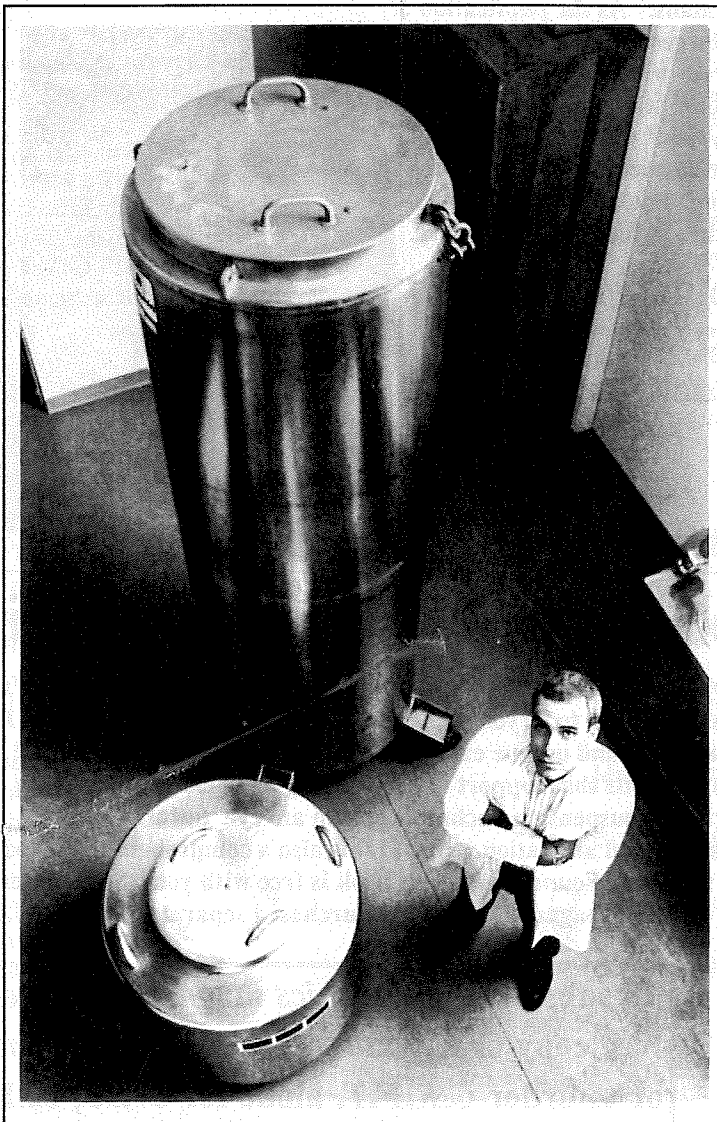


Cryonics

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Cryonics and the *Encyclopedia of Death*



In This Month's
For The Record
by Michael Perry

Plus —

**Alcor's 1992
Financial Statement**
*An independent
certified audit by
Stonefield & Josephson*

**Madison Avenue
Meets Cryonics?**
by Kevin Q. Brown

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...

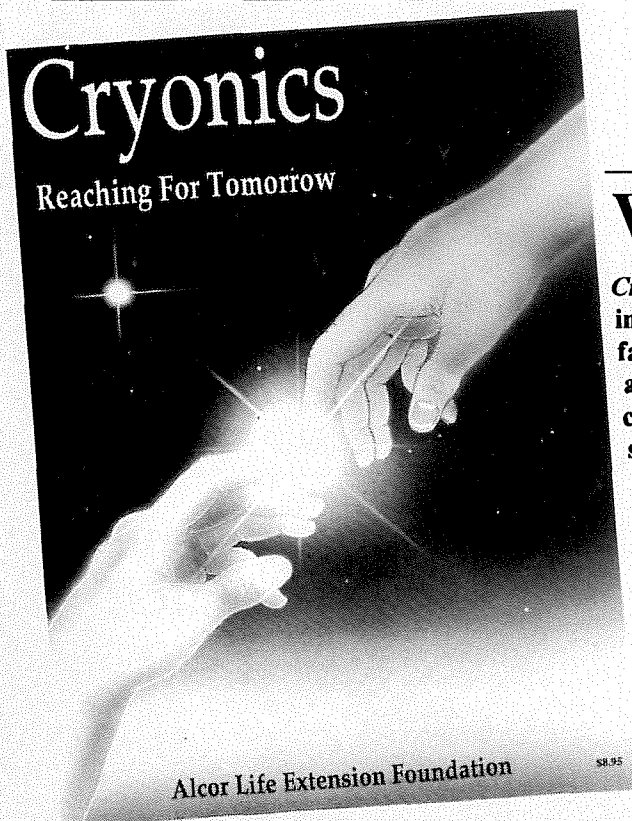
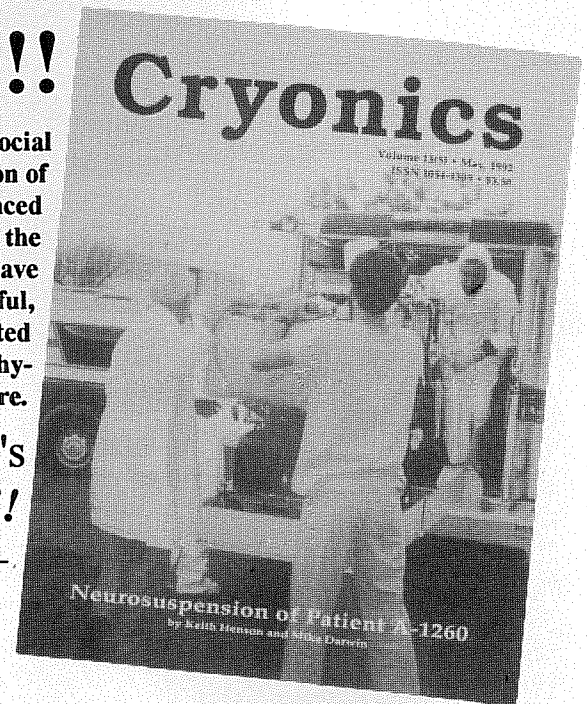
The Alcor Life Extension Foundation is a non-profit tax-exempt scientific and educational organization. Alcor currently has 26 members in cryonic suspension, hundreds of Suspension Members—people who have arrangements to be suspended—and hundreds more in the process of becoming Suspension Members. Our 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.

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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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Cover: Illustration from Encyclopedia of Death showing Alcor cryogenic storage containers with Mike Darwin in the foreground.

It's Time to Make a Statement

A financial statement, that is. With this issue, and at long last, we publish the results of the exhaustive independent certified audit of Alcor's operations for the year of 1992. This financial statement represents literally weeks of effort on the parts of Alcor MIS Director Joe Hovey, President Steve Bridge, and Alcor Internal Auditor Michael Riskin. And of course, it represents roughly \$16,500 worth of effort for several employees of the accountancy corporation of Stonefield & Josephson.

If you find yourself inclined to skip directly to the financial statement and dig in, I urge you to resist that temptation. Go ahead and check the bottom line, but save the deep analysis until *after* you've read Steve Bridge's "Notes From the President" for this month, which appears immediately before the financial statement. Alcor is sufficiently *unlike* every other business under the sun that some parts of this statement are sure to take some explaining, even if you're comfortable with financial statements in general.

And Then There Were Twenty-Seven!

The favorable outcome of the audit of our books has done a lot to boost the confidence of the Alcor staff, as well as the members fortunate enough to see it prior to this publication in *Cryonics*. Much more dramatic and rewarding, however, is the satisfaction that accompanied the successful cryonic suspension of a Northern California Suspension Member two weeks ago.

This suspension, our first since since the bout of four last summer, was well-organized and well-executed, despite the usual curve balls and red tape. A number of new "benchmarks of success" were established, including (but not limited to) the highest final concentration of glycerol yet achieved in a cryonic suspension patient (7.9 molar).

The staff wishes to thank Alcor members Keith Henson, Nancy McKeachern, Thomas Munson, Brian Murdock, Regina Pancake, Trudy Pizer, Naomi Reynolds, Bill Seidel, Jay Skeer, Joe Tennant, and Leonard Zubkoff for their *invaluable* efforts and assistance in this suspension. Steve Bridge and I wish to thank and congratulate Tanya Jones and Hugh Hixon for the months of education, organization, and overall commit-

ment that have now paid off so thoroughly.

The complete report of the transport and suspension of Alcor Suspension Patient A-1399 will appear in next month's issue.

New Alcor Public Relations Representative

Since this is a month for pleasant announcements, let's add one to the list: Charles Platt, one of the most energetic and *accomplished* volunteers in Alcor's entire history, is now serving as Alcor's official Public Relations Representative. No, this doesn't mean that Charles now spends tuxedoed evenings bending the ears of foreign and domestic diplomats over espresso and bean sprouts. Rather, it means that Charles — instead of myself or Steve or some other Alcor staffer — now spends several hours a week sending out press kits, giving interviews to print and broadcast media reporters, and making radio "appearances."

An unfortunate side-effect of this new draw on Charles' time is that he will no longer be available to excerpt and compile Cryonet (the cryonics electronic bulletin board system) exchanges for this magazine's *Cryonics Forum* each month. If anyone else is so interested or inclined, please contact me at alcor@cup.portal.com, ATTN: Ralph Whelan. In the meantime, we're delighted that Charles is directing his attention to the area that needs it most, especially considering the expert touch he's already demonstrated in generating more requests for information than any other single source in Alcor's history by *far*.

Keep it up, Charles!

This Month's Forum

As mentioned directly above, the *Cryonics Forum* will not necessarily be a Cryonet compilation anymore. This month's Forum still finds its origin in the Cryonet, in recounting an exchange between Steve Bridge and Net regular Clarissa Wells concerning the suspension of "Robert Daly," the Alcor member who committed suicide and was suspended in February. This Forum is intended as a companion piece of sorts to the Letters to the Editor (and Editorial responses) in this issue, which also concern the Daly suicide and suspension. If you're a regular reader of the Letters, you will likely find the Forum especially relevant and illuminating this month.

Summer Sessions

The first Sundays each of July and September fall on holiday weekends, so the Alcor Board of Directors meetings for these months have always been delayed for the *second* Sunday. Last year, we decided to include August on the list of delayed-meetings months, to avoid having three weeks between the July and August meetings, and five weeks between the August and September meetings. However, by not announcing this sufficiently in advance, we apparently caused more confusion than we avoided. . .

Not so this year! Come this summer, and subsequent summers until further notice, *we will all understand clearly and in advance* (by official decree, as you can see) that Alcor Business Meetings fall on the first Sunday of each month **unless it's July, August, or September**, in which cases *don't panic*, simply hone your case for an additional week.

Prepare Yourself For What You Already Know. . .

As I explained at length in last month's *Up Front*, the new printing format of *Cryonics* represents a considerable savings over the old format. However, I was surprised to learn that after the "core" 2000 copies are printed at a cost of \$1600, the cost of additional copies is entirely *linear* at \$160 per additional thousand. This means that if we wish to "overprint" a particular issue of *Cryonics* and use it as a vehicle for outreach and public relations, we have a lengthy, information-dense handout that costs only \$0.16/copy. This is less than the production cost of the 4-page brochure we've been using for the past six months! (About \$0.20/copy.)

Well, guess what: suddenly, we have a burning desire to overprint an issue of *Cryonics* and use it as an outreach vehicle. This will probably be next month's issue, since it is already slated to include a report of our only suspension (not counting a "straight-freeze") of the last eight months. This means that the next *Cryonics* may include a page or three of information that you've seen before — perhaps a one- or two-page summation of this month's financial statement, perhaps other "recycled" news — with no explanation of the redundancy. But there will still be *loads* of information that will be new to everyone. Enjoy!

Letters to the Editor

Dear Editor:

While I respect your candor in discussing the case of "Robert Daly," (*Cryonics*, April '93), I find your argument somewhat reminiscent of Soren Kierkegaard's *Either/Or*: I get the feeling that I am watching someone attempt an auto-frontal-lobotomy with a quill pen. I don't mean to sound sarcastic. (Kierkegaard did it for whole books, and made a hero of himself among the Jesuit crowd.) But if you are going to try to make every moral judgment in your life on the basis of libertarianism alone, you are going to bust your nut trying to fit the libertarian credo around every problem. You are also going to work very hard indeed at ignoring all the other moral rules by which human beings live. You will do yourself a largish favor if you will consider Doctor Riskin's professional moral code, and Doctor Harris's as well, as being of at least equal weight with your libertarian code, and providing some resolution where the libertarian code is at best ambiguous.

