

My program against AIDS

by Lyndon H. LaRouche, Jr.

The following statement was released on Feb. 7, by the campaign of presidential candidate LaRouche in the New Hampshire Democratic primary.

As many New Hampshire citizens know, last year, some friends of mine in California put a proposed law, called Proposition 64, on the state's November election-ballot. I supported that proposition actively. California Proposition 64 would have merely commanded state government officials to classify AIDS as a dangerous contagious disease; existing laws for such classes of infectious diseases would have been enforced.

For this, I was attacked violently, as an "extremist," by most of the major national news media and the leadership of both major political parties, as well as by a multimillion-dollar campaign launched by combined forces of homosexual groups and Hollywood celebrities. Attacks against my analysis of AIDS were issued by such agencies of the U.S. government as the Atlanta Centers for Disease Control (CDC), and the Surgeon General of the United States, C. Everett Koop. The United Nations' World Health Organization (WHO) supported CDC's claims. The Reagan administration insisted that the measures I proposed against AIDS would be "cost prohibitive." Despite this campaign against me and the proposition, the proposition received approximately one-third of the vote.

Since that November election, nearly everything which I said about AIDS during 1985 and 1986, has been endorsed by leading international authorities. In November 1986, the World Health Organization's head, Dr. Mahler, declared publicly, in New York City, that WHO had been wrong, that WHO had greatly underestimated the danger of the AIDS epidemic. More recently, Surgeon General Koop has declared that AIDS is a greater danger than the Black Death. CDC has demanded that general testing of the population must be seriously considered. Now, most of the world's experts are admitting that my 1986 estimates for the spread of the infection, were accurate. Now, most experts agree, that the AIDS infection is probably 100% fatal, after an incubation period ranging from a few years to as long as more than 10 years in some cases.

Today, if they were honest, our national news media, our major political parties, and many others, would come out to

state publicly that they had been wrong in every one of the attacks they made against me over the AIDS issue during last year. Today, throughout the world, a growing number of government officials and major news media, as well as medical and biological experts, are reporting the same things I said in 1986, in today's screaming headlines.

By the time of the 1988 New Hampshire primary elections, the AIDS pandemic will be the hottest popular issue in the United States, and most other parts of the world. Already, because of the failure of governments to act, there is a growing pattern of AIDS-related killings and suicides around the world. That pattern will skyrocket over the coming months of 1987, and will explode during 1988, unless governments act very soon to reassure people, by introducing general AIDS testing and such degrees of isolation of AIDS carriers as may be medically necessary. AIDS is not only a very hot political issue; it is an issue filled with powerful impulses for violence.

Although many among you may not yet realize this today, your choices in the 1988 Democratic primary will either be based on your legitimate fear of the AIDS epidemic's spread to your community and among members of your family, or these just fears will be at least one of the leading factors in your choice of candidate. Since the issue will be a very hot issue, some of the candidates, especially those seeking the support of the very wealthy homosexual and pro-drug lobbies, will spread more and more false information about AIDS, especially as we move into the fall 1987 period of more intensive campaigning. It is important that a significant number of citizens in every community in the state begin to study the AIDS issue now, so that the majority of New Hampshire voters will be able to make choices which they would not later regret, during the final weeks of the primary campaign.

I shall present the leading, presently known facts about AIDS, trying to present these facts in a way which the ordinary citizen can understand. Before doing so, I shall identify my special qualifications to write on this subject.

As most of you know, I am an economist; a former management consultant, by profession. Although I am a leading expert on all aspects of economy, except stock and bond markets, my particular specialty is what is known as "physical economy," how technology affects the relationship between the physical production and distribution of goods and average productivity and standards of living of nations. One of my sub-specialties, is the relationship between levels of development of physical economy and the potential for spread of epidemic diseases.

Back during 1973-74, I organized a special task force to make a long-range analysis and forecast of the increase of epidemics and pandemics in various parts of the world during the late 1970s and 1980s. A forecast was produced and published at the end of 1974, which forecast the general increase of famines and epidemics during the 1980s, a forecast which stands out as very accurate in light of the recent years' statis-

tics.

