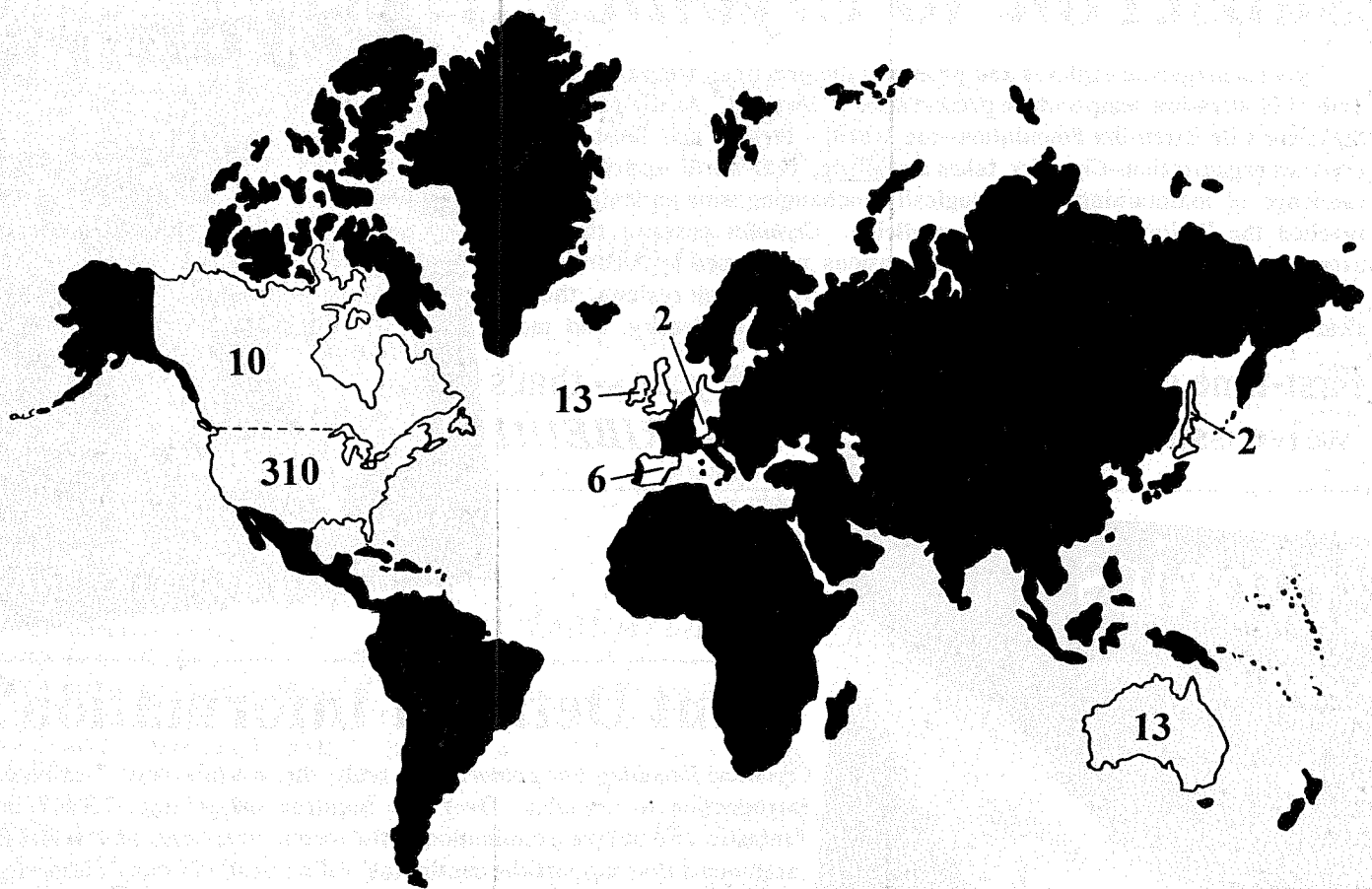


Cryonics

Volume 14(4) • April, 1993 ISSN 1054-4305 • \$3.50

Alcor Suspension Members Worldwide



From 1993's "Membership Update"
Derek Ryan, Membership Administrator

— Plus —

Two Reports on Alcor's Suspension of a Suicide Victim
Ralph Whelan / Tanya Jones

Cryonics is...

Cryonic suspension is the application of low-temperature preservation technology to today's terminal patients. The goal of cryonic suspension and the technology of cryonics is the transport of today's terminal patients to a time in the future when cell/tissue repair technology is available, and restoration to full function and health is possible—a time when freezing damage is a fully reversible injury and cures exist for virtually all of today's diseases, including aging. As human knowledge and medical technology continue to expand in scope, people who would incorrectly be considered dead by today's medicine will commonly be restored to life and health. This coming control over living systems should allow us to fabricate new organisms and sub-cell-sized devices for repair and resuscitation of patients waiting in cryonic suspension.

Alcor is...

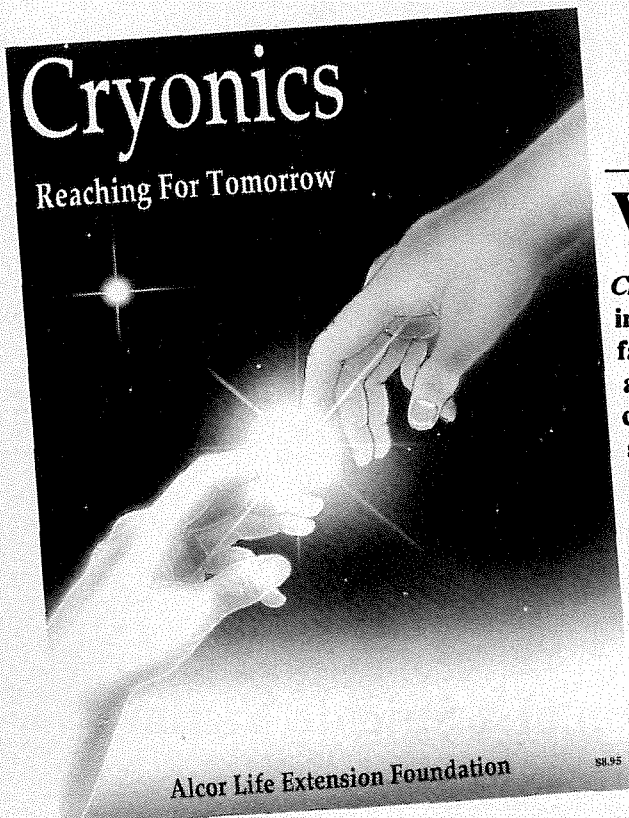
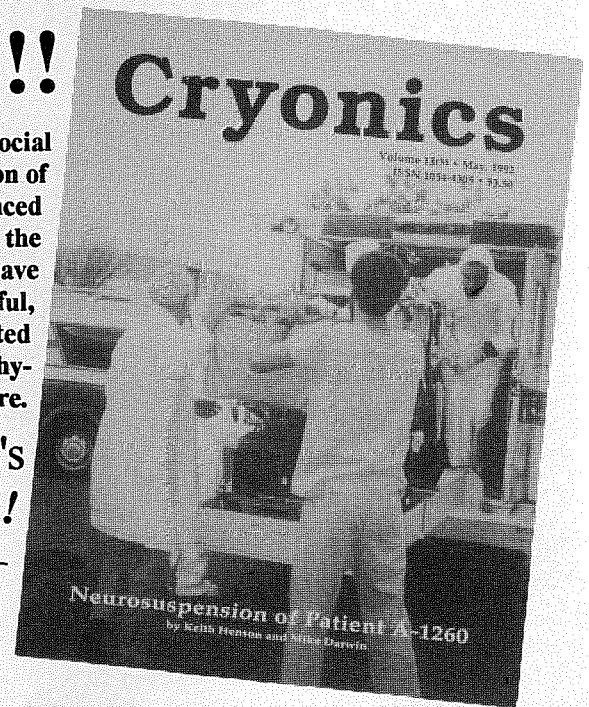
The Alcor Life Extension Foundation is a non-profit tax-exempt scientific and educational organization. Alcor currently has 26 members in cryonic suspension, hundreds of Suspension Members—people who have arrangements to be suspended—and hundreds more in the process of becoming Suspension Members. Our Emergency Response capability includes equipment and trained technicians in New York, Canada, Indiana, North California, and England, and a cool-down and perfusion facility in Florida.

The Alcor facility, located in Southern California, includes a full-time staff with employees present 24 hours a day. The facility also has a fully equipped and operational research laboratory, an ambulance for local response, an operating room, and a patient storage facility consisting of several stainless steel, state-of-the-art storage vessels.

Subscribe to *Cryonics*!!!

Cryonics magazine explores and promotes the practical, scientific, and social aspects of ultra-low temperature preservation of humans. As the publication of the Alcor Life Extension Foundation—the world's largest and most advanced cryonics organization—*Cryonics* takes a realistic, real-world approach to the challenge of maintaining in a biologically unchanging state patients who have reached the limitations of modern medicine. *Cryonics* contains thoughtful, provocative discussions of cryonic suspensions performed by Alcor, related research, nanotechnology and molecular engineering, book reviews, the physical format of memory and personality, the nature of identity, and more.

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Cryonics: Reaching For Tomorrow is truly the world's only "textbook" introduction to cryonics. Over one hundred pages long, *C.R.F.T.* is a fantastic and unique examination of the social, practical, and scientific arguments that support the continuing refinement of today's imperfect cryonic suspension techniques, with an eye toward eventual perfected suspended animation. *C.R.F.T.* is also a comprehensive introduction to the Alcor Foundation. This book is free with your \$15 subscription to *Cryonics* magazine, or can be purchased separately for 7.95.

To subscribe to *Cryonics* magazine and receive a free copy of *Cryonics: Reaching For Tomorrow*, or to order *C.R.F.T.* alone for \$7.95, call 1-800-367-2228, or write to the Alcor Foundation at 12327 Doherty Street/ Riverside, CA 92503.

Cryonics

Volume 14(4)

April, 1993

Issue 153, ISSN 1054-4305



Cryonics is the magazine of the Alcor Life Extension Foundation, Inc.

Editor: Ralph Whelan
Production Editors: Eric Geislinger
and Jane Talisman

Published monthly. Individual subscriptions: \$35 per year in the U.S.; \$40 per year in Canada and Mexico; \$45 per year all others. Back issues are \$3.50 each in the U.S., Canada, and Mexico; \$4.50 each all others.

Please address all editorial correspondence to ALCOR, 12327 Doherty Street, Riverside, CA 92503 or phone (800) 367-2228 or (714) 736-1703. FAX #: (714) 736-6917. E-mail: alcor@cup.portal.com



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Issue to press: March 19, 1993.

Feature Articles

- | | |
|--|----|
| An Update on Membership Growth
<i>Derek Ryan</i> | 9 |
| Details Make the Difference
<i>Stephen Bridge</i> | 14 |
| Beginnings of Winter — Suicide and Cryonics
<i>Ralph Whelan</i> | 16 |
| Transporting Patient A-1401
<i>Tanya L. Jones</i> | 19 |
| Review: Mind, Machines, and Human Consciousness
<i>Thomas Donaldson</i> | 21 |

Columns

- | | |
|--|---|
| For the Record
<i>Mike Perry</i> | 3 |
| Understanding Alcor: Notes from the President
<i>Stephen Bridge</i> | 6 |

Departments

- | | |
|----------------------------|----|
| Up Front | 2 |
| Letters to the Editor | 3 |
| Membership Status | 20 |
| Business Meeting Report | 22 |
| Advertisements & Personals | 23 |
| Cryonics Forum | 24 |
| Upcoming Events | 29 |

Cover: Derek Ryan reviews and previews Alcor's membership growth in this month's cover story.

What Happened?!?

As regular readers will have already noted, we've changed our printing format. *Cryonics* is now being printed on a "web press," (just like the big boys) a trade-off of sorts that we've been considering for a few weeks. At long last, we've run short of reasons for *not* doing it, and the reasons for doing it keep piling up. The primary reason, which subsumes all the others, really, is *cost*.

Our previous printing system was getting quite high-priced for the volumes involved. Printing 2000 copies of 32-page issues (that is, 28 pages of "content" and a 4-page, slick cover) was costing \$2,100 per month, which breaks down to \$1.05 per copy. ("Printing costs" includes pre-press and shipping expenses.) Printing 2000 copies of 32-page issues using this web press system (that is, 32 pages of content *including* the cover, which is of the same stock as the internal pages) will probably cost in the neighborhood of \$1,600, which breaks down to \$0.80 per copy. (I say "in the neighborhood of \$1,600" because this is the first such print job, and we haven't gotten the bill yet.) So we'll realize an immediate savings of roughly \$500 per month, or \$6,000 per year.

But there's more. As I reported last month, *Cryonics* is now selling on the newsstands, and surprisingly well. Unfortunately, the high cost of our previous printing technique meant that at least 60% of the copies sent out for bookstore and newsstand distribution had to be sold (rather than returned unsold or destroyed) before we would break even on the cost of printing these issues, shipping them, paying the newsstands, and paying the distributors. It seemed that the total "sell-through" was in fact right in the neighborhood of 60%, or just below it, so we haven't so far made money on these sales. But even at break-even (or a small loss), we couldn't resist the opportunity to sell almost 500 copies of *Cryonics* each month "on the stands," thereby infecting thousands of *additional* people with the cryonics meme and the Alcor 800 number, people who could turn into subscribers or members.

But with the web press savings, the minimum-sell-through-for-profit drops below 60%, to somewhere in the neighborhood of 50%. (I haven't crunched the num-

bers yet.) And, much more importantly, *the cost of increasing the press run from 2000 to 3000 is likely to be about \$200*. This means that the printing cost per issue will drop from \$0.80 to \$0.60, which will even more dramatically drop the minimum-sell-through-for-profit, down to roughly 40%, which will encourage me to send out many more issues for newsstand sales than I would at a minimum-sell-through-for-profit of 60% or even 50%.

The net result of *that* scenario (i.e., a print run of 3000) is pure savings of roughly \$3,600 per year (rather than \$6,000 per year at 2000 copies per month), plus a likely increase in newsstand revenue of *at least* \$5,000 per year. (Not to mention subsidiary revenue from larger roll-over to subscribers and members.)

But is all of this just a wordy attempt to justify to members and subscribers a "cheaper" production system? Not really. The samples I've seen of web press productions have *much* darker and crisper print, which is a lot easier on the eyes, and photos can be "screened" to much higher resolution for black-and-white reproduction, while being (like the text) darker and crisper. (Unfortunately, there are no new photos in this issue to demonstrate this.) True, the cover will no longer be of a heavier stock than the interior, and this may contribute to more wrinkling and tearing during shipping, but, like I said in the opening paragraph, it's a trade-off. Our cash-flow situation right now is such that we simply *cannot* ignore potential savings of this scale, and with the other considerations listed above, we may well have switched even if cost had *not* been such a strong consideration.

Financial Statement Delay

Historically (well, for the last two years anyway) we've devoted the April issue of *Cryonics* to our annual financial statement and the Membership Administrator's update on membership growth. This year, for the first time ever, Alcor's financial statement is being prepared — at great expense — by Stonefield Josephson, a major regional accountancy corporation. The intense level of detail and research in their audit has delayed it somewhat, and we will not be able to print it until next month.

Great News From Chicago

We recently received the following report from Alcor Director Brenda Peters, the undisputed cryonics grassroots champion, with the note:

Please include this in the next issue of Cryonics. I'm hoping we can see a full page of short reports by local groups around the world in each issue of Cryonics. It would be an important impetus to membership growth and involvement, in my opinion.

We couldn't agree more, so Brenda's announcement appears immediately below. It's obvious that Brenda is well on her way to doing for Chicago what she has already done for the New York City area. If the other groups and chapters follow her lead, we'll be more than happy to devote a page of each issue of *Cryonics* to local group updates.

"Alcor Chicago had a very pleasant first meeting on Saturday, February 20th at the home of Board Member Brenda Peters and Courtney Smith on the 47th floor of the Huron Plaza, overlooking beautiful Lake Michigan. Eleven people from four states were in attendance. It was decided that there are sufficient numbers and local interest to hold monthly meetings in Chicago.

"The possibility of combining Alcor Indiana with Alcor Chicago was discussed, as was the possibility of some of the meetings being held in Indiana. We will be mailing to five states: Indiana, Illinois, Michigan, Wisconsin, and Ohio. There are an additional four dozen members and subscribers (at least) in the five-state area who will be encouraged to attend meetings and to get more involved with cryonics.

"Other topics of discussion included a newsletter, video testimonials as an additional layer of protection, dues, emergency response equipment, additional training, raising cryonics awareness in the Midwest, and the possibility of Alcor having custom designed Resusce-Anne type training units to measure cooldown rates, etc., as suggested by a medical illustrator present.

"A customized merchandizing biz of cryonics, extropy, and life extension gift items will be co-ordinated and run by Matt Swanson. Also, a new cryonics P.R. flyer designed by Mr. Swanson was distributed at the meeting. There was a sumptuous layout of food, and five hours of socializ-

ing/discussion.

"The next meeting will be held on Sunday, March 28th, with Brian Wowk (co-author of *Cryonics: Reaching For Tomorrow*), who will be coming in from Canada, as the special guest speaker. This meeting promises to have people from at least four states and two countries in attendance.

"If you are interested in attending Alcor Chicago meetings or in being on our mailing list, please contact Brenda Peters

at (312) 587-7050, or at Huron Plaza, 30 E. Huron, Suite 4709, Chicago, IL 60611."

Help Us Find A New Home!

Alcor has formed a building committee to carry out the search for a new home for Alcor. The goals of the committee are to investigate *all viable areas* for the relocation of Alcor. The committee welcomes and encourages input from the

Alcor membership (brokers welcomed) regarding possible sites, etc.

The current members of the committee are: Judy Sharp, Chairperson (phone: 310-574-1936), Marce and Walt Johnson (714-962-7898), and Maureen Genteman (310-450-0394). Please direct any inquiries to the building committee, either by phone or by writing to the committee in care of Maureen Genteman at 3435 Ocean Park Blvd #155, Santa Monica, CA 90405.

Letters to the Editor

Dear Editor:

Large national organizations that solicit donations have the advantage of a very large pool of possible donors to draw from. The same can even be said of local organizations, like your local PBS station that annoys you with those pledge weeks. Alcor has no such advantage. We Alcor members are essentially its pool of potential donors, and that makes for a very tiny pool compared to outfits like the Heart Association or any national social/political organization you can name.

