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How many members, associate members, and patients does Alcor have and where do they live?

20 Philosophy and the Problem of Mr. Branden’s Death
On December 2014, former Ayn Rand Associate and psychotherapist Nathaniel Branden passed away. Despite the emphasis of Objectivist philosophers on “reason,” Branden never conceived death as a technological problem to be solved but as a fact of human nature to come to terms with. Hugh Hixon presented a science-based alternative to Branden’s philosophy on death in 1991 that is still persuasive today.

5 QUOD INCEPIMUS CONFICEMUS
Medical Myopia and Brain Death
A lot of ink has been spilled about the biophilosophical intricacies of brain death but when it comes to the term “irreversibility” both the medical establishment and philosophers show a remarkable degree of medical myopia. What constitutes death in our society may be a curable condition in the future and cryonics is a means of getting the patient there.

6 The Ketogenic Diet Part 2: Neuro-Protection, Anti-Aging and Anti-Cancer Benefits
Carrie Wong concludes her review of the ketogenic diet and focuses on experimental findings about its effects on Alzheimer’s disease, Parkinson’s, brain trauma, cancer, and its efficacy as a life extension diet. She complements this survey with an account of her own experience and recommendations on how to start this diet.
Gifts have played a fundamental role in the cryonics movement since its earliest days. Dr. James Bedford, a man whose extraordinary vision led him to become the first person to be cryopreserved, and the first to make a bequest to a cryonics organization, exemplified the determination of the early pioneers of cryonics. We invite you to follow in his footsteps, and join the James Bedford Society.

The James Bedford Society recognizes those who make a bequest of any size to the Alcor Life Extension Foundation. If you have already provided a gift for Alcor in your estate, please send a copy of your relevant documents to Alcor’s Finance Director, Bonnie Magee. If you’d like to learn more about setting up a bequest, send an email to bonnie@alcor.org or call 480-905-1906 x114 to discuss your gift.
Recently someone sent me a number of papers that discussed the biophilosophical underpinnings of brain death. Medical doctors increasingly find themselves in the midst of heated debates about what constitutes death by neurological criteria. It is not hard to understand how controversies can occur in this area. Whenever a patient who satisfies the criteria for brain death shows signs of improvement or recovery, these criteria are called into question. Or, perhaps more troublesome, some people will simply not concede that a patient is dead because recovery can be envisioned. In such cases, the concept of death becomes more like a subjective “decision” than an objective property of the brain.

To someone sympathetic to cryonics these debates are mildly infuriating because it shows the reckless medical myopia with which matters of life and death are approached. When bioethicists debate what constitutes “permanent and irreversible loss of the capacity for consciousness and self-awareness” there is little recognition of the possibility that what looks hopeless and irreversible by contemporary medical technologies may be rather straightforward to repair or recover by future medical technologies. Would we abandon a patient if a cure would be available tomorrow? What about next month? Next year? 50 years?

The standard rejoinder to this position is that cryopreservation of the patient (cryonics) itself produces irreversible damage to the brain and is thus not suitable to stabilize the patient long-term until more advanced treatments are available. But how can we know what will be considered irreversible damage in the future? Should we simply pull the plug based on our guesswork about the limits of future technologies? Would it not be more prudent to let future doctors make that determination?

This does look a lot like saying that cryonics is just an argument in favor of prudence based on ignorance. A sophisticated way of saying, “well, you never know!” Not quite. If a healthy brain without damage gives rise to consciousness and identity, it follows that if the original state of the brain can be inferred from the damaged state, the capacity to restore consciousness and identity is preserved in principle. Ice formation undeniably alters the structure of the brain but it does not make the ultrastructure “disappear.” In fact, at cryogenic temperatures nothing “disappears,” a point that is not even sufficiently recognized by many cryonics advocates. Today we can do better than cryopreservation through freezing, though, and use vitrification agents which solidify into a glass upon cooling to cryogenic temperatures. While these vitrification agents exhibit some toxicity, at the ultrastructural level this expresses itself as alteration of cell membranes, protein denaturation, etc., not wholesale destruction.

Where does this leave us on the issue of brain death? For starters, looking at a monitor and concluding that the patient is dead because of the absence of organized electrical activity will tell us little about the ultrastructure of the brain (case in point, at 15 degrees Celsius even a healthy brain will show a flat EEG). It is true that in some cases of brain death absence of electrical activity corresponds to substantial decomposition of brain tissue but it is important to recognize that in many such cases the brain has been permitted to self-destruct at body temperature as a result of trauma and ischemia. When a hospital is faced with a traumatic event of such magnitude that profound cell death can be expected, the most prudent action is to quickly cool the patient and prevent “information-theoretic death.” If the capacity for consciousness and awareness resides in the neuroanatomy of the brain, the first mandate of medicine is to preserve this.
INTRODUCTION
This is the follow-up article to The Ketogenic Diet Part 1: Weight-loss, Cardiovascular Health and Diabetes which appeared in the February 2015 issue of Cryonics magazine.

The ketogenic diet was originally developed in the 1920s to treat epilepsy, but over the years researchers began to notice that it provided other health benefits. I covered some of these in my last article including: weight-loss, improved cardiovascular health and improved health for diabetics. In this article I give a brief overview of the latest research and literature on the neuro-protective, anti-aging and anti-cancer benefits of the ketogenic diet. Lastly, I will provide some practical information on how to start.