That forecast was based on the same statistical and related information which specialists in epidemiology use for forecasting and analyzing famines and epidemics. My friends' work interpreted these statistics from the standpoint of a branch of biophysics known generally today as optical biophysics. This emphasis on optical biophysics proved to be very valuable, as we concentrated more and more on AIDS during the recent three years. We applied what we had learned from cancer research, and consulted with a large number of the world's leading medical specialists and biologists, to pull together a picture of every scrap of information known in Western Europe and the Americas about AIDS. My own work is directly advised by a team including a number of physicians and public health professionals. This team digests the information we are collecting from our contact with professionals in various parts of the world, and advises me on my interpretation of this information.

More recently, during the recent months, we have used the same computer facilities my friends use for economic forecasting, to construct a series of computer models for the forecast spread of the AIDS infection. These computer studies forecast the spread of the disease, based on existing best knowledge of the behavior of AIDS and related kinds of human and animal epidemics. This work is being done currently at a center in Western Europe, and progress in this work is being reported occasionally in the international news-weekly *Executive Intelligence Review*, as well as in specialist papers written for the information of medical and biological professionals, as well as agencies of governments. I have written the designs for these mathematical models, and teams of mathematicians and engineers are transforming my designs into worked-out computer programs and reports.

I shall now summarize the most relevant facts which every intelligent citizen should know. Then, I shall state both my opinion on what we know, as opposed to what we do not yet know. I shall include a proposed action policy for dealing with this deadly pandemic.

1. What is AIDS?

AIDS is one of the names for a variety of human and animal infections, a class of infections which physicians, veterinarians, and biologists began to recognize about 50 years ago, beginning with studies of a killer epidemic among the sheep of Iceland, called Maedi-Visna. Specialists in Iceland were the first to recognize that Maedi-Visna was caused by what seemed to be a new class of virus, called "slow viruses." At first, many medical authorities and biologists refused to admit the existence of any kind of "slow virus." Reluctantly, the professional journals admitted that "slow viruses" do exist. Over the decades, it was recognized that certain killer epidemics among sheep, horses, and other animals, were caused by "slow viruses" very much like the Maedi-Visna virus.

What we call AIDS is the first known appearance of a

killer form of "slow virus" epidemic in mankind. It is closely related to similar diseases among animals, such as Maedi-Visna, and also belongs to a group of such "slow viruses" found to be transmissible among monkeys and apes. Some of these "slow viruses" can be transmitted from monkey or chimpanzee to man, and vice versa; in some species, these infections appear to be harmless to the carriers, while in others, they are killers.

The special features of these "slow viruses" include the fact that they are of a type called "retroviruses." Once they enter an infected cell, they become part of the cell's genetic structure, probably during the process of cell reproduction called mitosis. They reproduce as part of the cell's genetic material, and, under conditions which are not fully understood, the infected cells produce free virus, which roams through the body of the victim, to infect other tissues. The two routes of infection within the body on which most attention is concentrated presently, is that the virus infects a part of the body's immune system, called the T-cells, and also infects nerve and brain tissue. The infection of the T-cells carries the infection to every part of the body; this causes many experts to classify AIDS as a blood-transmitted disease.

We began to recognize AIDS in the United States about 1981. Initially, most of the ideas about AIDS by the medical experts included the wickedly false assumption that AIDS could not be transmitted through blood banks. In 1983, France's Pasteur Institute isolated the retrovirus, and that discovery was soon repeated in the United States.

When did the AIDS infection of human beings actually begin? How much earlier than 1981? Some stocks in African and other blood banks included donations dating from 1976. Some of these have been tested, and show a significant small incidence of the virus back then. Blood samples from some experimental studies on other subjects dating back to the middle 1970s also exist. We have no clear idea when, or where the infection began, although it appears to have been spreading in both Africa and the United States during the middle 1970s.

There are many things we know about AIDS today, but also many important things we do not. Presently, with funds for biological research cut way back by both government and private agencies, our investigation of the important unknowns is proceeding very, very slowly.

