14 arrested at Draper rally

By Tom Loredo

After demonstrating and spilling human blood on the building and themselves, 14 demonstrators were arrested at 1pm yesterday at the Charles Stark Draper laboratories and charged with misdemeanor trespassing. All the demonstrators were released from the Middlesex County Third District Court by 3pm after receiving a six-month "continuation without finding" and after paying court fees of $25 each. The demonstration was the climax of a publicized rally sponsored by the Draper Peace Conversion Group, which recently petitioned the management of the research lab to examine diverting its resources to projects unrelated to defense.

The rally began at 11:30am at the intersection of Broadway and Hampshire Streets. The rally consisted largely of conversation, music, and interactive games, to which the planned civil disobedience began shortly before 1pm. At that time, more than 40 people who were protest participants in the rally joined hands and walked across the street to the lab chanting, "All we are saying is give peace a chance." On the ground of the facility, they were warned by Cambridge police officers that arrests would begin in one minute. With this warning, the lab workers closed the doors to the protest.

The 14 demonstrators remaining sat in front of the visitors' entrance to the lab and continued chanting slogans. A police officer explained that they would be arrested if they did not leave and then began to leave. Following this, one demonstrator read a verse from "The Hound of the Baskervilles" and then another demonstrator, Patricia Garrett of Cambridge, spilled jars of human blood on the lab entrance, herself, and other demonstrators before being stopped by police officers. The group chanted, "We are only making the blood visible." As this happened, the ten men and four women were arrested and taken away as observing rally members yelled, "The real criminals are in the lab." At least two white-robbed male demonstrators, who spilled blood was spilled as if they were dead and had to be carried away. The second minute, 14 demonstrators were charged with misdemeanor trespassing and given "six months continued without finding." Their guilt was based on the point that the case will be decided in court. (Please turn to page 2)

Artificial skin developed at MIT

By Jack Link

Artificial skin developed and produced at MIT has been applied to ten burn patients at the Massachusetts General Hospital and the Skinners Burns Institute. Three of the dozen doctors say would not have survived without the new product.

"The skin was designed to be picked off the shelf and used in minutes," noted Professor of Mechanical Engineering Ioinnis Yannas, who directed the research group that developed the skin.

"Any kind of delay increases the mortality rate of burn victims due to the increased danger of infection," said Yannas. At the Massachusetts General Hospital burn unit, headed by Dr. John F. Burke, this artificial skin has supplant the cadaver skin and pig skin used previously for severe burn victims.

Four factors are immediate concern in treating burn victims with skin grafts. Bodily fluids must be retained. Formation of scar tissue avoided, onset of infection prevented, and the grafts must be accepted by the body. The last two factors usually work against each other when skin from other than the patient's own body is used. Cadaver skin and pig skin are recognized by the body's auto-immune system, which fights against foreign tissue and will destroy the skin grafts unless immunosuppressive drugs are administered. The suppression of the immune system leaves the patient susceptible to other types of infection.

The recently-developed artificial skin is not rejected, governed by the use of immunosuppressive drugs and allowing the body to retain its auto-immune function.

"Three of the patients, including a young man who were already suffering from infection when they were brought in, so the use of cadaver skin would have been hopeless. The little girl was burned over 95 per cent of her body," said Yannas of the patients who removed what he calls Stage I artificial skin.

The Stage I skin consists of two layers which, when moist, looks and feels much like real skin. The bottom, inner, polyurethane layer, is processed from cattle and shark cartilage. This is temporarily covered by the second layer, a transparent silicone membrane. The inner layer provides a base upon which the patient's own skin may grow. It degrades in about 10 days of the transplant. Some of the patients who have also received Stage 2 treatments. In Stage 2, surgeons replaced the silicone film with the patient's own body, in a process usually completed within three months. (Please turn to page 2)

Artificial skin development at MIT

By Jack Link

Artificial skin developed and produced at MIT has been applied to ten burn patients at the Massachusetts General Hospital and the Skinners Burns Institute. Three of the dozen doctors say would not have survived without the new product.

"The skin was designed to be picked off the shelf and used in minutes," noted Professor of Mechanical Engineering Ioinnis Yannas, who directed the research group that developed the skin.

"Any kind of delay increases the mortality rate of burn victims due to the increased danger of infection," said Yannas. At the Massachusetts General Hospital burn unit, headed by Dr. John F. Burke, this artificial skin has supplant the cadaver skin and pig skin used previously for severe burn victims.

Four factors are immediate concern in treating burn victims with skin grafts. Bodily fluids must be retained. Formation of scar tissue avoided, onset of infection prevented, and the grafts must be accepted by the body. The last two factors usually work against each other when skin from other than the patient's own body is used. Cadaver skin and pig skin are recognized by the body's auto-immune system, which fights against foreign tissue and will destroy the skin grafts unless immunosuppressive drugs are administered. The suppression of the immune system leaves the patient susceptible to other types of infection.

The recently-developed artificial skin is not rejected, governed by the use of immunosuppressive drugs and allowing the body to retain its auto-immune function.

"Three of the patients, including a young man who were already suffering from infection when they were brought in, so the use of cadaver skin would have been hopeless. The little girl was burned over 95 per cent of her body," said Yannas of the patients who removed what he calls Stage I artificial skin.

The Stage I skin consists of two layers which, when moist, looks and feels much like real skin. The bottom, inner, polyurethane layer, is processed from cattle and shark cartilage. This is temporarily covered by the second layer, a transparent silicone membrane. The inner layer provides a base upon which the patient's own skin may grow. It degrades in about 10 days of the transplant. Some of the patients who have also received Stage 2 treatments. In Stage 2, surgeons replaced the silicone film with the patient's own body, in a process usually completed within three months. (Please turn to page 2)