To begin with, Mr. Daly's unhappy end has, willingly or not, involved other people's legitimate interests, including your interest in your peace of mind. One consequence of Mr. Daly's sad action is that Alcor now has one more head occupying space in a dewar, with only nominal funding which probably doesn't really pay his way in nitrogen and capital depreciation. His original intent, in which you rightly refused to participate, was to defraud his insurance carriers; as real-world financial institutions with shareholders and other customers, they had a direct interest in preventing him from collecting a 10,000% return on his premium. His parents, whom Mr. Daly no doubt blamed for it all (as all depressives do — it helps spread the misery around), had an arguable interest in knowing what he was about; they certainly knew him better than you did, and they might have talked him into trying once more to live. And any other family member or friend who was capable of talking him out of it (other than by guilt, perhaps) would have been doing him a favor by improving his chances of finding a new drug that works, or at least surviving until his suspension could be properly funded.

I know that from a fundamentalist libertarian viewpoint my suggestion of involving someone's family is anathema,

and if he has insisted it not be done, I would be hesitant to do that. (Even the law would not invite his doctor to do so.) But I have seen enough of the guilt trips that depressive people usually lay upon their families that my sympathy with their right to kill themselves and lay that final rap upon one and all is muted at best. (Of course, Mr. Daly's family might be relieved that it's all over, and in any case, maybe they did contribute to his problems. I would be very skeptical of any finger-pointing in that direction, though.) There are a couple of manic-depressives among my brothers and cousins, and the unhappiness that they have given to their mothers is impossible to justify. The cousin has been missing for ten years (since sometime after falling off of Wall Street), and his mother still loses sleep over it, not knowing if he is alive or dead. Say, if you will, that it's her problem, and that she is nosy or bossy. Maybe she is, and maybe he would blame all his problems on her bossiness, but if I had the chance to let her know he was alive, and where he was, I would be hard pressed to deny her that knowledge. If he felt betrayed by that (I would try very hard to persuade him first), I would be inclined to consider that his problem, knowing that there is no evil for him in his family, and he might actually benefit from the friendly attention.

Speaking of interventions in the affairs of strangers, a funny thing happened six weeks before Jerry Leaf was suspended. Jerry's father, who has been weak with silicosis more-or-less forever, disappeared one fine day from the Leaf guest house, and it took about a day for any of us menfolks to get much concerned. There was some speculation that he had walked off into the San Gabriel's to find some old familiar haunt in which to die alone of his ailments. His wife was even afraid that she had driven him off with her incessant chatter. Nonetheless the police were notified, and sure enough, in a couple of days, he was discovered in a hospital in Pasadena, recuperating from some exposure and dehydration. It seems he had become disoriented after taking a prescription for his eyes, given by a doctor who didn't ask the right questions. Had our libertarian fantasy been followed through, he might have disappeared or died under some inadequate care, to no-one's very great benefit. Mr. Daly, of course, wanted to commit suicide, and had for a long time, so it was not un-

conscionable to accede to his wishes with regard to family or health-care involvement; but you cannot be positive that it was right, except by limiting your thinking to a narrow set of facts with a narrow libertarian interpretation.

Yours,
Mark F. Connaughton
San Clemente, California

I'm glad to see this letter from Mark. He states clearly a principle that did in fact guide my actions in dealing with Mr. Daly, but which I obviously did not articulate well in my article. If I were to attempt to boil Mark's letter down to one sentence, it would probably read, "Never let your fear of oppressing someone (i.e., your desire to be "libertarian") prevent you from doing something (i.e., save his life) that he would thank you for later." In the context of this issue, Mark can be seen as saying that I shouldn't have let my desire to respect Mr. Daly's right to freedom prevent me from forcibly hospitalizing him.

However, this leaves aside the question, "Would Mr. Daly indeed have thanked me later?" Mark's letter, and the letter that follows it below, assumes that he would have. It was my belief that he would not have thanked me later that guided my actions in not "committing" Mr. Daly. Simply put, my best guess at the time of this crisis was that by acting as a calm, reliable, non-interfering source of information and emotional support, Mr. Daly may well see that suicide was not answer — or at least not yet.

That Mr. Daly did in fact commit suicide is by no means proof that he would have thanked us later had we straightjacketed and sedated him. It is in fact my opinion that he would most likely be dead and buried right now, rather than in suspension, had we attempted to force a continued tortured existence upon him. Admittedly I am no psychologist, but I am also the only person to have spoken with Mr. Daly directly and frequently throughout this episode. Without intending to offend, I wish to turn Mark's logic back on himself in saying that it is those who stand outside this realm of direct experience, launching retroactive missiles of generic wisdom, who most resemble Kierkegaard with his quill pen. — Ed.

Steve Bridge replies:

Mark's suggestion of involving the member's family or friends is one we need to consider. However, in this particular case, two conversations (one by me, one by Michael Perry) with Mr. Daly's mother in the days following the suspension made it clear that, indeed, she was glad it was all over. She had not seen her son for ten or fifteen years, although they had rare telephone conversations. It was apparent that she knew next to nothing about cryonics and had no idea why her son had chosen suspension. Mr. Daly had listed no friends on his Application for us to call, and we were not aware that any other cryonicist even knew him.

One reason we did not consider calling his family for help may have been our impression that he was estranged from his family (although I'm not sure what evidence we had of that). Another certain influence was the personal experience that many cryonicists have had with relatives who are hostile to their choice of cryonic suspension. We are simply not likely to make a habit of involving family members on our own unless the Suspension Member has asked us to or unless we have met the family. Family reactions are simply unpredictable. Suspension Members who WANT us to take that kind of responsibility had better it make it VERY clear to us AND to their families.

Dear Editor:

I read with horror Ralph Whelan's article "Beginnings of Winter" in the April

issue of *Cryonics*. Its tone is blatantly defensive and self-justificatory. Several years ago I wrote a letter that was published in *Cryonics* asking that this issue be discussed by cryonicists and cryonics management, especially pointing out my concerns that so many cryonicists are libertarians and took an attitude that their philosophy prevailed over the preservation of the life of a cryonicist, surely the main function of a cryonics society. I felt then that there was not a sufficient emotional grasp of this issue.

As a sufferer from depression, as someone who is thankful that the police have taken me into a hospital when I became self-destructive, I am *telling* Alcor to get me into a hospital, regardless of your moral qualms, not because I am specifically asking that this be done, but because *anyone* in this condition should be taken to hospital. If Mr. Daly fails to be revived, I *direct* Alcor to remove from my patient fund sufficient money to pay for a tombstone to mark where his brain is buried. The inscription: "We respected his rights — Alcor."

The imposition of a moral philosophy over the saving of this patient's life amounts to a form of ideological genocide. That appropriately trained Alcor members were not consulted is an astonishing and disturbing oversight. The rights of psychiatrically non-compromised patients are a separate issue. Mr. Whelan has every cause to be defensive.

Sincerely,
Catherine Woof

My note beneath Mark's letter above serves as a response to this one as well, with a couple of exceptions. First, I wish to point out the absurdity of classifying my actions in this case as "The imposition of a moral philosophy over the saving of this patient's life." Ms. Woof, nothing was more important to me than saving Mr. Daly's life throughout this crisis. It was my desire to save his life that prevented me from forcing hospitalization on him. Even if we cannot agree on how forced confinement would have affected Mr. Daly, you might at least refrain from classifying that difference of opinion as libertarian intransigence. You know far too little about this case and my priorities to accurately conclude this. Had I thought that committing Mr. Daly to a psychiatric ward was in his long-term interest (i.e., continued, quality life), I would have done it.

Second, I wish to point out that "appropriately trained Alcor members" were consulted in this case. I view your action in either a) reading my article and failing to notice this, or b) failing to read the article and making such an assertion, as an astonishing and disturbing oversight. — Ed.

*Note: For further discussion of this topic, see the exchange between Clarissa Wells and Steve Bridge in this issue's *Cryonics Forum*. — Ed.*

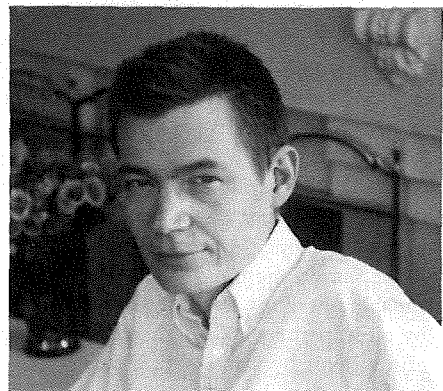
For the Record

Cryonics and the *Encyclopedia of Death*

Michael Perry

One of the main objectives in cryonics is to promote the concept as widely as possible. It is better than the alterna-

tives, after all, and most of us can think of many people we'd rather see around in the future than "just a memory." In general,



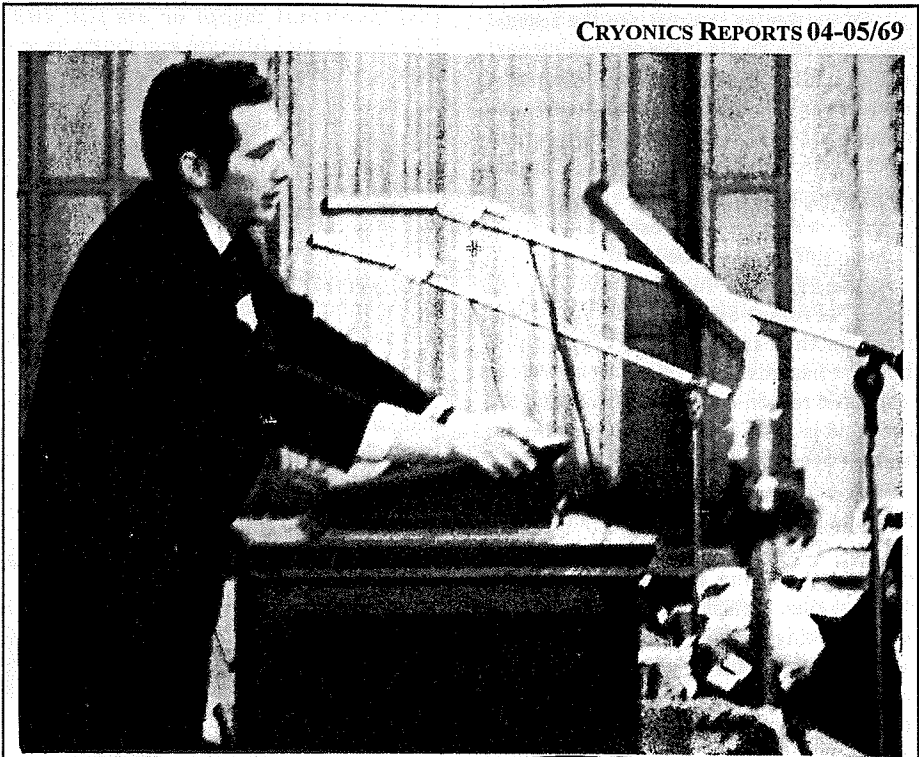
the more people who take cryonics seriously, the better. It is one of the disappointments we have to confront that so

few, relatively speaking, are as yet signed up for the procedure, even after the nearly three decades since it was first widely publicized. Although most of those on "the outside" have shown little interest, there are borderline cases who do show interest, though declining to make arrangements themselves. These people, who seem "almost" at our gates but unable to take the simple steps that would take them through to hopeful safety, can be frustrating but are also important. They represent a valuable link with the outside world, which often looks on cryonics as a bizarre, macabre enterprise fostered by a handful of kooks. The interested outsiders in turn, being more "respectable" in the eyes of the world, have at least that advantage in conveying our message to the mainstream. In some cases they are also especially suited by technical background or interest to focus on particular problems in cryonics.

Robert Kastenbaum, Ph.D., a professor at Arizona State University, has interests in gerontology, clinical psychology, behavioral and social sciences, and particularly the field of death and dying. He has published several books and numerous scientific papers relating to these topics. He is, to all appearances, very "mainstream" in his thinking and research, and (to my knowledge) has no personal interest in cryonics. Yet Dr. Kastenbaum has been involved in cryonics, sporadically at least, for many years.

The early high-water mark of this involvement was his address to the second (1969) cryonics conference sponsored by Cryonics Society of New York. The talk detailed his experimental encounters with people's attitudes about aging and death. Saul Kent was moved to remark: "But some of these people had things to tell Dr. Kastenbaum that he had never heard before. They were the survivors of those in suspension." Kastenbaum is listed in *Cryonics Reports* on the "Scientific Advisory Council — Cryonics Societies of America" for the issues covering April-December, 1969. After this there was a slowdown in the movement, this leading newsletter (under the new title *Immortality*) struggling on for a few more issues then dying. The Scientific Advisory Council was disbanded. Cryonics experienced more than a decade of lean years, culminating in disasters in which some patients were thawed and lost. Many early participants lost interest, particularly those who did not have a strong personal interest in being frozen.

