and goes a long way towards building the kind of confidence which is absolutely essential in carrying out a human perfusion.

It bears pointing out that this kind of progress has not come easily to us, and that there have been many discouraging failures before this success. We should also note that we have a long way to go—the next step being a total body washout, hopefully with full recovery of the animal. We feel we're ready for this and we will be undertaking this experiment sometime in the next few months.

ALCOR ADOPTS 10% RULE

One of the major objections and worries about cryonics which is voiced by cryonicists and noncryonicists alike is the problem of exhaustion of the suspension trust funds. It doesn't take a financial wizard to recognize the effects of inflation or unforeseen economic, technical or political developments on our suspension trust fund. Nightmarish examples of these kinds of unforeseen difficulties would be having to move to Australia or Korea, or discovering that storage for more than 20 years must be pursued at liquid helium temperature—helium costing \$7.00 a liter vs. \$.36 for liquid nitrogen. All financial mechanisms currently in existence which are designed to preserve capital generally lose it at a slow (and often not so slow!) rate. Clearly, something more is needed. The primary objective of ALCOR is to get its patients to a point in time where they can be helped. Everything else is secondary. After all, if WE don't make it, what does all the research or public education count for? Not much if we're not around to enjoy them ourselves.

ALCOR has now addressed this problem in two ways. First, all of the members of the board of governors of ALCOR have purchased insurance in amounts well over what is required to carry out their individual suspensions. Many of our members have done the same and have earmarked this money for the pooled donor fund. Those of us who have done this are making a multifaceted statement. First, we are saying that we realize that individual private trusts are liable to be expensive mechanisms which WILL PROBABLY NOT preserve our capital in some fashion in which we can recover it (in other words, for right now at least, we don't think you can take it with you). Second, we understand that the costs of suspension, storage and ultimately revival will be immense—compared to the value we can store away in today's dollars, and that preserving such value over a period of centuries will be extremely difficult (making money grow requires brains, skill and a tremendous application of effort—this is why everyone isn't rich and why those who are rich don't generally go about enslaving themselves to make others rich). Third, we believe in the future of ALCOR and in our ability to build a quality organization that will endure over long periods of time and look out for our interests both while we are in suspension and through revival and rehabilitation. We feel we are establishing a practice of management and leadership succession which will act to make ALCOR stable and to test and

thoroughly evaluate its next generations of leadership long before the reins of control are transferred. For these reasons, we are trusting ALCOR with our finances—trusting them to not only care for us in suspension, but to see to it that we are not thrust without some protection into an uncertain tomorrow. We feel that if we can trust ALCOR to keep us suspended for CENTURIES we can trust them to help us readjust. We think this is just good common sense.

The second action we have taken is to divert 10% of all incoming monies to the donor fund. This action is designed not only to compensate for inflation, but to begin building a safety reserve to provide for future moves, dewar purchases, increased security and perhaps ultimately for purchase of a facility. So, as of August, 1983, 10% of all revenue coming into ALCOR will be put in the donor fund to help build a more secure future for all of us.

#### SCIENCE BRIEFS

##### CYCLOSPORIN: AVAILABLE AND SHOWING NEW PROMISE

Recent research reported in Medical World News, July 11, 1983 indicates that Cyclosporin A, the new antirejection drug from Sandoz, which was released in the United States in September, may have its greatest application not in preventing transplant rejection, but in treating deranged immunity. Such diseases as multiple sclerosis, lupus, diabetes, scleroderma, arthritis and many forms of kidney disease are caused by an assault by the body's own immune system. Cyclosporin was recently evaluated in an autoimmune condition known as resistant uveitis, a severe inflammation of the iris of the eye which often results in blindness, and excellent results were obtained. Preliminary trials are now underway with multiple sclerosis and juvenile onset diabetes with encouraging results.

Cyclosporin A was ready for release by Sandoz almost six months ago, but the Food and Drug Administration held up release because they did not like Sandoz's packaging and labeling! This author is personally aware of several patients who suffered loss of transplanted kidneys because of this sort of stupid bureaucratic bumbling. Barring further interference from the FDA, Cyclosporin A promises to be a revolutionary drug for those who can afford the \$6,000 a year price tag associated with its use.

Because of the high cost of the drug it is anticipated that most patients receiving transplants will still have to be managed with conventional immunosuppressive techniques. Federal legislation which pays for kidney transplants and dialysis (the End Stage Renal Disease Act (ESRD)) does not cover the costs of medication, nor do most private insurance plans. Because of this additional legislative stumbling block a large number of patients will continue to lose their grafts and suffer ghastly complications from conventional immunosuppression; no doubt costing the government many times what would be spent on paying the medication costs in this special case. The sheer stupidity of incurring \$30,000 to \$50,000 a year to return a patient to an unsatisfactory life on dialysis post-transplant rather than \$6,000 a year to pay for a medication that will keep the patient alive and well is simply mind boggling.

##### WHEN TO GO TO THE RESCUE

One of the most frustrating and difficult problems that confronts cryonicists and cryonics organizations is the problem of knowing precisely when a patient is going to die so that appropriate steps for rescue and stabilization



can be undertaken. This is a particularly exasperating problem when the patient is hospitalized a great distance from the cryonics facility and the issue arises of whether or not to dispatch a rescue team to "stand by." The September 8th issue of The New England Journal of Medicine (vol. 9, No. 10, p. 569-576) contains an article by Bedell et al, on survival after cardiopulmonary resuscitation in the hospital which is a very valuable beginning to "solving" the problem of to go or not to go. More directly, the article is also instructive for the information it provides about the success of cardiopulmonary resuscitation in a hospital setting; an area which has heretofore received little study.

Bedell and her co-workers studied 294 patients who underwent cardiopulmonary resuscitation while hospitalized and attempted to identify pre-conditions which would predict the outcome of the resuscitation effort. Presumably one of their reasons for doing this is cost containment—to separate those on whom an expensive and demanding technique is clearly wasted from those to whom it offers a reasonable chance of recovery. Of the total study group, 129 were successfully resuscitated. However, only 47 of those successfully resuscitated survived for 24 hours and of those only 41 patients survived to be discharged from the hospital. Only twenty-eight of those 41 patients left the hospital with an intact mental status. Six months after discharge eight of the surviving patients had died, leaving the total of survivors at 11%.