NEURO-PROTECTIVE BENEFITS
Our bodies typically convert carbohydrates into glucose for energy but if there is an inadequate supply of carbohydrates in our diet, we are able to adapt to burning fats for energy. This process only occurs after the glucose stored as glycogen in our liver and body is depleted. The liver converts fat into fatty acids and ketone bodies. These ketone bodies include β-hydroxybutyrate (BHB), acetoacetate and acetone. These ketones pass through the blood-brain barrier and replace glucose as the main energy source. Since the ketogenic diet has anti-seizure effects, it must somehow alter neuron excitability, but the underlying molecular mechanisms are not fully understood. Identifying the molecular mechanisms that confer neuro-protection has been challenging to researchers despite this diet being in use for almost a century. In the last few decades, researchers have proposed a number of mechanisms that contribute to the efficacy of the ketogenic diet (KD) in treating epilepsy, including carbohydrate restriction, activation of adenosine triphosphate (ATP)-sensitive potassium channels, inhibition of the rapamycin pathway and inhibition of glutamatergic excitatory synaptic transmission. In addition, the KD has been shown to stimulate new mitochondrial growth resulting in stabilized synaptic function. The mechanisms that aid in the treatment of epilepsy could also confer broad neuro-protective benefits to other neurological diseases including Alzheimer's, Parkinson's and amyotrophic lateral sclerosis (ALS).

ALZHEIMER'S DISEASE
Alzheimer's disease (AD) is the most common neurodegenerative disease and is the leading cause of cognitive impairment and disability among the aged population. This disease causes progressive synaptic dysfunction and loss of neurons leading to memory loss and personality changes. There is currently no effective treatment to prevent, modify or stop Alzheimer's disease. Most of the approved drugs can only offer moderate symptom relief, so this field of research is wide open for alternative therapies and intervention including clinical trials of KD.

In AD patients, there is a pathological decrease in the brain's ability to use glucose. Fortunately, our brains can also burn ketones for fuel, so researchers in the last decade have started conducting clinical trials on the efficacy of the KD in treating AD. There is also a growing body of evidence to suggest that neuronal excitability is enhanced in patients with AD. Since KD is so effective in treating epilepsy, it is hypothesized the same molecular mechanisms that are effective in treating epilepsy could also treat AD.

There have only been a few clinical studies on treating AD with KD. In a study conducted with medium-chain triglycerides (MCT) on AD, there was improved memory performance. This improved memory performance correlated with increased plasma levels of β-hydroxybutyrate (BHB), a ketone body, produced by oxidation of the MCT. The KD increases overall BHB levels and this suggests the ketone bodies themselves confer a neuro-protective advantage. In another placebo-controlled trial of medium-chain triglyceride (MCT) KD treatment, there was significantly improved cognitive function in APOε4-negative patients with AD, but not with...
patients with the APOe4 mutation. Conducted in 2009, this study was a double-blind randomized study, so it shows some promising results and warrants further investigation.

PARKINSON’S DISEASE

Parkinson’s disease (PD) is a degenerative disorder of the central nervous system resulting from the death of dopamine-generating cells in the mid-brain (substantia nigra). The cause of this cell death is unknown but it has been suggested that impaired mitochondrial function plays an important role in PD beginning and progression. PD results in difficulty in movement including shaking, rigidity, slowness of movement and difficulty walking. The KD may aid in PD because ketones may be able to bypass defects in the mitochondrial complex and stimulate new mitochondrial growth. In a few animal and in-vitro studies, it was shown that ketones (β-hydroxybutyrate) protected dopaminergic neurons from toxic neurodegeneration (the mechanism thought to cause cell death in PD)57. Since this is a relatively new area of study, only one small clinical trial has been conducted to test the therapeutic effects of KD on PD. Five out of seven volunteers with PD were able to prepare and adhere to a KD for 28 days. All five volunteers who adhered to a KD had a significant improvement in the Unified Parkinson’s Disease Rating Scale. Researchers noted that it may be physically and mentally difficult for PD patients to prepare meals and adhere to a KD. This shortcoming may make KD a more challenging intervention in both PD and AD patients and may explain why it has not been more widely implemented.

AMYOTROPHIC LATERAL SCLEROSIS

Amyotrophic Lateral Sclerosis (ALS) is a neurodegenerative disease that causes the death of spinal and cortical motor neurons. This leads to progressive weakness, loss of muscle mass and difficulty in movement and speech. Affected subjects die within 2 to 5 years of symptom onset and death usually occurs from respiratory failure. There is no cure for ALS and the approved pharmacological therapies only increase survival by 2 to 3 months. The cause of neuronal cell death is uncertain but involves the following genetic and environmental factors: excessive oxidation damage, generation of free radicals, neurofilament accumulation, excitotoxicity and mitochondrial membrane dysfunction. In 2006, a paper was published on ALS mice that were fed a ketogenic diet. The mice on KD had blood ketone levels 3.5 times the control and at the end of the 25 day trial retained 50% more motor function and retained more muscle mass for a longer period of time. It was found that mice on KD had significantly more preserved motor neurons compared to the control. Researchers believe these neuroprotective effects are due to the ability of ketone bodies to promote ATP synthesis and bypass mitochondrial dysfunction. In another study on ketones tested on dissociated rat neocortical neurons subject to excitotoxicity, researchers once again found neuro-protective effects. A combination of β-hydroxybutyrate (BHB) and acetocacetate decreased neuronal death and decreased mitochondrial production of reactive oxygen species (free radical formation). In summary, the KD may be a novel treatment for a variety of neurodegenerative disorders, especially those affecting mitochondrial function and excitotoxicity.

ANTI-AGING BENEFITS

In addition to the ketogenic diet’s (KD) neuro-protective effects on age-related neurodegenerative diseases, the KD may confer broad anti-aging benefits. It is beyond the scope of this article to cover all the potential anti-aging benefits of KD, so the focus will be on brain health. Generally speaking, aging in the brain involves the gradual decrease in function and degeneration of neurons and neural circuits. Researchers believe that by altering the energetic metabolism of the brain with KD, the rates of degeneration of some neural structures could be slowed. There are many mechanisms of aging including free-radical (oxidative) damage. According to the free-radical theory of aging, cells age because they accumulate free radical damage over time. The KD decreases oxidative damage associated with metabolic stress. In the brain, ketones generate lower levels of oxidative stress than glucose metabolism and have a greater cellular energy output. In a 2013 paper published in Science, researchers found that β-hydroxybutyrate (BHB) blocked a compound class of enzymes known as histone deacetylases (HDAC). HDAC normally blocks genes which play a role in combating oxidative stress. They demonstrated this effect with a series of experiments in-vitro with human cells and then in tissues taken from mice who were calorie restricted and supplemented with BHB. This study has wide implications for aging in all the cells in the body, not just the brain.