With that in mind I commend the following line of reasoning to my fellow members. I have been in the habit of dribbling out modest donations to assorted organizations during the year (many of whom seem to use my donation mostly to print and send me more requests for donations). By the end of the year this amounts to a few hundred dollars of donations. However on reflection, the success of none of these organizations means nearly as much to me and my future as does that of Alcor. Further, nearly all of

these organizations have that large donor pool advantage that Alcor lacks. For those organizations I represent a vanishingly small fraction of a fraction of a percent of their potential donor pool. No so to Alcor. To Alcor I am (sadly) one of the precious few.

From this I conclude the following for my self, and ask other members to consider the same for themselves. The bulk of whatever annual charitable giving I do should go to Alcor. Whenever I see one of those many requests for donations from some other worthy organization, I remind myself that that organization has thousands of people who will donate to it, maybe hundreds of thousands. Alcor does not, and it's up to me, and "we happy few" Alcor members to make up for that fact.

Tom Shapard
San Diego, CA

Dear Editor,

At the present time we have two types of suspension methods: neural and full body.

I would like to suggest a third: genetic. Every cell of the body (except red blood cells) contains the complete genetic instructions for the entire individual. It would be very simple to store a few cells — they would not even have to be frozen — in a fixation solution such as glutaraldehyde, which would render the person's genetic code readable for centuries at least and probably much more.

I realize that none of the individual's memories would be preserved and so it is far inferior to our present methods, but I also realize it would be enormously cheaper and easier. Think of it as a "Cryonics Starter Kit." Contrary to popular opinion, survival is probably not an all or nothing matter, and for those who cannot afford the present options, gene storage would be far better than nothing.

John K. Clark
Miami, FL

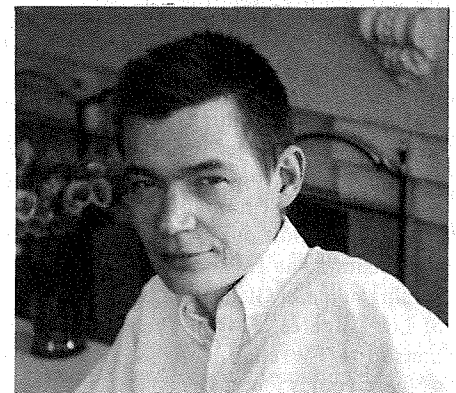
For the Record

They Froze the First Man

Michael Perry

The idea for this *For the Record* column came from a high-school student

who requested information about the first cryonic suspension (which was that of Dr.



James H. Bedford in Jan. 1967 — see my column in *Cryonics*, July 1991). She

wanted to know about the "scientist" that carried it out (call it a "team" since several were involved), and in a later message said, "I need to know who was the individual who performed the suspension or came up with the idea and process for suspending a human being." A short answer can be given (and will) — but here I want to elaborate on certain aspects that I think will be of general interest; mainly, I'd like to take a closer look at the people who were involved in that first suspension, the "scientific team." As usual, this will be no exhaustive study, but enough of an introduction that I hope it will be worthwhile.

First, the short answer (much of which will be familiar to many readers, though not to everyone). The principal founding father of the cryonics movement was Robert C.W. Ettinger, who came up with the idea of freezing people for the purpose of eventual reanimation, when developing technology would prove equal to the task. His ideas were published in a book, *The Prospect of Immortality* (Doubleday, 1964). Meanwhile a small movement devoted to the idea (which had privately circulated for a year or two before Ettinger's book was published) was started by Evan Cooper. The principal aim was to actually freeze people, but this goal proved elusive, and other groups were started, among them the Cryonics Society of California (CSC) headed by Robert F. Nelson. It was this latter organization that, shortly after its incorporation in December 1966, found itself in position to perform the first human freezing under controlled conditions — the first cryonic suspension. The freezing took place in a nursing home in Glendale, Calif., a suburb of Los Angeles. Nelson's team included himself (a TV repairman and popularizer of the cryonics idea); Dr. B. Renault Able (M.D.), a local physician; Robert W. Prehoda, author and scientist; and Dr. Dante Brunol (M.D.), biophysicist and per-

fusion specialist. Dr. Able, who was present when clinical death occurred (at approximately 1:15 p.m., Jan. 12, 1967) reportedly began cooling the patient with ice while activating an iron heart to restore circulation.¹ Heparin was administered to prevent coagulation of the blood. Although DMSO was used as a cryoprotectant, the patient was not perfused (the procedure in use today), but only injected (reportedly by Nelson and Prehoda)¹ while blood circulation was continued with the iron heart. Eventually the patient was packed in dry ice, removed from the nursing home, and stored in Prehoda's garage. A few days later he was removed by relatives, taken to

1976). He remains active in the movement today, one area of his research being to design better storage containers and storage environments for cryonics patients. Nelson, from the high point of the Bedford freezing (recounted in Nelson's book, *We Froze the First Man* Dell, 1968), would begin a long decline culminating in the notorious Chatsworth disaster in which a total of nine cryonics patients were thawed and lost, and Nelson was ordered to pay heavy damages in a suit brought by relatives. The stories of these two very different activists are recounted elsewhere; here I will mainly deal with Nelson's assistants in the first controlled freezing.

Some of my information is from *We Froze the First Man* and has to be taken with a possible grain of salt since that source isn't always trustworthy; such opinions are introduced as "reportedly"^{WFTFM} ..."

Dr. Able, by accounts, was a man of means and flamboyance, driving a Rolls Royce and living in a house reminiscent of a Greek temple. Reportedly^{WFTFM} he was irritated by the publicity that attended the freezing, in which he was treated as a footnote person, while others (Nelson in particular) raked in the glory. Although a member of the Bedford Foundation (set up according to Dr. Bedford's will for research into cryonic suspension and possible resuscitation, but quickly stifled in litigation), his interest in cryonics seems to have been especially short lived. Little is heard of him after the Bedford



Nelson simulating an injection into Dr. Bedford on the afternoon of 12 Jan 1967; Brunol (behind) holds face mask.

IMMORTALITY 08-09/70

Phoenix, Arizona, and placed in liquid nitrogen storage. After many years Dr. Bedford wound up at Alcor, where he remains to this day. A 1991 examination showed he had remained frozen the entire time, cube ice placed around his body at the time of death being intact.

So much for the short answer. Ettinger would author another book with an immortalist theme, *Man into Superman* (St. Martin's, 1972), and start his own cryonics organization (Cryonics Institute,

freezing.

Robert Prehoda was more involved, although showing a frustrating mixture of indifference or even hostility toward cryonics proper and interest, nevertheless, in life extension in general. He did, however, see in cryonics one possible advantage to his own approach to life extension (which involved human hibernation), which was that it might spur research in needed areas. (This hope however, was eventually abandoned.) He was on hand

for the Bedford freezing, and reportedly ^{WFTFM} was even unscrupulous in attempting to make off with pictures taken of the event. (Prehoda, in turn, accused Nelson of an improper breach of confidentiality for making the pictures available to *Life* magazine and other information leaks.)² Prehoda's own efforts in life extension consisted mainly of writing books such as *Suspended Animation; Extended Youth, the Promise of Gerontology; and Designing the Future, the Role of Technological Forecasting*. His scientific background was mainly in rocket propulsion chemistry but with a strong second in the biological sciences. He was involved in experiments to induce hibernation in animals that do not hibernate (partially successful) and in experiments to resuscitate mammals after perfusion and freezing (unsuccessful). His curious ambivalence toward cryonics showed in a 1969 interview in which he was asked about his role in the Bedford freezing:

"I was present at the request of Norman [son of Dr.] Bedford and served as his representative on that occasion. However, I am still opposed, as I was before Dr. Bedford's death, to freezing people at the present time because this money should be spent on research. Any human freezing is premature and without scientific basis until a mammal can be revived from the frozen state."

In the same interview he outlined some future plans:

"My immediate plans include the continued refinement of technological forecasting methodology and the writing of a series of future-oriented books on emerging branches of applied biology and the physical sciences. I will continue to do everything I can to promote responsible research in gerontology and reduced metabolism, with particular attention to my original conceptual research

contributions to both of these vitally important branches of applied biomedicine."³

We come now to Dante Brunol who, unlike Prehoda, *did* favor freezing now, though for reasons that, well, seem more than a little peculiar. Here is what he said in 1970:

"It is my belief that there is a feeling of great ecstasy whenever the real ego is free from electrical impulses — a constant experiencing of pleasure similar to the height of sexual orgasm. During this time we lose all sense of self — we do not

ego. Ionization is produced by heat, electricity, ultraviolet light, and radiation. Thus, if we are cremated, we will suffer horrible pain in the process. If we are buried our real ego will be destroyed.

"We can, however, escape this fate by having our bodies frozen after death. As long as we are kept in a dark, cold place the DNA atoms of our real ego will radiate with happiness. This state of happiness can be maintained on this planet until the sun explodes to produce billions of years of ionized hell. We can only escape

this fate if we arrange to have ourselves shipped in space to a far off corner of the universe before the sun explodes.

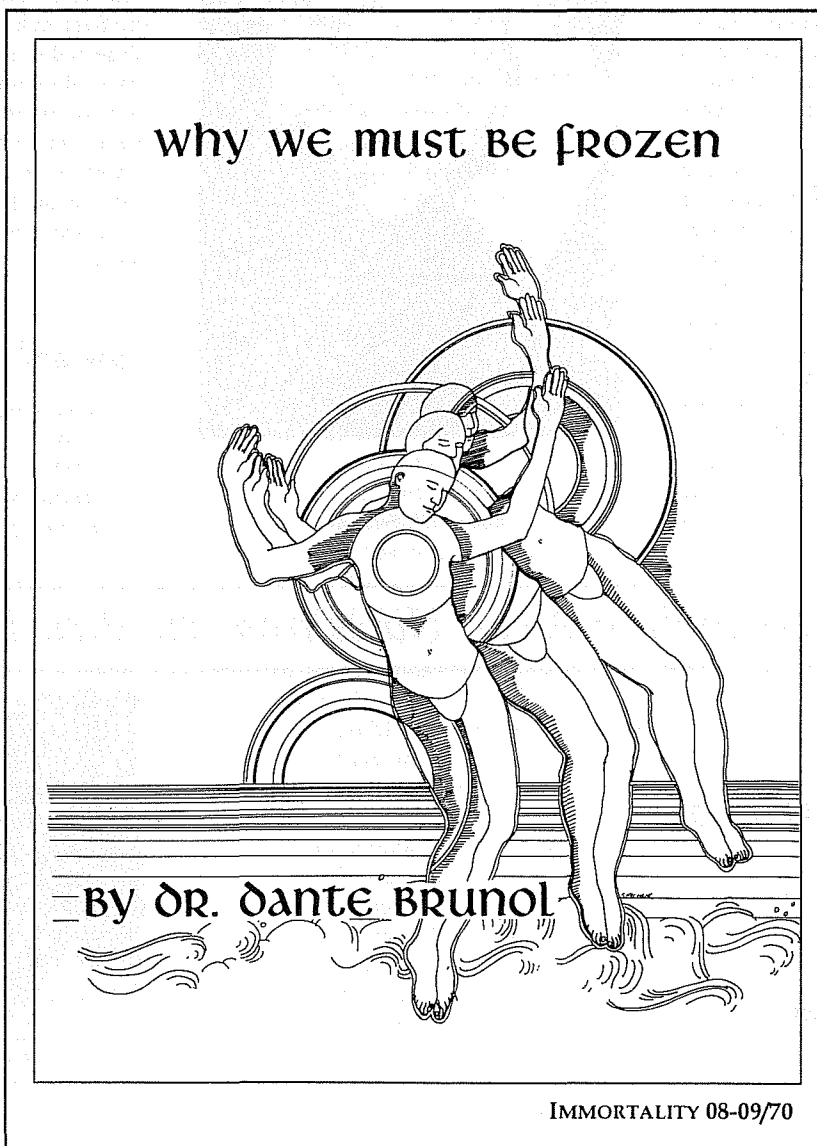
"The universe has always existed, and so in all probability many intelligent beings have escaped from other planets to the far out corners of endless galaxies, where they are living in artificial worlds. During billions of years of evolution they have probably attained the power of Gods. We can attain this stature too if we act properly.

"How should this theory affect our philosophy of life? We should realize that life is short and we should not worry about money or status, for they are not the means to happiness.

"Our main task must be to help each other escape the purgatory of 'death' and the hell of the destruction of our DNA atoms. We must be frozen so that we can reach salvation."⁴

As a postscript to all of the foregoing, many years later (in October 1991) I had the privilege

of spending an evening with Robert Prehoda. We met at a pre-arranged rendezvous at UCLA, where I had an earlier appointment. Bob had arrived by bus; we then piled into my car. Under his direction I made a lengthy and circuitous drive to a restaurant in Burbank where I was treated to dinner, and Bob recounted his role in the Bedford freezing and other matters. I



know our name or what we were or what we will become. Many people take chemicals such as LSD in order to reach for a similar state of consciousness. Eastern mystics practice exotic rituals in attempts to reach this kind of sublime happiness.

"This ecstatic state of being will last until electrical impulses or ionization reaches the atoms of the DNA of our real

noticed he ordered several glasses of wine. After the dinner he wanted to go to another place, a bar it turned out, where I assumed we'd talk more about cryonics history, etc. As a non-drinker I was in a good position to observe what transpired, though it didn't go quite as I'd hoped. After awhile, an employee of the place (in effect) suggested that the air outside would be of benefit, and we proceeded in that direction. Mr. Prehoda found another establishment a block or two away in which to continue his scotch-and-sodas; however they recognized him immediately and invited him back outside, whereupon he (with me tagging along as before) found a third establishment where there was more tolerance. We talked a little more about cryonics. He still thought other research should be done first, despite the promise of nanotechnology, though noting seriously (despite mellowness) that I didn't agree. But after awhile I realized it was getting late and wished to wrap up the evening. With all the walking in a strange neighborhood, I couldn't remember where I'd parked my car, and he couldn't remember either. It took half an hour to find it. I then wished to drive him home, but he was vague about where that might be, and I left him on a street corner instead, and studied

CRYONICS REPORTS 01/69



Robert W. Prehoda

a Thomas Brothers' map closely to plot my own homeward course.

What emerges from all this? Sure, those who took part in the first suspension seem a little ridiculous, but it *was* the first. And, it continues to this day, though not with the help of those who started it. They in turn were a bit overwhelmed by the magnitude of what they were trying to do, and it remains for us to carry forward with our sharper insight and greater sense of responsibility. It is sometimes said that the landing on the moon in 1969 was man's greatest achievement. But a much less respected event in 1967, when a man was frozen by three or four flawed visionaries, may yet prove superior. It is up to us to make sure this happens, that Bedford and others live again, that death becomes a thing of the past, that humanity becomes more than human. Our success will be our reward.

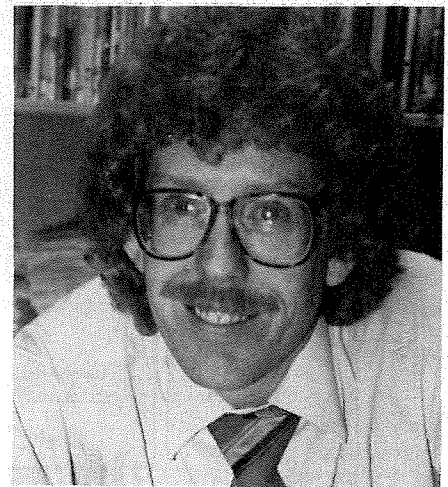
References:

1. *Cryonics Reports* Jan. 1967 p. 1.
2. Prehoda, R. private communication, Oct. 1991.
- 3 *Cryonics Reports* Jan. 1969 pp. 8-10.
4. *Immortality* Aug-Sep. 1970 pp. 8-9.

Understanding Alcor: Notes from the President

Financial Changes

Stephen Bridge, President



In last month's column, I discussed Alcor's financial set-up and talked about some of the cash-flow problems we have had. We have depended on large donations from various members in the past to pay our bills and to let Alcor progress. That need is likely to continue for a few years yet. Never forget that — by any reasonable criteria — we are still a new and small

company with only 26 "customers" (patients in suspension) and 355 people who might become "customers" someday. Meanwhile, we must have a large and complex structure in place to take care of the few people who need our services each year.

Mike Darwin has pointed out more than once over the years that a business

must spread out its costs over a large number of people. McDonalds doesn't attempt to pay off a new restaurant by charging the first 30 customers thousands of dollars each. Cryonics has some of the same constraints but spread out over decades rather than months. Until we have thousands of living members and hundreds of patients in suspension, we will need additional in-

come from members committed to making cryonics work. While we are still receiving generous donations from some members, the total just isn't enough to balance our expenses; so the Board of Directors is examining other methods of income production. Some beginning measures were passed at the March 7 Business Meeting. (See the "Business Meeting Report" in this issue.)

First, beginning with the third quarter billing period (July), Emergency Responsibility Fees (your "dues") will be increased by \$3.00 per month (\$36.00 per year). We hate to do this, but we simply need everyone to pay a higher proportion of the real costs of Alcor doing business and staying prepared to perform suspensions. Members who pay annually will not experience this cost until their next annual payment; but I encourage them to donate that amount of increase this year if they can. For most people, making tax-exempt donations would be preferable to inflation on dues. And if you *really* want cryonics to work, there is no substitute for some kind of personal commitment.

Effective January 1, 1994, the minimum required funding for Neurosuspension will be \$50,000. We have yet to work out many of the administrative details, but again we will "grandfather" current members in at the minimums they already have. At the same time, the Alcor Directors have agreed with Carlos Mondragón that some plan must be put in place to make these grandfatherings "inflation-proof." After all, most of our members who have minimums of \$35,000 or \$41,000 will not need our services for several decades — at which time the real cost for a neurosuspension might be \$100,000. (The same problem also exists for those with whole body coverage.) True, some of our members (me, for instance) have additional funding far above the required minimums. Even so, we have to make sure both that future "grandfatherings" do not break the bank, and that members are not continually required to purchase more coverage. (See "Funding Cryonics" by Carlos Mondragón in *Cryonics*, March, 1992 for some of the possible solutions.)