The major predictors of unsuccessful resuscitation were the presence of pre-existing low blood pressure (shock), kidney failure, disseminated cancer, pneumonia, homebound lifestyle, systemic infection, stroke, need for endotracheal intubation, and failure to respond to resuscitative efforts within 15 minutes. Some of these conditions were very powerful predictors of outcome. A totally unexpected and striking finding was that none of the 58 patients who had pneumonia before resuscitation survived. For the patients who were previously homebound, had kidney failure, shock, or metastatic cancer the mortality rate was 95%! None of the patients with systemic infection, major stroke, or a resuscitation lasting longer than 30 minutes survived.

The side issues of near death experiences (NDE's) and the psychological impact of cardiac arrest were also addressed and are worth mentioning here because of the media attention they have received and the damage which widespread acceptance of these ideas has done to the desirability of cryonics. Thirty-eight of the 41 discharged survivors of cardiopulmonary resuscitation were able to describe the experience of their arrest. The majority remembered nothing but losing consciousness. As Bedell, et al state: "... two patients recalled receiving a "hard bang" on the chest before losing consciousness. Several patients described vividly a "look of terror in the eyes of doctors and nurses," and others recalled hearing physicians telling people to "get out of the room." No one remembered the experience of intubation or prolonged cardiac massage. Contrary to numerous reports about the psychic experiences of dying patients there was only one patient who described a "near death" experience." Of even more interest was the emotional state of the patients who survived CPR at the time they were discharged from the hospital. ALL patients were severely depressed because of anxiety over their future prospects for survival and the poor state of their health. All patients reported a decrease in functional status, with five of the nine patients previously employed being forced to retire or reduce their work-load to half-time after discharge. To quote the authors: "In addition to the 4 patients confined to home before the arrest, 10 became homebound for the first time after it. A salient characteristic of at least half of these patients was their incapacitation by fear, to a degree well beyond the limitations imposed by organic disease. Although this finding could not be documented retrospectively by standardized scales, many of these patients

said that fear of another arrest led them to regulate their daily lives and limit their activities to ensure immediate access to medical care. (Emphasis mine.) So much for the myth of the happy post cardiac arrestee who is left by his NDE blissfully ready to checkout at the next opportunity. Apparently most people, like most cryonicists want to survive, and experience anxiety and fear over the prospect of dying. More significant still is that these individuals will even change their lifestyle to accomodate the chance that they will "die" and need "recalling" to life in the future. Maybe we aren't so different after all.

Of more immediate import are the findings of predictors of mortality by this study which will help us to decide when to pack up and go on remote stand-by. This is useful, even invaluable information. However, it is just a beginning and it raises the even more exciting prospect of future research which might establish a whole host of risk factors associated with hospitalization or major surgical procedures which are strongly prognostic of nonsurvival. What has been done with CPR can certainly be done with other aspects of critical care (such as admission to an ICU, placement on a respirator, survival of a major surgical procedure and so on). The nice thing about this kind of research is that it involves only the investigator's time and access to data which already exists. For a motivated cryonicist with those two assets, invaluable work can be accomplished.

#### LETTERS TO THE EDITORS

Dear Stephen,

I would like to suggest one minor correction to your review of the material on "The Rights of the Critically Ill" (CRYONICS, August, 1983). You mention that the right to privacy falls to the relatives (quoting me). During the Tahoe Life Extension Festival, I stressed that the right to privacy dies with the person and does not fall to the relatives. However, an abuse of the information may lead to civil action by the relatives for the intentional infliction of emotional distress. Additionally, if famous persons are involved, there may be numerous property rights associated with the use of their name or picture. You are correct to urge that this be defined in advance, and discussed with each person to be suspended, allowing them to give their personal directions.

The "living will" is not called that in California, but instead is a Directive under the Natural Death Act. It requires certification by two physicians that the person is terminally ill before the directive is invoked. It merely states that life shall not be artificially prolonged when death is imminent. It does not apply in cases where the person is pregnant, and it must be renewed every five years.

James Bianchi  
Attorney at Law  
San Francisco, California

Dear Sirs,

The article in your September issue "More Comments on Cryonics Fees" mentioned my name twice in respect of an earlier contribution to your magazine, which you kindly printed in your issue dated May of 1983.

First I will make a brief comment about medical examinations. A medical

examination is an extreme invasion of privacy. However, it is usually performed on the basis that the patient is ill and the purpose of the examination is to seek to find a remedy for his illness. In the case of life insurance examinations, the purpose is to seek a weakness in the examinee with a view to causing him more problems (by increasing life premiums or subscription charges, or even withholding life insurance altogether.) This is seldom mentioned, and although there may be some who think I am cranky in pointing it out, I doubt whether anyone can fault the logic in it. Enormous sums of money are made by life insurance companies, and I don't think they would take kindly to these views, as if they were widely held their business could suffer.

In this particular case, I don't see why someone who is shy about his interest in cryonics need not worry.[sic] If he is on the balance of proceeding or not, then he may feel that the risk of being asked to do this is sufficient to tip him into not joining.

Some while ago you carried an excellent article in which the likely growth of computers in an environment where professionals were involved at every turn was discussed. At the present time I am having problems with a desperately slow solicitor. Whereas speed may not be a problem with a medical, it is one more hurdle. You mention that the long series of forms introduced by Trans Time may put people off. Surely, if merely form filling will put people off, then this will put them off as well. The fewer the third parties to suspension there are, the more likely it is that people will join.

Given that there are very few active cryonics societies, then many people interested in cryonics aren't near enough one to get the sort of quick suspension that is no doubt the ideal. They may well be the sort of case that is suspended days after death. Clearly, here the hope of revival is substantially reduced, but it is not zero, and the client may still find it a worthwhile use of funds he has no use for because he is dead anyway. Also, if enough people in a particular area opt for this sort of arrangement, then they may well decide to form an active group of their own to provide the level of service available in California or Michigan.

However, these "second class" suspensions do not rely on the same level of inter vivos support as ordinary suspensions, and therefore the inter vivos costs could be lower anyway.

The way I see it is that if a client has a second class suspension, then provided he can remain in suspension long enough he will be revived, but he may find that those with ordinary suspensions have been revived hundreds of years earlier. This is because more elaborate technology is required for his revival.