My best information obtained from various of the world's leading experts today, is that we do not yet understand adequately the respective importance of infection of a person with the free AIDS virus itself, as opposed to infection with diseased cells themselves infected with AIDS.

The most commonly discussed causes of death from AIDS infection are deaths from infections other than the AIDS infection itself. Either some other infection causes the AIDS virus to "break out" from the chromosomes of already infected cells, and begin a cycle of breakdown of the body's resistance to other infections, or, the breakdown of the body's

resistance creates a condition in which infections other than the AIDS itself cause diseases leading usually to death. This is the general meaning of "AIDS-Related Complex" (ARC).

Infections which cause the "sleeping" AIDS in a carrier's body to break out, to produce symptoms of AIDS or AIDS-related sickness, are usually referred to as "co-factors." Most of the symptoms associated with AIDS-related sicknesses are called "opportunistic infections."

If the carrier of the AIDS infection does not die of some combination of co-factors and opportunistic infections, the carrier will ultimately die of a general collapse of the neurological system. This often occurs as a shrinking and collapse of function of the brain, a condition called "AIDS dementia."

The period of infection prior to eruption of symptoms of either AIDS-related sicknesses, or "AIDS dementia," is presently believed to vary between several years, to more than 10 years. During most of that entire period, the person infected with the AIDS "slow virus" is an active carrier of the infection to other persons, whether the infected person shows symptoms of sickness or not.

2. How dangerous is AIDS?

The best evidence so far, is that every person who catches the AIDS infection will die as a direct or indirect result of sickness brought on by that infection—unless, of course, the person dies for other reasons during the meantime. Your chances of surviving the Black Death, are much better than if you are infected with AIDS. We expect half or more of the people infected with Black Death to survive, even in cases which are essentially untreated; we expect 100% of those infected with AIDS to die as a result of the infection, even if they are supplied the full range of treatment presently available.

That is not the worst of it. AIDS is a slow virus. In the case of the usual sort of killer virus, the infected person comes down with symptoms within less than two weeks or so, and then either recovers or dies. Once the person has recovered, or died, the person ceases to transmit the infection to other persons. AIDS-infected persons are silently transmitting the infection to others over periods as long as from three to a dozen years, and during most of those years they show no clinical symptoms of the disease. It is a fair ball-park estimate, to say that the ratio of the number of carriers to number of sick, with AIDS, is about one hundred times the ratio for any ordinary sort of virus, perhaps significantly more than one hundred.

Even worse, there is no class of persons which can not be infected, even if the initial concentration of AIDS carriers appears to be limited generally to homosexuals and drug-addicts.

On this issue, the U.S. government and many other supposed experts lied their heads off during 1986. There is no known case, in which any research institution has conducted tests to determine whether AIDS is or is not actually transmitted by coughing, kissing, or insect-bites, for example. These tests could have been made with monkeys and chim-

panzees, for example. The tests are very standard research procedure; all the equipment and specialist skill needed to conduct such tests is sufficiently available that the tests could have been made. They were not. The U.S. government and other specialists knew that these tests were not made, and that the government was unwilling to allow them to be made. For that reason, these so-called authorities were not making an honest mistake, when they said AIDS could be transmitted *only* by sex or needles; they were telling conscious falsehoods; they were lying.

In some tests, we have found free AIDS virus in the lungs, the saliva, and even the tears of infected carriers. We have proven that biting insects can carry contaminated fluid from an infected person to a non-infected one, at least if the two successive bites occur within perhaps a few hours of one another. We have a known case, in Germany, where one child transmitted the infection to another by biting. We have not proven, by accepted methods of research, that such transmission actually occurs in more than rare cases, although we have proven all of the factors showing that such transmission is possible. We also know that in almost identical infections of sheep, cows, and horses, aerosol and insect-bite transmissions are the usual routes. Yet, so far, our government has refused to conduct the rather basic tests, with monkeys, which would have shown the range of probability for transmission of AIDS by these routes.