The third major item that was passed was an increase in what the President could borrow from the Endowment Fund without further Board action. This amount had been \$40,000; it has been increased to \$70,000. Believe me, this is not an action that most of us are comfortable with. The Endowment Fund has been the subject of intense debate for several months, with

opinions ranging from "We aren't large enough for an Endowment Fund, so we should spend this money for growth," to "An Endowment Fund should be not be spent or borrowed against under any circumstances anytime!"

In any case, we have bills to pay and not enough ongoing income with which to pay them. This situation is aggravated by several factors, including a lower level of member donations in the past year, and the fact that we have performed no suspensions (with the difficult and nearly revenue-less exception discussed by Ralph Whelan and Tanya Jones elsewhere in this issue) in nine months. Most suspensions (though not all) result in some funds left over after expenses and payments to the Patient Care Trust Fund. These funds help with the cost of overhead, staff training, new equipment, and the other essentials of running this organization. If our various sources of income increase significantly in the next few months, we still intend to repay the loans we have made from the Endowment Fund and to keep its capital intact for future income or for other kinds of investment.

Finally, the Directors approved a slightly different budget than had been approved last fall. Figuring out the details of such a budget has been more aggravating and divisive than I ever would have guessed. Even now this budget isn't balanced and either new income or cuts in spending are necessary (both are being worked on); but the Board has decided to let that be the President's problem so the Directors can spend more time on policy issues. Details of the budget (so far) are in the accompanying box.

Another problem on which the Directors have NOT agreed is how to properly apportion the amount of money being placed into the PCTF (Patient Care Trust Fund) and the Operating Fund (OF) after each suspension. As part of the analysis of this, we are re-evaluating the actual costs of suspension and maintenance. (Thanks in advance to Michael Riskin for his assistance with this.) This problem is complicated not only by practical considerations, but by ethical and philosophical ones as well. We hope to have more on this next month.

Budget For 1993

INCOME	
Literature Sales	\$ 5,000
Magazine Sales	11,000
E.R. Dues	96,000
"Sign-Up" Fees	10,000
Miscellaneous income	5,000
Donations	70,000
Endowment income	22,000
Suspension income	45,000
Total projected income	\$266,000

EXPENSES	
Auto	500
Advertising	500
Bank charges	1,200
Credit Card discounts	900
Finance Charges	1,700
Insurance	4,000
Equipment rentals	100
Office expense	6,000
Computer Expense	1,000
Salaries (from OF)	76,639
Payroll taxes	4,000
Payroll Service	800
Worker's comp	4,000
Professional fees (audit)	4,000
Promotion	500
Postage	12,000
Rent	13,000
Shipping	2,500
Tax and License	4,000
Telephone	16,000
Travel	12,000
Sign up expense	500
Repair / Main.: Equip.	4,600
Repair / Main.: Facility	5,500
Utilities	3,500
Educational Literature	7,500
Educational Programs	1,000
Magazine Expense	20,000
Legal	5,000
Ambulance	500
E.R. System	12,000
Medical Supplies	5,000
Other supplies	1,000
Training	10,500
Bad Debts / discounts	1,000
Total Operating expenses	\$232,939
10% Rule	26,400
1992 Deficit	0
Capital Aq.	15,000
Total Expenses	\$274,339

NEW DIMENSIONS IN CRYONICS

Critical Issues For The 21st Century

Memorial Day Weekend - May 28-30, 1993

Red Lion Hotel - Ontario Airport, California

A Memorial Day weekend conference at the Red Lion Hotel (not the Marriott) will deal with the major issues facing the cryonics community as we approach the 21st century. Its co-sponsors are The Life Extension Foundation, The Alcor Life Extension Foundation, The Immortalist Society, The Cryonics Institute, Alcor Southern California, Alcor New York, and Alcor Nevada.

The conference will begin on Friday evening (May 28) with an informal session, followed by panel discussions on Saturday, May 29 and Sunday morning, May 30. There will be a banquet on Saturday evening. Registration will be on Friday evening and from 8am to noon on Saturday.

Saturday, May 29

9am-10:15am - Panel 1: What's The Best Model For A Cryonics Organization? Should cryonics organizations be all-purpose organizations? Or should there be separate organizations and companies offering cryonic suspension, long-term patient care, and other cryonics services? **10:15am-10:45am - Mid-Morning Break**

10:45am-12 noon - Panel 2: Legal Issues Facing Cryonics - How can we best protect cryonics organizations against legal attack? Should we seek legislation to regulate cryonics? Should cryonics patients be granted legal rights? Should pre-mortem cryonic suspension be legal?

12 noon-2pm - Lunch - Red Lion Hotel or local restaurants.

2pm-3:15pm - Panel 3: Financial Issues Facing Cryonics - How can we best provide for the long-term financial stability of cryonics organizations? How should cryonics organizations invest their money? Who should make the investment decisions? Is self-insurance desirable for a cryonics organization? **3:15pm-3:45pm - Mid-Afternoon Break**

3:45pm-5:45pm - Panel 4: Advances In Cryonic Suspension - How well are we preserving cryonics patients today? What can be done to improve cryonic suspension? To improve long-term cryonics care? When will cryonic suspension be perfected?

5:45pm-7:30pm - Early-Evening Break - **7:30pm-9pm - Banquet**

9pm-11pm - Panel 5: How Much Democracy Should There Be In Cryonics? Should members have any responsibility for governing cryonics organizations? What is the best management structure for a cryonics organization? How should the Board Of Directors be elected?

Sunday, May 30

9am-10:15am - Panel 6: Patient Advocacy Issues - Should relatives have any control over suspension patients? Should members be able to designate personal advocates to represent them after they are suspended? Who should have the ultimate responsibility for patient care?

10:15am-10:45am - Mid-Morning Break

10:45am-12 noon - Panel 7: How Independent Should Local Cryonics Groups Be? - Is centralized control the best way of governing a national cryonics organization? Is it desirable to have a loose confederation of relatively independent local groups?

Among the people who have agreed to participate in panel discussions are: Paul Genteman (Moderator), Fred and Linda Chamberlain, Saul Kent, William Faloon, Brenda Peters, Courtney Smith, Jim Yount, Dave Pizer, Mike Darwin, Steve Harris, M.D., Ralph Merkle, Ph.D., Bob Kreuger, Thomas Donaldson, Ph.D., Maureen Genteman, H. Jackson Zinn, Mark Voelker, Tanya Jones, Al Lopp, Steve Bridge, Ralph Whelan, Eric Klien, and Michael Riskin, Ph.D. There will be a special report on research and product development from The Cryonics Institute in Michigan.

Rooms at the Red Lion Hotel are **\$69 per night (single or double)**. For reservations call **800-547-8010** (Say you're with the Cryonics Conference and tell them whether you want one or two beds). If you're driving, take the Vineyard Ave. exit off the 10 Freeway, about 4 miles west of the 15 Freeway. Go south on Vineyard towards the airport. The Red Lion Hotel is on the left.

Registration is **\$25** (\$30 at door) The banquet fee is **\$25**. To register call: **800-841-5433**. Or send your check or money order made out to: **The Life Extension Foundation, 16280 Whispering Spur, Riverside, CA 92504.**

An Update on Membership Growth

Or: Why Mash, Not CB

Derek Ryan, Membership Administrator

Question: How is Alcor going to solve the myriad obstacles it currently faces? That is, how are we going to gain more public acceptance? How are we going to insure that Alcor is financially stable enough to survive long-term? How are we going to achieve economies of scale? How are we going to lure more medical professionals into the field of cryonics, and how will we pay them once we do?

Answer: Growth.

I know, I know. Most of you reading this just winced. It's beginning to seem that simple multiplication of Alcor's membership will not guarantee our passage into the future unscathed. Nonetheless, continued growth will be a very necessary facet of *any* plan which attempts to realistically address the many challenges before us. Yes, we will also need intelligence, competence, planning, effort, and even a little (*a little?*) luck. But these things, by themselves, will only get us so far. We will need concomitant growth. For this reason, it is very important that we understand how Alcor has grown, and how (or even *whether*) we are likely to continue growing.

Historically, Alcor has averaged somewhere between 20% and 35% growth per year. The following table lists the number of members at the *beginning* of each of the last 10 years, and then the growth percentage by the *end* of that year:

Year	Members	Growth
83	29	13%
84	33	33%
85	44	61%
86	71	20%
87	85	18%
88	100	14%
89	114	32%
90	150	28%
91	192	57%
92	302	17%
93	353	N/A

A simple averaging of the growth rates for each of these years yields a yearly rate of 29%. The average rate for the last 5 years — which are arguably the most significant under consideration here — is almost exactly 33%. What does this tell us? In and of itself, probably not that much. There is *some* value in marking our progress and then extrapolating into the future any trends we may notice. But since we can plainly see fluctuations (sometimes *wide* fluctuations, as in 1985, 1988, 1991, and 1992) in our growth curve, we will find significantly more value in understanding what factors have influenced our growth, so that we can not only better prepare ourselves for such fluctuations, but also so that we can begin to more directly influence our growth and thus maximize our efforts.

Publicity

Up until recently, most new Alcor members decided to sign up only *after* contact with some existing Alcor member. The reasons for this are fairly obvious. Most people don't spend their days mulling over their mortality and wishing there was some way to circumvent death. Those few who do mull and wish have generally accepted *prima facie* that there is no concrete solution to their dilemma, and consequently are not searching for an organization such as Alcor. Getting these people interested in the ideas of cryonics will require not only convincing them that there are people (*us!*) out there who also think this way, and who are *doing* something about it, but also convincing them that those who are doing something about it (*us again!*) aren't complete lunatics. It is fairly easy for even the most rational individual to relegate the idea of cryonic suspension to that dead zone in the mind reserved for unconvincing pseudoscience such as ESP, UFO's, and astrology. Ridding people of this prejudice usually requires their meeting and interacting with cryonicists who don't have horns, fangs, or

cloven hooves. (For those of you who do fit this description, *please* stay out of the public eye!)

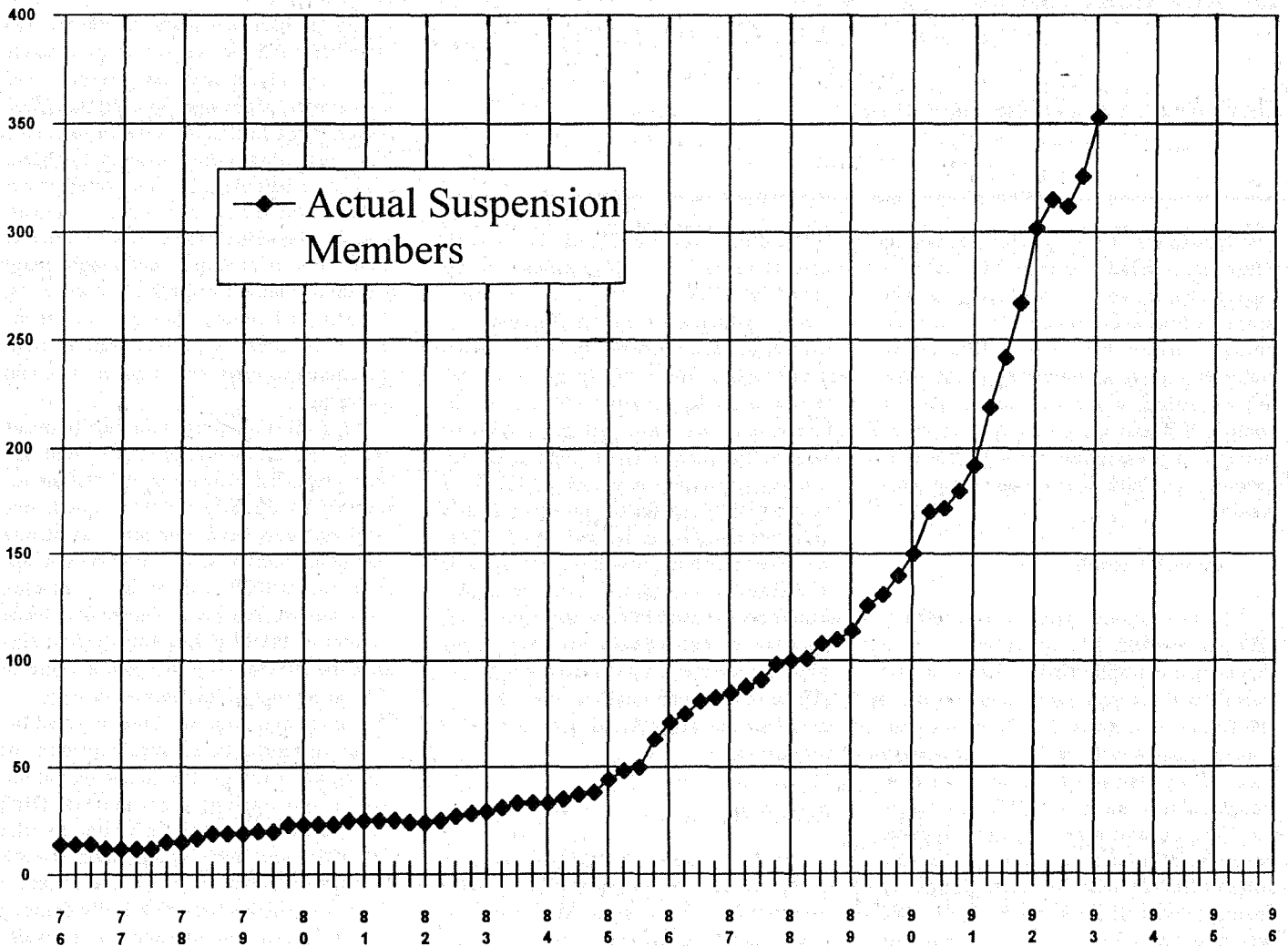
In the past few years, however, cryonics has been the subject of an ever-increasing body of articles, features and news stories. More significantly, the information contained in these features seems to be becoming more factually oriented, and less sensationalistic. The overall effect is that more and more people — indeed *most* people, at least in the U.S. — have at least heard of cryonics, and a significant portion of them now think of cryonics as, at worst, just another (benign) way of interring one's remains, and at best, a rational gamble that a growing number of people are taking.

The most obvious, numerically quantifiable effect of this positive trend has been a dramatic increase in information requests. Of the nearly 10,000 people in our database who have contacted us at one time or another to receive information, approximately 9000 of them have contacted us in the last five years. This makes sense in light of the fact that Alcor's first significant coverage by the media came in 1987 as a result of the Dora Kent saga.

Since that time, we have received increasing amounts of publicity due to, among other things, the controversial nature of our various legal battles. Dick Clair, an Emmy-winning writer for the *Carol Burnett Show*, and creator of such TV shows as *Facts of Life* and *Mama's Family*, was the first relatively famous person frozen, and as such, the lawsuits surrounding his suspension and his estate in 1988 were of great interest to the media. Thomas Donaldson sued for the right to premortem suspension in 1989, and his subsequent appearance on the *Donahue* show in 1990 generated about 900 information requests, the most from any one source at the time. Charles Platt, a science fiction author, wrote an article for *Omni* magazine in 1992 which shattered this record by bringing in over 1200 requests — and still counting!

Most recently, Alcor has sponsored a contest in conjunction with *Omni* entitled "The *Omni*/Alcor Immortality Contest," which so far has generated more than 500 information requests. We can expect quite a few more, since the contest winner — who will receive a free cryonic suspension — won't be announced until June of this year. Whether the contest will set a new record for information requests remains to be seen, but the most important aspect of

Total Alcor Suspension Members Linear Graph



this contest lies not in the sheer volume of inquiries it is likely to yield, but instead in the fact that this is the first time Alcor has received a major amount of publicity directly as a result of its own public relations efforts, i.e., because we decided to do something simply *for the purpose of publicity*. This would not have happened so easily had it not been for our increased exposure over the last five years. (And of course, Charles Platt's unflagging efforts made this *opportunity* into a *reality*.)

The question, then, is how has all of this publicity influenced our growth? A very simple method for answering this is to tally how many current Alcor members have been brought to Alcor as the result of any given bit of publicity. For example, there are currently seven Alcor members who first contacted us as a result of the Donahue show. Similarly, three Alcor

members first contacted us a result of Charles Platt's article in the February '92 issue of *Omni*. (There are an additional four people still in the sign-up process who contacted us as a result of this article.)

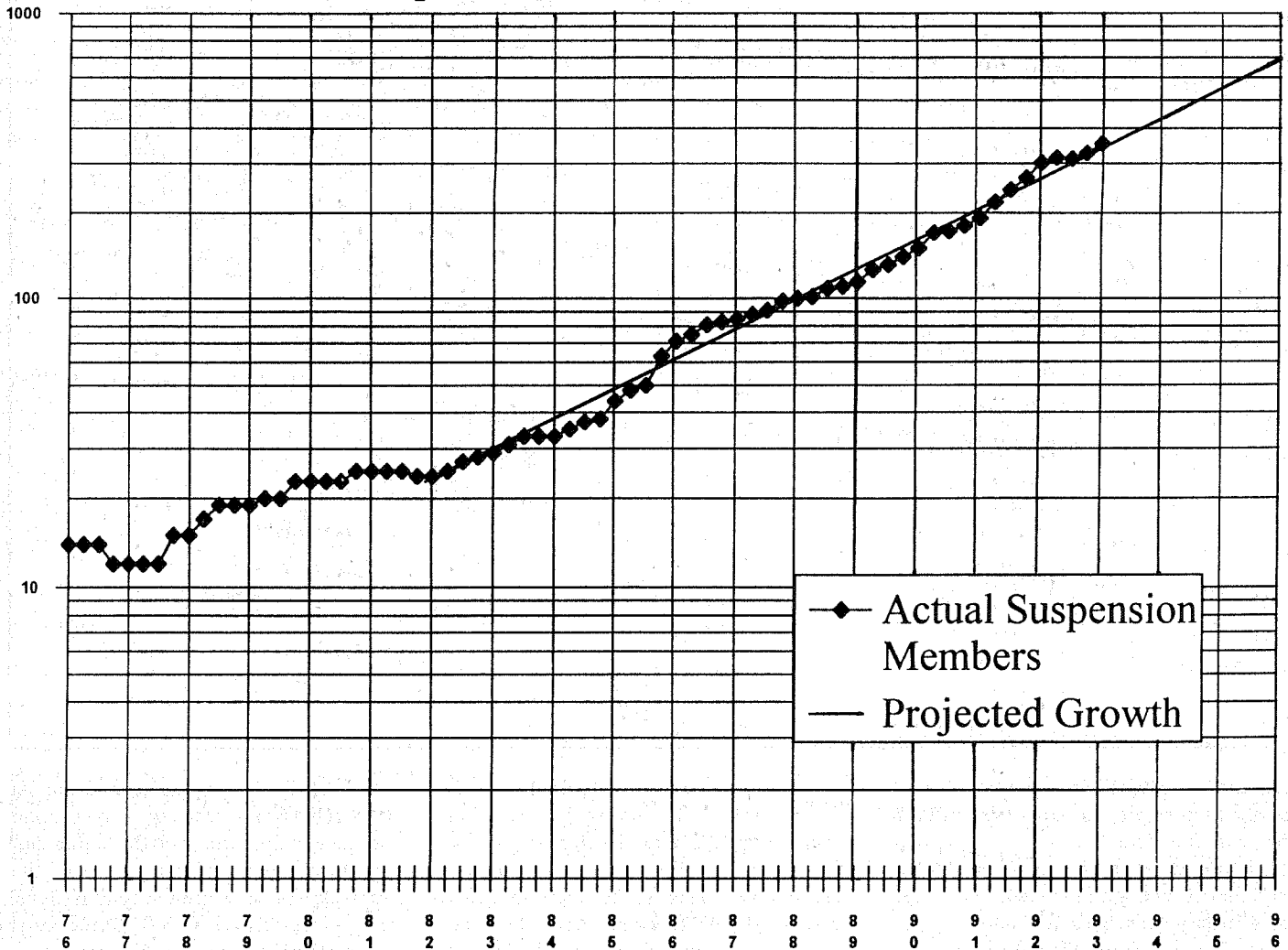
The *Omni*/Alcor Immortality contest has brought us only one new member so far, though it has also brought us four other new sign-ups who just haven't completed all of their arrangements yet. I fully expect this number to be much greater a year from now, though, for a couple of reasons. First, there should be another big wave of publicity surrounding the announcement of the contest winner. Second, I have actually been contacted by *at least* twenty-five people who seem to be very serious about signing up with Alcor, i.e., people to whom I have sent our application and list of insurance agents, and with

whom I have *repeatedly* conversed regarding signing up. I know that a major portion of these new inquirers are waiting to see if they win the contest before they pursue Alcor membership through conventional channels. Time will tell.