Though little involved for many



Dr. Kastenbaum addresses 1969 cryonics conference

years, Dr. Kastenbaum did not entirely lose interest in cryonics. I remember in particular the presentation on cryonics Dave Pizer and I gave to his death and dying class in 1987. The good Doctor, now in gray-haired middle age, seemed surprisingly knowledgeable for an outsider (I did not then know about his earlier activity). The talk went well for awhile, but one class member managed to start a heated dispute about whether certain Arctic beetles had really been resuscitated after deep freezing, that rather fibrillated the discussion. Dave and I had to console ourselves with the thought that this was a "valuable learning experience." It may also have helped in another way, however.

A year or two later, a letter came to Alcor headquarters, where I was by then employed, about a forthcoming book the *Encyclopedia of Death*, authored by Robert and Beatrice Kastenbaum. In it there was to be an article on cryonics, a draft of which by Robert was enclosed. I noted immediately how antiquated it seemed, with no mention of nanotechnology and too much focus on such "expert" opinion as that of hostile cryobiologists. In the end I was to rewrite this article, which was then rewritten again by Dr. Kastenbaum.

As a courtesy, I received a copy of the book when it came out a few months later.

True to its title, the *Encyclopedia of Death* (Oryx Press, Phoenix, Arizona, 1989, 295 pp., indexed) consists of a series of articles in alphabetical order, on the general subject of death. A quick perusal did not, as a rule, inspire much enthusiasm nor, do I suspect, would other cryonicists be particularly attracted at first to many of the articles, which deal with conventional approaches to death and dying in their many variations and ramifications. However the book is very thorough, and patient study reveals many items of interest.

As one case in point, I'll briefly consider the article "Zombie," which happens to be the last in the book. Zombies aren't quite what you may have thought. The idea is not to bring about a scene from *Night of the Living Dead*, with animated corpses roaming and groaning and making trouble, but instead to implement the inspiring concept of resurrection:

"It is obvious that the now-familiar image of the zombie as a dismal and perhaps menacing creature has little relationship to the conception of life reconstituting itself from death and having a new opportunity for joyous, vigorous, and spontaneous expression. How the exciting prospect of renewed life turned into the sodden and fearful zombie is a question to which no adequate answers have been proposed."

Of particular interest are the researches of Wade Davis, who reports on certain practices involving real-life near-resurrections. Haitian "zombies" are made by applying powerful poisons from certain species of puffer fish, lotion-like, to the skin. The resulting numbing and paralysis produces a state closely resembling death. "The victim may then be treated as though a corpse, given a funeral service, and buried." Prompt exhumation and careful care can then induce recovery, though there are hazards. "For religious as well as pragmatic reasons, the process of creating a zombie is taken very seriously and is far from an everyday occurrence."

In general the book is a potpourri covering many topics, interests and orientations. There is something for almost everyone, ranging from the student of religious rites to (last and least?) the movie writer looking for plot material. There is a strong emphasis on psychological issues, an open-minded approach toward many differing points of view, and a sincere concern over suffering and injustice. I found in fact that with a little reading the book lost its forbidding aspect and even the topics that had initially seemed repulsive could be studied with interest.

Of greatest significance from the standpoint of cryonics, however, is the inclusion in the book of a rather lengthy article, "Cryonic Suspension," which resulted from the exchange reported above. The article occupies about four pages of double-column print (as compared with three pages for a nearby piece on cremation, for instance) and includes a full-page illustration. More importantly, the article is well-informed and thorough, with only a few minor errors and oversights. Although it had input from a "true believer" (me, in fact), it is not written from that viewpoint. It does, nevertheless, achieve a reasonable balance among the arguments for and against, in a way that transcends the usual journalistic product seen so often in newsprint. It is clear that the author, Dr. Kastenbaum, both understands the main technical issues and is in sympathy with the needs cryonics attempts to address, even if he is not a cryonicist himself.

The article opens by pleasantly observing that "reducing the body temperature of a living organism can serve a number of useful purposes," including medical, commercial and research applications, and that this has "long been known." Cryonic suspension, of course, is a more radical application of this principle:

How Many Are We?

Alcor has 355 Suspension Members, 505 Associate Members (includes 128 people in the process of becoming Suspension Members), and 27 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 |
| Brazil | 0 | 0 | 1 |
| Canada | 10 | 5 | 31 |
| Costa Rica | 0 | 0 | 1 |
| Denmark | 0 | 0 | 1 |
| Estonia | 0 | 0 | 1 |
| Finland | 0 | 0 | 1 |
| France | 0 | 0 | 3 |
| Germany | 2 | 0 | 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 | 4 | 9 |
| U.S.A. | 308 | 111 | 311 |

"Advocates claim that it is possible for a person to be maintained in a state of hypothermia for an extended period of time and then restored to normal life. It is presumed that technology will become available for 'repairs' that are not now possible. Whether described as cryonic suspension or 'solid-state hypothermia,' this phenomenon is regarded by some people as a new and viable method for overcoming death."

A historical note follows, with a presentation of the basic cryonics thesis and requirements that must be met, based on Ettinger's *The Prospect of Immortality*. There is a discussion of critical responses including arguments for and against the prospect of eventual resuscitation of cryonics patients. Opponents stress that no mammal or large organ has yet been resuscitated from solid freezing, and that many cells are damaged by such freezing to the point of losing viability. Proponents point to the fact that technology is advancing, and that there are indications that atom-by-atom manipulation of matter will eventually be possible. With such capability,

cells that are no longer functional but whose structures are still inferable could be repaired and restored to viability. The section closes on a cautious but hopeful note:

"In balance, cryonic resuscitation would seem to offer great difficulties, and no guarantee that they can be solved, but likewise no proof, as yet, that they will never be solved. Some people embrace the possibilities of cryonics and consider the potential benefits to far outweigh the cost. While most at present do not share this optimism, the history of science is studded with so many remarkable achievements that it might be foolish to say at this time that resuscitation from cryonic suspension will never be a reality."

The article continues with a "perspective" that considers non-technical issues, including the lack of interest many profess in substantial life extension, and such variations as head-only freezing. The conclusion notes that, should cryonics prove workable so that it will be possible for

James Bedford (the first person cryonically suspended) "to write his own postmortem autobiography, then many will have occasion to revise their thinking."

In general I found it a hopeful sign of the times that an article such as this has appeared in a mainstream publication on death and dying. Let's hope that more such articles appear and that more outsiders to cryonics become interested and then become *insiders*. Meanwhile, I think the article would be useful as part of Alcor's introductory literature, and we should take steps to make it so available.

Sources:

Cryonics Reports Vol. 4 no. 4 (Apr.-May 1969) pp. 15, 21.

Kastenbaum, R. "Cryonic suspension" in *Encyclopedia of Death*, R. Kastenbaum and B. Kastenbaum, Oryx Press, 1989, pp. 61-66.

Kastenbaum, R. "Zombie" in *op. cit.*, pp. 285-286.

Understanding Alcor: Notes from the President

Accounting for the Numbers: Alcor's Certified Audit

Steve Bridge

After more than two months of detailed work with the accountants of Stonefield Josephson, we finally have completed our first independent certified audit, as reflected in the financial statements and audit letter following this article. The audit letter states that Alcor's financial statements accurately and fairly present Alcor's financial position and the results of its operations.

This audit took two months and cost \$16,500. While this was not a small ex-

pense, I believe it was justified for member and Director confidence. Even more importantly, this first audit was useful in forcing us to carefully examine the way we were handling our accounts and policies. While we have no major discrepancies in our books, there are a number of ways we need to improve our record-keeping for proper accountability to the members and Directors.

According to the auditors, this was one of the more interesting audits they had



ever done, partly because they had to explore a lot of new territory. Some of our accounting requirements are similar to those of other non-profits, some are more similar to those of insurance companies, and one or two are like nothing else under the sun (research projects which last for centuries just aren't too common). They were also pleased at how *involved* we were in the process. Apparently many non-profit organizations hand them the books, glance at the results, and say, "Thank you, good-

bye." They were happy that we wanted to understand and even *argue* about the process.

So let's look at the numbers on the financial statement and what they mean. [Caveat: I have never studied accounting, so some Directors and Members with more financial experience will no doubt spot important relationships that I do not. I invite comments from the knowledgeable.]

The Balance Sheet is a snapshot look at the financial condition of Alcor on December 31, 1992. It does not reflect yearly activity (except in comparison with the 1991 Balance Sheet). Comparisons with 1991 are a bit tricky, since different people compiled the two reports and the format is not quite the same. In spite of a difficult year, with many unexpected expenses, complex suspensions, and tremendous political changes, Alcor came out ahead for 1992 in most ways.

For instance, the amount of money in the Deferred Patient Care Reserve (listed as Patient Care Reserve on the 1991 Balance Sheet) increased by \$208,566 in 1992. The Deferred Patient Care Reserve is that amount estimated by Alcor to be the minimum acceptable amount in the fund in order to earn enough income to pay Patient Care expenses in perpetuity (for the number of patients in suspension at any one time). Since this funding automatically increases when we add suspension patients, the critical number is the difference between the Reserve (plus other Fund liabilities) and the total amount of assets in the Patient Care Trust Fund. In 1992, that difference is \$46,186, in comparison with only \$36,725 in 1991. The goal of our Patient Care Trust Fund investments is to continually increase this difference.

One possibly confusing number is the (\$100,141) labeled "Due from other funds" under Endowment Fund. In late 1992, the Board of Directors decided that one set of Endowment Fund investments (utilities stocks) were more appropriate as Patient Care Fund investments instead. The stocks were switched to Patient Care in 1992; but the compensating trade of funds from Patient Care back to the Endowment Fund did not take place until early 1993. (Remember, the balance sheet represents Alcor's position on December 31.) Also, the Endowment Fund assets slipped slightly below \$400,000 (to \$399,650) because of the drop in value of one investment. Since Endowment Fund interest is automatically paid to the Operating Fund as income (that

is the amount listed as "Investment Income" under General Fund on page 3 of the report), we may want to put Operating Fund money back into the Endowment Fund to keep its principal up when this situation occurs.

The other page that is most useful to look at is the "Statement of Revenues and Expenses and Changes in Net Assets." This is Alcor's report card for how we did in 1992. The General Fund (day-to-day operations) had expenses of \$17,098 more than its income in 1992 (although we should point out that \$10,755 of those expenses is depreciation). The Patient Care Fund came out ahead by \$9,461; but it required a donation of \$10,907 from the General Fund (the 10% Rule; see Note 1 — General) to get to that point (although, again, note the depreciation). Unless we can find ways to increase our investment income in the Patient Care Fund (and I am confident that we can), the 10% Rule will continue to be a critical Alcor policy for some time to come.

The categories of Revenues and Expenses are self-explanatory with the possible exception of "Emergency Response" (expenditures to increase our general suspension capability which are not credited to any one particular member suspension) and the catch-all "Other," which includes Utilities, Office Expenses, and Repair and Maintenance among its larger inhabitants.

Alcor's net assets decreased by about \$4,000 during the year, because of the loss in the Operating Fund. Note that the \$208,556 gain in the Deferred Patient Care Reserve is *NOT* an asset. Instead it is placed under "Liabilities" since that reserve is required in order to keep the patients in suspension.

The auditors had some suggestions for improving the management of our Accounts. First, we need to exercise more care in recording and fully documenting transactions between accounts. This is only our second year using Fund Accounting and our first year using the DacEasy computer fund accounting package, and I think most of the problems resulted from that lack of experience.

Another set of suggestions concerned the need for the Board of Directors to more clearly state and pass policies concerning investments and accounts transfers. The Directors are in the process of doing that now, one result of which is the comprehensive Endowment Fund Policy in the Business Meeting Report for April

(elsewhere in this issue).

The auditors also pointed out some other improvements needed, each of which were already in the planning stages:

1. We need a full, detailed inventory of our equipment, furniture, and supplies. (We could use a knowledgeable volunteer with expertise in organizing such an inventory.)

2. We need more accurate estimates of what it costs to suspend and maintain our patients.

3. Our employees who have responsibility for money need to be bonded. This would include the three people with signature authority for our accounts (Hugh Hixon, David Pizer, and myself) and our bookkeeper, Joe Hovey.