Another mechanism of the aging process is the accumulation of advanced glycation end-products (AGEs). Generally speaking, glycation is a process in which excess glucose can bind with proteins, making cells stiffer and more vulnerable to damage and premature aging. Fasting glucose levels and glucose intolerance increases with age. This contributes to the accumulation of AGEs. Direct dietary sources of AGEs can be as damaging as AGEs produced endogenously (from the breakdown of foods). Vegetarians who consume foods rich in fructose have been shown to accelerate the formation of AGEs. To date, there have not been detailed studies on the KD effect on AGEs, but there have been many studies that show that calorie restriction significantly slows the production of AGEs. This makes intuitive sense since there are quantitatively fewer dietary and endogenous sources of AGEs. This therapeutic benefit of avoiding glucose may very well extend to people on the KD. Glucose (and other sugars) is a primary trigger in the process of aging and there is a direct link between hyperglycemia, glycation and aging. In my previous article, I discussed how the KD lowered fasting blood glucose levels and decreased insulin resistance. The benefits of the KD protect against the accumulation of AGEs.

PERFUSION AND ISCHEMIC DAMAGE

Several recent animal studies have supported the idea that dietary interventions may ameliorate traumatic brain injury. Traumatic brain injury results in a sudden release of potassium and glutamate and a transient elevation in glucose metabolism followed by a period of depressed glucose metabolism and reduction of ATP. This is followed by increased free radical production and generally impaired glycolytic metabolism. Within these conditions, shifting the brain towards ketone metabolism has been shown to provide neuro-protection. This was tested
by the intravenous injection of BHB into rats and led to an increase in ketone uptake and ATP production. Furthermore, the KD was able to reduce cortical contusion volume by 50% in another rat study. In another small rat study, ketone of recirculation as a result of reperfusion metabolism occurred after a few minutes. They found there was an increased uptake of ketone bodies following brain ischemia, confirming the hypothesis that the brain uses ketones under conditions of cerebral stress. They found the greatest rate of ketone metabolism occurred after a few minutes of recirculation as a result of reperfusion injury. In another small rat study, ketone bodies’ effect on cardiac performance was tested after myocardial ischemia with a focus on reperfusion injury. This study was conducted on isolated rat hearts and cardiac performance was assessed by max cardiac output, cardiac work and cardiac efficiency. The rats were reperfused with a K-H buffer containing ketone bodies and it was found that in myocardial ischemia, ketone bodies produced mitochondrial energy and worked to protect the heart against ischemia and reperfusion injury. How ketone bodies could protect against perfusion and ischemic damage has not been studied in humans, but the animal experiments that have been conducted are intriguing.

EMERGING RESEARCH ON THE KETOGENIC DIET AND CANCER

Cancer is a group of diseases and treatment varies greatly among the different types, stages of the disease and from case to case. It is not my intention to suggest the ketogenic diet as an intervention for any particular cancer, but to explain some theories and studies that have been conducted in the last decade. The Warburg Effect states that most cancer cells rely on anaerobic glycolysis to generate ATP, which is an inefficient way to generate ATP. Glycolysis is a metabolic process where one molecule of glucose is catabolized into two molecules of pyruvate with a net gain of two ATP. Cells with the most active metabolic rates (ie. cancer cells) are the most sensitive to the lack of metabolic energy to fuel their activity. Therefore, it is hypothesized that depriving highly metabolic cancer cells of their usual fuel supply (glucose) by the use of KD could be clinically therapeutic. This hypothesis is supported by the association between modern chronic disease like metabolic syndrome and the risk of developing or succumbing to cancer. In contrast to normal cells, most malignant cells depend on steady glucose availability in the blood for their energy and biomass generating demands and are not able to metabolize significant amounts of fatty acids or ketones due to mitochondrial dysfunction. A few studies have shown that when insulin and blood glucose levels are low, ketone bodies negatively affect the proliferation of some malignant cells in vitro.

In the last decade, researchers have been especially interested in the ketogenic diet (KD) as an intervention for malignant brain tumors. Despite modern advances in the understanding of tumor biology, the prognosis for patients with malignant brain tumors is still poor. Patients with advanced brain cancer have a median survival rate of about a year. Although large-scale and thorough investigations have not been conducted, there have been a few promising case reports suggesting that the KD may be effective in treating gliomas (brain tumors). In a few mice studies, the KD was also found to be anti-angiogenic (restricting blood vessel growth to tumors), anti-inflammatory and pro-apoptotic (promoting cancerous cell death) when evaluated in mice with malignant brain cancer. In another study, researchers were able to demonstrate that glioma cells are incapable of metabolizing ketone bodies in vitro with rat neurons. Researchers found that β-hydroxybutyrate protected rat hippocampal neurons but not human glioma cell lines against glucose deprivation-induced cell death. To date, no extensive clinical, double-blind trials have been completed on the ketogenic diet’s efficacy in treating any form of cancer, but researchers believe it could be a viable and novel treatment in the future.

MY APPROACH TO A KETOGENIC DIET

There is a wealth of information on the ketogenic diet for free online. I found that The Charlie Foundation had great introductory material to getting started along with the different formulations of the diet. The different formulations are based on the goals of the individual. For someone suffering from epilepsy, a stricter form of the diet is available and greater care must be taken in administration. For someone focusing on weight-loss, the Atkins version would suffice. There are many recipes online for ketogenic dishes, I found many of them on ruledme.com and there are many overlaps between paleogenic recipes and ketogenic recipes.