Measuring the effect of publicity on our growth rate in this manner is probably not ideal, however, in that the average cryonicist doesn't decide to sign up the very first time he hears of us. Most potential cryonicists have *many* questions to be answered, and even when they get these answers, they usually require some period of "digestion." In fact, nearly all of our current suspension members decided to sign up only after their interest had been piqued by hearing about us repeatedly — on TV, in magazines and articles, and through Alcor members that they met.

However, we can postulate that all of

Total Alcor Suspension Members Exponential Fit Graph (Semi-Log)



this exposure is having at least some effect on our growth by comparing Alcor's historical growth rate (about 20% for our *entire* history, 29% for the last 10 years) with our growth rate over the last five years (33%). This acceleration in growth correlates very nicely with the deluge of media attention starting at the end of 1987. It will be very interesting to continue monitoring our growth over the next five years as we begin to exert more control over our publicity, and as we begin to *market* our services.

Scientific Progress

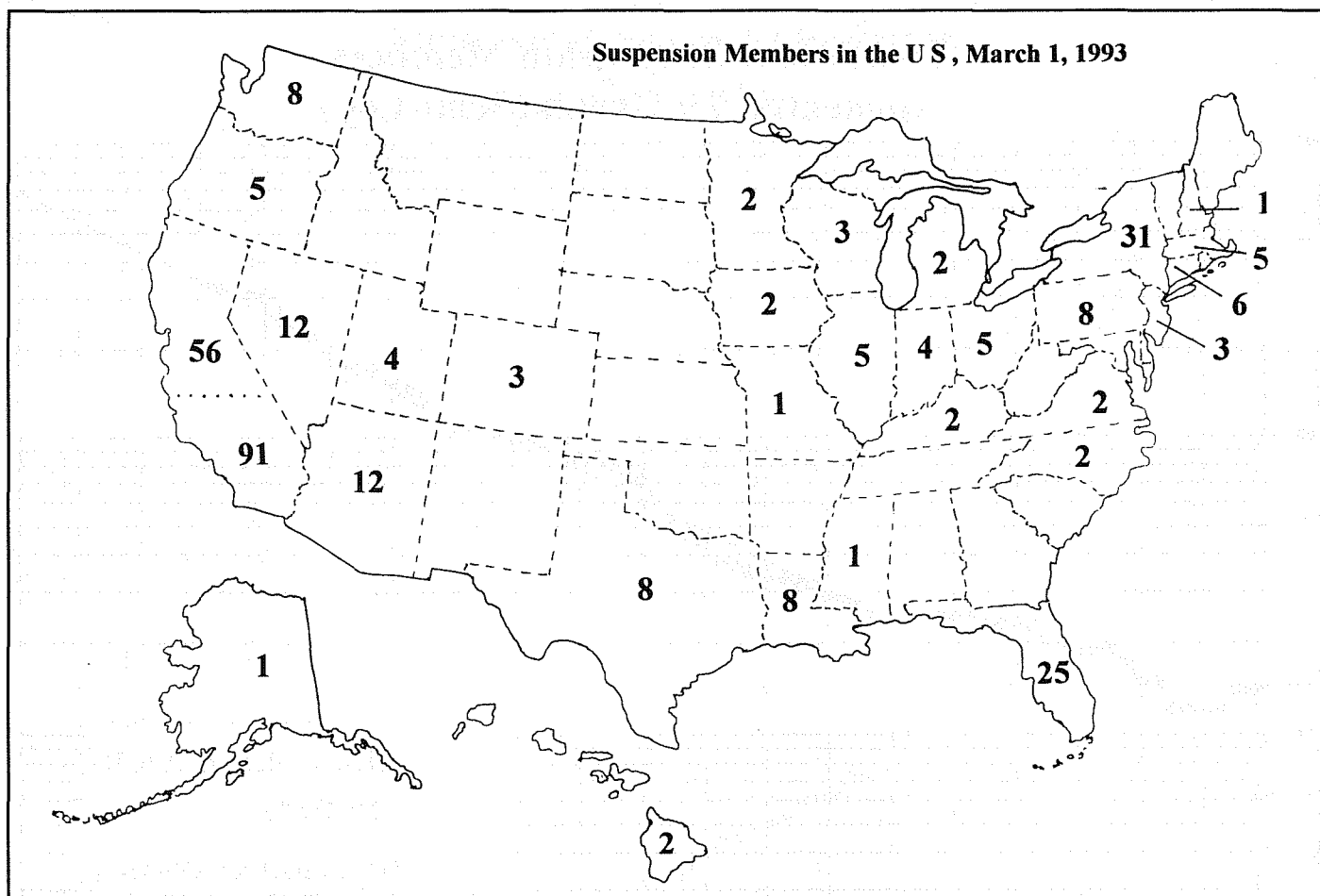
Another factor which has contributed greatly to our increasing acceptance, and thus our growth, is the rapidly developing field of nanotechnology. In fact, *Engines of Creation*, by K. Eric Drexler, a book

which very convincingly outlines the potential of nanotechnology, was published in 1986. (Another nice correlation with our growth acceleration!) Though this book did not gain instant acceptance by mainstream scientists, its central ideas have proven to be more and more feasible as our knowledge has progressed. An immediate (or near-immediate) consequence of the publication of Mr. Drexler's work was that a number of technophiles (by this, I mean that group of people that includes computer programmers, hardware specialists, etc., mostly centered in Silicon Valley) suddenly found cryonics to be very palatable. The growing acceptance of this work seems to be gradually transforming Alcor from a group of people who were just crazy enough (i.e., from the layman's perspective) to take a gamble with unknown odds, to a group of people who are

doing this because the *scientific* basis for cryonics is sound.

In fact, it would not be stretching the truth to say that *Engines of Creation* revolutionized the field of cryonics. Prior to the publication of this work, cryonicists had to more or less assume (read by some as: *have faith*) that future technology would eventually be able to sort out the damage done by the freezing process. The problem with this was that no one really had a well-defined idea of how this might be possible. This meant that the average cryonicist wasn't necessarily an extraordinary scientist (although we certainly have our share of *those*). Rather, the average cryonicist was an extraordinary *human being*, in that he loved life enough to take any chance available, even a *poor* chance, if that was the only possibility for staying alive. *Engines* changed this by showing

Suspension Members in the U S , March 1, 1993



not just how revival of suspension patients might be possible, but how it might even be *probable*. This led to a new phenomenon in the advancement of cryonics: cryonicists who get interested in the idea as a tertiary consequence of scientific inquiry. This is a *major* breakthrough in our advancement.

Minimum Funding Increases

At the beginning of 1991 Alcor raised its cryonic suspension minimum funding levels for the first time in ten years. The catch was that anyone who entered the sign-up process prior to January 1, 1991, would be "grandfathered" in at the old minimums. This resulted in 225 applicants in the sign-up process in January of 1991, the most we'd ever had, and the most we've had since. Needless to say, this *really* affected our growth for '91. In fact, we increased our membership from 192 to 302 in one year. *One Year!* That's an amazing 57% growth rate.

The increase probably caused more than a few people to get signed up a bit (or a lot) sooner than they otherwise would have, which partially accounts for the

dramatic *decrease* in our growth rate in '92. (More on this below.) It also influenced some to enter the sign-up process who weren't really sure about cryonics, but who were hedging their bets nonetheless. Spend \$300 (the application fee at the time) now . . . and maybe save \$6,000 or \$20,000 later. Not bad reasoning, actually. Unfortunately, quite a few of these people never got signed up. In most cases, this was not a win-win situation, in that we ended up wasting quite a bit of time and effort assisting (or attempting to assist) these individuals, all for naught. With most of them, it wasn't immediately clear *why* they were procrastinating. The good news is that this has taught us a very valuable lesson: Put as much effort into signing up a member as the member himself is willing to put in. (For example, anyone who has been in the sign-up process for a year and *still* hasn't completed and sent in his initial application should receive less help than others.)

Having learned this lesson, we can expect this phenomenon to work in our favor in the future. (No matter the reason a member signs up sooner, sooner is *always* better in terms of revenue.) Actually, we'll

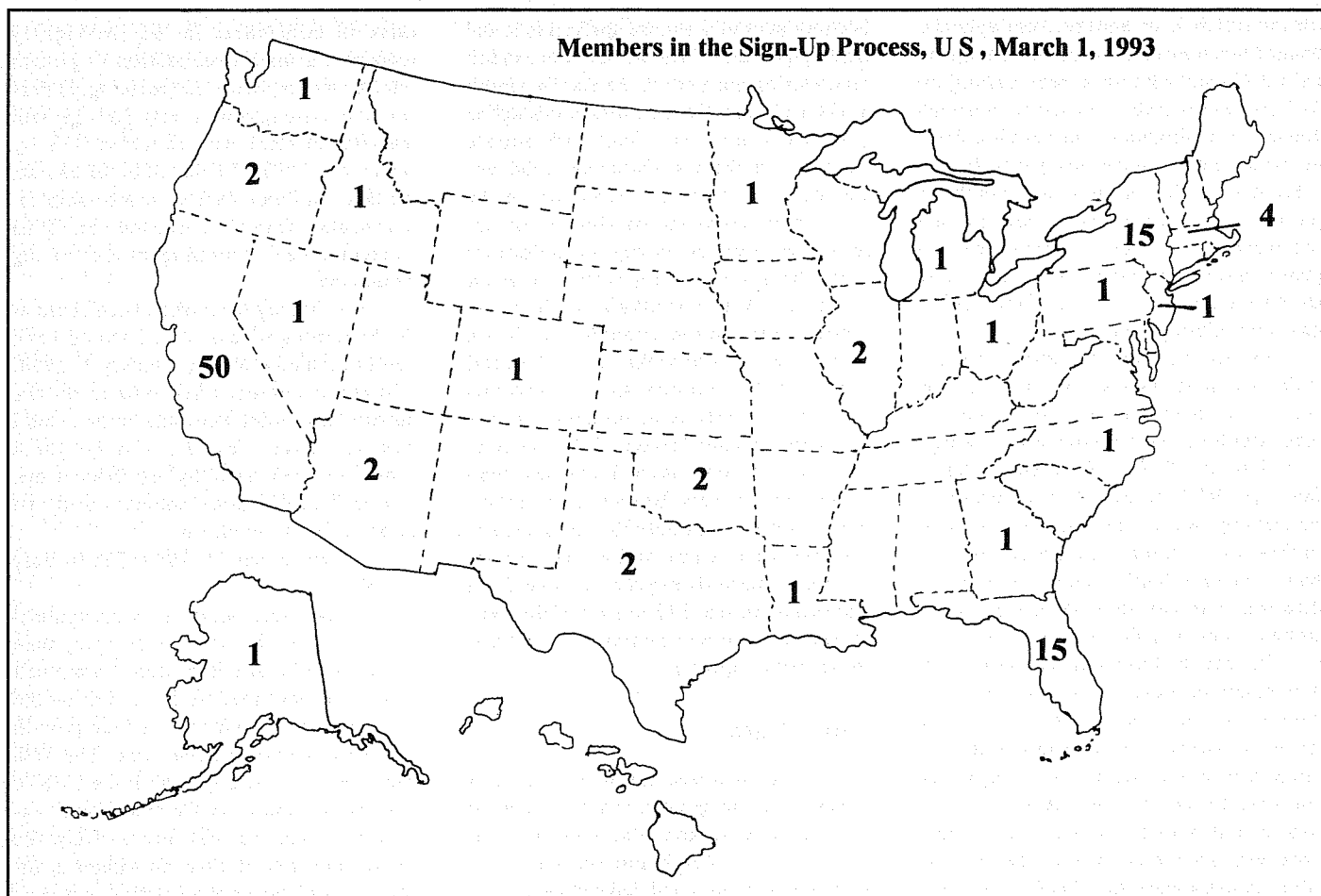
get to test this idea in the *near* future. At the March business meeting — synopsis elsewhere in this issue — Alcor's Board of Directors approved an increase of the neurosuspension minimum funding level from \$41,000 to \$50,000. Since most Alcor members sign up for neurosuspension, this will affect many people. The increase will take effect on January 1, 1994, and as before, applicants who enter the sign-up process prior to that will be "grandfathered" in at the old rate of \$41,000.

If I am correct in thinking that we will have an influx of new sign-ups after the winner of the *Omni* contest is announced, (and I'm pretty sure I am, especially given that we plan to start *marketing* with the people who have contacted us over the course of the contest), we should see a noticeable increase in new sign-ups prior to the end of '93.

Alcor Resources

The final variable in our growth rate which I will address is not necessarily obvious to those who don't spend most of their time here at our facility. That vari-

Members in the Sign-Up Process, U S , March 1, 1993



able is the amount of man-hours Alcor can devote to signing people up. By this, I mean the amount of time that our membership administrator can spend actually contacting members in the sign-up process, helping them with their paperwork, reminding them to *do* their paperwork, reminding them to sign that insurance application and send it to their agent, and generally prodding them into getting signed up. (It's truly amazing how even the most intelligent, competent, enthusiastic applicant can procrastinate!) Despite that I am now Alcor's full-time membership administrator, I have found that the amount of discretionary time I have to devote to members in the sign-up process has steadily dwindled over the course of my seven months at Alcor.

This is not without precedent, either. When Ralph Whelan took over as membership administrator in late 1990, he started out with a bang. Although he was also responsible for editing *Cryonics*, he received some help with that from Mike Darwin and Hugh Hixon, and he received an enormous amount of help as membership administrator from Tanya Jones. Between Tanya and Ralph, Alcor effectively

had a full-time membership administrator, and this fact, combined with the influx of new sign-ups as a result of the increase in minimum funding levels, led to the 57% increase in Alcor membership in 1991.

But how quickly things change. At the end of 1991, Mike Darwin left. This meant more work for Ralph in editing *Cryonics*, and a complete change of responsibility for Tanya, who took over as Suspension Services Manager. Additionally, Ralph was elected to Alcor's board of directors, not an insignificant drain on his time. To top all of this off, Alcor performed 4 suspensions in the months of June and July. (Another of Ralph's hats reads: *Suspension Team Perfusionist*.) The result? Only 19 new members between January '92 and August '92. This led to the necessity for a *full-time* membership administrator.

This is where I come in. From August '92 through December '92 I was able to sign up 31 people, which brought our growth rate up from 10% to 17% for the year. This put me in a very optimistic frame of mind for '93, particularly with the impending *Omni* contest.

How quickly things change...

In January of this year, Steve Bridge replaced Carlos Mondregón as Alcor's CEO, the *Omni* contest was announced, and we started doing five to 10 radio interviews per week. This led to a dramatic increase in information requests. At about the same time, Alcor decided to commission an audit of its finances. This meant that Joe Hovey, Alcor's bookkeeper and Manager of Information Systems, had to *stop* handling our mailings to those who contact us for information, (not to mention orders for books, articles, reprints, gift items, and back issues of *Cryonics*) and *start* preparing our records for the auditors. Can you guess who got to *start* handling the mailings? You got it, Numero-Uno-Low-Guy-On-Totem-Pole, a.k.a., *me*. This is probably as it should be, since everyone who contacts us for information is a potential Alcor member, and since my job is to bring more members to Alcor. But still, sending out all of the brochures, books, gift items, etc. takes time... lots of time.

The *Omni* contest has reduced my dis-

cretionary time in another, unexpected manner. An unusually large percentage of the individuals who have been calling us for information since January are very interested in signing up for suspension. Each one who calls has numerous questions and concerns. I'm the one who answers those questions. In the months of January and February I very often spent between a quarter and half of each day on the phone just filling people in on all of the details they were missing about cryonics.

In short, my range of duties has drastically increased since the beginning of the year. This has forced me to divide my responsibilities into two categories, Things I Can Put Off (TI Can PO), and Things I Can't Put Off (TI Can't PO.) Unfortunately, calling individuals in the sign-up process for the third or fourth or eleventh time to remind them to send me their application or to call their insurance agent has been more of a TI Can PO lately.

I include the foregoing not necessarily to complain or plead for relief (though of course, anyone who feels the urge to donate the salaries for 12 Membership Administration Assistants is always encouraged to do so), but rather, to give some insight into our drastically varying short-term growth rates. I do realize that all of the extra work the *Omni* contest has created will translate into increased growth somewhere down the line, probably even in the near future. But the immediate effect has simply been increased work for the staff, me in particular.