As to the actual costs of suspension, it may be worthwhile again looking at suspension without surgical perfusion to further reduce costs in second class suspensions. I may have this wrong, but I think in the early days DMSO was used externally. (DMSO was never used externally for cryoprotection in human suspensions.—Ed.) For a normal suspension, I still think a person aged in his thirties or forties should think along the lines of having two or three million dollars available in cash terms. Of course, in terms of value this needn't be much more than the \$0.1 million being asked now.

Cryonics relies heavily on technology for success. Indeed, the average person believes that technological advance will not be adequate to meet the requirements for revival. Therefore the average investor has a lower hope as to the advances of technology, with the result that technology stocks are lower than they would be if everyone had the optimism of cryonicists. Therefore, investment in technology stocks has the advantage that if cryonics is to succeed, then the stocks will do well, because of the artificially low present price due to the general pessimism. If the stocks do badly, it will be for the same reasons that make cryonics impractical. Although the hapless investor


wouldn't have the funds for cryonics, even if he had, he still couldn't have bought it! Those worried about direct investment may prefer a mutual fund, such as Fidelity Technology.

Finally, Dr. Donaldson mentioned my use of words like "macho", and illogically suggested that I was claiming to be altruistic in expecting "cheap" cryonic suspension. Altruism and humanitarianism are only given to acts performed with a view to ultimate self interest. He has still failed to understand that these criticisms are those that the doctors and other professionals will levy against cryonics. The problem is that they may not say them to the cryonicist, but reflect them in overcharging or providing an inferior service, even in dealings totally unconnected with cryonics. The hapless client may not even be aware of this. I agree with what Dr. Donaldson says in his "Secondary Effects of Immortality," but he must realize that simply on the basis of popular opinion immortalists are insane, and popular opinion counts far more than logic in this world! I have already been accused of being a National Socialist sympathizer because of my interest in immortalism.

Sincerely,  
John deRivaz  
Cornwall, England

### TAKE SOME ACTION!!!

#### WE ARE OFFERING LOW COST GIFT SUBSCRIPTIONS AGAIN!



Last year just before the holiday season we offered low cost 1-year gift subscriptions to our readers so that they might spread the word about cryonics to friends, relatives and libraries. This year we are repeating our offer and making gift subscriptions available for \$7.50, 1/2 of our regular price.

Since the objective is to introduce others to cryonics we have placed the restriction on the subscriptions that the individual to whom the subscription is given must not have previously been on our mailing list. Anyone may give a gift subscription and educational institutions such libraries and schools are exempt from our "not previously on our mailing list" rule. In fact, we strongly encourage giving gift subscriptions to your local library or high school as a way to spread information about cryonics to a large number of people.

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## CRYONICS AND THE LAW

BY JAMES BIANCHI, ATTORNEY FOR BAY AREA CRYONICS SOCIETY

[ed.--This is Part I of a slightly edited transcript of a talk given by Mr. Bianchi at the 1983 Lake Tahoe Life Extension Festival. The rest of the talk will be published in next month's issue.]

I asked Linda Chamberlain to ask around and see what people were interested in, as far as "Cryonics and the Law" was concerned (you notice it was an ambiguous title). Most people expressed interest in learning about the laws regarding privacy and cryonic suspension. As you know, when someone is suspended, enthusiastic reports and memoranda are drafted describing the techniques used and the condition of the human remains. Also many organizations feel the need to utilize videotapes and other media generated in a suspension for promotional and educational purposes. And this gives rise to questions. Some relatives may think "I should be getting some money out of this, too. Gee, why should you guys get all the money for letting CBS use a tape of my husband or my child for twenty minutes." Also, do the relatives have the right to stop the dissemination of this information, claiming the right to privacy? Well, there is no case law on this subject; but there is something similar, and that's good enough, as far as the courts are concerned. It involved a prize fighter who died, and thereafter newspapers did an in-depth article about his mob connections in the twenties, thirty years before his death. The relatives sued--they were aggrieved by this. The court said privacy is a personal right, to protect your own sensibilities from intrusion. It is not something that can be passed along to your relatives. If you are dead or you are frozen, you are beyond caring what people say about you. So people cannot sue and claim they are aggrieved, for privacy reasons.

However, there are other legal doctrines that come into play. For example, as far as publishing information is concerned: if a person was a public figure and hired someone to write a book about his life after he died--that's a property right. It is intangible property which belongs to the estate. If you infringe upon that by writing about an important chapter in their lives, and profit from it or get income from it by leasing the tapes, the estate could sue. That's not an invasion of privacy, but breach of contract--an infringement of a contract right. The only way around that is to copyright the material. You fill out one form, pay \$10, send them a copy of the tape or publication, and it is copyrighted. If you do that before someone else does, you have a priority right for 17 years. That's one protection.

Now let's look at it from the other point of view--the person who wants to be suspended but doesn't want a three-page ad about it in National Enquirer in millions of stores throughout the nation. If you want to put some restrictions on how information is used about your own suspension or the suspension of a relative, put it in the contract. Put it in the trust document. The trustee is bound to follow whatever directions you make in a trust document. If it says you shall not publish anything about this in the National Enquirer but can only use it for legitimate educational purposes or for training or whatever, they are bound, and if they violate that they can be sued. The estate can sue, the attorney general can sue...there's a remedy there. Also if you're contracting to have services performed directly, with Trans Time for example, you can put that in their contract, saying "You should only disclose the information under these stated circumstances. If you violate it, there are liquidated damages of \$20,000 payable to my estate; or to go to my grandson; or to charity. And that is binding and enforceable. It will vary from individual to individual, but it is something that everyone should think about and not ignore. Otherwise it creates an ambiguous situation where relatives think they may be able to get money and they want to sue and cause a lot of grief later on.