In my opinion, the best way to get into and stay in ketosis, is to log every single food item eaten on an app that tracks nutrition, like myfitnesspal, until you are familiar with it. Furthermore, logging all foods on a program like myfitnesspal allows you to see whether or not you are getting sufficient vitamins and minerals. The average person must consume less than 50 grams of carbs a day to get into and stay within ketosis. That means greater than 75% fat by total calorie consumption. Myfitnesspal app shows me a daily pie-chart by calorie breakdown of carbohydrate, fat and protein. This is a quick way for me to know if I’m on track. The fastest way to test if you are in ketosis is by getting over-the-counter Ketostix and testing ketone levels in urine. A person typically goes into ketosis after 5-7 days on the ketogenic diet depending on their glycogen supplies and how strictly they adhere to the diet. I found that once I was in ketosis, I could relax my standards and only consume 60-70% fat and still be in ketosis. A common mistake that people make on the ketogenic diet (especially Atkins) is the idea that it is acceptable to consume protein instead of carbs. This view is incorrect because consuming too much protein can also put one out of ketosis. The idea is to consume as much healthy fat as possible.

MY TOP 10 KETOGENIC FOODS

1. Oils – MCT oil, versatile and flavorless, can be added to any dish or even to coffee. Olive oil mixed with vinegar makes a great salad dressing and has many longevity benefits.

2. Coconut Milk – can be used in smoothies or curry dishes; my only suggestion is to get some good quality brand that does not have fillers because it makes a big difference. Coconut milk may be the cheapest and best source of calories; one can from Walmart cost me $2.00 CAD and is about 1000 calories.

3. Avocados—A plethora of nutritional...
benefits and livens up any salad

4. **Eggs** – Very nutritious and versatile

5. **Dairy Products** – Cheese, heavy cream and butter

6. **Sweeteners** – Stevia, Splenda, Erythritol and Xylitol. Erythritol is the most sugar-like in consistency and sweetness, and can be used to replace sugar in baking. Erythritol is 70% as sweet as sugar and the best way to bake with sweetener is to combine more than one kind. Combining different sweeteners can help balance the taste.

7. **Meats** – High-fat meats such as bacon are suggested. Chicken thighs and beef oxtail are useful in making high-fat stews. Fatty fish are also recommended like salmon.

8. **Nuts** – Most nuts are high-fat and low carb including: almonds, pecans, macadamia, hazelnuts, pistachios, peanuts, etc.

9. **Olivest** – A delicious and healthy snack

10. **Alternative Flours** – Almond flour, flax meal and coconut flour for baked goods. There are still carbs in these flours, but they can be used in moderation. There are also low-carb wraps or tortillas available, but always check the packaging to make sure it’s low carb.

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**REFERENCES:**


Greetings to Young Cryonicists,

You are receiving this invitation because you are among the future leaders in cryonics.

All attention will be focused on: our getting to know you and you getting to know each other.

PLUS: an update on the latest emergency response technologies and revival strategies.

Who is Eligible?

Fully signed up young cryonicists from all cryonics organizations aged 13-30 as of April 26, 2015 - may apply to attend. Cryonicists aged 13-17 must be accompanied by their parent(s) or guardian. In Vegas those under 21 must room with someone over 21.

Parents/guardians of attendees aged 18-19 are also encouraged to accompany their child. All attending parents will be put in touch with each other should they choose to have their own “get together” during the “young cryonicists” gathering.

Program

Some individuals are social butterflies. This is not so for everyone. And we want everyone to meet everyone. Therefore, I have designed a diverse range of “getting to know you” activities. If you would enjoy participating in these various getting acquainted activities, all while being updated on the latest scientific research, then this is for you.

Enjoy this exciting & fulfilling weekend.

SCHOLARSHIPS:

Life Extension Foundation, through a generous education grant, is offering 40 scholarships that pay for ALL of the following:

◆ U.S. airfare to/from Las Vegas (or up to $1000 for origin outside the U.S., $1350 for Australia)

◆ Hotel accommodations for Friday and Saturday nights. Plus Thursday and Sunday for attendees who room together.

◆ Meals and beverages on Friday night, all day Saturday, & Sunday breakfast & lunch

◆ Registration fee - $350 - also covered

Please click on this website for a full packet with details & application forms.


Forever,

Cairn Erfreuliche Idun
Founder/Director: T2

Bill Faloon: The Life Extension Foundation

Some attendees to T2 enjoy spending extra time in Las Vegas - especially since their flight is already paid for via their scholarship.

This is at their own expense for additional food and lodging.

We look forward to getting to know you.
Advanced Resveratrol Formula

In 2003, the Life Extension Foundation introduced a standardized resveratrol extract shown to favorably alter genes implicated in the aging process—many of the same genes that respond to calorie restriction.

Since then, we have identified additional compounds that simulate calorie restriction's ability to trigger youthful gene expression—the process by which genes transmit signals that slow certain aspects of aging.

Compelling evidence reveals that certain compounds found in berries, such as pterostilbene and fisetin, possess potent “longevity gene” activators that work in synergy with resveratrol. For example, fisetin (found in strawberries) has been shown to stabilize resveratrol in the body by shielding it from metabolic breakdown, thus extending its beneficial effects.

CAUTION: If you are taking anti-coagulant or anti-platelet medications or have a bleeding disorder, consult your healthcare provider before taking this product.

References
10. Xenobiotica. 2000 Sep;30(9):857-66

High-Potency Resveratrol with Synergistic Activators
Life Extension members gain access to standardized trans-resveratrol combined with botanical extracts that favorably influence longevity gene expression. Unlike many commercial formulas, Life Extension standardizes to trans-resveratrol, which researchers contend is the most active constituent.