The really positive thing about this is that it appears to be a cycle. First we receive some publicity which generates a dramatic increase in information requests.

Then we start to see more applicants in the sign-up process. Then we see more members. During this period, the staff's overall workload gradually (and sometimes not so gradually) increases, and staff morale gradually diminishes. Fortunately, the new members mean more revenue down the line, which opens the possibility for improved services, including the addition of staff. The new staff bring with them an air of optimism and enthusiasm. Because Alcor keeps growing, the new staff are soon as overworked as the rest of the staff, and the cycle continues. I expect that this is the way it will be as long as Alcor is still in its "start-up" phase. (This may puzzle some of you, since Alcor has been around for 20 years. But even a membership of 350+ is a minuscule percentage of the population. Until we have economies of scale, and until *regular* income from suspension members covers *all* of the costs of business, we will remain in "start-up" phase. But I digress.)

Our Future

Having analyzed many of the factors which affect our growth, it's now time for the annual prediction, also known by insiders — i.e., Ralph and myself, since we're the only ones who have done it — as the annual Watch How Your Membership Administrator Sticks His Neck On The Chopping Block Festival, or the W.H.Y. M.A.S.H. N.O.T. C.B. Fest. (Well, it almost means something.) In the April, '91 edition of *Cryonics*, Ralph predicted 300 members by January 1, 1992. He got 302. Right on. In *Cryonics* of April, '92, aware that our 57% was due in large part to the

raise in minimums in '91, he rightly predicted a sharp deceleration in growth rate. However, even his (seemingly) pessimistic assumption of only 25% growth was optimistic. He predicted 378 by January 1, 1993. We had 350. Of course, the fact that I took over as membership administrator during '92 relieved him of the consequences (chopping block) of his wrongness.

Now it's my turn. Had I been asked at the beginning of the year, I would have boldly predicted 450 by January 1, 1994. The *Omni* contest still loomed on the horizon, my duties were still limited, and I was still naive. Now that I've got three months of 1993 under my belt (believe me, I've aged a lot in three months) I won't be so bold. Drum roll please. . .

425 by January 1, 1994, 535 by July 1, 1994.

425 may turn out to be on the optimistic side, since I don't see much of my time being freed up anytime soon. I am much more confident that we'll get 535 by the middle of next year. Why? Our growth seems to average out over time. The 57% increase in '91 averaged with the 17% of last year to almost exactly 33%. I don't expect us to see the real returns from the *Omni* contest until after the winner is announced and we start contacting and marketing the entrants. I expect the raise in neurosuspension minimums to have an effect. All of this leads me to believe that we'll once again see the curve turn upward.

Besides, I've put these predictions in print (and my metaphorical neck on the chopping block!) How much more motivation could I possibly need?

Details Make the Difference

Stephen Bridge, President

"For want of a nail, the war was lost." — *Nursery rhyme*

Cryonics is a detail-oriented business, as we discover with every member we sign up and every suspension we perform. We often hear the wailings of new cryonicists as they wade through paperwork or as we ask them to sign "just one more document, really." And in the pages of *Cryonics* we

frequently implore our members to update their member information, to have critical forms in place like a Durable Power Attorney for Health Care or the Certificate of Religious Belief (to prevent autopsy). And one of the biggest complaints is of how long it can take to get every little detail of

funding in place, and that every moment the member is not signed up brings more risk.

For our long-time members, the paperwork is not over. We have extensively updated the legal forms over the past several years, providing more protection for both the members and for Alcor itself. In the next few months we will be asking some of you (and me!) to fill out an entirely new set of forms. And you're going to gripe and swear and procrastinate and tell us how picky we are. And we aren't going to budge one bit. We'll probably get even pickier. The proof follows.

This is a brief summary of a much longer and more complex tale. We are still getting reports from various people in-

volved and later we'll be able to tell this story in detail and in better "storytelling" fashion. But we need to make some points immediately.

While Tanya Jones and Hugh Hixon were presenting a training exercise to a group of Alcor members out-of-state, another member in that area was suddenly admitted to a hospital in critical condition. The young man had a combination of severe medical problems and was close to death at least once over the next several days. Tanya, Hugh, and several local members stood by during that time, prepared to place the patient into suspension if necessary.

The man's mother was his medical surrogate, via a Durable Power of Attorney for Health Care. This meant that when her son was unconscious or incompetent, she made his health care decisions. Such a document (which we recommend for all Alcor members) can give the surrogate literally life and death powers in some situations. This became important when the previously friendly communication with the family broke down under the stress of the situation.

In addition, while Alcor's team was standing by, we discovered that the young man's funding was not secure. When this member had signed up, he had a Certificate of Deposit for \$35,000 in his name, in trust for his mother. He was supposed to change this to being in trust for Alcor. Unfortunately, he changed it to being *co-owned by his mother and by him*, in trust for Alcor. This meant that for Alcor to receive this funding, *both* he and his mother would have to die, or we would have to persuade his mother to follow his wishes and give us the money after his suspension. True, the member had stated in his will that his mother was to use this account for his cryonic suspension, but wills are notoriously unreliable for such a funds transfer and we DO NOT ACCEPT such instructions as being adequate for proof of funding. The member had been informed of this problem by telephone several months before, and he had said he would fix it. Unfortunately, no one checked to make sure he did, then found out, he had *not* made the additional change.

As the man began his recovery, his mother realized that she would have huge hospital bills to pay, and the only large source of money was that CD. We notified the man and his mother that his funding arrangements were not adequate for us to continue to provide suspension coverage for him. A few days later, the member sent

us a letter canceling his suspension membership. Apparently he had also been persuaded that it was more important to pay those hospital bills than to be suspended.

We were still puzzled about the mother's attitude in this regard. She had been extremely co-operative when Alcor members had met her in the past and in the early stages of her son's hospitalization. How could she now *not* want him to be covered for suspension? After all, he still had serious medical problems that could place him in a critical condition again.

Several days later the mother and I had a telephone conversation which opened my eyes. She was being cooperative with Alcor because she loved her son, and "this is what he wanted." *But she understood very little about cryonics.* Apparently this woman saw cryonics only as an expensive and (now) deeply inconvenient method of *burial*. Several times she said variations on, "I'll take care of the burial now; you don't have to worry about it." She had become angry at Alcor at least partly because she saw us as wanting her son to die. Someone had failed to communicate to her that cryonics is life-affirming and is more like extremely intensive care than like burial.

Now Alcor is faced not just with the loss of a member but with the probable *permanent* loss of a man that many of us liked and admired. It is too soon to evaluate all of the questions which arose in this almost-suspension; but there are three vital points that members should learn immediately.

1) You *must* have your financial details in place and in such a form that even a well-meaning and loving relative cannot change them. A seriously ill patient is unlikely to be able to muster the energy and information to argue against a mother or a spouse who wants to change his suspension arrangements. This is *exactly* the case that all of those details and pickiness are meant to prevent. In this case, what if we *had* suspended this member and the mother then refused to release the funds? Our choices would be to take legal action to recover the funds (which might cost more than the funds we could gain, even if we won), to keep the patient frozen on charity (a sure way to bankruptcy if we did it very often), or to remove the patient from suspension. I certainly don't want that kind of decision facing me.

2) We (that means YOU and ALCOR both) need to spend more time informing relatives about cryonics. Sure, it's hard for us to explain why we want cryonic suspen-

sion, why we want to see the future, and what these cryonicists are going to do when they stand by waiting for us to stop breathing. Heck, it's hard enough to face such things ourselves, without having to explain cryonics from the bottom up to our families. But if you are *serious* about staying alive, you had better work up a little nerve and proceed.

I've even heard it said that, "I couldn't tell my family that I'm signed up for cryonics. They would be too upset." (Hidden thought: "they might reject me.") Well, friends, they're going to be a lot more upset when a few strangers show up at the hospital with a lot of formidable equipment and announce that they are hauling your body off to California to be frozen. And you probably think that WE should explain Neurosuspension to them also, right? ("And then we perform the cephalic isolation." "The what?" "We cut off little Freddie's head, ma'am." "AAA-CCK!") It is *much* better for you to do this NOW, while you are still around to answer questions, to hug your family, and to send a few more years of Christmas cards.

3) As much as you may love your family and as much as they love you, it is possibly a dangerous mistake to have a non-cryonicist as your medical surrogate (MS). Unless the MS understands what cryonics is *for* and has some knowledge of what *you* want to have happen and why, some bad decisions could be made. How can we even speak to a relative concerning the appropriate time for the member to go into a hospice program, or the brain damage that might be occurring on a respirator, if the relative merely thinks that we are expensive and nosy undertakers?

Remind yourselves over and over again: Cryonics is NEW. Most people don't understand it. We are pioneers negotiating an ocean of bureaucracy, misunderstanding, and inadequate technology. We want our members to have the best suspensions we can perform. This requires cooperation from you, your family, medical personnel, coroners and other local government officials, morticians, and airline personnel. Details count.

We are going to be even more careful in looking at Cryonic Suspension Agreements from now on. We may become even more willing to delay approving some members if the details aren't just right. And we *are* in the process of reviewing the paperwork of current members. We may have to call you to fix some "picky" problem. Don't gripe. We're just trying to save your life.

Beginnings of Winter

Suicide and Cryonics

Ralph Whelan

Week One

In the middle of January of this year, an Alcor member residing in Texas called Alcor and informed staff member Mike Perry that he wished to commit suicide and be cryonically suspended. A conference call with myself and Carlos Mondragón quickly ensued, during which the member, "Robert Daly," explained that he had pneumonia, but that he would not be seeking treatment, because he preferred to take advantage of this opportunity to die an anticipated death and be cryonically suspended. Mr. Daly was 48 years old.

During the many conversations of that and subsequent days, Carlos and I explained that the death by pneumonia of an otherwise healthy individual is a sure recipe — in this day and age — for autopsy. Though Mr. Daly was concerned about this, he was very determined to die. Unfortunately, as the days ticked by and pneumonia failed to claim Mr. Daly, he was forced to share his conclusion that it was in fact merely a stomach flu, and no match for his immune system.

Not so easily daunted, though, Mr. Daly's stomach flu gradually mutated into "a strange ailment that prevents me from eating or drinking," in his own words. Unsurprisingly, this development arose shortly after Mr. Daly learned that other Alcor patients — members with underlying terminal conditions like cancer or AIDS — had intentionally dehydrated to hasten "the end," usually to improve the quality of their suspensions. Mr. Daly began insisting that he was not capable of ingesting any food or fluid, and that he would need suspending within one or two weeks.

By this time, we had learned some interesting things about Mr. Daly by taking a closer look at his Application For Cryonic Suspension. After first providing various details of his medical and personal history, Mr. Daly had used "white-out" to conceal the things that he had apparently thought better of telling us. Some crack detective

work by Tanya (she held the various pages of his Application up to a light) revealed enough for us to understand that Mr. Daly had a long history of clinical depression which apparently had not responded to any of the many medications he had tried.

Over the course of several days, with many conversations each day, I did my best to convince Mr. Daly that his situation was sufficiently *unlike* those of the other Alcor members who had dehydrated that it was *not* advisable in his situation. Almost without fail, he responded by insisting that I answer this question:

"Do you believe that I have this ailment that prevents me from eating or drinking?"

"What I believe," (I would respond), "is not relevant, because it's clear that you *are* dehydrating yourself, whether by choice or otherwise. I just want to help you understand what will happen to you once you lose consciousness and the medical establishment intervenes."

"So then you don't believe me?"

"What I believe is not relevant. What *is* relevant is what will happen to you if your dehydration continues. If you are hospitalized while still alive, the doctors will rehydrate you. If you are found already dead, you will be autopsied."

"But I have this ailment, you see. Do you understand that I have this ailment?"

"Forget about what *I* understand. Do *you* understand what happens in cases of unanticipated deaths? They get autopsied. *You* will be autopsied."

To make matters worse, it was clear to us (as soon as we determined that Mr. Daly was in fact suicidal, and not suffering from pneumonia or this "strange ailment") that Mr. Daly's life insurance was *not* going to pay if he killed himself. He'd had the policies (two of them) for almost exactly one year, and they both had two-year suicide exclusion clauses. This meant, of course, that death by suicide would void the policy, in which case Alcor would not receive the Suspension Fund, and would be unable to cover the costs of suspending

him. Additionally, though, Mr. Daly had \$10,000 in trust for Alcor at a bank near his home. This trust fund would eventually turn out to be his saving grace.

The exchanges between Mr. Daly and I continued to deteriorate. There was no hostility, that I could detect, on the part of either one of us. But the frustration level would escalate in each phone call, with Mr. Daly losing patience with the Byzantine requirements his dying process would have to meet to facilitate his suspension, and with myself growing despondent at my seeming inability to convey to him the constraints on his position. The life insurance situation was a source of great confusion and despair for Mr. Daly. He would call me several times in one hour with successively weirder and less defensible interpretations of the suicide exclusion clauses, hoping to convince me that the insurance companies would in fact pay Alcor if we suspended him. I eventually derailed these advances by explaining that even if we *knew* that the insurance company would unwittingly pay us, we would not assist him in defaulting on his contract with them (i.e., we would not accept the money).

As the first week of this came to a close, Carlos and I spent a great deal of time discussing the ethics of the situation. Clearly, one of our members was in dire need of help, of one sort or another. But how far could we go in helping him before our "help" led to encroachment of his personal freedom? We considered calling a Suicide Prevention Center, but discussions with knowledgeable members led us to believe that most of these Centers would take action, if possible, to have Mr. Daly restrained and sedated, should they be unable to "talk him out of it." As rather staunch libertarians, we found ourselves squirming at the notion that one of our members might call us for help or advice, and soon find himself in a straight jacket and a rubber room. Clearly this was unacceptable. And yet, perhaps a qualified psychiatrist could really help Mr. Daly.

Was there any way we could facilitate this without risking his freedom?

Feeling just a bit out of our element, we (Carlos and I) decided to call JoAnn Martin, a local Alcor member who runs the Riverside Manic Depressive and Depressive Association. JoAnn explained to us what we were already acquiring a visceral knowledge of: that at this point, Mr. Daly would care about one thing and one thing only, and that was *ending his pain*. It was encouraging that he even cared about getting a decent suspension, but it was clear to us — and clearer still with each conversation — that his interest in getting a good suspension was waning with every hour, as it became harder and harder for him to avoid the grim fact that today, on planet Earth, *you just can't choose when you want to be suspended*, unless you've only weeks to live anyway.

A few days prior, Carlos had asked Mr. Daly if he could involve other Alcor members in the situation, should we decide that it would be "helpful." Mr. Daly had agreed, and we decided that having JoAnn call him "just to chat" wasn't stretching this permission *too* much, so Carlos asked JoAnn to call him. Mr. Daly was not interested in discussing his personal situation with JoAnn, and was apparently a bit annoyed at the call. This was about as far in the direction of We Know What's Best For You as Carlos and I wanted to go; there would certainly be *no* calls to medical authorities, or "the men in the white coats." (Carlos, Steve Bridge, and I wish to extend our heartfelt thanks to JoAnn for offering her expertise and assistance in this situation.)

Week Two

After a solid week of banging our heads against his intransigence, Carlos and I began to catch on to a powerful mechanism in Mr. Daly's psychology: he obsessively and relentlessly sought out resolutions to each obstacle of which he became aware. Admittedly, his insights were childlike in their simplicity and naivete, but could his determination be made to work in our favor? Perhaps a clear, detail-oriented, *harmless* objective would consume his thoughts to the point that he would stop calling us with substanceless questions and comments. (It was becoming clear that the phone calls, for the most part, were a defense mechanism designed to delay his own acceptance of the harsh reality that he would *not* be able

to kill himself and be uneventfully cryonically suspended.)

Plus, I couldn't help suspecting that having short-term goals and working toward them is healthy and life-affirming, even if the long-term goal is proclaimed to be oblivion. As long as Mr. Daly was attempting to interact with and affect his environment, I thought, he could not evade some *visceral* understanding that *things still mattered to him*, that *life still mattered* to him. Perhaps the psychological rewards for choosing and reaching some well-defined goals would remind him of this.

To this end, we informed Mr. Daly that even if he *could* find a way to make his insurance pay, and even if we *did* decide to accept the money, he would be autopsied *for sure* if his death was unattended. The only way to avoid autopsy would be to find a physician willing to sign a death certificate and indicate "natural causes" (or some such) rather than "suicide" as cause of death. And the only chance he had at having such an attending physician lay in enrolling himself in a home hospice program.

I'm now convinced that the goal of hospice enrollment added several days to Mr. Daly's life. When I first explained the hospice concept to him, he excused himself from the conversation practically before I finished my sentence, assuring me that the hospice plan would be enacted by Monday (it was a Friday). Later that day he called to pass on more information about the hospice company with which he was negotiating. He seemed, on the one hand, to want us to call them, but then he vacillated, and finally told us to do nothing until we heard back from him.

Complicating things significantly at this point was a change in management here at Alcor. At 4 p.m. on that Friday afternoon Steve Bridge became C.E.O. of Alcor, replacing Carlos, who had been heavily involved in the proceedings with Mr. Daly. I briefed Steve on Friday, and told him we could expect at least a couple of dozen calls from Mr. Daly over the weekend.

Saturday's calls from Mr. Daly were without substance, in the sense that he was back to hashing over insurance and suicide exclusion issues. Mike Perry and Hugh Hixon kept me informed by phone, since I was unwilling to sacrifice my first day off in some time fielding the same exasperating attempts to make something out of nothing.

Sunday, however, things got a little bit more serious. Mr. Daly called a little

before 7 a.m. to report that he had *stomach cancer*, and that he could not drive to the hospital, but that he was enrolled in the hospice program. Mike Perry paged Steve, who had Mike page me, and both of us came in to talk to Mr. Daly. Mr. Daly gave us the emergency-(off-hours) phone number for the hospice company, and suggested that we call and talk with "Diane," who was coordinating his case. Diane was not available, and we were informed that we could reach her first thing Monday morning. We were also informed, though, that Mr. Daly was *not* under their care.