4. We need to review our member records to look for members who do not have proper documentation of guaranteed Suspension Funding (for instance, irrevocable beneficiary or collateral assignment of an insurance policy). As can be seen from my article, "Details Make the Difference" in the April issue of *Cryonics*, neglecting this problem could cost Alcor dearly.

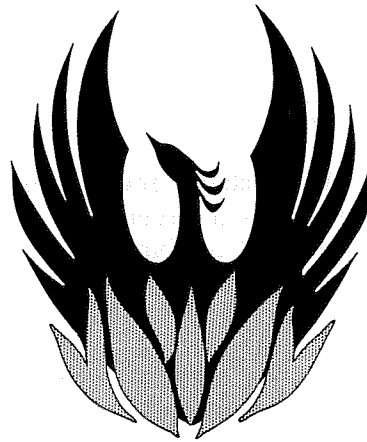
5. The auditors suggest that an Audit Committee of some kind be continued, so that they and our Internal Auditor (Michael Riskin) can review policy, procedures, and transactions. (If you are able to visit Alcor easily, and have the background and interest in performing duties like this, please let me know.)

If you have technical questions concerning these financial statements, please write to us, and I'll have our more financially knowledgeable employees or volunteers answer them for you.

Alcor Life Extension Foundation

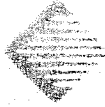
FINANCIAL STATEMENTS

Year Ended December 31, 1992



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Stonefield Josephson
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Board of Directors
Alcor Life Extension Foundation
Riverside, California

We have audited the accompanying balance sheets of the General, Patient Care, Research and Endowment Funds of Alcor Life Extension Foundation as of December 31, 1992, and the related statements of revenues and expenses and changes in net assets and combined statement of cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Alcor Life Extension Foundation as of December 31, 1992, and the results of its operations and changes in fund balance and cash flows for the year then ended, in conformity with generally accepted accounting principles.


ACCOUNTANCY CORPORATION

Santa Monica, California
February 26, 1993

ALCOR LIFE EXTENSION FOUNDATION

BALANCE SHEET - DECEMBER 31, 1992

| ASSETS | General Fund | Patient Care Fund | Research Fund | Endowment Fund | Total |
|--|-------------------|-------------------------|------------------|-------------------|---------------------|
| Cash and cash equivalents | \$ (140) | \$ 4,338 | \$ 7,932 | \$ 38,288 | \$ 50,418 |
| Investments | | 984,849 | | 161,869 | 1,146,718 |
| Accounts receivable, net of allowance for doubtful accounts of \$3,000 | 8,479 | | | 99,352 | 107,831 |
| Other assets | 3,678 | 59,676 | | | 63,354 |
| Property and equipment, net of accumulated depreciation | <u>18,125</u> | <u>188,581</u> | <u>41,346</u> | <u> </u> | <u>248,052</u> |
| | <u>\$ 30,142</u> | <u>\$ 1,237,444</u> | <u>\$ 49,278</u> | <u>\$ 299,509</u> | <u>\$ 1,616,373</u> |
| LIABILITIES AND NET ASSETS | | | | | |
| Accounts payable and other liabilities | \$ 42,263 | \$ 10,000 | \$ | \$ | \$ 52,263 |
| Notes payable, due September 1993, interest payable monthly at a 6½% annual rate | 24,947 | | | | 24,947 |
| Capital lease obligations | 5,938 | | | | 5,938 |
| Deferred patient care reserve | | 1,072,982 | | | 1,072,982 |
| Due to (from) other funds | <u>(35,502)</u> | <u>108,276</u> | <u>27,367</u> | <u>(100,141)</u> | <u> </u> |
| Total liabilities | <u>37,646</u> | <u>1,191,258</u> | <u>27,367</u> | <u>(100,141)</u> | <u>1,156,130</u> |
| Net Assets: | | | | | |
| Unrestricted: | | | | | |
| Available for operations | (25,629) | | | | (25,629) |
| Net investment in plant | <u>18,125</u> | | | | <u>18,125</u> |
| | (7,504) | | | | (7,504) |
| Restricted | <u> </u> | <u>46,186</u> | <u>21,911</u> | <u>399,650</u> | <u>467,747</u> |
| Total net assets | <u>(7,504)</u> | <u>46,186</u> | <u>21,911</u> | <u>399,650</u> | <u>460,243</u> |
| | <u>\$ 30,142</u> | <u>\$ 1,237,444</u> | <u>\$ 49,278</u> | <u>\$ 299,509</u> | <u>\$ 1,616,373</u> |

See accompanying independent auditors' report and notes to financial statements.

ALCOR LIFE EXTENSION FOUNDATION
STATEMENT OF REVENUES AND EXPENSES
AND CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 1992

| | <u>General Fund</u> | <u>Patient Care Fund</u> | <u>Research Fund</u> | <u>Endowment Fund</u> | <u>Total</u> |
|-------------------------------------|-------------------------|----------------------------------|--------------------------|---------------------------|-------------------|
| Revenues: | | | | | |
| Membership fees | \$ 96,027 | \$ 10,907 | \$ | \$ | \$ 106,934 |
| Public donations | 142,965 | | | 509 | 143,474 |
| Investment income | 18,911 | 51,618 | | | 70,529 |
| Patient services | 23,541 | | 148,754 | | 172,295 |
| Other | <u>3,007</u> | <u> </u> | <u>3,810</u> | <u> </u> | <u>6,817</u> |
| Total revenues | <u>284,451</u> | <u>62,525</u> | <u>152,564</u> | <u>509</u> | <u>500,049</u> |
| Expenses: | | | | | |
| Salaries | 51,280 | 18,573 | 14,138 | | 83,991 |
| Bad debts | 5,915 | | | | 5,915 |
| Depreciation | 10,755 | 10,490 | 237 | | 21,482 |
| Education | 2,487 | | | | 2,487 |
| Emergency response | 37,779 | | | | 37,779 |
| Insurance: | | | | | |
| General | 8,704 | | | | 8,704 |
| Workers' compensation | 12,001 | 4,692 | 1,847 | | 18,540 |
| Interest | 4,498 | | | | 4,498 |
| Legal | 38,374 | | | | 38,374 |
| Magazine | 17,820 | | | | 17,820 |
| Medical supplies | 770 | | 5,960 | | 6,730 |
| Nitrogen | | 15,102 | | | 15,102 |
| Postage | 9,675 | 403 | 753 | | 10,831 |
| Professional fees | 17,741 | | 350 | | 18,091 |
| Rent | 13,457 | | | | 13,457 |
| Research: | | | | | |
| Grants | | | 6,000 | | 6,000 |
| Other | | | 1,206 | | 1,206 |
| Supplies | 770 | 100 | 9,783 | | 10,653 |
| Suspension | | | 106,159 | | 106,159 |
| Taxes and licenses | 6,917 | | | | 6,917 |
| Telephone | 14,563 | | | | 14,563 |
| Travel | 5,510 | | | | 5,510 |
| Other | <u>42,533</u> | <u>3,704</u> | <u>2,321</u> | <u>710</u> | <u>49,268</u> |
| Total expenses | <u>301,549</u> | <u>53,064</u> | <u>148,754</u> | <u>710</u> | <u>504,077</u> |
| Excess of expenses over revenues | (17,098) | 9,461 | 3,810 | (201) | (4,028) |
| Net assets, beginning of year | <u>9,594</u> | <u>36,725</u> | <u>18,101</u> | <u>399,851</u> | <u>464,271</u> |
| Net assets, end of year | <u>\$ (7,504)</u> | <u>\$ 46,186</u> | <u>\$ 21,911</u> | <u>\$ 399,650</u> | <u>\$ 460,243</u> |

See accompanying independent auditors' report and notes to financial statements.

ALCOR LIFE EXTENSION FOUNDATION
 COMBINED STATEMENT OF CASH FLOWS
 YEAR ENDED DECEMBER 31, 1992

INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

| | | |
|--|-----------------|----------------------|
| Cash flows provided by (used for) operating activities: | | |
| Excess of expenses over revenues | \$ (4,028) | |
| Depreciation expense | <u>21,482</u> | \$ 17,454 |
| Changes in assets and liabilities: | | |
| (Increase) decrease in assets: | | |
| Accounts receivable | (52,314) | |
| Other assets | 395,947 | |
| Increase (decrease) in liabilities: | | |
| Accounts payable | 21,023 | |
| Deferred patient care reserve | 208,565 | |
| Deferred suspension income | <u>(60,000)</u> | |
| Total adjustments | | <u>513,221</u> |
| Net cash provided by operating activities | | 530,675 |
| Cash flows used for investing activities: | | |
| Short-term investments | (604,610) | |
| Purchase of property and equipment - net | <u>(65,697)</u> | |
| Net cash used for investing activities | | (670,307) |
| Cash flows provided by (used for) financing activities: | | |
| Reduction in capital lease obligations | (5,687) | |
| Notes payable | <u>24,947</u> | |
| Net cash provided by financing activities | | <u>19,260</u> |
| Net decrease in cash and cash equivalents | | (120,372) |
| Cash and cash equivalents, beginning of year | | <u>170,790</u> |
| Cash and cash equivalents, end of year | | <u>\$ 50,418</u> |

See accompanying independent auditors' report and notes to financial statements.

ALCOR LIFE EXTENSION FOUNDATION

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1992

(1) **Summary of Significant Accounting Policies:**

Fund Accounting

To ensure observance of limitations and restrictions placed on the use of resources, the accounts of the Foundation are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified for accounting and reporting purposes into funds established according to their nature and purposes. Separate accounts are maintained for each fund; however, in the accompanying financial statements funds that have similar characteristics have been combined into fund groups. Accordingly, all financial transactions have been recorded and reported, by fund group, into the following funds:

General: Revenues which are not restricted as to usage and expenses for the general operations of the Foundation are classified into the general fund. The Board has determined that 10% of certain general fund revenues should be set aside for patient care and accordingly, approximately \$12,000 has been transferred to the patient care fund.

Patient Care: Upon deanimation, a pre-established amount, received from insurance proceeds, is estimated for the long-term care of patients and is placed into the patient care fund and classified as deferred patient care reserve. Such amounts are invested in fixed income and equity securities, the income from which is restricted in use for the costs of patient care and for any ultimate costs of reanimation.

Research: The portion of the proceeds received upon deanimation which is not designated for long term patient care is placed into the research fund and is used for the initial costs of suspension. Any excess over such costs is transferred to the general fund and is available for the operations of the Foundation. Research grants restricted to specific research activities are also placed in the research fund.

Endowment: The Foundation received a bequest from a member which was, per the last will and testament, unrestricted as to usage. However, the Board of Directors restricted usage of the fund to investments in securities and for short-term loans to the general fund for operating purposes, up to a maximum of 10% of the endowment fund balance. Income earned by the endowment fund investments is unrestricted and, accordingly, is classified as general fund income.

Property and Equipment

Leasehold improvements and property and equipment are recorded at cost. Major additions and betterments are charged to the property accounts while replacements, maintenance and repairs which do not improve or extend the life of the respective assets are expensed in the year acquired. When property is retired or otherwise disposed of, the cost is removed from the asset account, accumulated depreciation is charged for the depreciation provided and the difference, after taking into account any salvage amount, is charged or credited to operations.

See accompanying independent auditors' report.

ALCOR LIFE EXTENSION FOUNDATION

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 1992

(1) Summary of Significant Accounting Policies, Continued:

Income Taxes

The Foundation is a non-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no income taxes are provided in the accompanying financial statements.

(2) Investments:

Investments are presented in the financial statements at market value which approximates cost, and are composed of the following:

| | |
|-----------------------------|---------------------|
| Mutual funds | \$ 533,726 |
| U.S. Government obligations | 468,178 |
| Corporate stocks and bonds | <u>144,814</u> |
| | <u>\$ 1,146,718</u> |

(3) Other Assets:

A summary is as follows:

| | |
|--|------------------|
| Investment in Symbex limited partnership | \$ 31,676 |
| Investment in U.K. building | 28,000 |
| Prepaid interest | <u>3,678</u> |
| | <u>\$ 63,354</u> |

The Foundation is a limited partner investor in Symbex, a limited partnership whose other partners are members of the Foundation. The partnership owns a building leased to the Foundation through February 2006 at a base rental amount plus a percentage of membership fees, not to exceed \$1,700 per month. The Foundation and partnership have made modifications to the lease agreement in the past, limiting the monthly rental to \$463 through December 31, 1992. Future rental amounts will be at amounts negotiated between the Foundation and the partnership.

The Foundation, in a prior year, purchased a partial ownership interest in a suspension facility in the U.K. owned by one of the members of the Foundation.