A bottle containing 60 vegetarian capsules of Optimized Resveratrol with Synergistic Grape-Berry Actives retails for $46. If a member buys four bottles, the price is reduced to $31 per bottle. The suggested dose of one capsule a day provides:

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To order Optimized Resveratrol with Synergistic Grape-Berry Actives, call 1-800-544-4440 or visit www.LifeExtension.com
Be sure to mention code PIM501X.

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.
Saturday, Nov. 8. morning session, 9:30 a.m.-noon (conclusion).

A Regional Approach to Cryonics: Jordan Sparks, President, Oregon Cryonics.

Jordan talked about his newly-founded cryonics organization, Oregon Cryonics, based in Salem. It offers low-cost alternatives to conventional cryonics including brain-only cryopreservation and chemical preservation.

Jordan joined Alcor in the 1990s, then migrated to the Cryonics Institute where he was a director for six years. Oregon Cryonics was incorporated in 2005. The plan was to fund the operation through Jordan's successful dental software business. Before much could happen, however, the financial meltdown of 2008 put things on hold for five years. Then Jordan's brother Nathan took over the dental business so Jordan could devote full time to OC as its CEO. They now have one pet patient and three employees, Luke Parrish (Office Administrator), Mathew Sullivan (Operations Manager and Facility Engineer), and Matthew Deutsch (Patient Caretaker and Groundskeeper).

OC emphasizes regional cryonics: servicing a local area only, which has the advantage of rapid response. Plans are to eventually expand by starting regional offices in other areas. Another plan is to use light aircraft for rapid patient transport—Jordan has a pilot's license. It is much easier to do than commercial, he says, the pilot only has to “feel it is safe.” He adds, “I’m well aware of the risks,” but feels the benefits outweigh them.

Cryonics services: OC only does neuropreservations, either whole head ($25,000), or brain only ($14,000). They will also do chemical brain-only preservations ($2,500) and will consider “free” for hardship cases. Chana Phaedra and Aschwin de Wolf of Advanced Neural Biosciences in Portland (see Chana’s report, in Part 1) have been hired as independent contractors to assist in cases.

Second Cryonics Movie: John Hardy.

John presented his movie, New, which deals with problems faced by a couple who are resuscitated after cryopreservation. In the end their coming back to a state of perfect health and vitality has a cost: they are no longer married and live separate lives though otherwise enjoying many wonders.

First afternoon session, 1:00 -3:30 p.m.

Spiritual Transhumanism: Jason Xu, Community Organizer for Terasem, Silicon Valley.

Jason talked about his experiences as a community organizer for the Terasem Transreligion, which is devoted to “spiritual transhumanism,” finding meaning in life through human progress which will lead, it is hoped, to such advances as radical life extension. More generally, transhumanism has a broad range of ideas about how humans should modify themselves using future technology. Terasem endeavors to focus this interest to meet spiritual needs. Their principles are summed up as (1) life is purposeful, (2) death is optional, (3) God is technological, (4) love is essential.

In college Jason found religion “filled a void for social interaction.” It was “a lot more involvement than in transhumanism.” But then he discovered Terasem, through a video, The Enemy Within, a spoof starring a real android, Bina48, created by Terasem
founder Martine Rothblatt. Robots like Bina48 are “soulless killing machines” the world had better watch out for—but it's all in fun.

So now he asks, “do we need religion in daily life?” His answer is personal—by example. He reports that he prays with Muslims weekly, does Zen meditation, and goes to church occasionally, “for social support.” He notes that transhumanist spiritual events are too rare, every 2-6 months, which is “why I joined Terasem.” Another benefit he sees is “to escape work and family.”

Through regular meetups Jason’s organization endeavors to “perform rituals dedicated to an eventual transhumanist paradise.” Spirituality is emphasized along with rationality in transhumanism and friendly contacts with traditional religious groups. Jason talked about “transhumanism as a salvation theology.” He says, “I don’t see any conflict between being part of Terasem and being part of any religion.”

Gene Engineering Is the Most Powerful Tool for Life Extension: Maria Konovalenko, Science for Life Extension Foundation.

Maria presented her group’s proposal to develop a gene therapy that will radically extend human lifespan. They are insistent: “Gene engineering is the most powerful existing tool for life extension.” She noted that this approach has increased the lifespan in a certain strain of C. elegans tenfold and nearly doubled that of a certain variety of mice. These, however, were special, mutated organisms which could be relatively easily modified genetically to produce the observed lifespan extensions. With humans it will not be so easy. What is needed is an efficient and safe method to deliver genes with viruses.

Her organization’s research plan is to test twenty genes, and find five “most efficient” ones—metabolones, aging biomarkers, et cetera, using a mouse model. (“Mice genes are in people too.”) They will test old animals (“that’s what we are”) and hope to achieve synergistic effects by several therapies in combination. (Much additional technical detail here is omitted.)

As for the damage that accumulates with aging, Maria says evidence points to genes as the culprit. She is “pretty sure” her group’s approach to reverse aging and radically extend human lifespan is going to work. But funding is needed, to the tune of an estimated $2-5 million for the initial study. Crowdfunding is a possibility. “We would like to build a core of like-minded people for supporting this experiment.” Asked if she had contacted Calico (the Google-supported antiaging initiative), she said, not yet. Nor has her group studied the remarkable case of Brook Greenberg who essentially remained an infant throughout her life (dying at twenty from a children’s bronchial disorder). Asked about Aubrey de Grey’s antiaging work, she said that her group’s approach and his “could be combined.”

Present and Future Care of Cryonics Patients: Catherine Baldwin, Chief Operating Officer, Suspended Animation, Inc.; Alcor director.

Catherine’s organization, Suspended Animation, Inc. (SA), deals with standby surgeries and perfusion. They have a brand new facility in California; they also moved out of their older facility, in Florida, to a newer one nearby.
What’s next? There is ongoing work with portable liquid ventilation, following the efforts of Charles Platt previously reported. Mainly they are working on miniaturization of equipment. With a pig model 10 minutes of cooling equaled about 35 minutes with just surface cooling, not as impressive as reported by Platt, but good enough that “this is one area that will dramatically change the way we care for cryonics patients.”