Soon thereafter we were in conference with Mr. Daly again, and he became mildly agitated when I explained that while the hospice company had a file on him, he was not enrolled as a patient, and that things would not be "taken care of" if the "stomach cancer" claimed him. This distressed him sufficiently that he asked us not to call the hospice company again until he called back to say that it was okay to do so. He seemed to find it necessary to call back at least twice shortly thereafter to reiterate that we should not contact them again until he said to do so. Of course, I was of the opinion that he would be doing his best to mislead the hospice company into believing that he was soon to die of stomach cancer, in hopes that they would mistakenly attribute his death to "natural causes." I was also of the opinion — though admittedly this was the purest speculation — that he had already begun dehydrating himself, and the discomfort it was causing in him was prompting the call to us with the obviously indefensible assertion that he was a hospice patient.

We ended Sunday's conversations by promising to be "by the phone" by 8 a.m. Monday morning, so that we could call Diane at the hospice company (after receiving the "go ahead" from him). Monday morning at 8 a.m. sharp, he did in fact call, but he had not yet straightened things out with the hospice folks (how could he?), and directed us to continue waiting for his authorization to make that call. Steve was unsettled by this because we had told the hospice representative that we *would* be calling that morning to reach Diane, and he didn't want to leave them hanging. On my insistence, though, we respected Mr. Daly's directive, for the most part because I didn't feel right about interfering with his deliberations, even if I held the strong opinion that he was attempting to dupe them.

Week Three

We did not hear from Mr. Daly again for five days. On Saturday, January 31, while I again was at home, he called and spoke to Mike Perry. He informed Mike that he was "very dehydrated," that he was not taking any fluids but *was* eating food, and apparently he was becoming very uncomfortable. Mike informed him that food contains moisture, and that dehydration for the purpose of suicide requires starvation as well. Mr. Daly was sufficiently discomfited by this news that he asked Mike to suggest alternative means of suicide that would not compromise his suspension, *still not accepting* that various other factors (like the lack of insurance coverage, and the near certainty of autopsy) would almost surely preclude a viable suspension.

Mike, understandably, was nervous about providing Mr. Daly with advice on how to "safely" kill himself. He called me at home to explain the situation, and I rather emphatically insisted that he *not* provide Mr. Daly with any such advice, based on my growing fear that a perceived conflict of interest on Alcor's part in this situation could damage the organization. Specifically, I could easily see such advice from Mike (Alcor's Patient Caretaker) to Mr. Daly (a member with money in trust for Alcor) being construed by investigative "authorities" as veiled (or not-so-veiled) *encouragement*. Any organization that stands to receive large chunks of cash whenever any of its members dies is begging for scrutiny from "officialdom." When your members start calling you up and asking for advice on how to hasten this, you get nervous.

Being an immortalist in the extreme, and one who views cryonic suspension as an important aspect of life extension, Mike was uncomfortable with this restriction. I was probably almost as uncomfortable, and I know that Steve was unsettled by the situation as well. But how do you help someone in a situation such as this, when you don't even know what *help* is? Obviously, Mr. Daly had been fairly consistently depressed for *years*. (A later conversation between Steve and Mr. Daly's mother confirmed that he had been deeply depressed since his teen-age years.) He stated specifically that "the doctors" had run out of anti-depressants for him to try, and none of them touched his depression. So, for liability reasons, we were unwilling to give Mr. Daly advice on the logistics of an effective suicide. For ethical reasons, we were unwilling to forceably

ly prevent him from making his own decision about what do with his life. This left one course of action: to continue to impress upon him the various deficiencies in his suspension arrangements, and answer any questions he had about how to address those deficiencies.

Later that day (Saturday), Mr. Daly called Alcor again, and Mike informed him that for liability reasons we could not advise him on alternatives to dehydration. (Not that we really had any alternatives anyway: three Alcor members — with underlying terminal conditions — have now gone the ugly, painful road of dehydration for lack of a better route.) This was the last call we received from him, and so far as we know the last time he spoke with anybody. Three days later, at approximately 3:30 p.m. on Tuesday, February 2, Tanya answered a call from "J.R.," an employee in a Texas Medical Examiners Office, informing her that a man named Robert Daly had shot himself in the head with a .38 caliber pistol, and that he was wearing an Alcor Emergency Alert tag. (See Tanya's article elsewhere in this issue for the details of Mr. Daly's transport and suspension.)

Afterwards

In the weeks following Mr. Daly's suspension, there was frequent discussion on the topic of suicidal Alcor members. I am very thankful to Dr. Thomas Munson, Alcor Suspension Member, who took an entire day to drive up from San Diego and counsel the staff on how to deal with and understand suicidal members. I'm also grateful to Michael Riskin, Alcor Suspension Member, a therapist who has offered to deal with cases such as Mr. Daly's in the future, should we so desire.

Of course, the key issue was (and still is) the appropriate (i.e., the *ethical*) course of action to take in dealing with members who threaten suicide. Mr. Riskin's offer, for instance, is meeting with some resistance (at least on my part) because he is very up front in stating that he would have had Mr. Daly committed, and that once we turn a member such as Mr. Daly over to him for treatment, he will (understandably) proceed without consulting with us. It seems at present that there are basically two schools of thought on this issue: 1) that any suicidal member without an underlying terminal condition is mentally incompetent and should be restrained "for his own good," and 2) that wanting to enter cryonic suspension without a physi-

cal *need* to do so is not necessarily a sign of "craziness," and that it is not necessarily *always* our place to "forceably care for" (i.e., confine) those who desire this and want to coordinate with us in doing so.

It's sure to be obvious to readers of this article where I stand on this by now. While I may emphatically believe that the present is a better time to be alive than is any moment in the past that I know of, it is not necessarily better than the *future*, and it's no guarantee that life won't just suck for some people, no matter what, period. Opting *out* of the present, even on a wing and a prayer, is an option I wouldn't want to be labeled insane for pursuing. This doesn't mean I wouldn't thank someone who pumped my stomach if I succumbed to utter despair tomorrow and tried to end it; but if I spend ten or twenty years seeking therapy and treatment, and none of it works, and I continue to despair, there would probably come a time when I'd had *enough*. (Other members, even other staff members here, are sure to disagree with me on this issue.)

I've heard some people assert, by way of hindsight into this matter, that Mr. Daly would "obviously" have been far better off had we taken the liberty of "turning him in." That since he is now dead, and autopsied, and "straight-frozen" (rather than perfused), it "obviously" was a mistake to leave him to his own devices.

Had this depressive episode been an isolated incident for Mr. Daly, I (and the rest of us here) probably *would've* felt morally secure in having him committed, to receive proper psychiatric care. But he'd been down that road many times, and was now of the conclusion that there was nothing left for him there. Who were we — a group of cryonicists who'd never met or spoken with him (in any intimate sense) — to decide that what he needed was a set of restraints? When your sister Sally, who's happily married and basically a balanced person, suddenly chokes down a bottle of sleeping pills because she "can't take it anymore," you intervene forcefully, because you feel that she will thank you later. Would Mr. Daly ever have thanked us for such a maneuver? I didn't think so then, and I don't think so now.

For some people, this position is impossible to understand. They look at the end result — a suicide, an autopsy, and a sub-standard, brain-only straight freeze — and say that obviously a mistake was made somewhere. If not, they assert, things would've turned out better. Well I agree, a mistake was certainly made somewhere,

probably several mistakes, but that was probably many, many years ago, possibly before Alcor even existed, and there's no telling now who made those mistakes or what they were (and which of them, for that matter, were present on a *genetic* level). The Alcor management inherited those mistakes, and dealt with them as

professionally, competently, and *ethically* as they were able. Mr. Daly *did realize* his last, dearest wishes: he has ended his pain, and he is in cryonic suspension, despite more obstacles than I even dare list. Who can assert that his situation had any reasonable chance of ending better? Sometimes things can go incredibly poorly, and

still go as well as possible.

I encourage all *Cryonics* readers to write in with their opinions on this matter. It's sure to be quite some time before there is a consensus here about how to deal with such situations, and, unlikely as it may seem, your life and future could someday hinge on the policy we adopt.

Transporting Patient A-1401

Tanya L. Jones

Our first suspension of the year began with a call from a gentleman named J.R., who was calling from Texas. I took the call, and was dismayed to hear that J.R. worked in the County Medical Examiners Office. No good news was to follow. A member from Texas had committed suicide using a .38 caliber pistol and a shot to the head. It was nearly a day later that he was found, and the medical examiner was called.

"Robert Daly," A-1401, had been an Alcor member for just over a year. He believed his life a miserable existence, and despite the obvious detrimental effects on his cryonic suspension, planted a bullet in his brain in an effort to end it. Mr. Daly had a history of depression and had been threatening to take his own life since he was a teenager. Conversations with his relatives painted a tragic picture. He was never seen to be in a good mood. His family was, naturally, saddened to hear of Robert's actions, however, they were heartened to be told of his cryonic suspension arrangements. They had heard Robert mention his interest in cryonics some time earlier, but were unaware that he had actually pursued his sign-up.

Robert had completed his sign-up and was using life insurance as his primary method of payment for cryonic suspension. Unfortunately, his suicide occurred during the contestability period for his policy. (Two strikes against him: it was a suicide, and it was within the contestability period.) There is little doubt that Alcor will not be receiving the proceeds from his life insurance policy. The knowledge that his suicide took place

during the contestability period nearly prevented us from being able to respond. Luckily, Mr. Daly had also arranged an irrevocable trust with Alcor as the beneficiary. The sum in the trust was *just* above the minimum requirements for perpetual storage, with no safety margin. It was deemed sufficient to cover the expenses of the transport, and still have the bare bones funding for the Patient Care Trust Fund.

All of this was determined before I flew to Texas to arrange for the transport. I was met at the airport by Paul Garfield, the only certified transport technician in the entire state. Paul had driven since the wee small hours of the morning to come pick me up. He was very excited about his opportunity to assist in this transport, despite the fact that few of the transport procedures that he learned in class would be applied. Most of what is taught in the transport course concerns treating a *very* recently deanimated member. It was many hours before Mr. Daly's body was even found after his suicide. Also, in all states, certain manners of death are autopsied, and suicide is invariably one of those types. This understanding left us with a clear course to follow in pursuing this transport. Mr. Daly was to be autopsied, and we had to get to the Medical Examiners (M.E.) Office before they began.

We did arrive before they began the autopsy, and Paul and I were able to speak to the Acting Chief Medical Investigator and the Chief Medical Examiner. As is the case with *all* suicides, they intended to perform a complete autopsy. A complete autopsy includes the removal and sectioning of all organs, *including the brain*. With

some fast explaining of the reasons why we were requesting a deviation from their standard procedures, we were able to persuade them to remove the brain for external examination, take photographs as evidence, and complete their examination *without* sectioning his brain. The county officials also graciously agreed to expedite the autopsy, making it the first one of the day.

If they hadn't agreed in advance to minimize the damage inflicted on the brain, I was prepared to request that I be allowed to observe the autopsy. This was a somewhat devious approach, where I hoped to get sufficiently friendly with the technicians that I might gasp in horror at whatever they did to Robert's brain and perhaps dissuade them from some of the sectioning with the excuse of a weak stomach and many assertions of how detrimental that would be for Mr. Daly's cryonics arrangements. It wasn't until I went into the lab to pack the brain for transport that I realized the magnitude of my good fortune (in being able to persuade them to forego sectioning without my physical presence at the autopsy).

I'd never seen an autopsy victim before, except in training videos. I must say that it was one of the more gruesome sights of my life. And when I use the term "victim," *I mean it*. A more invasive procedure has never been developed. As with most sights, pictures don't do the reality justice.

About two hours after I arrived at the M.E. offices, the autopsy was complete. *And* the examiners had been true to their word: I received the brain nearly intact.

The bullet had been retrieved and nothing further had been done to damage the brain (save ischemia and, of course, the removal from the head). I put Robert's brain on ice, in a set-up very similar to the arrangements used with Michael Friedman (A-1171) last year. While I was waiting for the brain in the M.E. office, Paul had left to get dry ice for shipping, and he returned within one hour of my obtaining Mr. Daly's brain.

Robert was a neurosuspension patient, and the rest of his body had to be dealt with. Preparations for the cremation of the remains were a little more difficult, as the M.E. and the funeral home *insisted* on having the next of kin authorize my making these arrangements, despite having paperwork signed by Mr. Daly already providing me with that authorization. We waited for a few hours for the release to arrive. It was faxed and signed by Mr. Daly's next of kin with less delay than we had expected. Mr. Daly's family was very cooperative and pleased that the disposition was being taken care of (and paid for) by Alcor. (By this time, I had spent nearly five hours in the Forensic Administrator's office, completely monopolizing his time.)

With a signed release, I went to a local funeral home and made arrangements for the cremation of Mr. Daly's remains. The funeral home had refused to deal with me without the release, but once it was in hand, proceeded to set things up very quickly. Arranging for the disposition of his remains was the last thing I had to complete before returning to Riverside.

Every part of this transport went better and faster than anticipated, given the great cooperation we received. I was able to change my flight and return to California a full three hours sooner than we had scheduled. Once I arrived back at the lab, I found that although the brain was at a temperature below freezing, as evidenced by frozen water-ice, it was not nearly as cold as I had expected after nearly six hours on dry ice. I had followed Hugh Hixon's recommendations on how to insulate the brain from the dry ice, and much to my (and Hugh's) surprise, the dry ice maintained its solid state almost completely. We packed the dry ice a little too well, and it wasn't able to provide efficient heat transference on the level we'd been expecting. In the future, should we have similar cases, we'll know not to insulate the dry ice with anything but the newspaper it is wrapped in by the distributor. This should allow us to get a much steeper cooling curve.

How Many Are We?

Alcor has 356 Suspension Members, 482 Associate Members (includes 123 people in the process of becoming Suspension Members), and 26 members in suspension. These numbers are broken down by country below.



Country	Members	Applicants	Subscribers
Argentina	0	1	1
Australia	13	1	4
Austria	1	0	1
Canada	10	5	28
Costa Rica	0	0	1
Denmark	0	0	1
Estonia	0	0	1
Finland	0	0	1
France	0	0	3
Germany	1	1	2
Holland	0	1	1
Italy	0	2	2
Japan	2	1	0
Lichtenstein	0	0	1
Lithuania	0	0	2
Russia	0	0	1
Spain	6	2	0
Sri Lanka	0	0	1
Sweden	0	0	2
U.K.	13	5	9
U.S.A.	310	104	297

Within a very short period of time after our arrival, we had the new neuro cooler set up and Mr. Daly's descent to liquid nitrogen temperatures began. He will eventually be stored in the cephalarium vaults with the only other isolated brain we have in suspension.

Paul Garfield was a tremendous help during the transport, and things would not have gone nearly as smoothly without his assistance. He braved a foot still sore from recent surgery, a constant downpour, and ungodly hours of driving to help suspend Mr. Daly. *Thank you, Paul!* Without your assistance, it would have taken many more hours to arrange for Mr. Daly's transport. There's no telling how many times I could

have gotten lost in an unfamiliar city

Also, the county officials and the president of the funeral home were all very supportive. Most especially, the Forensic Administrator, who "entertained" myself and Paul as we monopolized his office for five hours awaiting the proper channels to clear the release of Mr. Daly. Although there were a few skeptical chuckles from one or two of the people we discussed cryonics with, the overwhelming atmosphere was one of excited interest. A new idea to rock a few world views. More than once I heard comments about how "I didn't know that people were actually doing this *for real*." I left Texas with not a single business card or copy of *Cryonics: Reaching*

for Tomorrow or any of the literature I had brought . . .

It's unfortunate that Robert Daly elected to take his own life. He was aware of the ramifications that a suicide would have on his cryonic suspension, yet he proceeded. I sincerely hope that, despite the long ischemic episode, Mr. Daly's brain will one day be found to be sufficiently intact to enable reanimation, although there are no guarantees that this (or any) will *ever* come about. Living life to the fullest is what cryonics is all about, and from all accounts, Mr. Daly had few cherished moments in his life. It would be nice if he had a second chance, in a world where deep depression can be cured.

Mind, Machines, and Human Consciousness

Robert L. Nadeau, , Contemporary Books, Chicago Ill, 1991.

Reviewed by Thomas Donaldson

Despite a certain degree of sympathy with its author, I found this book thoroughly disappointing. It's disappointing because it fails to prove its thesis, and I believe misses the central point of consciousness entirely.

Nadeau's thesis is that the idea of making a "mindlike computer," as put out by computer scientists such as Hans Moravec and others, cannot be supported by any appeals to scientific knowledge and stands morally bankrupt, in addition. Behind the notion of "mindlike computer" lies yet another important idea: that the evolution of computers makes it inevitable that they will come to replace human beings. Moravec, naturally, believes that this is a good thing and considers these highly superior machines as our true descendants. Nadeau does not believe such a replacement would be a good thing; one of his major worries is that not only the possibility but the inevitability of machines with minds far superior to humans has spread throughout all of AI. That is, it is becoming one of the commonly accepted, unquestioned truths of AI itself.

The "moral bankruptcy" of the notion of mindlike machines comes directly from the ideas that they would replace us. And I doubt that any reader of this journal would simply comply happily with outright re-

placement by a superior mindlike computer. However as a cryonicist, I have noticed, even among those cryonicists who accept the notion that we will someday build a computer "superior" to ourselves, an important change of perspective on the second part of this idea, that such computers will replace us. *No no*, these cryonicists say: we will upload ourselves into such computers, and therefore they will not be our descendants but our Selves. Nadeau's book gives almost no discussion to "uploading." That is, it doesn't really give a full account of what is happening among computer scientists interested in "mindlike machines."

The scientific problems Nadeau sees for these ideas come down to two. The first, as far as it goes, is entirely valid. Nadeau points out that any belief that "computers will inevitably evolve into beings superior to us" comes from a misunderstanding of evolution. Any student of evolution would say that it has no special direction at all. As much as we humans like to pride ourselves on being at the "pinnacle" of evolution, our own evolution came about because of a series of accidents and there are no grounds even for believing that evolution must inevitably produce creatures with anything resembling a mind at all. The only point that

evolution makes is that animals and plants tend to survive and propagate to the degree that they are adapted to their environments at the time. In that sense it's certainly true that claims that superior mindlike computers *must* evolve has no foundation. (In fact, it's a very 19th century view of evolution.)

The second problem comes directly from Roger Penrose's ideas about quantum mechanics and mind, complete with a summary by Nadeau of the quantum mechanics involved. This problem seems completely fallacious to me; if creatures can evolve using quantum mechanics in their thinking, then there is no reason why we might not also *build* such creatures... not that there is any good case that we are such creatures in the first place.

My sympathy with Nadeau comes not from any agreement with him about particulars, but from my own belief that practitioners of AI such as Moravec, whenever they discuss the issue of computers with minds superior to our own, suffer from muddy thinking about their own subject.