See accompanying independent auditors' report.

ALCOR LIFE EXTENSION FOUNDATION
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 1992

(4) Property and Equipment:

A summary is as follows:

| | |
|--|-------------------|
| Machinery and equipment: | |
| Medical | \$ 234,578 |
| Administrative | 54,896 |
| Leasehold improvements | 19,655 |
| Construction in progress | <u>17,000</u> |
| | 326,129 |
| Less accumulated depreciation and amortization | <u>78,077</u> |
| | <u>\$ 248,052</u> |

(5) Contingencies:

The Foundation is involved in a dispute with the heirs of a member in suspension, wherein it claims interest in a portion of royalties from certain artistic properties, which are also being claimed by the heirs. No receivable amounts have been recorded related to this dispute in the accompanying financial statements.

See accompanying independent auditors' report.

Madison Avenue Meets Cryonics?

Kevin Q. Brown

If a *little* knowledge can be a dangerous thing, then I probably am dangerous now. The book *Positioning: The Battle For Your Mind* by Al Ries and Jack Trout (1986, Warner Books, paperback, \$4.99) has been giving me ideas about marketing cryonics. That, by itself, is dangerous, since, in a very real sense, we don't even have a product to promote; nobody has ever gotten frozen and walked away from it. But even if someone had, cryonics probably would remain enormously unpopular until some marketing genius figured out how to position it in such a way to make it sell. Hard to believe? Bear this in mind then: cryonics is such an unpopular topic that by our interest in cryonics alone, every one of us is demonstrably way off at the fringes of the Bell curve. What seems logical and natural to us could easily be wholly alien to almost everyone else. Whether or not we *want* to attract any of the other 99.99999% of the population is another matter. I will assume, however, that we want to attract enough people to give us clout in this world because otherwise we will all likely fail, and thus die.

So what is so interesting about these marketing ideas that anyone would want to read any further? Here are some conclusions I have reached:

- Our perception of cryonics is *vastly* different from the man-in-the-street perception of cryonics.
- We do not know how to express what business we are in.
- Most of us do not even know who our competitors are.
- The word "cryonics" is so unappealing that we should use more appealing terminology for our organizations and services.

I also have several suggestions for why cryonics sells so poorly and how we might improve our situation, but bear in mind how dangerous a *little* knowledge is.

The most crucial notion in the book, *Positioning*, is that what affects sales the most is what is in the mind of the customer, not what is in the mind of the seller. Not very profound. But then consider the enormous number of messages that bombard us each year and how few of them we can retain. Only the simplest messages make it through, into the minds of people. Photocopies = Xerox. Facial tissues = Kleenex. Rental Cars = Hertz, Avis, and National, in that order. The "position" is where the company fits in that short list for whatever category the company gets pegged into. (Most companies don't even make the list.)

Now what about cryonics? Where does it fit into people's minds? Bizarre mortuary practices = mummification, freezing, peeling flesh off the bones (Tibet), vulture food (Parsees in India), etc. Yes, I know that the press has been getting better the last few years. But look at the pictures accompanying the description of the cryonic suspension contest in the Jan. 1993 issue of *Omni* magazine. What do they say to you? The logic is one thing. The image is another. People remember the image.

That is where we are. Where do we want to be? Exactly what business are cryonicists in, anyway? What is the competition? What images do we want to evoke in the minds of the prospects? How do we get there? There is no single right answer to these questions. The answers may be different for each market segment. In particular, what is profoundly important for one person may be irrelevant to another. (The Myers Briggs personality type indicator gives some intriguing suggestions about that.) The following represents, of course, my bias and my interests. Your mileage may vary.

Exactly what business are cryonicists in?

Are we in the people freezing business? No, that is just part of the mechanics. Nobody really *wants* to be frozen. (As the old saying goes, it is the *second* worst thing that could happen to you.)

Some people on Cryonet suggested that we are in the immortality business, and then were chastised immediately for being so brazen and politically incorrect. ("It's too hubristic. Nobody will like you if you say that.") The notion of immortality also has some technical difficulties. ("Are you really *immune* to death, no matter what?") Personally, my only problem with immortality is that it will take forever for me to prove that I have achieved it [Neural Tweaker #1]. But if that is the business we are in, then it will take forever to succeed, won't it?

Maybe we're in the "life preservation" business, or the "stay healthy a really long time" business, or even the "galactic tourist" business. Maybe. But those alternatives do not have the wonderful simplicity and emotional power of something like "immortality." Ries and Trout suggested that the answers, when you get them, are obvious. Getting to the obvious is not always simple, though. What else could be as simple as "immortality" and still carry the same emotional punch?

My suggestion, and you may disagree, is that the "root meme" for cryonics is "outrage against death, with a steadfast determination to defeat it by one's own hand." What? That doesn't sound simple! Look at how many words it took to describe it! True, but what image does it evoke? Imagine a person, thousands of years ago, standing next to a fallen friend, shaking his fist in rage at the Gods, determined to defeat their ugly game. Picture Gilgamesh traveling throughout the known world in search of a way to conquer death. That is the sort of primal image that drives

us. And cryonics is, for now, our best resolution for it.

The other 99.99999% of the world's people have other resolutions in place. For cryonicists to reach them, we first need to find what those competing resolutions are, and then find how we can position cryonics in their minds as a solution for what they want. What is the competition?

Too many times I have seen cryonicists compare the various cryonics organizations as if our main competition is each other. Ha! Ha! Ha! Keith Henson has suggested that cryonics occupies the same memetic niche (i.e. marketing position) as religion. I think that he is much closer to being right. What kinds of religious resolutions for that primal image have people found throughout history? Certainly several religions have offered promises of immortality (Christian heaven, Norse Valhalla, etc.). Other religions or philosophies offer different kinds of resolutions, such as dissolving the rage and determination that is vexing us, along with ourselves (Buddhism).

Some even more common resolutions, though, have nothing to do with religion at all: Denial & Self-Deception. Follow-the-crowd. Until recently, these strategies actually made good sense. Why spend your life fretting over something that you can do nothing about? You would be better off just forgetting about it and getting on with your life (and death). People who did exactly that produced a world full of people like them. Cryonicists are the misfits.

How do we take market share from our competitors?

This is where a lot of strategy and street-smarts comes in handy. I certainly have no monopoly on that, so while reading this, let your imagination run wild. Maybe you will create a gem or two.

Here is the list of competitors:

- (1) Religious Promises of Immortality,
- (2) Religious Promises of Annihilation,
- (3) Denial & Self-Deception, and
- (4) Follow-the-Crowd.

By the way, I neglected to list "life is terrible and I want out now!" because I doubt that any such person will last long enough to be a serious prospect.

These competitors are all well-established. Before expending time and energy on clever schemes for unseating them, heed the caution from page 210 of *Positioning*: "... you can't compete

head-on against a company that has a strong, established position. You can go around, under or over, but never head-to-head."

For example, we won't be able to tell Mr. Denial to "Wake Up! Cryonics is Here!" As we have seen, in the almost 30-year history of cryonics, the other competitors haven't budged any, either. The good news, though, is that: "Often, to create a viable position, you must reposition another brand or even an entire category of product. As Tylenol did to aspirin, for example."

What did Tylenol do to aspirin (besides giving it a headache)? The initial Tylenol ad campaign pointed out the many ways in which aspirin products could not accomplish what people really wanted (due mainly to induced gastro-intestinal bleeding). And then it offered Tylenol as a solution. This worked because what people really wanted wasn't aspirin: it was a safe pain reliever. For a cryonics promotion to work, it has to offer people what they really want. But their minds will not be open to that until they understand clearly that what they have now is not what they really want.

Now I will jump into my asbestos suit and outline my thoughts on taking market share from our competitors.

(1) Religious Promises of Immortality

For someone who already has religious promises of immortality, what does cryonics have to offer? As I pointed out in a prior posting to Cryonet:

"The traditional scenario for survival through reanimation from cryonic suspension ... sounds like heaven; when you first re-awake you will be surrounded by your friends and loved ones (who have come back before you) and these people will all be young, healthy, wise, incredibly wealthy and powerful by today's standards, and, of course, in immortal bliss."

That makes cryonics just a me-too offering, though, and promoting it that way will only be competing head-to-head with a well-established competitor, which does not work.

Perhaps we could "Tylenol" those religious promises and leave those people eagerly looking for something to replace their lost faith? Give me a break! We are not in the business of changing people's religion, and quite enough misery has been inflicted upon this world already by people's misguided attempts to do just that.

For these competitors, I suggest that we cannot go head-to-head, and we cannot reasonably expect to reposition (i.e. "Tylenol") them either. We can only go around, under, or over them. So what does cryonics have to offer that people with a religious promise of immortality do not have already? Something very practical: health preservation. To get there, though, we need to reposition cryonics in their minds from "bizarre mortuary practice" to something much better.

Brian Wowk's classic repositioning of cryonics was titled "The Death of Death in Cryonics." He makes the crucial point that cryonics is *not* about freezing dead bodies and eventually magically bringing them back from the dead. Instead, cryonics stabilizes terminal ill people *so that they do not die*. We thus have cryonics patients, not frozen bodies. No longer do we need to explain where people's souls go or worry about other religious conundrums or Frankenstein-like fears, because cryonics patients have not died.

This repositioning of cryonics makes possible a mind game that you can play on Catholics, should you be so inclined. Here is my version of an idea I saw in an early version of *Cryonics: Reaching For Tomorrow*:

(A) Suicide is a mortal sin.

(B) Refusing medical treatment that would prevent your death is suicide.

(C) Therefore, opting for burial or cremation when conventional medicine gives up on you, rather than being suspended, is a mortal sin.

Saying that may shut someone up, but don't expect any signups out of it.

For people with religious promises of immortality, cryonics is just a health-maintenance option. Some will buy it. But, as we have seen, most will not. So why aren't people lining up to buy our Super Extraordinary Health Preservation Service? Probably because, as I mentioned in the first paragraph, we don't have a product; nobody has ever gotten frozen and walked away from it. There may also be a dose of denial, self-deception, or follow-the-crowd involved, too. One thing that we might do, rather than just give up on this competitor, is to choose a better name for what we offer than "cryonics."

Yes, a better name. But that completely ignores all the important issues, doesn't it? Well, consider this. Procter & Gamble

has several laundry detergent products, each targeted for a different niche:

- Tide* — gets your laundry white,
- Cheer* — gets your laundry whiter than white, and
- Bold* — gets your laundry bright.

Silly sounding isn't it? Procter & Gamble laughs all the way to the bank. Each of those names, along with its promotional support, attracts a targeted segment of the laundry detergent buying population. Successfully. As Ries and Trout stress throughout the book, getting the right name is *important*.

Now who would be attracted to the name "cryonics?" At first mention — and that is probably as far as you will get — what does it sound like?

"CRY - ONICS. Technology to make you cry? It's something really sad to be sure, probably tragic. I don't want to have anything to do with it!"

But ... But ... It's so logical! You see, the Greek root "cryo" means "cold" and you certainly have heard about "cryobiology" and "cryogenics," established sciences. Yes, we are talking about science!

"Yeah. Yeah. And I bet you're going to tell me that 'cryptography' isn't about taking pictures of graves. Get lost, you krypto-kryo-kook!"

See what trouble a bad name can cause? :-). Seriously, though, I would like to see a more inviting name. Unfortunately, since the word "cryonics" is so well-established, I don't believe that we should attempt to create a competitor word to go head-to-head against it. (As Ries and Trout point out, that strategy doesn't work.) We can, however, make certain that we use inviting names for our organizations, our products, and our services. Any organization with "cryonics" in its name is starting with an unnecessary handicap. Thus, the "American Cryonics Society," "Cryonics Institute," "International Cryonics Foundation," and "Canadian Cryonics Society" are suffering from this handicap whereas the "Alcor Life Extension Foundation" and "Trans Time" are not. (The "Immortalist Society" does not use "cryonics" but it does use the dreaded "I" word.)

What words, or phrases, would be better? What do you suppose will be the name of the top suspension organization once the big guys and Madison Avenue get in the act? "Biostasis" sounds like some kind of biological static cling technology, but at least it isn't as bad as "cryonics." How about "BioHaven" offering its "Door

To Tomorrow" service? Or maybe "Escape Hatch" with its "Beat The Reaper" special? Perhaps "Safety Net" will catch you when you fall? Or "Sanctuary" will keep you in a "holding pattern" until they can make you well?