One thing I think organizations should be mindful of is letting mass media use tapes of a suspension. Imagine that you have a loved one suspended and thirty years later see these remains frozen stiff on "60 Minutes" being shown to millions of people, being identified, and all your friends and neighbors know about it. If that happens, and the person suffers emotional shock by it, civil liability happens. It's called negligent infliction of emotional distress, and the person can sue for money for that sort of thing. The elements of this are extreme, outrageous conduct, negligently causing some sort of physical injury. It can be emotional injury; it doesn't have to be a broken arm. Now the way around this is when you find that it may be useful to let "60 Minutes" or some other program use a tape--if you think it would be valuable for promotional purposes or for education--first of all, I think you should take away some of the rawer portions of the tape. They don't have to be stark naked for it to be educational. We're not talking about the technical sessions with doctors and educator; they don't care. We're talking about things going on mass media. Tone down the tape a bit. Also tell all of the relatives in advance that this is going to happen. Then if they see it and are shocked by it, they knew better. There is a basic doctrine of American jurisprudence that you can't consent to something and then later be aggrieved by it and scream and yell for money. So if they knew it might be something that would shock them and consented to it anyway, they forfeit any right to later claim that they're aggrieved. That covers all I was going to say about the right to privacy.

Next was autopsy and the problems that causes. The coroner has a legal duty to make an investigation and possibly conduct an autopsy of human remains in a number of circumstances that are listed in the law. Generally they are circumstances which suggest a crime has been committed, or something indicates that it may result in a lawsuit for wrongful death (if someone died in a prison you could sue the state for wrongful death), or something that may suggest a contagious disease. And in these situations, there is very little you could do except negotiate with the coroner. They do exercise a lot of discretion in autopsies as to the kind of examination they make, and if they understand from the outset that this person does wish to be preserved through a form of cryonic suspension, you could perhaps persuade them to conduct the autopsy in a manner which causes the least amount of damage.

Another situation where this arises is in insurance contracts. Many life insurance contracts have clauses in very small writing, and usually in other languages, that authorize the insurance company to have an independent autopsy performed. In some cases there doesn't even have to be the threat of suicide or something like that. Some insurance contracts allow them to ask for an autopsy under any circumstances. So if you are using life insurance to fund cryonic suspension, read the contract. They are not in stone; they are just basic forms and they are modified by attachments that are called endorsements. Tailor that life insurance agreement to your individual needs. And if that provision appears in the standard insurance agreement, require that they give an endorsement stating that there shall be no autopsy. This does not affect the rights of the coroner. It does restrict the rights of the insurance company; and if they do proceed with it, they commit a misdemeanor for mutilation of human remains without legal authority, and they can be sued for it.

Next, people were concerned about the times when cryonic suspension could be unlawful. The obvious circumstance is if you are in a state that has made it unlawful. I think only one has, but I don't remember which one it is. It is lawful in California. [ed.--Here followed some discussion on which state may or may not have outlawed cryonics. No consensus was reached.] In California, if one dies of a contagious disease, the Director of the Department of Health has the authority to control what happens with the human remains. He may direct cremation or something else that is completely inconsistent with a cryonic suspension; and there is damn little you can do about it, if that situation arises, except maybe negotiate. The director does have a lot of discretion. The law does not precisely spell out what to do in each situation; so you may have some influence. But it really depends on the contagious disease.

Now the other situation in which suspension may be illegal is where there is no legal authority for the suspension. If a person puts it in his will or gives oral instructions or written instructions that he wishes his remains suspended, that is sufficient legal authority for the relatives and the executor to proceed and have it done. You have the power to direct the disposition of your human remains. [ed.--This is true in California, but may not be so in other states.] The problem is if the directions aren't in a will, but they are just on a piece of paper or made orally before witnesses. If there is a will made 20 years ago that says "I want to go into the family crypt," that has priority over a lesser document. And anything that isn't a will is a lesser document in this regard.

Another place this problem arises is when the person made no directions of any kind as to what they wanted done with their human remains. If that happens, then the relatives have the authority to decide what happens. But not just any relative. The law lists the relatives who have this authority. First, the spouse. If there is no spouse, next are the children. If there are no children, then surviving parents. If there are no surviving parents, then it goes on down the line to the nearest degree of kindred. If no relatives exist, then the public administrator appointed by the court makes the decision. The thing is, it's not a group decision. If you are in a priority class by yourself, then you decide and nobody else has anything to say about it. A spouse can order a cryonic suspension regardless of what the parents' or children's feelings are. However, the children cannot arrange a cryonic suspension if the spouse objects. The spouse has a higher priority. So when arranging a cryonic suspension through relatives, you want to enquire and make sure that they have the actual authority to control the disposition of human remains. The form spells this out in great detail and provides a list. But it's a step you have to take. Otherwise, if it turns out that some other relative actually had the authority, they can sue to have the human remains interred by cremation or in a mausoleum or whatever, and you will have expended all of the emotional time conducting a suspension that only lasts for a month or two, which is something you want to avoid.

A third related situation in which problems can occur is in donations of the human remains. Most groups have been functioning under the Uniform Anatomical Gift Act (UAGA) which allows individuals or relatives to donate the human remains to organizations for educational and scientific purposes. Now the Attorney General of California has ruled that cryonics organizations are not acceptable donors of human remains. They are not what the legislature intended when they passed that statute. That statute was primarily for tissue transplantation and to make all of the laws relating to tissue transplantation uniform throughout the country. It's unfortunate; it was a very good statute because it was uniform. There are procedures in



every state for doing this. It's a very easy thing for a lawyer to do. Also it gave the organizations permanent authority over the human remains, preventing distant descendants 200 years from now from trying to upset the suspension in hopes of getting hold of the suspension funds. Also it had the benefit of being charitable, which means that the gift lasts almost indefinitely. (That's something I'll get into some other day; that's like a two-day discussion regarding the rule against perpetuities.) I have urged cryonics groups to have the UAGA changed to include cryonics groups as acceptable donors. If that eventually happens, you have to be mindful of who has the power to make donations. An individual can donate his own remains; and there's the list of relatives. However, the list of relatives is different than the list of relatives who have the authority to control the disposition. They can arrange for cryonic suspension, but they may not have the authority to donate the remains. It's very strange. I don't think that was intentionally done, because the list looks similar; but there are significant differences. I'm not going into great detail. Also, the remains cannot be donated if the person had religious beliefs who tenets favored faith healing, healing by prayer, and whose tenets would prohibit this sort of thing. If a relative has knowledge that the individual belonged to such a religion, they do not have the power to donate the human remains. It's gone.

Lastly, there are the problems of disagreements among relatives. Let's say the nearest relatives are children and there are three children. And some want the remains cremated and some want a cryonic suspension. What do you do? Well, as far as the power to control the disposition and actually arrange a cryonic suspension, the majority prevails. However, if you are making a donation, it has to be unanimous. You cannot make a donation if a relative of the same degree disagrees. So if just one disagrees, you can't do it.