The very first issue is that of what "superiority" means, anyway. Many things in the world have a clear superiority to me (or any other human being) by one measure or another: elephants weigh more. Ants are more numerous. (And the total tonnage of *beetles* on the planet Earth, by last entomological count, still exceeds the total tonnage of human beings.) Seals can swim better. Horses are stronger. And yes, there are lots of computations and file operations that computers even now can do far faster and more accurately than I can. So far as that goes, the field of operations which computers can do better than I has been expanding. In what way, though, do these superiorities provide some more

general superiority?

The real issue comes not from "superiority" but from *control*. And Nadeau's book sits in the same class as Moravec's *Mind Children* in giving very little attention to that issue of control. In order for control to occur, the controller must want the controlled (machine, animal, or human being) to *do* something, which means that the controller must have wants, desires, lusts, wishes, ambitions. A true mind or consciousness cannot exist without these. And even on a crude level, that is important both for any idea of uploading or any idea of independent action. Does this mindlike computer have *balls*? Or does it have a female equivalent? Or even more basically, can it feel pain and seek to avoid it, or pleasure and seek to find it? It is characteristic of our machines, even of our most advanced computers, that we design them to lack any independent desires. And again on a crude level, we often geld our domestic animals. We do that to make con-

trol much easier. There is no real reason to believe that we could not continue into the future, indefinitely, with more and more elaborate and advanced computers and other machines, all of whose direction and control comes (even through many stages) ultimately from human beings. And even now, with all the attention to security and fault-tolerance in computers, essentially we work to design our computers so that we retain control.

As an immortalist, I don't intend to stay indefinitely in the same faulty body I inhabit now. But I also know that even the structure of my brain and my desires track that body. Without major changes to my desires themselves, any simple upload to another creature ("machine" or not) would result at best in farce, at worst in tragedy. (I have written about metamorphosis as an alternative to uploading before, and will not repeat myself.) Certainly we will metamorphose into creatures we would consider improvements on ourselves,

though that improvement would measure against our adaptation to our circumstances. And metamorphosis may be hard, not just scientifically but emotionally: think about immortality and what it would do to us — all of which we, as cryonicists, have thought about for a long time and come to accept.

And just as certainly, it's possible to create a computer with its own desires and mind, and with both, its own consciousness. But careful, there: it's also possible to create a Doomsday Bomb, or highly infectious viruses to which 99% of the human race will lack resistance, or many other destructive things. To make a mindlike computer and then imprison it, frustrating its desires, would be cruel; to make one that could control us would be suicidal. In the end, we may never make such a computer, or at least not one with intelligence matching our own.

Business Meeting Report *by Ralph Whelan*

The March, 1993 meeting of the Alcor Board of Directors began at 1:18 pm.

Resolved: *The February, 1993 minutes are approved with one change: Courtney Smith will be added to the list of "Others Present."* (Unanimous)

Resolved: *The April meeting will be at the home of Gary Meade in Los Angeles; the May meeting will be at the Alcor facility; the June meeting will be at the Community Center in Wrightwood, CA.* (Unanimous)

Tanya and Hugh reported that the Florida facility is adequately prepared for a "gravity flush" (washout without pumping) prior to transport of a patient.

Ralph announced that Alcor has been using Charles Platt as a P.R. Representative — informally — for the past few weeks, and that this has saved a lot of time for the staff. Ralph will prepare a letter formally naming Charles Alcor's P.R. Representative, and will send the letter to the Board (prior to Charles), to which they should respond *only* if they have a problem with it.

Hugh reported that progress on construction of a new "Bigfoot Dewar" has slowed slightly due to some technical difficulties, but that it may be done in two to three months.

Steve reported that the required construction has been completed at the Alcor

facility, but we've not had to pay for it yet because there have been some complications with the Building Inspector. (I.e., the Building Inspector is not satisfied that the work was done to code, and we are unwilling to pay for it until he is so satisfied.) Steve also reported that Trip Hord (our city representative) thinks that the prohibition against animal research may be fairly easy to overturn, if the city attorney agrees that it is without just cause.

Steve reported that he spoke with attorney Evan Stone about preparing such a document, and that Mr. Stone's law firm understands our requirements for such a document. Steve expects to have Mr. Stone's opinion on how to proceed by the Monday or Tuesday after this meeting. Steve asked for opinions from directors about how much we should be willing to spend to accomplish it. Carlos offered the figure of 1% of the P.C.T.F.'s assets as a ceiling figure, and no one objected.

Jackson Zinn pointed out that we should take care to avoid creating a tax liability as an accidental offshoot of the document. Steve agreed to make such a precaution part of the directive to Mr. Stone.

Resolved: *That Steve has the authority to pursue a P.C.T.F. trust document through Evan Stone given the constraints that Mr. Stone and his firm can deal with the tax ramifications, and that they can perform for*

less than 1% of the P.C.T.F.'s assets. (Unanimous)

There was a very lengthy discussion of the merits of moving Alcor, covering the desirability of moving in general, and the requirements related to location, building size and form, etc. Carlos and others felt that the fund-raising should be done prior to the search, or at least concurrently. Dave Pizer and others felt that soliciting donations for a hypothetical building would not be fruitful.

Resolved: *that Alcor is officially searching for a new facility, and that management should create a building fund and solicit donations and pledges (in written form) for it while searching for a new facility.* (Unanimous)

A motion was made that we pursue the purchase of a building in Scottsdale, Arizona that appears to meet our basic requirements. The role-call motion failed, largely because some directors felt that we do not yet have proper plans in place for *any* building purchase.

In Favor:	Opposed:	Abstain:
Hugh	Allen	Keith
Dave	Carlos	
Mark	Brenda	
Ralph	Steve	

Steve reported that he has been too busy to make any progress on an Alcor Business Plan yet.

Many suggestions on how to solve Alcor's cash flow problem have been circulating for the past few months. Steve's "Finance Proposal for March 7, 1993" was used as a baseline for discussion, since it covered all of the points likely to be voted on at this meeting.

Resolved: That Steve's proposal, plus a waiver of the first quarter payback requirement for the Endowment Fund, minus any guidelines for dividing up suspension income, minus the permanent reduction to the Endowment clause, and including a change in the dues increase down to 13.5%, be passed in its entirety.

In Favor:	Opposed:
Allen	Steve
Carlos	Brenda
Hugh	
Dave	
Mark	
Ralph	
Keith	

This translates to: The cost of neuro-suspension will raise from \$41,000 to \$50,000 as of January 1, 1994.

The amount that the C.E.O. can borrow from the Endowment will be \$70,000.

The requirement that money borrowed from the Endowment be repayed during the first quarter of the year is dropped.

Beginning next quarter (July, 1993), there will be a 13.5% increase in the Emergency Response Fee for all members.

The budget for 1993 — as stated in Steve's memo — is approved. (See Steve's column elsewhere in this issue for details.)

(Steve and Brenda voted against this motion because they felt that the issues should be dealt with piece by piece, rather than as a package deal.)

Ralph passed out a list of all Alcor members who are potential donors (i.e., not minors, not full-time students) to the directors, so that each director could indicate whom they might be best suited to contact for soliciting donations. Ralph will use these stated preferences to provide all of the directors with a list of names and numbers in the near future.

Ralph also explained that he and Steve have created an appeal for donations to be included in the next billing, and that similar appeals will go with all billings from now on.

Assembly Bill No. 172 — which may come before the California legislature some time next year — attempts to provide hospitals and physicians with the authority to perform perfusion on the recently deceased for up to 12 hours to preserve the organs for donation, without an Authorization of Anatomical Donation and without approval of next-of-kin. This bill has the potential to work for or against us; for us if cryonics can be seen by the hospitals as organ donation (and indeed all of our members execute an Authorization of Anatomical Donation), against us if our we find that our members' organs are being "harvested" prior to release to Alcor.

Steve explained that this bill is on the "slow track," and won't even see preliminary discussion until this September.

Two weeks ago, Steve received a package from Alcor member Eric Klien which contained a survey that Eric wished us to send to Alcor members and subscribers, at Eric's expense. The "survey" starts by as-

king *Cryonics* readers (members and subscribers alike) if they are interested in alternative cryonic suspension service providers, then went on for several pages advocating the Biopreservation suspension team that Mike Darwin is forming.

The consensus among board members was that this is not a survey, but instead a marketing tool offering alternative services to Alcor members, and using Alcor's mailing list to do so. Whether or not such a use of the mailing list is appropriate, the Alcor Board of Directors and management would be seen as condoning this alternative service if they allowed the Alcor mailing list to be used in presenting it, and it was not clear that the Board, or management, were prepared to do so.

Resolved: That Steve send a message to Eric Klien that we decline to send out his survey. (Unanimous)

Mike Darwin is interested in using one of Alcor's "Bigfoot" dewars to create a low temperature environment which he will then enter and attempt to work in. Specifically, he wishes to enter a -130 degrees Celsius environment, using protective clothing and gear, to see if cryonics patients stored in a room at that temperature could be accessed and meaningfully manipulated by workers.

Keith felt that it was unnecessary to expose Alcor to the potential liability of Mike's death or injury when such an environment might be accessed independent of Alcor. Steve and others were still receptive to the idea, but want a detailed proposal from Mike to evaluate the risk factor and safety precautions.

The meeting was adjourned at 6:54 p.m.

Advertisements & Personals

The Alcor Life Extension Foundation and Cryonics reserve the right to accept, reject, or edit ads at our own discretion and assume no responsibility for their content or the consequences of answering these advertisements. The rate is \$8.00 per line per month (lines are approximately 66 columns wide). Tip-in rates per sheet are \$200 (printed one side) or \$240 (printed both sides), from camera-ready copy. Tip-in ads must be clearly identified as such.

MARY NAPLES, CLU and BOB GILMORE — CRYONICS INSURANCE SPECIALISTS. New York Life Insurance Company; 4600 Bohannon Drive, Suite 100; Menlo Park, CA 94025. (800) 645-3338.

J.R. SHARP — INS. BROKER — ALL TYPES OF INSURANCE, ANNUITIES, LIVING TRUSTS and LIFE TRUSTS. Assisting Alcor Officers & Members since 1983. P.O. Box 2435, Fullerton, CA 92633. (714) 738-6200 or FAX (714) 738-1401.

STOCKS, BONDS, MUTUAL FUNDS, MUNICIPAL AND GOVERNMENT SECURITIES, IRAS; — PETER H. CHRISTIANSEN Registered Representative, FWG Financial West Group; 1415 Oakland Blvd., Suite 201; Walnut Creek, CA 94596; (510) 906-1350, FAX (510) 906-1355, HOME (510) 943-7731; Member NASD/SPIC.

EXTROPY: The Journal of Transhumanist Thought #10: Pigs in Cyberspace, by Hans Morevec; Protecting Privacy with Electronic Cash, by Hal Finney; Technological Self-Transformation, by Max More; Interview with Mark Miller of Xanadu, by Dave Krieger; Nanocomputers, by J. Storrs Hall; Reviews of *Nanosystems*, *Genius*, books on Ayn Rand. \$4.50 from Extropy Institute; PO Box 57306; Los Angeles, CA 90057-0306. E-mail info from more@usc.edu.

Do you want to keep up with science and technology bearing on cryonics? **PERIASTRON** is a science newsletter written by and for cryonicists, only \$2.50 per issue. **PERIASTRON**, PO 2365, Sunnyvale CA 94087.

"I'D RATHER BE DEAD THAN READ?" — NO WAY! Read *Venturist Monthly News* — News about various cryonics topics — send for free sample copy — Society for Venturism; 1547 W. Dunlap; Phoenix, AZ 85021.

LIFE EXTENSION FOUNDATION OF HOLLYWOOD, FLORIDA provides members with "inside" information about high-tech anti-aging therapies. for free information call 1-800-841-LIFE.

CRYONICS FORUM

Compiled by Charles Platt

This section of Cryonics magazine is open to anyone who has opinions, suggestions, criticisms, or questions about cryonics. Alcor has a tradition of openness, and many of us feel that the magazine's honesty is an important factor encouraging people to sign up. Cryonics Forum affirms Alcor's continuing belief that an organization which encourages free speech is stronger than one which attempts to suppress it.

These pages also serve as an outlet for cryonicists who are strongly opinionated and tend to feel frustrated if the organization seems unresponsive to their points of view.

Sources

All the material this month is reprinted from Cryonet, a computer network that links many cryonics activists. However, Cryonics Forum is open to everyone, not just computer users. Please send in your opinions using any medium—disk, type-script, or handwritten pages.

This Month on the Net

February started off very quietly on Cryonet, with only two or three messages per day. However, this lull was short-lived. By

the end of the month there were ten or more letters daily, and angst was running high, catalyzed by the strange tendency of the electronic medium to encourage people to say things that they later regret. (Only a couple of participants subsequently asked for their text to be included here. Perhaps print doesn't seem as important as e-mail, or it may have an actively sobering effect.)

During February, topics of major concern included the marketing of Cryonics (triggered by a long message from Kevin Brown), Alcor finances, the ethics of excluding some people from membership in Alcor, and an experiment which Mike Darwin wishes to carry out to test the feasibility of a walk-in, room-sized refrigeration unit where the temperature is -135 Celsius. People also argued about the possibility that one participant on Cryonet might be using a pseudonym.

More than 300 kilobytes of e-mail were exchanged. There is room for less than 30 kilobytes here. I generally give informational messages higher priority than those which merely state an opinion, but I have not discriminated against any viewpoint, and I will continue the policy of including any message here which I am specifically asked to include, subject only to space limitations.

—Charles Platt

Regulation of Cryonics

From Graham Wilson:

I have drafted a Cryonics Suspension Act (1993) which is part of my final LL.B. Law Degree project.

The act essentially sets up a regulatory body, and most of the controls on cryonics contained within it are statutory based. Some people will, no doubt, argue that the act is too complex and that cryonics institutions are perfectly capable of administering the interests of patients. Unfortunately, from what I have read and seen I cannot agree with this statement.

Although I have been impressed with the operation of Alcor and other cryonics companies I believe that a cryonic patient requires statutory protection, rather than a reliance on someone's "word" or through haphazard judge-made law each time cryonics comes before the courts.

I can be contacted at 71 Durrants Drive, Rickmansworth, Hertfordshire, WD3 3NY, England.

From Perry Metzger:

I have difficulty understanding what precisely it is that such an act might protect one against. I can understand perhaps modifying the laws to eliminate the

Rule against Perpetuities, and to eliminate other barriers to cryonics contracts, but I do not see why it is that such contracts couldn't simply be handled via ordinary contract law. If the contract explicitly states the obligations of all the parties, how can it be any worse than a statute that explicitly states all the obligations? And why do we assume that regulatory agencies will do anything other than what all the other regulatory agencies have done over the years, namely become a burdensome threat to all concerned other than the bureaucrats?

From Graham Wilson:

I think the object of the act would be to protect the interests of potential suspendees and cryonic patients against abuse and dishonesty from any new fraudulent would-be cryonics company. It would also protect the patient against relatives who might not agree with cryonic suspension. For example, in English law there is nothing to stop your relatives having you autopsied in order to prevent your cryonic suspension. Similarly, in England the powers of a Coroner would appear to be absolute and unchallengeable. He too could arrange for your autopsy.

At the moment, current contract law

cannot cope with cryonics. Issues such as privity of contract and the assessment and allocation of damages are inappropriate for our purposes. It was, therefore, necessary to propose changes to basic contractual principles if a cryonic contract were to be legally valid under English law. Statute law would, in effect, provide the judiciary with the basic ground rules for cryonic contracts. It would then be up to individual judges to apply the rules accordingly and develop the principles and policies contained therein.

I would agree that Regulatory Authorities are not always the most appropriate organ to administer a system of rules and regulations. However, I cannot see any other alternative.

At the moment, it could be argued, that although cryonics is not specifically illegal under English law, there is nothing to say that it is actually legal. If the judiciary refuses to acknowledge the rights of the cryonic patient, then cryonics might as well be illegal by statute for all the good it would do.

Cryonics is therefore faced with a choice. It can wait until legal problems start to crop up and then take each individual issue before the courts. This would take considerable time which would be of disadvantage to each cryon-

ic patient. Similarly, would organizations such as Alcor be able to fund expensive and continuous legal litigation? I would doubt it.

The creation of the Cryonics Regulatory Authority would be based along similar lines to the current Embryological Research Authority which was created to control and regulate research and experimentation on fetal material. This organization has been effective and provided a practical balanced approach to regulation.

Barring Ex-Members

From Clarissa Wells:

Tucked away in an obscure corner of the February *Cryonics* magazine I found mention that at a recent business meeting, Keith Henson proposed that if a member gives up his/her suspension membership, the member would not be allowed to re-join Alcor without being approved by a majority of the board. Why would Mr. Henson propose this measure? Perhaps because Mike Darwin resigned from Alcor, and made some harsh statements, and Mr. Henson would like to block him from re-joining in the future?

I am pleased to hear that this proposal was defeated by a vote among board members. However, according to the report, three directors of Alcor voted in favor of the proposal. It seems to me, if you believe that cryonics has a chance of working, and if you believe that Alcor does better cryonic suspensions than other groups (as I imagine those three board members do believe), to block someone from joining Alcor is like handing out a death sentence. I would like to hear, from the three "gentlemen" who voted in favor of this proposal, what gives them the moral right to hand out this kind of "justice" to anyone they happen to dislike.

How would you feel if there were only three hospitals in the world, and you went to the best of them with money in your hand to pay for treatment that you need to save your life, and the doctors voted not to save you because they didn't like something you had said? I would like to see it written in Alcor's constitution that Alcor will *never* refuse membership because someone exercises freedom of speech.

From Keith Henson:

(Keith Henson replied on Cryonet



to the above letter, but his reply was rather long, so it had to be trimmed to fit here. When the edited version was sent to him for his approval, he found it unsatisfactory in various ways. Unfortunately, he didn't have enough time to produce his own version before deadline. We hope he may contribute a reply which can be included in next month's Forum.)

From Brian Wowk:

The incidents which have motivated the current furor over membership exclusion arose because errors in judgment were made in entrusting a new member with information that he should not have had access to. This same kind of error can be made whether a person is a member or not. The problems which some Board members now think can be solved by restricting membership can in reality only be solved by management and membership exercising more diligence in interacting with members and non-members alike.