One other area of SA research is gene expression and biomarkers. The goal is a general characterization of what is happening with oxidative stress, cell death, et cetera in cryonics patients. It might also have mainstream medical interest.

SA is also interested in the possibility of premortem procedures. Today clinical death is a horrible process. It would be much better if meds could be given beforehand. In the medical mainstream you have “extended criteria donors” for organ transplant. Certain medications can be given before death is pronounced; there is no reason a similar procedure could not be followed in cryonics cases. Possibly cooling before pronouncement could also occur. “I won’t give up” on this, she vows, or other innovations, including working with smaller clinics that deal with organ donors. She is ready to face the consequences as long as it benefits cryonics. “If this future vision of mine comes true I’d be out of a job.”

Buddhism teaches an Eightfold Path to enlightenment: (1) right understanding, (2) right aspirations, (3) right communication, (4) right occupation, (5) right effort, (6) right action, (7) right mindfulness, (8) right concentration. These, coupled with our “ultimate concern” of overcoming mortality, could serve as a starting point for a powerful new religious outlook. It could help provide direction and motive for what will no doubt be a difficult transition: from the limited beings we are today to the godlike entities we are striving to become.

There could also be great perils with developing technology. We worry about AGIs, godlike in their own right, which we might create to assist our noble quest. They could bring great and unprecedented benefits, but could also misbehave and bring catastrophe. We want to have assurance that at least the latter does not happen. One possible approach might be that AGIs themselves would be given religious instruction to firm up their commitments and help ensure that they stayed friendly, loving and helpful, as indeed we ourselves must also strive to be.

Second afternoon session, 4:00-5:00 p.m.

“SA now has professionals in 13 states, along with state-of-the-art equipment including a modernized, lighter sternal saw, a bypass machine, and two vehicles supporting surgery and perfusion.”

Religion and the Scientific Quest for Immortality: Mike Perry, Ph.D., Alcor Care Services Manager, Venturist Vice President.

Does religion have a place in a world and a future where death is to be conquered scientifically? If suitably formulated, definitely yes, I claim. My formulation of religion emphasizes a non-theistic approach such as is found in Buddhism, and respect for the principle that extraordinary claims require extraordinary evidence. That such an outlook could still be “religious” follows by regarding religion as “a state of being grasped by an ultimate concern”—following the liberal 20th-century theologian Paul Tillich. The more usual notion of religion, that it must involve belief in supernatural agents or a supreme Being, I maintain is inaccurate, naive and limiting.


David spoke about growing up in a home where his father, Robert, was the main founder of the cryonics movement, and about his father more generally. Robert early on showed multiple talents. A competitive swimmer, he also experimented with rocketry—and set fire to his parent’s house. He attended college, but dropped out and “bummed around” for a while, winding up as a U.S. Army drill instructor in World War II. Toward the end of that conflict, in Germany, he suffered a severe leg wound which affected him the rest of his life. “War was pretty fun,” he said, “until I got shot.” But after that, “nothing scared him.”

Around this time he “saw the cryonics idea” and thought people would soon be doing it. They didn’t, so in the early 1960s he wrote The Prospect of Immortality—“still the best introduction to cryonics.”

He had “bad” qualities, including “an awful, corny sense of humor.” As an illustration David recalls a joke his father used to tell. What’s green, hangs on the wall, and whistles? Answer: a herring. What? A herring isn’t green! You couldn’t paint it green? It doesn’t hang on the wall! You couldn’t hang it on the wall? It doesn’t whistle! So, it doesn’t whistle.

As for cryonics, Robert would say, “Freezing is a terrible thing. The only thing worse is not being frozen.” And in response to the slow acceptance of cryonics, “Many are cold but few are frozen.” David concludes, “humor [is] often the best way to be effective, [this] I learned from my father.”

A second “bad” quality: “he dressed like a bum.” Sweaters had holes in the elbows, he had a shabby suit, et cetera.

He wanted to help people, was the soft touch, said “I will personally guarantee it,” if all the funds weren’t there. He skimmed on buying his own house to have money to donate to his cryonics organization, the Cryonics Institute (of which he was the principal founder).

He had no respect for authority, and was not reluctant to be bluntly dismissive about things many regarded highly. “I am convinced that in a few hundred years the words of Shakespeare, for example, will interest us no more than the grunting of swine in a wallow.” He was on the Johnny Carson Show about eight times. When
Johnny asked about the “population explosion” he said he refused to consider that question anymore.

He said he was one of the laziest people around, but in fact he was always working. When he was 90 he had hip surgery, had to spend six weeks in rehab, got back home, immediately said, “back to work,” and meant it.

Courage was his defining characteristic in many ways. He took the primary role in freezing his mother and his wife (Elaine, mother of David). When he was finally going down at 92 he needed somebody there to get him pronounced as soon as possible so the team including David could get started as soon as possible. David’s wife appealed to authorities that Robert was a World War II veteran, and asked if they would help. They did. Normally people aren’t that concerned about prompt pronouncement of death, but this time they were and his cooling started within one minute of arrest.

Why haven’t more people adopted cryonics? His conclusion: fear.

As the talk ended Robert Ettinger’s longtime friend Robert Nelson, speaking from the audience, offered this tribute: “He was the kindest, most courageous, loving human being I ever met in my life.”

Eternal Life Fan Club: Roen Horn
Roen briefly talked about his new startup group, the Eternal Life Fan Club. “We’re living in a nightmare,” he says. “– because of death, our greatest enemy, our greatest foe, what makes life meaningless. My motto is: ‘don’t die.’” Cryonics can give people hope, he notes, but another thing that can do that is to avoid death to begin with. To do this we need to cure aging, reach longevity escape velocity. Live prudently, safely. Safeguard our health as a precious possession.