Are there any questions at this point?

**Steve Bridge:** Are all these considerations broken down if the person himself has decreed in his will and in other ways that he wants cryonic suspension? Does that eliminate these other problems, at least under California law?

**Bianchi:** Yes, that effectively deprives the relatives of any power to do anything else. There is a problem, though. Since we are not currently using the UAGA, if the will just says "cryonic suspension", but doesn't also authorize the subsequent donation of human remains, giving that power to the trustee to do it at a future time when the law is clarified, then they cannot be donated ever. They just have to stay under regular contract.

**Mike Darwin:** An international will presumably would cover conveying remains to a particular organization. I know that from

the way your paperwork is structured, you are using the organization as a trustee to handle money more or less on an individual account basis. Would there be any problem with a pooled account basis, with the organization not really acting as trustee for individuals except for their remains?

**Bianchi:** I put down BACS as trustee because that's the way the original forms were, and I thought they'd want to continue with as close to the same structure as possible. But any organization can act as trustee, a legal corporation, a bank can act as trustee; it's not restricted to cryonics groups. And also as far as the money's concerned--there's no limitation on segregating the money. You should keep a separate accounting of that individual's fund, and their interest and all that; but you can pool it.

**Mike:** Would there be any necessity of keeping a separate accounting if the individual agreed not to do that? If it's truly a straight donation contributed to the corporation? Because that's the approach Alcor is using at this point, with a trust fund then for over the minimum we require.

**Bianchi:** That's fine.

**Jerry Leaf:** I read the California Attorney General's comments and his reason for giving the opinion that he did, and I completely disagree with what seems to be the principal reason for denying the UAGA's applicability: namely, that cryonics does not involve the transplantation of organs or tissue. And that is blatantly untrue. All neuropreservation patients are presumably scheduled for transplantation. We are preserving isolated organs specifically designated for transplantation. Do you think someone could go before the Attorney General and argue that point with him further and get a different opinion?

**Bianchi:** I agree with you by the way. As far as going to the Attorney General again, that was Deukmejian; he is no longer Attorney General [ed.--He's now Governor]. The Attorney General serves public agencies. That opinion was not the result of any inquiry we made, but by that of the Cemetery Board. They are a state agency and he serves them; so we can ask all we want and they're not going to give us an opinion, because they work for the agencies and not for us directly. However, it's the only law in town. When a judge makes a decision, and he has no precedent to go on, he looks at the cases in his own state. If there's nothing, he may go to cases in other states, relating to similar language in the same statutes. But if there are no cases at all, then he'll go to other things--like opinions from the Attorney General, scholarly articles in law reviews, things like that. Those will bear great weight, because they're the only thing he's looking at. And though I disagree with the Attorney General's opinion, I do not suggest that it is prudent to ignore it. We could have it changed by seeking declaratory relief in Superior

Court. But what happens if you lose? You get the Attorney General's office upset. They have the authority over all charitable trusts. They can sue charitable trusts. Also, they have the authority to direct a traditional form of interment of all human remains. They can just say "cremate everybody; this is not legal." I don't think it's really worth the risk at this point; especially since the government's not aggrieved over the existence of cryonic suspension at this time. The Attorney General's office knows there are remains in suspension. So do the commissioners of corporations, insurance, and securities, and they've known this for years. But they're not dumping down on us, primarily because we're not causing problems for them. And there's no reason why we should. I called the Attorney General's office after that opinion and spoke to the staff people that put it together and said, "O.K., what now? I mean, here we have all of these bodies in suspension and we're not acceptable donees." And they said they are primarily interested in the legislature sitting down and defining what the relationship should be in this situation. They didn't particularly want to declare it illegal and shut everybody down. Nor did they want to say it is included on the UAGA, primarily because cryonics wasn't around when they were putting that act together. So it's hard to say that they intended to include cryonics. It just didn't exist. That legal reasoning is faulty as far as the Attorney General's doctrine is concerned, and we have several legal arguments we could raise challenging it; but there's just no need to do so. It is better to bring it to the legislature and have it written out in the statute. Faith healers got their little bit in, about not donating the remains if you believe in faith healing. So the legislature is not adverse to doing things that may be out of the ordinary when passing statutes and allowing certain procedures that are of interest to only a small number of people. And that certainly applies here.

**Paul Segall:** To comment on this further--we tried to bring this before the legislature, but the legislature refused to deal with it.

**Bianchi:** Oh, they're messing with the budget right now, you're not going to get anything out of them.

**Segall:** This was some time ago; In fact, we appealed to a specific legislator who considered it and said he would do something about it. But later he said he could no longer deal with it--he was out of office or something.

**Bianchi:** That's a good reason. [ed.--Art Quaife confirmed that the legislator has been appointed to a judgeship.] You have to remember we'll dealing with the government here. These poor dears are underpaid and they're being besieged from all sides by requests from people. And like any other organization or business, you deal with the problem that's causing you the most grief, right now. You guys just aren't causing enough grief.

You should go there persistently and bother these people until they take action! That's how the [BACS] legal forms got done. It took years, but it worked [ed--Bianchi had just completed the new BACS suspension paperwork.]. For them to draft a statute is no less cumbersome.

END OF PART I.

SUSPENSION

by Glen A. Larson

Far beyond the world I've known,-  
Far beyond my time:

What am I?  
Who am I?  
What will I be?

Where am I going?-  
And what will I see?

Searching my mind for some truths to reveal:-  
What thoughts are fantasy?  
What memories real?

Long before this life of mine,-  
Long before this time:

What was there?  
Who cared to make it begin?

Is it forever?  
Or will it all end?

Searching my past for the things that I've seen:-  
Is it my life?  
Or just something I've dreamed?

Far beyond this world I've known,-  
Far beyond my time:

What kind of world am I going to find?-

Will it be real or just all in my mind?

What am I?  
Who am I?  
What will I be?

Where am I going?  
And what will I see?



PERHAPS THE SPINAL CORD IS NEXT      by Thomas Donaldson

As cryonicists have known for some time, most doctors take a very gloomy attitude toward repair of damage to nerves. even peripheral nerves, which DO have some ability to recover from injury. Most cryonicists will also know that even today some scientists and doctors have had partial successes with nerve tissue repair, not enough to give anybody hope in clinical practice but certainly enough to establish a thesis that we can probably do repair, if we try.