There should never be a need to revoke membership. As long as people want to continue paying dues, why not accept them? Heck, it will help with legal fees for our suit against them.

Rejection of members for punitive, political reasons is the hallmark of a cult. I, for one, do not want to see Alcor become a cult. *That* would be detrimental to my survival.

Mike Darwin Videotape

From Ralph Merkle:

I've just seen the videotape of a talk that Mike Darwin gave in March of 1992 to the Skeptics Society. While I completely disagree with Mike's poor estimate of the probability of success of cryonics, his talk is excellent. If you're interested in cryonics and haven't already heard Mike Darwin talk, you'll enjoy this tape.

Ordering information: Audio tapes, \$10.00 each (plus \$1.00 each shipping and handling) Video tapes, \$20.00 each

(plus \$2.00 each shipping and handling)

Send checks to: Skeptics Society, 2761 North Marengo Avenue, Altadena, CA 91001. Phone: (818) 794-3119. Request the talk by Mike Darwin, "Can Science Cheat Death?"

Alcor Finances

Preamble:

Allen Lopp sent a message to Cryonet outlining Alcor's current cash shortage and suggesting various possible remedies, one of which would be to increase membership dues.

From Michael Riskin:

While many of you may object to a dues increase, the dues have in fact been kept at an artificially low level for the services provided, for many years. Major donations, and in particular, the entire endowment fund donated by one member, have made up the difference for the insufficient fee structure.

It is time for the membership to pay a more realistic yearly dues. We currently have basically a subsidized/welfare state type of services and dues structure, one that I believe most of you would find objectionable on moral, economic, and personal grounds.

From Charles Platt:

For a few months last year, Alcor had a three-member financial advisory committee. The committee gave advice which was seldom acted upon promptly, and it made some rather loud complaints, some of which now turn out to have been basically accurate. Unfortunately, the complaints were voiced so rudely, they caused offense, and as a result, they were ignored. The advisory committee disbanded itself in a fit of pique, and that was that.

All three ex-members of the financial advisory committee have impressive credentials, which is to say, they've consistently made a lot of money by investing it. So long as their advice remains unsolicited, a very important financial resource is being wasted, here. In view of Alcor's financial situation, this is absurd.

My private ballpark estimate, based on figures from the financial advisory committee, is that reasonably cautious reinvestment could yield perhaps an extra \$10,000 per year. Not enough to close the budget gap; but it *would* be

equivalent to increasing each member's dues by about \$30 per year. As a result, if Alcor took the financial advisory committee's advice, instead of raising the membership dues by 25%, they could be raised by "only" 15%. Since there seems to be absolutely no penalty for doing this (other than requiring some long-standing board members to deal with people they don't get along with very well), I think it is worth pursuing.

If one or two of the three ex-members of the financial advisory committee are no longer willing to serve, then let's ask the advice of the one(s) who *are* still willing. I realize that one person or another may have expressed himself obnoxiously in the past. Well, cryonicists *are* often obnoxious. I should have thought we might accept that as part of the territory, and move on; but if people aren't able to do so, let's see if apologies can be obtained from both sides. Let's have the rudest financial advisor apologize for being a tactless smart-ass, and let's have the board apologize for ignoring the truth behind his epithets.

From Micheal B. O'Neal:

I have been a member of Alcor for over four years, now. Every year Alcor membership has grown, and grown substantially. This should mean that Alcor's revenues have increased substantially. It would seem, then, that expenses during this time must have grown faster than income since (I believe, and correct me if I am wrong) Alcor wasn't in financial trouble when I came aboard.

Why have expenses been allowed to grow so quickly?

Also, can you give me specific examples of how Alcor's services are superior now to what they were four years ago and specifics on how they will continue to improve? I want these specifics so that I can justify to myself why an increase in fees is required.

One idea for increasing revenues, that has been discussed in the past, would be to clearly separate membership dues (aka emergency response dues) and *optional* "remote" standby insurance. This "insurance" could cost more for members, such as myself, who live in remote areas. The advantage of this optional charge would be that people would feel they were getting something in exchange for increased fees. I believe that if the costs were reasonable, most people would purchase the insu-

CRYONICS FORUM

rance.

One obvious area to consider scaling back is the number of employees at Alcor. As I understand it, this has been one of the largest areas of growth in the budget in the last few years. I am also under the impression that we were told that increases in membership would make up for short term deficits caused by these new employees.

In closing I would like to share with you that I am quite concerned with the future of Alcor. Mike Darwin was largely responsible for my joining Alcor. His impassioned writings and meticulous research and suspension reports convinced me that Alcor was serious about the *science* of cryonics. With his departure (and that of Jerry Leaf) I am no longer comfortable with Alcor's long term future.

While I hope I am wrong, my impression is that suspension readiness is not where it used to be. Thus, just as you are telling me that Alcor will require more from its members (in terms of dues, etc.) I feel I am getting less in return from Alcor. I have no plans to switch to another organization because Alcor currently has no (real) competition. But, I do not like the situation I find us all in.

From Carlos Mondragon:

Going back five years (my tenure as CEO), membership grew by 361% while administrative overhead grew 56%, and assets grew nearly 1000%. The trend is clear; Alcor is growing into economies of scale. In mid-1989, we decided to use a huge influx of money from the Jones estate for expansion, with the expectation that the resulting growth would surpass the greater fixed overhead within a few years. Results are far ahead of the projections I made at the time.

The numbers (for '92) now available are still *raw data*, i.e. there have been no adjusting entries by our accountant, and there is no annotation. Major adjustments might still have to be made. Nevertheless, some conclusions can be *cautiously* drawn.

We show a surplus (profit), on a corporate level *and* in the operating

fund. Once the operating fund profit is combined with the research fund loss, there is still a net profit of \$37,974.28. If we discount the extraordinary non-recurring item (as we should for planning purposes) of income from the Jones estate, \$86,000, then we have a loss of \$48,000.

But since extraordinary non-recurring items must be discounted, then we also eliminate the last \$38,372 of legal fees paid last year. This leaves a hypothetical "loss" of only \$9,654 when only "regular reliable" income and expenses are considered. (Accounting changes could double this figure.)

We had by year-end borrowed from the Jones Endowment Fund a net total of \$30,121.10. For those of you not familiar with accounting, the obvious questions should be: If we were only about \$10,000 in the red, why did we need to borrow \$30,000? And how is it possible that we could both finish the year with a surplus (before discounting extraordinary items) and still finish the year owing so much to the Endowment?

Good questions. My best guess is that that \$30,000 was a combination of capital acquisitions and the cash flow tightness which began in December. We'll know for sure once the "Statement of Changes in Financial Position" is prepared. In the mean time, my analysis of the preliminary balance sheet bears out my guess: Fixed assets in the operating fund at year-end 1992 are \$36,000 greater than they were at year end 1991. This all ties in nicely with the \$28,000 increase in the combined net worth of the General and Research Funds (there's \$8,000 of the \$10,000 "loss").

Our growth produced income nearly equal to our spending, and far ahead of projections I made in 1990. Even more impressive is the fact that this was accomplished during a year that saw our donation income drop by nearly half from where it was in 1991.

What this leads me to conclude is that we do indeed have SEVERE cash-flow problems. No news here; that is the nature of the business. But "cash flow is NOT the same as "Profit and Loss". We do not have an overall "deficit" problem. I expect that in 1993, revenues will be higher than they were last year: we have more members. And expenses will be lower: we have no legal bills. Undoubtedly, there will be some unexpected extraordinary expenses. But then we can expect that fundraising will succeed beyond last year's pitifully dismal perfor-

mance. Plainly, the direction of the curves indicates that even marginal growth will result in an indisputable, across-the-board SURPLUS in 1993 even AFTER extraordinary income and expenses get eliminated.

In any case, we should not reduce the capital in the Endowment fund by so much as one thin dime! The issue of the Endowment was the major source trouble last year—and that was when we hadn't touched its capital! Donaldson made an excellent point on this subject when he correctly predicted that if we invade the capital of this endowment now, no one will ever believe us if in the future we decide to establish another. Dave Pizer's argument that the resulting loss of income would be unbearable given our already tight budget is also valid (but this is true only if capital taken from the Endowment is used to alleviate cash flow problems; it would not be necessarily true if it were used in accordance with a plan to generate growth, i.e. invested in our own business). One could argue that the endowment was a mistake, but it's one we will have to live with. Let's learn from it, not make it worse.

It would be reasonable to liberalize Steve's ability to borrow from the Endowment. As we grow, such borrowing would become less necessary, and at the end of the day, the capital will be intact. I would at this time oppose any restructuring of suspension minimums unless we simultaneously solve the problem of inflation-proofing funding (see my article in the March, 1992 "Cryonics"). Operating expenses should be matched as closely as possible with regular operating revenues. So I do support an increase in dues: we can justify 13.5% or about \$36/year. That's about \$10,000 that can be counted on, as opposed to suspensions we cannot count on, and it happens to be at least half the amount of last year's actual "deficit after exclusion of extraordinary non-recurring income and expenses". I oppose charging more to Patient Care Income. The current allocations are very nearly fair, and we don't need it as much as someday they hopefully will.

We are clearly growing out of our financial problems, though cash flow will continue to be irregular for the indefinite future. Let Steve (and Ralph) get on with the business of fundraising. Leave the Endowment intact, and hands off the Patients' Trust Fund!

CRYONICS FORUM

From Steve Bridge:

Yes, Alcor could be doing better on its investments. While the Investment Committees have not been reconstituted, one should not think that I am doing things here with no financial advice at all. At least two of the former committee members have independently given me suggestions and I expect more.

It seems very likely that in the next few months we will look into reforming some kind of advisory group for investments, with a more carefully laid out understanding of responsibility and communication than before.

Operating Expenses for 1992, minus legal expense, costs of recovering from the separation with Cryovita, and higher Workman's Compensation fees than were justified (we will be lower this year) were about \$208,000.

Operating Expenses for 1991, minus legal expenses (of \$149,000!) and a bad debt (of \$10,000) were about 220,000.

Operating Expenses for 1990 were \$237,000. (Legal and Jones estate expenses were about \$350,000.)

Operating Expenses for 1989 were 148,000, including 60,000 in salaries (4 employees plus a part-time hourly).

You get the picture. When our legal expenses were overwhelming, so were contributions. Dick Jones's estate cost us a lot in expenses over a two year period, but it eventually brought in more than enough money to cover them. But others contributed greatly, also. When income looked high in 1990, salaries were increased to a decent level for the first time ever and two more people were hired. The staff has since taken severe pay restrictions. (We average less than 14,000 per staff member—before taxes.)

Expenses have grown little if any, but donation income has dropped off.

In most ways we are operating with the same level of expenses as four years ago. We are busier now so telephone and postage is higher. We have added some staff (low paid). We can now sign members up more quickly and handle problem responses more quickly. In 1987, we were for the first time organizing the sign-up process so that it was

being handled by someone dedicated to it. That went forward for a while but slipped badly after the Dora Kent situation. It has improved markedly in the past two years.

Research and technological development have indeed slowed during that time, a large

part due to the legal complications which took staff time and energy. The staff we have today is better organized and we have many more trained Transport Team members around the country. We are probably better able to go out and get a patient, especially in an emergency, than we were in 1987; but we are less ready to handle the unusual aspects and medical surprises of a suspension. Jerry and Mike's hospital experience are not duplicated in our current staff.

I want to start making progress again, though. To do that we need a boost, so we can catch up on basic expenses, and so we can look for medical, technical, imaginative people to add to our mental and technological mix. Research needs doing, here or funded by us elsewhere. We need a new building to have room for patients and to do that research. We do not want to pull back to being a bare minimum organization. That will *not* make progress toward getting people suspended in increasingly better ways—or even as good a way as possible now.

Just using money from the Endowment Fund or just increasing revenues in other obvious ways will not make anything other than extremely slow progress. We need some other person or combination of other people to make the financial and energy commitment that Saul Kent or Dick Jones did in earlier years and push for an organization that can really make this work.

If our members really believe that cutting back on staff and other services and just making sure that people got frozen whatever way we could afford to do is good enough, then we haven't educated you all very well.

I'm concerned about suspension readiness. But we are not going to become *more* ready by cutting staff, ignoring research, failing to purchase equipment, and failing to attract new minds to our enterprise. Growth is important, not just because we need more people, but because we need *better* people. Better than me, better than all of the staff, better than Mike Darwin and Jerry Leaf.

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Meetings & Announcements

Meeting Schedules

Alcor business meetings are usually held on the first Sunday of the month (July, Aug., & Sept.: 2nd Sunday). Guests are welcome. Unless otherwise noted, meetings start at 1 PM. For meeting directions, or if you get lost, call Alcor at (714) 736-1703 and page the technician on call.

The **SUN, APRIL 4** meeting will be at the home of:
Gary Meade
2966 Passmore Dr., Los Angeles, CA

Directions: Take the Hollywood Freeway (101) to Barham Blvd., just south of Universal City. Get off at Barham and west onto Cahuenga Blvd. (on the west side of the freeway) headed toward the San Fernando Valley. Turn left onto Oakshire and follow it up the hill bearing to the right. Turn left onto Passmore at the top of Oakshire and continue up the hill. 2966 is on the downhill side of the street. Parking is legal only on the downhill side of the street, so you will have to use a driveway to turn around.

The **SUN, MAY 2** meeting will be at:
ALCOR
12327 Doherty St., Riverside, CA 92503

Directions: Take the Riverside Freeway (State Hwy 91) east toward Riverside. Go through Corona, and get off at the McKinley St. exit. Go right (south) on McKinley. Turn left (east) on Sampson (1st stop light). Go about 1 mile along Sampson to Granite. Go left on Granite to its end, and turn right on Doherty. Go about 200 yards on Doherty and turn left into the industrial park just short of "GREAT EASTERN FURNITURE". Alcor is the third building from the back, on the right.

ALCOR NORTHERN CALIFORNIA MEETINGS: Potluck suppers to meet and socialize are held the second Sunday of the month beginning at 6:00 PM. All members and guests are welcome to attend.

For those interested, there is a business meeting before the potluck at 4:00.

Once every three months there will be a party or gathering at a local eatery and no business meeting. See details below. If you would like to organize a party, or have a suggestion about a place to eat contact the chapter secretary, Lola McCrary, 408-238-1318.

We are also hoping to have speakers on various topics in the near future.

The **SUN, APRIL 11** meeting will be held at the home of:
Ralph Merkle and Carol Shaw
1134 Pimento Ave., Sunnyvale, CA
Tel: 408-730-5224

After the business meeting and potluck there will be an Introduction to Cryonics talk at 7 PM, followed by a question and answer period.

Directions: Take US 85 through Sunnyvale and exit going East on Fremont to Mary. Go left on Mary to Ticonderoga. Go right on Ticonderoga to Pimento. Turn left on Pimento to 1134 Pimento Ave.

The **SUN, MAY 9** meeting will be held at the home of:
Roger Gregory and Naomi Reynolds
2040 Columbia St., Palo Alto, CA
Tel: (415) 493-7582

Directions: Take the 280 north to Page Mill Road, and take Page Mill east toward Stanford. Go down to the bottom of the hill to Hanover St. (5th light). Turn left on Hanover to California St. and make another left. Go two blocks to Columbia and turn right. The house is in the second block, on the left.

Alcor's Southern California chapter meets every other month. If you are not on our mailing list, please call Chapter president Billy Seidel at 310-836-1231.

The **Alcor New York Group** meets on the third Sunday of each month at 2:00 PM. Ordinarily, the meeting is at 72nd Street Studios. The address is 131 West 72nd Street (New York), between Columbus and Broadway. Ask for the Alcor group. Subway stop: 72nd Street, on the 1, 2, or 3 trains. If you're in CT, NJ, or NY, call Gerard Arthus for details at (516) 689-6160, or Curtis Henderson, at (516) 589-4256.

Meeting dates: **April 18, May 16, June 20, July 18.**

New York's members are working aggressively to build a solid emergency response capability. We have full state-of-the-art rescue equipment, and four Alcor Certified Techs and four State Certified EMTs.

The Alcor New York Stabilization Training Sessions are on the second and fourth Sundays of every month, at 2:30 PM, at the home of Gerry Arthus. The address is: 335 Horse Block Rd., Farmingville, L.I. For details call Curtis or Gerry at the above number.

Alcor Chicago is in the process of starting up. For meeting information and getting on the mailing list, contact Brenda Peters at (312) 587-7050, or; Huron Plaza; 30 E. Huron, Suite 4709; Chicago, IL 60611.

There is a cryonics discussion group in the **Boston** area meeting on the second Sunday each month. Further information may be obtained by contacting Walter Vannini at (603) 889-7380 (home) or (617) 647-2291 (work). E-mail at 71043.3514@Compuserve.com.

Alcor Nevada is in the Las Vegas area. Their meetings are normally on the second Sunday of each month at 1:00 PM in the Riverside Casino in Laughlin, Nevada. Free rooms are available at the Riverside Casino on Sunday night to people who call at least one week in advance. Directions: Take 95 south from Las Vegas, through Henderson, where it forks between 95 and 93. Bear right at the fork and stay on 95 past Searchlight until you reach the intersection with 163, a little before the border with California. Go left on 163 and stay on it until you see signs for Laughlin. You can't miss the Riverside Casino. For more information, call Eric Klien at (702) 255-1355.

There is an Alcor chapter in **England**, with a full suspension and laboratory facility south of London. Its members are working aggressively to build a solid emergency response, transport, and suspension capability. Meetings are held on the first Sunday of the month at the Alcor UK facility, and may include classes and tours. The meeting commences at 11:00 A.M., and ends late afternoon.

Meeting dates: **April 4, May 2, June 6, July 4.**
The address of the facility is:
Alcor UK, 18 Potts Marsh Estate, Westham, East Sussex
Telephone: 0323-460257

Directions: From Victoria Station, catch a train for Pevensey West Ham railway station. When you arrive at Pevensey West Ham turn left as you leave the station and the road crosses the railway track. Carry on down the road for a couple of hundred yards and Alcor UK is on the trading estate on your right. Victoria Station has a regular train shuttle connection with Gatwick airport and can be reached from Heathrow airport via the amazing London Underground tube or subway system.

People coming for AUK meetings must phone ahead – or else you're on your own, the meeting may have been cancelled, moved, etc etc. For this information, call Alan Sinclair at 0323 488150. For those living in or around metropolitan London, you can contact Garret Smyth at 081-789-1045, or Russell Whitaker at 071-702-0234.

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