As for religious views: “I’m an atheist. We live in an indifferent universe. Ernest Hemingway said, ‘Life is a dirty trick. A short journey from nothingness to nothingness.’ Karl Marx said, ‘Religion is the opiate of the masses.’ People believe in an afterlife. Wishful thinking. Strive for eternal life. I don’t think anything is more important than your existence.”

For all that, he is not signed up for cryonics. He says that if he had the money to sign up, he might instead donate it to Aubrey De Grey’s antiaging initiative, SENS.

Evening session, 7:30-9:00 p.m.

Questions from the Audience: Don Laughlin, Entrepreneur, Convention Host.
Don, who was born in 1931, has owned and operated casinos for most of his life, including the one at the Convention Center in Laughlin (named after him of course). Here he recounted his life experiences and answered questions from the audience. What follows is a lightly edited transcript excerpted from notes and is the gist of what was said as I tried to write it down but not always verbatim, and not always in the exact order stated. I’ve also condensed some material by removing the statements of questions when these can be inferred. Don’s statements are in quotes, questions from the audience are in italics without brackets.

“Don’t gamble unless we do.”

“I was born and raised on a farm in southern Minnesota. We had no electricity until the ‘40s. I started real young. I never got into sports because I was always trying to make a buck. I was a trapper, when women could wear furs. I got into slot machines—they were illegal but were everywhere. When I was a high school student I was 15-16 years old. The principal said, ‘You either get out of school or get rid of those machines.’ I said, ‘I guess I’ll get out of school.’ I was making a lot more money than the principal.”

How was Laughlin picked as the name of this town?
“There was no mail delivery down here, so we called [the right people and spoke to a Mr.] O’Neill, and he agreed we needed a post office. … The P. O. Department didn’t like gaming names. Laughlin’s a good Irish name, why not?”

What do you enjoy the most about life?
“I love to work. A lot of people don’t like to work. The harder you work the luckier you get.”

How many kids do you have?
“I have three.”

Have you had any mystical experiences?
“I thought I saw a couple of flying saucers.”

Do you worry about personal danger?
“Yes. Everybody knows it. I don’t keep any secrets. I think cryonics is a gamble but I think it has a better than 50-50 chance. Research is the lifeblood of an organization. Cryonics needs a lot of money for research. If I was to take all my money out of hotels and put it into cryonics—I’ve never thought of that. It would be to advance cryonics.”

How did you get involved in cryonics?
“I heard about the movie maker who was interested in cryonics—only he wasn’t. But I visited Alcor, Mike Darwin showed me around.”

How large is the cryonics community in Laughlin?
“Only [my assistant] Dal Newman [and myself]. We have standby equipment
recommended by Alcor. We donate a substantial amount of money every year to Alcor.

*What about your family?*

My family is not signed up for cryonics. They have no interest in it.”

*Why don’t more people sign up for cryonics?*

“The average person is probably religious. If you’re religious, you don’t need cryonics.”

*Have you always been nonreligious?*

“No, I was raised Catholic. I got the hell beat out of me if I didn’t go to church.”

*If you could have any question answered, what would it be?*

“How can I live forever?”

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**A Scientific Investigation of Cryonics: The Fate of the Brain in Situ: Gregory Fahy, Ph.D., Vice President and Chief Scientific Officer, 21st Century Medicine, Inc.**

Noted cryobiologist Greg Fahy offered us a hard look at cryonics, based on some recent work of his using a pig model. (Pigs are roughly human-size mammals, which makes them a good choice to study procedures used on humans.) His research was very painstakingly done, and his conclusions were backed by numerous charts and graphs with associated, carefully reasoned arguments. Overall, the news is good: the cryonics premise (that good preservation of brain structure raises hopes of the eventual resurrection of the patient) seems well-validated.

In his introductory remarks Greg noted he was recently asked by fellow cryobiologist John Baust to write an article about cryonics. “I could not write the article—not enough data.” Rabbits had been studied, showing good preservation of brain structure, but human-size animal models were lacking. This led to Greg’s research at 21st Century Medicine using a pig model. The overall aim: to determine if the results of rabbit perfusion with M22 (the main cryoprotectant used in Greg’s previous studies) can be achieved in human-sized subjects. Here is a summary of the main results:

1. Can brain fracturing be avoided? Very probably!
2. What about brain preservation assuming 1 hour warm ischemia beforehand: bad + good but mostly good.
3. Instead of [2], 24 hours cold ischemia: worse.
4. 1 hour warm ischemia + 24 hours cold ischemia ([2] + [3]): again some bad but more good.

**Bottom lines:** Under baseline conditions (no ischemia) the cryonics premise is very well validated. Under warm + cold ischemia there are some problems but overall the results look good. In general, “good” means excellent brain histology, synapses well-preserved, et cetera, while “bad” means spotty pockets of brain edema, where information loss is also expected. Greg also reported on experiments in which the brain was kept biologically viable for 24 hours (unlike the main study, which was all postmortem), with excellent preservation as might be expected.

**Side notes:** Greg said Baust doesn’t want his article anymore. And after the talk, with its mountains of both verbal and graphic, Rudi Hoffman quipped from the audience that he “thought it would be a little more technical.” Humor has its place, but I think we also felt an important milestone of verification had been passed, granted we still have a long way to go.

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**CLOSING REMARKS**

In all the Convention appears to have been a great success. There was much media attention, which is unreported for lack of space. The talks were many and varied, with subjects ranging from the very personal to the highly technical. Perhaps it is significant that no fewer than four of the talks had to do in some important way with the touchy subject of religion (the speakers: Lincoln Cannon, Neal Van De Ree, Jason Xu, Ben Best).