Usually in CRYONICS I have reported evidence of partial success in repairing the central nervous system. A recent article in SCIENCE describes some closely related work, with a far higher success rate, on repair of damage to peripheral nerves.

The article in SCIENCE (221 (1983) 538) reports that Luis de Medinaceli and others at the National Institute of Mental Health have now developed a set of methods which produce complete repair of severed peripheral nerves with almost a 100% success rate. Another researcher, Anthony Seaber at Duke University, has independently replicated their results.

Even though peripheral nerves show far more healing ability than central nervous tissue attempts to enhance repair have met with many problems. Severed nerve fibers lack directions as to how to grow together again; although they can grow, dead tissue and scar tissue impedes regrowth, and the severed nerve endings tend to die.

Medinaceli says that no single idea in this method is new; that the main thing he and his coworkers have done is to put together ideas proposed by others. However the primary new idea involved in their work comes from the realization that they should treat nerve tissue repair differently from surgery on other tissues: a single nerve fiber is actually only part of a single cell, so that its repair needs attention to the fact that it is a single cell which has been cut rather than a tissue. Specifically, cutting a nerve fiber causes severe chemical injury due to the different ionic composition of the medium inside the cell from that which is outside. Medinaceli and his coworkers dealt with this problem specifically by bathing their nerve fibers in an ionic solution resembling that the normal medium inside a nerve fiber. Other scientists have pointed out that the ionic difference between interior medium and exterior medium ought to injure the nerve fibers, but Medinaceli and his coworkers seem to have first put this observation into practice.

The SCIENCE article reports that they got almost 100% repair to severed sciatic nerves (a nerve in the leg which controls the leg muscles) of 13 out of 13 rats. All animals could walk afterwards, although they did have some residual defects apparent after detailed testing. Success rate of repair by traditional methods

(Continued on page 18.)

## MORE WORK ON FREEZING NEURAL TISSUE

Almost every cryonicist will recall the recent papers of Houle and Das reporting successful freezing and transplantation of brain tissue from embryonic rats (BRAIN RES 192 (1980) 570; EXPERIENTIA 36 (1980) 1114). Although Houle and Das did this work on embryonic tissue, the embryos had developed sufficiently to have complex brains, and their work provides significant evidence that frozen brain tissue from adult humans sustains relatively small damage.

These original papers did not report in detail what happens if they varied the exact parameters of freezing. A more recent paper (GD Das, JD Houle, JOUR NEUROSCIENCE METHODS 8 (1983) 1-15) describes their work in attempting to find the best possible freezing method, and adds some comments from them about the significance and use of their results.

Fundamentally their work repeats work which many other cryobiologists have done with many different tissues. The major variables controlled in such studies are: the medium or solution in which the tissue is frozen, the concentration of cryoprotectant used, the choice of cryoprotectant, and the speed of thawing. Although Houle and Das studied only one choice of cryoprotectant (DMSO) they varied its concentration, the perfusing fluid, and the speed of thawing.

In brief, they got their best results with a 10% concentration of DMSO, rat amniotic fluid as their medium, and fast thawing. They also studied two other media, Ringer's solution (which cryonicists may recognize, since it formed the basis for our early perfusates) and Eagle's Minimum Essential Medium (MEM). They used more than 120 animals; their study therefore was quite extensive. The other two media, Eagle's and Ringer's, did allow survival and growth of the neural tissue after transplantation, although not so well as amniotic fluid. Freezing in only 2% concentration of DMSO, or slow thawing, or failing to transplant the tissues immediately after thawing, all caused very bad results.

They also point out that their best results were not perfect. Although transplanted brain tissue would grow in the brains of the host rats, form neural connections with other parts of the brain, and show no signs of necrosis or damage, regions of transplanted tissue which they had first frozen never grew as large or as extensively as tissue which they had transplanted without first freezing. They suggest that some proportion of the frozen cells, although first seeming normal, later died off. Some evidence exists that such an effect: initial viability, followed by a delayed death of tissue, can happen after freezing (Sherman, JK CRYOBIOLOGY 3 (1967) 407-413).

In one sense this work does not constitute new information.

Cryonicists, for instance, have attempted to duplicate similar freezing methods for human brain tissue for years now. Major problems occur, of course, because human brains are far larger and more difficult to perfuse and cool than embryonic rat neural tissue, but we have seen protocols similar to those used by Houle and Das as ideal almost from the beginning of human freezing. However up to now all this cryonical work depended on a theoretical extrapolation only, so that Houle and Das confirm what we have already guessed but not actually known. The very high level of preservation of nerve cells after freezing, even if they do later die after a period, gives us good reason to think that repair after (and during) thawing can ultimately be done. For instance, the problem of reviving cells which tend to die after thawing is probably far less difficult than the problem of reviving cells which don't survive freezing at all.

Houle and Das made these studies so as to devise better means to experiment on brain tissue, without thought of direct clinical application. However I believe that clinical transplantation of brain tissue isn't totally out of the question for the future. Transplanted brain tissue might help repair the effects of strokes or injury, for instance. Embryonic tissue might serve much better than tissue from adults; the antiabortion lobby is strong, but they will probably fail, although their opposition will certainly retard us. Clinical freezing and transplant of brain tissue would certainly cause interesting cryonical effects!

is only about 30%. Medinaceli has also shown that their methods work even when applied after a delay of 2 hours, which imitates what would happen in a real injury.

As of now, Medinaceli and his coworkers have not attempted work on repair of severed spinal cords. However Seaber, who has duplicated their work, feels optimistic about prospects of making headway on that problem too. Medinaceli et al have succeeded in getting peripheral nerves to grow together, which may be the main problem; repair of a spinal cord may involve far greater complexity but essentially the same problem.

Cryonicists reading these columns over the last 5 years may have noticed a much more optimistic attitude to the problem of nerve tissue repair. I myself feel obliged to state after reading the literature that excellent grounds for optimism have existed for over 20 years, and perhaps even since the work of Ramon y Cajal in the early part of this century; what we see happening is more a cracking of the solid wall of DOGMATISM about repair than tremendous advances in the problem itself (\*). However Medinaceli's work makes a real beginning to actual clinical progress towards repair.