In black Africa, where the infected percentiles of the local populations run as high as 15%, every category of the population is affected, including large percentiles of young children and senior age-groups, most of these outside the so-called high risk groups. We find similar trends in poor areas of the world, especially in those areas where tropical diseases are commonplace. We are finding a growing percentile of persons infected, outside "high-risk group" classifications, in North America, and Western Europe. We know that massive amounts of infection are being transmitted by means other than the so-called high risk routes, but, still, governments and others persist in the unscientific argument, that clean needles, condoms, and forcing our school children to look at disgusting pictures, is all that we should do against this disease's spread.

What is the answer to this particular, worrying question? Exactly how is the disease transmitted?

No one disputes the fact that contaminated blood and homosexual acts are pure suicide. No one disputes that homosexuals and drug-users are the persons responsible for most of the buildup of carriers in the United States and Western Europe. It is now estimated that one in ten in New York City, are AIDS carriers, and that cities such as Baltimore, Miami, Washington, D.C., and San Francisco are not that much better off. It is true, that but for the homosexuals and drug-users, we would not have the AIDS crisis which exists in the United States today.

Does this mean, that since most homosexuals and drug-users will be infected by about 1990, that the problems of AIDS, homosexuality, and hard-drug addiction will elimi-

Other candidates on AIDS

An *EIR* survey of several potential 1988 presidential candidates shows that they generally support the do-nothing status quo:

Mario Cuomo: The New York governor rejects mandatory testing, contact tracing, or any other measure that would allegedly infringe on civil liberties, according to Frances Tarleton, a spokeswoman for State Health Commissioner Dr. Peter Axelrod. Cuomo feels "so strongly about the civil rights aspect of the AIDS issue" that he plans to introduce legislation in the state legislature making it illegal for employers and others to try to screen people. He also backs New York's policy under which only victims of full-blown AIDS, as opposed to those who test positive for the virus, are reported to state health authorities. He has set up two committees to advise him on AIDS policy. One is headed by Episcopalian Bishop Paul Moore, who violently opposes the DoD's policy of screening new recruits for the disease.

Rep. Richard Gephardt (D-Mo.): He believes that AIDS is a major public health threat, and will speak to the

issue in a speech on health policy this month. But he opposes mandatory testing, even in special cases (e.g., drug users), and also opposes drug tracing. "It's not worth the cost until we find a cure," according to aide Alice Ziegler.

Rep. Jack Kemp (R-N.Y.): According to legislative assistant Mary Burnett, Kemp thinks that recent statements by Health and Human Services Secretary Dr. Otis Bowen and others calling AIDS a worse menace than the Black Death, are "apocalyptic." He believes that the administration has allocated sufficient resources to the fight against the disease.

Rev. Pat Robertson: Although he has attacked the idea that the AIDS virus has civil rights, and warned that the epidemic is going out of control, he also said, at a Dec. 6 press conference, that "the public is not ready to take the steps that would be required to stop it." When *EIR* asked him what these necessary steps are, Robertson squirmed: "Well, I'd rather not say because then I'd be labeled as someone who was advocating them."

Alexander Haig: He thinks that AIDS is a "big problem," with needs "leadership and resources," but refused to be more specific when questioned by *EIR* in Virginia on Feb. 12.

Other candidates: repeated calls to Vice President **George Bush** and **Gary Hart** drew no response.

nate themselves by about A.D. 2000, leaving most of the normal population untouched?

This is really two questions. On the first level, let us assume that the AIDS virus was spread in the exact variety of retrovirus studied in 1983. On the second level, we must take into account the fact that several, evolved varieties of AIDS are already known. On the first level, we must examine the potential for transmission of the 1983 variety of AIDS by routes other than the so-called high-risk ones. On the second level, we must consider the rate at which the AIDS virus will evolve as the number of persons infected increases.