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*Greg also reported on experiments in which the brain was kept alive for 24 hours (unlike the main study, which was all postmortem), with excellent preservation as might be expected.*
Attendees could reserve free table space in the Starview Room’s exhibition area to display their free literature; sell books, DVDs, dietary supplements and other life extension related products; and talk to people one on one about their company or organization. One attendee who used this option was Robert Nelson, noted for his role in the freezing of James Bedford in 1967, and the later, controversial loss of cryonics patients at Chatsworth, California. Nelson’s recent book, Freezing People Is (Not) Easy was on display (though not available for sale, due to an oversight) and he was there to answer questions. Another table event was a drawing, held Saturday night, for an ancient Roman coin.

Tentatively, the next Venturist Cryonics Convention will be in 2016 in view of Alcor’s planned conference in 2015.
Membership Statistics

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**TOTAL** 112 9
AMPK is an enzyme that serves as the body’s “master regulating switch.” It inhibits multiple degenerative factors by revitalizing aging cells.1

Found in every cell, AMPK promotes longevity factors that have been shown to extend life span in numerous organisms.14 Increasing AMPK signaling “turns off” many damaging effects of aging, thus enabling cells to return to their youthful vitality.3

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<th>ActivAMP™ Gynostemma pentaphyllum extract (leaf)</th>
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Philosophy and the Problem of Mr. Branden’s Death

[Originally contributed to the cryonics mailing list, CryoNet, on June 22, 1991]

By Hugh Hixon

From the earliest known musings of philosophy, the existence of death, with its inevitability and finality, has posed a particularly intractable problem. Why should Man, the self-aware Lord of Creation under the gods, be subjected to eternal oblivion; and particularly, why should the individual philosopher (who would be king) suffer this fate? (Any philosopher worth his salt makes his way in the world by spitting into the wind, so the possession of an ego of some proportions is entirely understandable.) Whatever logical contortions they may put themselves through, the honest ones have come to understand that their lot is one with the beasts and insects; so they elevate death to the status of an axiom and make their peace. A most bitter peace, withal, but one gets that sort of thing in the quest for the truth.

So here come the immortalists, and particularly, the cryonicists. We are the technologists, the dirty-fingernailed artisans, without a thought for the thoughts of these great men. (One is invariably reminded at this point of the comment that, “A civilization that exults philosophy, because it is an intellectual profession, and denigrates plumbing, because it is a dirty, manual THING, will soon find itself in trouble, as neither its philosophy nor its pipes will hold water.”) And what do we do with this philosophically intractable problem of death?

WE CREATE A TECHNOLOGICAL SOLUTION!, of course. So much for the musings of philosophers.

And then there’s the emotional aspect; a philosopher’s thoughts are more dear to him than his children; they ARE his children! And to these parents, their children, immaculately conceived and carefully nurtured in their minds, can do no wrong.

“A civilization that exults philosophy, because it is an intellectual profession, and denigrates plumbing, because it is a dirty, manual THING, will soon find itself in trouble, as neither its philosophy nor its pipes will hold water.”

So it’s entirely understandable that philosophers in general, and Mr. Branden in particular, should have some trouble with us. They have created a room in their house for Death, and carefully furnished it and arranged it, and closed the door and locked it. But it’s always there, and they know with bitter certainty that someday they will pass through that door, and not come out. And we go clomping through the house in our muddy boots, and pop the expensive lock off the door with a crowbar, and look in this room, and we turn to the philosopher and we say, “So where’s your problem?” And they get the idea that we may be snickering up our sleeves at them, and that we will never, never understand the GRAVITY of their thoughts on this thing. So it’s understandable that they may be a bit upset and defensive and backwards with our cavalier solution to their personal Gordian Knot.

I suppose they’re right; we DO snicker a bit. But in the end, death is the common enemy of all of us, and though we have set ourselves on the path of Choice, that even those dearest or most valuable to us may choose death of their own free will, we know that each and every death diminishes us. And! We! Don’t! Like! It!

So have some sympathy for Mr. Branden; he’s trying to deal with what has classically been an intractable problem the best he or anybody else knew how before Robert Ettinger, whom he’s probably never heard of.

But don’t let him get in your way! The important thing is to be able to say, in the year 2991, “I once met Nathaniel Branden.” If he isn’t available to agree with you, HE didn’t solve the problem. ■
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BRITISH COLUMBIA (CANADA):

The contact person for meetings in the Vancouver area is Keegan Macintosh: keegan.macintosh@me.com.

OREGON:

The contact person for meetings in the Portland area is Aschwin de Wolf: aschwin@alcor.org

See also: https://www.facebook.com/portland.life.extension

ALCOR PORTUGAL

Alcor Portugal is working to have good stabilization and transport capabilities. The group meets every Saturday for two hours. For information about meetings, contact Nuno Martins at n-martins@n-martins.com. The Alcor Portugal website is: www.alcorportugal.com.

TEXAS

DALLAS:

North Texas Cryonauts, please sign up for our announcements list for meetings (http://groups.yahoo.com/group/cryonauts-announce) or contact David Wallace Croft at (214) 636-3790 for details of upcoming meetings.

AUSTIN/CENTRAL TEXAS:

We meet at least quarterly for training, transport kit updates, and discussion. For information: Steve Jackson, 512-447-7866, sj@sjgames.com.

UNITED KINGDOM

There is an Alcor chapter in England. For information about meetings, contact Alan Sinclair at cryoservices@yahoo.co.uk. See the web site at www.alcor-uk.org.

If you are interested in hosting regular meetings in your area, contact Alcor at 877-462-5267, ext. 113. Meetings are a great way to learn about cryonics, meet others with similar interests, and introduce your friends and family to Alcor members!
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The Alcor Life Extension Foundation is the world leader in cryonics research and technology. Alcor is a non-profit organization located in Scottsdale, Arizona, founded in 1972. Our website is one of the best sources of detailed introductory information about Alcor and cryopreservation (www.alcor.org). We also invite you to request our FREE information package on the “Free Information” section of our website. It includes:

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