(\*) Apologists for the dogmatists involved may disagree!



# DEATH IS NOT GOOD FOR YOU

by Robert Brakeman

He had a goal, one that was similar to one that George Washington had had. Washington had wanted to live to see the beginning of the 1800's; Laurence Stallings was fond of leap-years, and he just wanted to live to see Leap Year Day (February 29) in 1968. Neither made it. GW died on December 14, 1799, and Stallings late on February 28, 1968. Still, those last-minute disappointments capped lives which were anything but disappointing; you have perhaps heard something of Washington, so here we'll talk about Laurence Stallings.

Journalists (who of course are paid to get-things-wrong) usually referred to Stallings as an "anti-war" writer, but, as he tried to tell anyone who would listen (which of course did not include the press), he thought of himself as something much broader than that: What he was "anti-" was death, period, not just war-caused death.

For a writer who created what was perhaps the most successful play of the first part of this century and one of the most successful films, he is strangely unremembered today; perhaps a pro-death world would be uncomfortable remembering a Laurence Stallings. He wouldn't have minded that, for he may have invented the phrase "low profile": He was content to surface from time to time with a play/film showcasing anti-death ethics — but most of his hours and days and years were spent ignoring the public and happy that the public was ignoring him.

Stallings "hit" while still in his twenties (he was born in 1894). With Maxwell Anderson he wrote a play which astounded Broadway (and Europe) with its dramatic power, and also with its pro-life message that there is only one true tragedy, death, that the other things we call "tragedies" are mere inconveniences, and that war is, therefore, some kind of hyper-tragedy, because it's such a wonderfully efficient way for arranging to have piles-of-bodies all over the place. The play was "What Price Glory?", and its great success stemmed in large part from the nearly-universal revulsion against World War One which dominated the early twenties in America. Because Americans were concluding (accurately, for a change) that they'd been lied/duped/swindled into a pointless bloodbath by the combination of a megalomaniacal Woodrow Wilson and British control over "US" foreign policy, they were ready for a play which made death seem the worst of all atrocities and war the worst form of death-dealing (This brief, sensible-period, on the part of the American public would of course not continue long, for in 1941 they would allow an even more demented President to do the same thing to them). The play was such a strong success that a film became inevitable, and it was made in 1926, with Raoul Walsh directing.

The stars were Victor McLaglen and Edmund Lowe, playing Captain Flagg and Sergeant Quirt respectively. The film's success was such that the names of those two characters quickly passed into the American colloquial idiom during the twenties. Dolores Del Rio played what the public likes to call "the love interest" (in a swell family publication like this one I can't tell you what Hollywood producers call it privately, but it starts with a "c").\* Although there was a certain amount of comedy and romance in the film, it only came alive when people started turning up dead: The battles-scenes were so shocking and repulsive that some guardians of the public morality urged that the film be

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\*As in this actual conversation between two producers known (as they all are) for their deep respect for women-as-people: "Hey, I'm already up to page 37 and there's no c— yet. Where's the c—?" Second producer: "Don't worry, five more pages and you'll be drownin' in c—."



banned-in-Boston (and everywhere else). It wasn't banned, and it also wasn't a film whose mood and point would leave you quickly: Flagg and Quirt and the other US-Marines-in-France had expected war to be just as much of a helluva-good-time as the animal-in-the-White-House had told them that it would, and when they get a look at oozing-death, close-up and wholesale, they're so appalled that even half a century later it still hurts to watch that film.

Although Laurence Stallings had been predictably pleased by the mass appeal of both the stage and screen versions of "What Price Glory?", he was less happy about a twin-irony that appeared at the crest of the property's popularity:

Part-one of that ironic development was that the US War Department congratulated the filmmakers and Stallings, claiming that some portion of the public saw it as a rousing, pro-battle, pro-defense epic — and that the play-and-movie had, according to their figures, been responsible for an increase in Marine Corps. enlistments. The second odd development was that some "patriotic" writers (there are such things, but they're hardly ever the people who announce that that's what they are) even turned the title of the Stallings/Anderson work into a pro-blood tool: The playwrights had of course meant their title to mean, "All this glory-of-battle that you people talk about is thrilling — but at what price?" Their opponents (those trying, a decade early, to gear America up to enter the 1000th round of the Unending European Civil War, just as the US had entered the 999th round to no good end) announced that the title really meant "For the glory of saving-the-world-for-something-or-other, what price is too high?"

When asked about what he (and Anderson) had intended the play to mean, Stallings was a little bemused by the fact that even those known for their avocado-IQs (reporters) could ask such a question, but then finally he responded with a quote meant to be blunt enough to get through even reportorial skulls: "I've simply meant to say that death is not good for you — and that if we are to uphold life-over-death, and to denounce death as the greatest-of-all-tragedies, then we must necessarily denounce war, for it is death done big. But I do not wish to be misunderstood; it is death that we are denouncing, and for that reason we must all oppose debilitating illnesses and accidents and murders just as surely as we denounce war".

It is Stallings' anti-war stance that made him valuable-and-interesting to decent people in general — but it's his anti-death views which make him of special interest to immortalists.

During Stallings' lifetime "What Price Glory?" was re-made as a film, this time (1952) with James Cagney and Dan Dailey in the principal roles.\* This time the anti-war/anti-death message was almost entirely lost, as action/western director John Ford (no pacifist he) turned it into a fairly-standard army picture. Ford had gleefully entered the Navy during World War Two\*\* and had done propaganda films for that mindless bloobath, and so he was unlikely to see "What Price Glory?" as Laurence Stallings saw it.

But oddly enough, Stallings and Ford did collaborate on a vehicle which did communicate some reasonably-strong anti-death ethics, at least among those critics who bothered to pay attention to something beyond the name of the director (Ford) and star (John Wayne). The film was a 1949 western called "She Wore A Yellow Ribbon" — and I'm thoroughly ashamed of myself for calling it

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\*There are also those film-analysts (myself one) who would say that the film which put Stanley Kubrick ("The Shining", "Lolita", "2001", etc.) on the Hollywood map in 1957 owed a lot to "What Price Glory?" — right down to its title: "Paths of Glory" — a brilliant anti-war gem.

