



## **Independent Cryonics Educators Program**

### **3.1: Deployment and standby**

In explainer 2.6, you learned about the importance of standby and stabilization. Here, you will learn more about how deployment decisions are made and how standby works. If you really want to dive into the details, you can find them in the Human Cryopreservation Procedures book.

For a deployment to take place, equipment and personnel must be ready. Dozens of pieces of equipment and hundreds of components, tools, and supplies are involved in a standby and kept in sealed hard-case containers. It is vital that someone be assigned responsibility for ensuring that everything needed is ready ahead of a case. This task is taken on primarily by the Case Logistics Manager (formerly the Readiness Coordinator). Studios attention to inventory management, ordering, assembly, packing, and maintenance is essential.

Alcor maintains a local emergency vehicle in Scottsdale, Arizona, equipped with standby and stabilization equipment and at least three complete set of kits for remote deployment. Alcor also has access to similar cryonics emergency vehicles maintained by partner organization Suspended Animation (SA).

Although the standby kit is standardized, the situation to which a team must respond is not. (Actually, there are plural standardized kits, some with a full set of medications and others with an abbreviated version, and a different kit is kept ready in cases where field cryoprotection will be carried out.) Before deployment can be initiated, an assessment takes place. The person receiving the call (typically the Medical Response Director [MRD]) must determine whether the call is about a member or non-member and whether the individual is currently legally alive or not.

Of course, there are many other questions to ask. The MRD will attempt to find out the patient's medical condition, whether the patient is conscious, the patient's prognosis (how imminent is clinical death?), the patient's location and primary care physician, and whether anyone has power of attorney for health care and how to contact them. If the patient is a member, another staff member will check their membership paperwork. Has the individual signed all the necessary documents and provided funding? Are there any special circumstances?

It's important to note that Alcor does *not* participate in pre-mortem treatment of the patient. This is to avoid any real or perceived conflict of interests. For the same reason,

legal death must be declared by a legally authorized and independent authority before procedures can begin.

If clinical death is not imminent, one person will often make an initial assessment and gather more information, in person if feasible. You may be surprised at how many pieces of information are essential or important. Just a few of them are:

- the location of the patient (home, hospital, hospice, etc.)
- willingness of the institution to allow equipment to be deployed
- potential obstacles to moving equipment or the patient
- names of physicians, nurses, and administrators
- any family members who are involved
- the mental state of the patient
- contact information for the coroner or Medical Examiner
- county health department location and hours
- nearest mortuary and their willingness to cooperate
- availability of a Ziegler container
- nearest airport, car rental, van rental, and welding gas supplies

If the Deployment Committee authorizes a deployment, the team must also figure out whether transport should be done by air or ground. It may be important to determine whether the member has additional funding for a charter flight, which can sometimes save crucial hours.

Once a standby is underway, the Medical Response Director will monitor the situation. They will keep records of phone calls and relevant conversations for later documentation. They will continue planning any logistics not yet settled. And they will seek out frequent updates on the team's movements, and keep in touch with the patient, family members, hospital personnel, and the cryonics organization's medical advisors.

As noted above, while kits and procedures are standardized, every case is unique. The job of the team is to work on filling in the unknowns and to get control of the variables until they bring the situation under control to the point where the patient is in their care.

What can go wrong? Here are some of the potential difficulties:

- simultaneous standbys for two or more patients
- problems with the member's funding
- a patient in a remote or inaccessible location
- difficulty finding a cooperative mortician
- weather-related delays
- delayed or missed flights
- holidays or weekends raising obstacles to renting vehicles or contacting officials
- hostile relatives
- the patient undergoes legal death before the team can arrive
- refusal of the hospital or hospice to allow equipment to be deployed in the room or nearby
- equipment failure

- difficulty cannulating blood vessels, especially in elderly patients
- lack of local dry ice
- patient too large for shipping container

All of these challenges add to our reasons for emphasizing the uncertain nature of cryonics. Within limits, these challenges and obstacles can be avoided, minimized, or worked around by a skilled team. Team members learn how to tackle these and other problems and challenges through training, studying of procedures, reading of case reports, and experience.

## **References**

<https://www.alcor.org/docs/cryopreservation-procedures-section-06-deployment.pdf>

**Next: 3.2: Stabilization and transport**

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## **ICE Program**

Part I: ICE: Why it is important

Part 2: Introduction to cryonics

Part 3: Procedural aspects

Part 4: Technical aspects

Part 5: Science

Part 6: Financial

Part 7: Legal aspects

Part 8: Membership

Part 9: Concerns about cryonics

Part 10: Philosophical and ethical issues

Part 11: Cultural, religious, and social issues

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