(2) *Religious Promises of Annihilation*

People who want to be annihilated (perhaps after several rounds of reincarnation) have a fundamental difference in values from cryonicists. But what cryonics offers and what they want still have some common ground because reanimation from cryonic suspension is kind of like reincarnation. Promoting cryonics just like that, though, is competing head-to-head against established competition, which doesn't work. Even worse, at first glance (which is all you'll get), cryonics looks clearly inferior to reincarnation. Why would someone want our crude, unreliable, expensive, messy, *man-made* reincarnation system when they can stay with their automated, high-tech, free, *divine* reincarnation system?

If there is such a thing as a technophilic believer in reincarnation, then we may have an opening. As I see it, the greatest weakness of their system is the total (or, to be charitable, near total) amnesia one suffers from one incarnation to the next. That surely would greatly inhibit one's progress toward learning the lessons needed to achieve ultimate extinction, wouldn't it? If so, then we may position cryonics as an improved method of practicing their religion, after repositioning their current practice as inefficient:

"Attention Fellow Buddhists, Hindus, and New Age Dudes. For your next incarnation on the earthly plane, be sure to use our new Samadhi™ soul recovery system. Our patented personality restoration technique has at least 1000 times the fidelity of old-fashioned Buddha technology! You'll learn life's vital lessons in far fewer incarnations when you go the Samadhi way!"

Note that this does not attempt to change their religion; it only promotes changing their practice of it. Also, for better or (likely) for worse, note that it still promotes cryonics as a bizarre mortuary practice, a position we established long ago, rather than attempting to reposition it as a life-saving medical technology.

(3) *Denial and Self-Deception*

The book *Vital Lies, Simple Truths (The Psychology of Self-Deception)* by Daniel Goleman (Simon & Schuster, 1985) proposes that one of our main methods of reducing pain is to dim our awareness of that painful thing. This is a pain/attention tradeoff that applies to a lot more than just the general public's lack of attention to rational means for indefinitely postponing death (such as cryonics). The book quotes the Indian epic, the Mahabharata: "What is the greatest wonder of the world?" The answer is: "That no one, though he sees others dying all around, believes he himself will die."

If that is true, though, then how do life insurance agents ever sell life insurance? Could it be in the name? After all, they are really selling death insurance and calling it life insurance. But cryonics is the only kind of life insurance that lives up to THAT name. Since the name "life insurance" is taken, though, what do we call cryonics? Keep On Truckin' insurance? Maybe some life (death) insurance agents have more insight into this. Perhaps what they are really selling is Peace Of Mind: "Yes, sir, I agree that you aren't really going to die, but, just in case, wouldn't you like to know that your wife and kids will be well taken care of?" If so, then what kind of Peace Of Mind can cryonics offer? Perhaps that can be explored more thoroughly in the next section.

(4) *Follow-The-Crowd*

The title "Follow-The-Crowd" is somewhat too restrictive. This competition for cryonics is not just social conformity, but also any memetic system that defines oneself in terms of the status quo. (The rebel needs a society to rebel against. The snob needs someone to snub.) As long as one is immersed in our culture's petty games, it is easy to forget that it's small stuff. This section is a potpourri of Distractions and how cryonics perhaps can be sold to even the most distracted of souls.

Basic Macho Man: For young, insecure men, one of those "muscle cars," jacked-up high with extra floodlights and roll bars, is the perfect penis extender. For these people, organizations such as Hard Dick, Inc. will keep their members *very* hard for a *very* long time. That, by itself, is not very exciting. But the flip side is that any guy who is NOT signed up with Hard Dick is just a "Short Term Weenie." And

that is *bad* news because, as every Basic Macho Man knows, luscious, horny women have *no* interest in a "Short Term Weenie."

Enhanced Macho Man: One of the most important lessons little boys learn in the school yard is that, no matter how bad it gets, it's not OK to quit. ("Joey's a sissy!") As for the Basic Macho Man, the strategy here is to reposition business-as-usual as something clearly unmasculine. In this case, we reposition death as "a wimp's easy way out" and offer our "Never Say Die" service as a solution. Thus, Mr. Macho, after being pumped full of lead during a masculine altercation, can not only tell his opponents "I'm no quitter!" but also utter the famous words of "Terminator" Arnold Schwarzenegger: "I'll be back!"

Women: As with men, women are told that they have little personal worth unless they follow their assigned social prescription. The repositioning strategy for women is not the same as for the macho men, though. Instead, some personal reassurance of their self-worth seems best: "You mean a lot to us and we don't want to lose you. A Perma Care™ bracelet says *I love you* in the most authentic way possible today." This positions a gift of a cryonic suspension as a sincere expression of appreciation of a woman's self-worth. It may be even better than a diamond ring.

In our culture it's politically correct to say that you want to "live your allotted time," but not politically correct to say that you want to die, even though that logically follows "your allotted time." This inconsistency is an opportunity to reposition the status quo as the *irrational* alternative, thus making room in people's minds for cryonics to be the sensible approach:

Q: Why do you want to live so long?

A: Why do you want to die?

The July 1986 issue of *Cryonics* included an article by Mike Darwin titled "A World Gone Wrong," which suggested that many non-cryonicists lack sufficient self-esteem to think that they should have a longer life. Curing their poor self-esteem is not our business, but perhaps a little repositioning can still make them a cryonics customer. My optimism comes from the traditional success of Christianity in offering eternal life to the downtrodden and thereby making them "customers" of Christianity. The crucial message seems to be this: If you buy the program, you deserve what it promises. If you do not,

you do not. It's your choice. The Christians word it more eloquently: "For he who believeth in me shall have eternal life." (The equally important flip side is that he who does not believeth will burn in hell.) Cryonics works like that, too. I remember the "two Bobs" described in the June 1988 *Cryonics*, Robert A. Heinlein and Bob the TV repairman. Guess which one got suspended? Guess which one *deserved* to be suspended? In the case of cryonics, the test is not belief, but rather *vision* and willingness to act on that vision. Remember: "Where there is no vision a people perish."

Social Snobs: Signing up for cryonic suspension can be a status symbol, too. In repositioning a greatly extended lifetime (via cryonics) as an option for the rich and famous, a high price is an *advantage*. (Just don't be too public about how easy it is to finance with life insurance.) Remember: Anyone can die. But are you just anyone?

Here is a variant for the Intellectual Snobs. Signing up with Brain Trust shows how intelligent you are: Brain Trust — The Smart Choice. Advertisements will picture people of the future looking back at how people of the 20th century died stupidly.

For space activists, who really want to personally explore space, yet are becoming resigned to leaving that for future generations, use a straightforward repositioning of cryonics as a solution for their professed long-term goals. Imagine the nearby poster displayed prominently at the next big space conference.

NOT sign up for suspension: Your friends will miss you ... and wonder why you didn't save yourself.

Don't forget the celebrity endorsements. Imagine George Burns saying: "Even though I play God in the movies, in real life I put my faith in two things, this cigar and BioHaven." If the celebrity = God likes it, it *must* be good!

As you can see, the Follow-The-Crowd competition breaks down into quite a crowd of market segments. I don't know which are most worth pursuing, so rather than outlining positioning strategies for "Escape Hatch," "Time Travel Tourism, Ltd," etc., I'll just leave the rest to you. Before spending a lot of time, money, and effort on this, though, consider the following two points:

(1) Many, if not most, cryonics signups are from personal acquaintance with someone who signed up. Your personal example is the most powerful statement you can make.

(2) Beware of trying to capture all market segments with the same brand, because you will lose your brand name identification that way. Use a different name for each market segment. For example, Disney makes a lot of money on R-rated movies, but not under the name "Disney," which stands for "wholesome family entertainment." Instead, Disney markets its R-rated movies under the name "Touchstone Pictures."

picture of
a gravestone
or a rotting
corpse

picture of
rocket ships,
space colonies,
and you

Which is YOUR long-term goal?

One of the often-voiced concerns people have about cryonics is that they are afraid that at the other end they will be alone in an incomprehensively strange world where they do not belong. The repositioning strategy is to (1) picture a future world with their friends and family in it, and (2) show the sadness they will cause their friends and family if they do

Finally, all this hype would be a lot more successful if we actually had a product to sell. We need all the good research we can get so that "The Prospect of Immortality" becomes the reality of revival to an unbounded future.

Cryonics Forum

The following letter by Clarissa Wells and answer by Alcor President Steve Bridge were posted on CryoNet (an electronic mail cryonics network overseen by Kevin Q. Brown). We felt that the questions and answer were important enough to be reproduced for the readers of Cryonics, and we do so with permission of the writers. Steve has slightly re-edited his response to fit this format.

To: >INTERNET:kevin.q.brown@att.com
From Clarissa Wells
Date: 18 Mar 93 22:05:33 EST

Once again I am writing about something which I noticed in the minutes of an Alcor board meeting. This time, I found the item in the March issue of *Cryonics* magazine. As I understand it, an Alcor member decided to commit suicide. Consequently, his life insurance was not valid, and there was only a \$10,000 trust fund to pay for cryonic suspension, instead of the \$41,000 which is what a head-only suspension normally costs. (It doesn't say whether he was whole-body or head-only, but I will assume it was head-only.) The Alcor people went ahead and froze the patient even though the money was less than a quarter of what should have been available.

This seems very strange to me for two reasons. First, the same minutes of the same board meeting state that Alcor has a "moderately serious cashflow problem." In that case, I wonder why Alcor is taking on a patient without sufficient payment for his suspension. After all, the shortfall here must be at least \$30,000! This means that the fund which pays for upkeep of frozen patients has less in it than it should have. I wonder how the other frozen patients would feel about that, if they knew what had happened?

Also I wonder if I am an Alcor member, and I only make arrangements to pay \$10,000, will Alcor freeze me too? Why should Alcor decide to do this kind of favor for one patient, but not for another? And most important, doesn't this suggest that the financial policy at Alcor is a bit loose? It seems to me, a cryonics organization has to be very careful with its money, because if it isn't, people won't trust it to last very long.

The second issue here is the whole idea of freezing someone who obviously

decided he didn't want to be frozen. I think that if I choose to kill myself, I would want to stay dead. Now, you might say that by choosing to kill myself, I have proved that I am irrational, and therefore other people should not respect my judgment. But this is a dangerous argument. It puts Alcor in the position of "knowing what's best." I don't like the sound of this at all. I think Alcor should respect the wishes of a person, even if those wishes happen to contradict Alcor's own ideas about the situation.

One last point. I imagine there are people suffering terminal conditions who can't get life insurance. I imagine some of these people are unable to pay \$41,000, but would be able to come up with \$10,000. How will they feel, knowing they have to die "permanently" because Alcor was willing to freeze someone else at a discount, but won't do the same thing for them? If you're going to offer a "bargain rate," wouldn't it make better sense to offer it to someone who desperately wants to live, rather than someone who proved he wanted to die?

It seems to me you run into all kinds of problems if you start making special cases and exceptions in these life-and-death situations.

Clarissa Wells

March 22, 1993
From Steve Bridge, President
Alcor Life Extension Foundation

Ms. Wells asks a very important series of questions here, ones that go to the heart of what cryonics and Alcor are about. Some of her concerns will become partly irrelevant as she has more information. Two reports on this suspension were in the April issue of *Cryonics* magazine (which had just gone to press when her letter was written).

One of Ms. Wells' questions is discussed at length in the magazine, so I will only address it here briefly (and out of order):

"The second issue here is the whole idea of freezing someone who obviously decided he didn't want to be frozen. I think that if I choose to kill myself, I would want to stay dead ... I think Alcor should respect the wishes of a person, even

if those wishes happen to contradict Alcor's own ideas about the situation."

This kind of question has been around cryonics for several years, but the need to address it has never been stronger than right now. Ms. Wells asserts that freezing the patient would mean that Alcor was deciding it "knows what's best." Yet she also presumes to "know what's best" when she says that suicidal patients don't want to be frozen. It seems that Ms. Wells is trying to read patients' minds here, not Alcor.

Just as Alcor cannot assume that it knows what the patient is thinking and "knows what's best," we cannot assume that a person who commits suicide does not want to be frozen. In my admittedly limited experience (but which appears to be backed up by conversations with professionals during the past few weeks), most suicidal people do *not* in fact want to be *dead*. They want to stop the agony they are in. At the point they kill themselves, they are unable to think of reasons to go on living, although they may have plenty.

I know several Alcor members who have had problems with severe depression, and some have specifically told me that this will never mean they do not want to be suspended. I would be completely remiss in my duties if I took the attitude that suicide was always a rational statement that meant, "Do not freeze me. I want to be dead forever."