\*\*To Ford's credit, he was at least a little repulsed by what he saw during the war, and wasn't quite the war-lover coming out that he'd been going in.

merely "a" western. In polls-of-critics it is quite-regularly voted the finest western ever made (they don't even bother to call me for my vote anymore; they just record it automatically because they know what I'll say). Major critics say such things as "Most elegiac of all westerns, beautiful and subtle"; and "Why do people hesitate to use the word 'masterpiece' when a 'mere' western is involved; this film is a masterpiece"; and "It is now commonplace to call this the most glorious of all westerns; of course it is — and we should now be discussing whether it might not be the greatest sound film, period." Get the idea?

Stallings did the original screenplay for the film, and those who saw the movie as just an action-western missed most of the points he was trying to make. An atmosphere of melancholy hangs over this film the way Jane Russell's breasts hung over "The Outlaw", and there's but one cause of that melancholy — the ever-presence of death on the frontier. Stallings paints the Indians as sad figures as they go out to certain-slaughter; he gives you Cavalrymen who spend their days having their best friends annihilated two feet away from them and their nights dreaming about what happens during the days; he creates an aging-and-contemplating-death Cavalry officer (Nathan Brittles, played by John Wayne) whose entire career has chipped away at his humanity, because he deals-out-death and has it dealt back at him; he gives you battle scenes which the rube-public took as "rousing" but which Stallings intended to be horrible-and-depressing, as he knew mass-murder to be in real life; and he gives you two scenes which critics correctly saw as very "touching", but which Stallings also meant to have a "message" — and that message that aging-and-death are the Ultimate Tragedies: In one scene Stallings captures three things at once: The general physical decrepitude which comes with age, the failing of certain faculties in particular, and the fact that the whole concept of retirement is a death-issue (obviously if people lived indefinitely there'd be no such thing as enforced/general retirement — we do that only in-anticipation-of-death — might as well spend your "last few years" at ease — and because of the aging-process physical breakdowns which occur in the last-few-years-before-death). This is the scene in which John Wayne as the retiring Cavalry officer has to fumble with a newly-delivered pair of glasses as he tries to read his farewell to his assembled troops. His failing eyesight makes the loss-of-particular-faculties point; his general-look makes the general-decrepitude point; and his retirement (when retirement is the last thing he wants) speaks for itself.

That moving scene (stolen from an actual incident in the life of George Washington, by the way\*) is matched in heart-shattering power by one in which Wayne-as-Brittles has a "conversation" with his now-dead wife over the in the tree-chaded little graveyard just outside the fort. The scene is moving-in-general, but its anti-death thrust in particular is what's important about it: The entire point of the scene is that Brittles isn't a looney-who-talks-to-people-who-don't-exist-anymore, he's a sensitive human being who fully understands that a death-created separation is final-and-irrevocable, who would do anything to have his wife back there with him instead of rotting-underground — and who "talks" to her as a way of refusing to congratulate death-as-victor (and at a time when no scientific means were available for opposing death, as they are now through cryonics, such psychological opposition was the only possible kind of opposition, and was therefore entirely rational. Then. Now that attitude would represent merely an evasion of the issue and a shirking of responsibilities). I defy anyone to look into the melancholy-draped/grief-tinged

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\*GW quelled a mutiny among his men by fumbling with some new glasses, saying "You've seen me go gray in your service, and it now appears that I'm going blind as well", and shaming his men into dropping the mutiny.

face of Nathan Brittles/John Wayne (as photographed by cinematographer Winton Hoch) as he "talks to" his dead wife, and then babble-on about how wonderfully "natural" death is.

Laurence Stallions was a wonderfully sensible man, so of course he had the good sense to live in Los Angeles (don't send me letters; I'm busy. . . ). Shortly before he died in its Pacific Palisades section in '68 he'd told some friends that he'd only done two significant things in a long life — writing anti-death ethics into "What Price Glory?" and "She Wore A Yellow Ribbon" — but he was satisfied, because those two things were very significant, if only people would pay attention to what he'd been saying. So pay attention. . . .

#### EVERLASTING

by Bob Brakeman

Sometimes, things just-come-together-in-just-the-right-way. (More often they come together in just the wrong way, but since I've decided that this is going to be an upbeat article we'll leave that alone.) Recently, two continent separated happenings, one in New York and one in Los Angeles, came together in a way which has meant massive exposure for one vision of immortality.

First, on the east coast: A group of New York filmmakers decided to make a "little film"—one without major stars and without major money being spent on it. Their vision evolved into "Tuck Everlasting", a story about some ruralites who discover immortality. It was filmed in the Adirondack Mountains of upstate New York, and the scenic beauty added by that location-filming adds to the movie's appeal. For immortalists/cryonicists, that appeal inheres in the fact that almost any exposure of the idea of immortality to the public constitutes good exposure (the exception is exposure which wholly ridicules the concept); the broad-public can't move toward a broad-acceptance of immortality without first coming to the point where they're thinking about it a good deal, and serious thinking about it won't come until they're constantly hit with endless media images of the idea. So every media-dose helps, except the hyper-hostile ones.

Now, the problem with a film like "Tuck Everlasting"\* is that its chances of making a major media-impact are small, usually, for this reason: Theatre owners, network executives, and cable-TV operators all have decades-long bias against "little films", partly because a fair number of them are admittedly pretty junky, but mostly because the general bigger-is-better ethic afflicts them just as much as it does everyone else. So one would have expected that a small film like "Tuck Everlasting" would have been "dumped" by its distributors, and it was. (The producers are separate from the distributors, the former by definition care about a film while the latter often don't, and "dumping" means that the distributors give a film they don't like the absolute-minimum of attention—little advertising of any kind, no TV advertising at all, and concentrating on out-of-the-way theatres for very short runs.) But what saved "Tuck Everlasting" was that the nation's second largest cable-movie service, SelectTV, happened at that moment to be explicitly looking for some "small" movies for its programming—and it snapped up "Tuck Everlasting" and will be giving it tremendous exposure nationally for the next three years. Because some New York filmmakers were intrigued by immortality and some Los Angeles cable-execs need a little-movie, immortality will be appearing-weekly on 20-million TV screens. This is called good luck. Luck everlasting.

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\* Starring newcomers Fred Keller and James McGuire, the film was based on Natalie Babbitt's award-winning novel of the same name.

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