In this case, we know that the patient *did* want to be suspended. As will be reported in the magazine, Alcor staff had many telephone conversations with him in the weeks preceding his deanimation. He did not want to be dead; he just did not know how to live. We *were* respecting his wishes. I hope that Michael Riskin, Steve Harris, Thomas Munson, or other professionals can speak to the subject of clinical depression here more thoroughly than I can.

Ms. Wells wonders why if Alcor has a "moderately serious cash flow problem," it is "taking on a patient without sufficient payment for his suspension."

First, this patient's suspension did not increase our cash flow problems. Cash flow problems are in the Operating Fund. The Patient Care Trust Fund is quite different and is relatively robust. Also, the "shortfall" in real terms is much less in this case, because the costs of retrieving

this member's brain were very low. Details below.

The amount of thought and contradiction that went into this decision may be hard to imagine to the vast majority of Cryonet readers who have never made a life-or-death decision. While this was the first one I have had to make, I have been part of the discussions on at least two other equally difficult situations, decided by Carlos Mondragón, Mike Darwin, Jerry Leaf, and others. These situations are always agonizing for everyone involved.

"I wonder how the other frozen patients would feel about that, if they knew what had happened?"

I assume that several of the frozen patients would be very happy about this (if they had the opportunity to know it) because their own circumstances were the results of agonizing decisions, sometimes including underfunding.

Here are some of the questions we asked in this case:

Is Alcor primarily a business, or is it primarily a non-profit charitable institution? (The answer, of course, is "Yes.")

Can we perform a charitable act in this case without causing severe financial hardship? Tough call. We knew we could not afford to send a *team* to Texas. We knew we could not afford to fly all of the patient's remains back to California. The \$10,100 trust left us the smallest amount of leeway. We could probably afford to fly one person to Texas, take custody of the member's brain for a straight freeze (no surgery, no perfusion — it was too late for perfusion anyway, none of the expensive preparation costs), have the rest of the body cremated in Texas, and fly the one person back with the member's brain on ice. We estimated we could do this for under \$2,500, leaving \$7,500 to be placed into the Patient Care Trust Fund. This is one half of the usual amount; however, the "usual amount" is *double* the amount we have estimated is the minimum required to be *sure* we can earn enough interest to pay patient care expenses.

Our numbers turned out to be a very close estimate, and we had very good cooperation from the Medical Examiner's office in that city. We *were* able to place \$7,500 into the PCTF.

What if we decided not to suspend this gentleman and his insurance paid off anyway? Ms. Wells says "Consequently, his life insurance was not valid." First, suicide only invalidates most policies during the first two years. (This member's

policies were less than two years old.) Second, we have been told that occasionally insurance companies do indeed pay off on suicides during the contestability period. We have filed claims with the insurance companies just in case. (We may at least receive a return on the premiums the member paid.) The \$10,100 trust fund appeared to give us the option.

Can we do anything else to hold costs down? We decided to see if a neurosuspension canister (used for one suspended head) was large enough to contain two suspended brains. It appears that it *is*, so this patient will be stored in the same unit as the other separate brain Alcor has in suspension (properly labeled, of course). Note that this does not reduce the level of care for the other separate brain, yet it keeps a full slot open for a future neuro-patient.

Does our involvement in conversations with the member over the previous weeks create any special responsibility for this member? We knocked around different ethical considerations on this for several minutes, but gave them up as something that would require weeks of discussion. We only had about 6 hours to make this decision. To be honest, though, this was probably an unspoken factor in the decision.

Should we be taking on responsibility for underfunded patients, even if their underfunding was created by a suicide? Is this fair to other patients? I don't know. Alcor has taken on similar responsibilities before, even though the hard-nosed decision would be to ignore anyone whose funding became incomplete. I guess we're not hard-nosed enough here to let people rot if we can find a way to save them. Alcor members who feel they can make these decisions on a "pure," emotionless basis are invited to practice on their friends first.

What is the "conservative" thing to do? Mike Darwin once wrote an article which described cryonics as the ultimate form of "conservative medicine." To Mike, "conservative" was appropriate in two senses: 1) in the sense that we were "conserving" as much as possible of the patient, and 2) radical medicine poses a greater risk to the health of the patient than conservative medicine, which aims at least to do no harm. Burying someone certainly does more harm to their body than freezing them.

By the way, I do not regret we did this. It seemed like the right thing to do at

the time and it still does. This member certainly got a poor suspension, from everything we understand about ischemia and cryoprotection, although we have other patients in at least as bad a situation. And maybe we really should be offering some kind of a cut-rate, straight-freeze suspension option. That is beyond the scope of this answer (the concept engenders several pounds of argument every time it is proposed).

"Also I wonder if I am an Alcor member, and I only make arrangements to pay \$10,000, will Alcor freeze me too?"

If you try to make arrangements that way, no. But if you have acceptably funded arrangements and something goes wrong at the last moment, I hope we *can* find a way to do it. We're human and we feel that we have an obligation to our members. I also hope that most people would rather be a member of an organization with that kind of attitude. Further, I hope that most of such members will over-fund their suspensions to help Alcor cover a situation like this. It might be their own suspensions that go wrong and *they* will need the help.

"It seems to me, a cryonics organization has to be very careful with its money, because if it isn't, people won't trust it to last very long."

Cryonics has always walked a fine line between saving lives and getting enough money to continue. We've been fortunate in the past to have some members carry more than their share of the financial or time load for others. If we charged the *real* cost of running this organization to the 360 members through increased dues and suspension minimums, we would probably have a lot fewer members.

We are trying to reduce expenses at Alcor; but I do not see that this decision is evidence that we are not being careful with our money. We didn't decide to suspend this member until we could determine that we would experience no adverse financial effects (in this carefully limited set of circumstances). I call that being *very* careful.

"How will they feel, knowing they have to die "permanently" because Alcor was willing to freeze someone else at a discount, but won't do the same thing for them?"

This misses one of the basic truths about cryonics that anyone who has been involved for very long has dealt with many times. *We can't save everybody*. This is true whether we charge one million dollars

or one hundred dollars. Many of us have lost parents or other loved ones that would not or could not be suspended.

If we can't save *everyone*, does that mean we should save *no one*? We do what we can, and it seems right to me to expend more energy in saving those who have made the arrangements, even if those arrangements later go sour. Even this does not always work and sometimes we have to give up on a member when his funding disappears or when someone else gets control of it.

I don't have a wise answer for this dilemma. I can't begin to decide whether one person is worth more than another. All I can do is operate from the assumption

that if we accept someone as a suspension member, we should not give up on them lightly. Perhaps a cryonics company should be started which offers neuro, straight-freeze only. I would be in favor of such an organization, although I would not want to run it or be a member (except as emergency back-up, perhaps). Unfortunately, to do this on a regular basis would certainly cost more than \$10,000 each. In this case, we already had the staff and storage space.

"If you're going to offer a 'bargain rate,' wouldn't it make better sense to offer it to someone who desperately wants to live, rather than someone who proved he wanted to die?"

Again, this shows a lack of understanding of depression and suicide. Suicide is not proof that someone wants to die. It is proof that they are very unhappy.

"It seems to me you run into all kinds of problems if you start making special cases and exceptions in these life-and-death situations."

That seems to be the nature of cryonics so far. Maybe someday this will all be cut and dried. Someday hospitals and insurance companies and Departments of Health will understand why we are doing cryonics — and they will HELP us do it. And make a lot of money from it, no doubt. Right now, though, every suspension is a special case in some way.

Cryonics One Decade Ago Edited and Abstracted by Ralph Whelan

From the May, 1983 Issue of *Cryonics*:

Medical Care and Cryonics: When Enough is Enough

by *Michael Darwin*

Cryonicists are, by their very nature, people who regard medicine highly. Most active cryonicists seek medical attention promptly and have very favorable attitudes toward medicine and medical care. However, an article on the special risks which medical care presents to cryonicists is long overdue. The action you take after reading this article may turn out to be just as important as paying your life insurance premiums. ...

Nobody wants to suffer the agonies of dying any longer than they absolutely have to. The ultimate horror is to suffer such agonies while on a respirator with arterial lines, bladder catheters, and any other invasive device imaginable stuck into you — while conscious! It is the exception rather than the rule to see a patient die without these kinds of support. Discomfort is a real consideration in dying. What good are a few extra days or weeks in that kind of condition and with the added insult of that kind of expense? Clearly this is something we all wish to avoid, cryonicists and non-cryonicists alike. Unfortunately, it is not an easy thing to avoid. The law states that unless you have clearly stated the limits and restrictions you want placed on your medical care while you are of sound mind, then your relatives, next of kin, and your physicians must use any and all means

available to prolong your life. In legal terms, they are bound to act only in your "best interests." In the absence of your own clear and unequivocal instructions as to what "best interests" means to you, they must rely on contemporary medical judgment. We have already seen what such reliance on the unthinking application of medical technology can mean.

This brings us to the first imperative message of this article. *It is essential that you establish guidelines for your medical care while you are of sound mind and in good health. These guidelines should be incorporated into a properly witnessed legal document which is also signed by your next of kin.*

Aside from the very basic consideration of wanting to escape costly, painful, and ineffective "heroic" medical treatment, there are a number of other medical contingencies to be provided for in a Medical Guidelines Affidavit. [*Alcor is now recommending — and offering — the Durable Power of Attorney for Health Care as the most appropriate vehicle for establishing and securing your medical preferences. — Ed.*] One of the worst possible disasters that could befall a cryonicist would be to be maintained on a respirator with no cerebral blood flow at or near normal body temperature. Respirator support is becoming an increasingly routine aspect of medical care. If a patient has had a massive stroke, cerebral hemorrhage, or other brain injury, spontaneous respirations may become inadequate or absent. In such situations, the patient can then be supported by mechanical means until it is either possible for him to breathe

again on his own, or until it becomes clear that recovery is not possible due to brain death. In the vast majority of cases where stroke victims are respirator-supported, the end result is total cessation of blood flow to the brain and subsequent brain death. In cases of stroke or cerebrovascular accident which require respirator support, the brain has almost invariably been massively damaged by the time respiratory support becomes necessary. Resulting cerebral edema (brain swelling) is usually effective in shutting off flow to the entire brain within a few hours or, at most, days from the time of the original insult. It is incredibly rare for such an individual to recover to any degree where normal activities would be possible. If a cryonicist finds himself in such a situation, it would be very important to have stated in advance that frequent tests for cerebral blood flow should be performed. If at any time such blood flow is found to be absent, the patient is to be disconnected from the respirator and immediately pronounced dead so that suspension can begin at once. If the patient were to be left on the respirator on a heating blanket as is standard procedure, his brain — which would be receiving no blood flow — would simply decompose completely in a period of 24 to 48 hours. *It is of critical importance that a cryonicist never be exposed to these extended periods of near-body temperature ischemia (no blood-flow).*

At this point it is probably wise to talk about value judgments. Everyone is different. What may be an acceptable cut-off point for medical care in one case, may not be so in another. The above ex-

ample is a case in point. At this time I do not feel that the benefits involved in surviving a massive cerebral infarct or bleed are worth the loss of brain structure and the tremendous compromises of quality of life such survival would entail. Being virtually a vegetable, confined to bed or wheel chair, unable to speak and probably unaware of any surroundings is not an acceptable alternative to being suspended. Therefore, in my case, I would never authorize being placed on a respirator in any circumstances where massive cerebral injury was suspected or documented. In my legal provisions I specifically request that respirator support not be used in the event that I suffer a stroke or other serious cerebral damage. Other people may not feel this way. They may feel that being alive in almost any condition is preferable to being dead or frozen.

Clearly these kinds of value judgments extend to other areas besides respirator support. The issue of chemotherapy and surgery for malignancies is a classic example. There are many situations in which I would simply refuse chemotherapy and other anti-cancer therapies because I do not feel that the risks and discomforts are outweighed by the possible benefits of the treatment. If I was diagnosed as having a disseminated solid tumor malignancy, I

would refuse chemotherapy, use radiation therapy only for palliative purposes, and also refuse extensive nutritional and other artificial support such as hyperalimentation or other IV's to keep me hydrated near the end. In a clearly terminal setting the objective would be to check out as quickly as possible after a reasonable quality of life no longer exists.

In my own experience, most patients will continue to use medical support even though they are clearly terminal and even though the quality of their life had deteriorated to a blur of pain and painful medical procedures. I believe they do this not because they want to live, but because they are afraid to die. I too am unhappy at the thought of dying, but I feel very strongly that continuing to exist in such a state is not worth the price in misery being paid. Under such circumstances I would elect for an abbreviated terminal course and prompt cryostasis. I say this not because I have any overriding faith in cryonics working for me personally. Such is not the case. I hope it will work, and I think it *could* work, but I put the probability of success for anyone dying now as rather low. The point here is that the probability of recovery is even lower, and the probability is nil of getting any quality out of a cancer-ridden existence which requires

medical support such as around-the-clock IV's. Cryonics thus becomes an attractive alternative for me. It is an alternative made even more attractive by the fact that an abbreviated terminal illness probably means less damage to be repaired.

Once again, it cannot be over-emphasized that the time to make such judgments and decisions is *now*, while you are in good health and able to document your intentions free from any taint of depression which may accompany a terminal illness. It is also very important to realize that most people do not die like movie characters — simply nodding off from consciousness with closed eyes and peaceful face. Quite the contrary; most people are confused for days or weeks before they die, frequently requiring their eyelids to be taped shut days before they die. In short, they are in no position to make decisions or give directives about the scope or nature of their medical care.

[You] have the same rights to refuse respirator support as does any Jehovah's Witness to refuse life-saving blood transfusions. If you need help in drafting [the appropriate] instrument, representatives of Alcor are ready and willing to be of assistance. We hope you will never need such a document, but if you do it will be incredibly important that it be there.

Business Meeting Report by Ralph Whelan

The April 4, 1993 meeting of the Alcor Board of Directors began at 1:08 pm.

Resolved: *The March, 1993 minutes are approved without change. (Unanimous)*

The May meeting will be at the Alcor Facility. The June meeting will be at the Wrightwood Community Center (the smaller of the two) in Wrightwood California. The July, August, and September meetings will occur on the *second* Sunday of each of those months, rather than the first. (Sites not chosen yet.)

Derek reported that Alcor now has 360 Suspension Members. He also reported that he is approximately one-fifth of the way through the task of assessing the membership files of the existing Suspension Members. This assessment,

when complete, will be followed by repair work to address deficiencies in these files. He also pointed out that the number of requests for information reaching Alcor daily went way up at the beginning of 1993, when the Omni/Alcor contest was initiated, but that it hasn't dropped off significantly since then.

Hugh reported that the new four-person dewar that is being designed now may be finished in about a month. An automated cooling system being worked on by Hugh, Scott Herman, Keith Henson, and Mike Perry, is nearing completion. This system will automate the "Phase II" cooling process, which presently is tedious and extremely time-consuming. Steve reported that Keith Henson has found and shipped to Alcor a scale that we will be able to use (after some repairs) to help isolate and identify our apparent liquid nitrogen losses.

Steve reported that he will be meeting with our City Representative Trip Hord regarding the restriction on animal research at the Alcor facility.

Regarding Alcor's interests in One Million A.D., Steve reported that he spoke with Barret McInerney this week, and that the Vicki Lawrence family has begun to engage in a lawsuit with the production company for *Mama's Family*, "Joe Hamilton Productions." Any settlement that results in increased revenue for the Lawrence family will also produce revenue for One Million A.D. and thus Alcor. Dave argued that if we settled the issue of ownership of the One Million A.D. stock (i.e., does Alcor own all of it or none of it), we will be in a better position to represent our interests regarding continuing revenue. Steve agreed to investigate the possibility of arbitration to determine ownership.

Steve reported that the attorneys

representing us in our desire to establish a Patient Care Trust Fund trust document have received a \$2,500 retainer from Alcor, and they are researching our paperwork now.

The State has not yet filed their response to our motion for recover of attorney's fees in the Alcor v. Mitchell case.

It appears that unless an exemption is received, non-profits still must pay property tax on "personal" property. Alcor has not paid any of this tax for about three years, since we have been pursuing such an exemption. Because the Riverside County Tax Collector had notified us that he was preparing to seize our personal property, we have now paid that tax, but it has been made clear that we will receive a refund if our exemption is approved.

Steve reported that we have received an offer for providing liability insurance for the Alcor facility. The issuing company will be Essex Insurance Company. The policy will be for one million dollars per occurrence, with a deductible of \$1,000 per claim. The policy would cost \$3,505.60 per year. Carlos made a motion that the P.C.T.F. pay a proportion of the premium equal to the proportion of Alcor's assets that are P.C.T.F. assets, since those assets are at risk and the policy will protect the P.C.T.F. rather than Alcor in general by exactly that proportion.

Resolved: That Alcor purchase liability insurance, and that the P.C.T.F. will pay a proportion of our liability insurance equal to the fraction of Alcor's total assets that are P.C.T.F. assets. (Unanimous)

Alcor has been interested in selling some undeveloped property in Arizona because of the property taxes. Steve reported that the son of the Alcor member (now in suspension) who donated this property to Alcor is interested in buying this property. Steve will ask him to make an offer.

Steve reported that the finalization of the audit has taken longer than expected, though the auditors have been done examining our books for a few weeks now. Steve and Joe anticipate that they will be sending us their final numbers sometime during the coming week.

Michael Riskin reported that he has been examining the breakdown of what we charge for neurosuspension and whole body suspension. Michael believes that the

annual cost of maintaining neuropatients, for instance, is approximately \$300 per year, rather than the approximately \$150 per year that we have been figuring. Thus, Michael believes that even at \$50,000 we are undercharging for neurosuspension, though \$120,000 for whole body suspension is probably reasonable.

Michael is still actively pursuing this, and the updated report of suspension costs will eventually appear in *Cryonics*.

Our auditors have made clear that the restraints (and lack of restraints) on use of the Endowment Fund capital and income need to be clarified by a vote of the Board of Directors. Steve proposed the following Endowment Fund policy:

In November, 1990, The Alcor Life Extension Foundation established the Richard Clair Jones Endowment Fund. The initial capital of this fund consisted of \$400,000 from the estate of Richard Clair Jones.

The intent of the Richard Clair Jones Endowment Fund is that assets of this fund be invested in instruments which provide income rather than growth. The Endowment Fund is not one discreet investment account but rather consists of whatever various instruments are designated by the Directors as part of the Endowment Fund. The income earned by the Endowment Fund shall be transferred to the Operating Fund on a monthly basis.

Endowment Fund capital amounts shall not be spent unless approved by a *two-thirds* vote of the entire Board of Directors.

The Board of Directors may, at its discretion, add further capital to the Endowment Fund at any time. Individual Members may designate contributions to Alcor to be placed into the Endowment Fund as capital.

In general, any income to Alcor, including additional income from the Jones estate, is automatically part of the Operating Fund, except for the following:

1) directed donations to Research or to other special accounts that the President or Board of Directors may designate from time to time.

2) The portion of Cryonic Suspension Donations designated for the Patient Care Trust Fund.

3) Cryonic Suspension pre-payments.

4) Income earned by the Patient Care Trust Fund or the Research Fund.

In light of the severely uneven cash flow which is characteristic of cryonics, the C.E.O. of Alcor is authorized to borrow up to \$70,000 of contributed Endowment Fund capital for internal loans to the Operating Fund. The ceiling on borrowing may be increased only by a *two-thirds* vote of the entire Board of Directors. Management will report to the Board of Directors all such internal loan activity at the regularly scheduled meetings of the Board or by mail (e-mail or regular mail) in between meetings. Capital borrowed from the Endowment Fund will be repaid with interest equal to the average interest rate earned by the Endowment Fund during the period the capital was borrowed. Such interest payments will be added to Endowment Fund Capital.

Unless extended, the above paragraph of this resolution will expire at the April, 1995 monthly meeting of the Board of Directors, with all loans and accrued interest due at that time.

The elements of this Policy which require a *two-thirds* majority may only be changed by a *two-thirds* majority.

Resolved: That the above Endowment Fund Policy is ratified and adopted by the Alcor Board of Directors. (Unanimous)

The meeting was adjourned at 5:45 p.m.

NEW DIMENSIONS IN CRYONICS

Critical Issues For The 21st Century

Memorial Day Weekend - May 28-30, 1993

Red Lion Hotel - Ontario Airport, California

The co-sponsors of this unique conference 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. A few of the people who will be participating are: Paul Genteman (Moderator), Saul Kent, Jim Yount, Mike Darwin, Steve Harris, M.D., Ralph Merkle, Ph.D., Bob Krueger, Ph.D. Thomas Donaldson, Ph.D., Maureen Genteman, and Michael Riskin, Ph.D. There will be a banquet on Saturday evening.

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? This panel will feature special reports on the long-term patient care research being carried out by *The Cryonics Institute*, the profound hypothermia research being conducted by *21st Century Medicine*, and the brain cryopreservation research planned by *Cryovita Laboratories*.

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?

Rooms at the Red Lion Hotel are **\$69 per night (single or double)**. For reservations call **1-800-547-8010** (Say you're with the Cryonics Conference and tell them whether you want one or two beds). **(ROOMS AT \$69 A NIGHT WILL ONLY BE AVAILABLE AT THE RED LION HOTEL UNTIL MAY 15, SO PLEASE MAKE SURE TO RESERVE YOUR ROOM BY MAY 15.)**

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: **1-800-841-5433**. Or send your check or money order made out to: **The Life Extension Foundation, 16280 Whispering Spur, Riverside, CA 92504.**

Order Form

NOTE: All prices include postage and handling and are in U.S. dollars. Minimum order \$5.00. Overseas orders must be paid for with U.S. dollars by Traveler's Cheques or International Money Order. (Overseas orders add 10% for shipping.) All orders are subject to availability and all prices are subject to change.

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Subscriptions:

- United States: \$35.00/year
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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, Sunnyside CA 94087.

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Chapter Notes

Alcor Chicago Meeting Notes

By Brenda Peters

Alcor Chicago members and guests listened with great interest to three excellent speakers, Steve Bridge, Saul Kent, and Brian Wowk, during the March meeting at the home of Alcor Board Member Brenda Peters. Twenty-one people from five states and two countries were in attendance. As usual, a sumptuous layout of food and drink was enjoyed by all.

The main topics of the day were: the financial, technical, and physical challenges that Alcor now faces, the history of cryonics research and what may be expected in the coming months/years, the Memorial Day Conference in California, and the possibility of an exciting and superior suspension/storage technology involving -130 degrees in an underground "cold room."

Matt Swanson created and brought in an impressive Alcor Chicago Billboard for display at conferences, and has begun a customized merchandizing business for Alcor/cryonics/life extension/extropy. There was discussion of a new flyer which he is working on and other specialty items.

People present were challenged to bring in a dozen "slogans" or ideas for customized merchandizing to the next meeting. For example: "Immortality is one of the basic necessities of life," or "Just what is the advantage of a normal lifespan?" or "Don't check out until you've checked out cryonics," etc. Anyone who is interested in contributing and who is unable to attend meetings may mail their ideas to Matt Swanson or Brenda Peters.

We would especially like to thank our distinguished speakers and

guests: Saul Kent, Steve Bridge, Angalee Shephard, Brian Wowk, Debra Wowk, and Brett Paul Bellmore for their attendance and help with various aspects of the meeting!

Alcor New York Meeting Notes

By Charles Platt

The monthly meeting of Alcor's New York chapter took place on April 18. Turnout was very small, perhaps partly because the weather was more tempting than a cryonics meeting could ever be — it was a spring day after a long snowy winter.

We planned the details of our special meeting on May 16, at which Mel Seesholtz (a Penn State University professor who runs the world's only college course on cryonics) will come and speak — enabling us to offer a larger, more public meeting aimed at recruiting new members.

I gave out lists of phone numbers of people who have expressed interest in our chapter in the past and who should be called prior to the next meeting. We addressed envelopes to people in our area who had entered the *Omni* contest. I also gave out handbills which I had prepared, promoting the concept of cryonics in various ways.

A couple of people volunteered to do duty on the table which we will have in a street fair on May 15. Presumably this is the kind of grass-roots activity which is necessary in a small chapter if we are going to attract more members.

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, 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.

The **SUN, JUNE 7** meeting will be at:
Wrightwood Old Firehouse Museum
Cedar, 1 block south of Highway 2
Tel: (619) 249-3553

Note: This meeting is being held in conjunction with the annual Venturist gathering June 5-6 in Wrightwood. See the insert in this magazine.

Directions: Take US 15 (Barstow Freeway) up into Cajon Pass. Get off at State 138 and go west (left, toward Palmdale) to County Road 2. Turn left onto County Road 2 and go through Wrightwood to Cedar. Turn left on Cedar and go approximately one block to the Old Firehouse Museum.

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, 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: **May 16, June 20, July 18, August 15.**

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: **May 2, June 6, July 4, August 1.**
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 Pevensy West Ham railway station. When you arrive at Pevensy 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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1-800-367-2228 (toll-free, non-members only) or 1-714-736-1703 (members).
E-mail: alcor@cup.portal.com**