Take the 1983 virus first, the one for which existing AIDS-reaction tests are designed. Even without completing the needed tests with monkeys, we already know that AIDS is transmitted by routes other than the so-called high risk ones. As a ball-park estimate, if you have contact with an AIDS carrier, and you are neither a homosexual nor a drug-user, your chances of contracting the infection are perhaps 1% as great as if you were a homosexual or drug-user. Tests may show that 1% is too high a figure, or a bit too low; it is a good ball-park figure, until such time as the needed research tests are run.

So, if you do not belong to a "risk group," the probability of your catching the AIDS infection depends upon the num-

ber of AIDS carriers with whom you are in contact. If you are exposed to many AIDS carriers, your chances increase. If you are not exposed to AIDS carriers, your chances are nearly zero. So, the general problem is one of keeping the percentage of AIDS carriers in the population as low as possible. At one-tenth of one percent, the problem might be nearly under control, if you are a normal, healthy person. If the figure rises to 5%, there is a significant risk. If the figure rises to between 10% and 15%, taking the Africa or New York City situation into account, we probably have a red alert situation.

Suppose, however, that new mutations of the AIDS virus occur, as such mutations are already occurring. If the percentile of the population infected is very high, the rates of mutations will increase. Suppose, for example, a mutated form of AIDS is able to infect epithelial cells, and to work its way from there into your bloodstream? Then, your chances of infection by a carrier would increase accordingly.

Is that second case some sort of wild speculation? It is speculation to a certain degree, but not wild, irresponsible guess work. From what we know so far of the characteristics of the virus, it is a likely scenario. It is one of the lines of investigation developing today, especially since several new forms of the AIDS virus were turned up.

We have already made several computer runs for the first case, assuming no important evolution in the 1983 virus. The result is, that no matter how much the "low risk" routes fall below or above the 1% ball-park figure, the same general pattern results. First, the percentile of the high-risk groups infected rises along the usual S-curve pattern, to the level that nearly every member of these groups is infected, and the group begins to become a smaller percentile of the total population, through deaths. Second, as the infection of risk-groups becomes a sizable percentile of AIDS carriers in the total population, a slower, S-curve spread of the infection begins among the non-high-risk-group portion of the population. If the transmission-rate is less than the estimated 1%, the process advances more slowly; if the transmission-rate is slightly higher, the spread of the infection is faster. The pattern remains the same.

Assuming that neither a vaccine nor cure is available, without isolation of the infection to present carriers, the uncontrolled spread of the AIDS infection would probably wipe out the human species by some time during the first half of the next century, or even perhaps earlier.

One expert makes an observation. We know of AIDS-like viruses among monkeys, which are seemingly harmless to some species of monkeys which transmit them, but deadly to other species of monkeys. We know that some species of monkeys became extinct along the way. Were these species of monkeys wiped out by an AIDS-like virus harmless to the species of monkeys which transmit it today?

AIDS is a human-species killer. It is the first infection we know, which has the capability of making the human species extinct.

3. The chances for a medical cure?

Few experts see any hope of a medical cure for AIDS earlier than between 5 and 10 years ahead. Five years ahead, without mass-testing and isolation of AIDS carriers now, between 5 and 10% of the population of North America and Western Europe would be infected, the best experts now agree. Ten years ahead, without a cure, the entire populations of North America and Western Europe might be doomed to extinction, as several entire nations of black Africa, such as Uganda and possibly Zambia, are possibly already doomed today.

The hope for early development of an ordinary kind of vaccine is between very small and zero. In 50 years, no vaccine has been discovered for Maedi-Visna. No sure hope of a cure is presently in sight. No vaccine or cure generally available for between five and ten years, is a very good guess under present conditions.

"Is it impossible, that someone might not discover something?" On the one side, experience and knowledge of history has encouraged me to be a very optimistic person; I will not underestimate the possibilities of human genius. There is a small possibility that the human race might be lucky enough to have something useful for fighting the infection within less

than ten years, or, by a near miracle, within five. Do you wish your government to gamble on such a near miracle, as our government is now doing, and do nothing to stop the spread of the infection in the meanwhile, especially when that same government is cutting back on many of the research programs which might produce useful results?

For between five and ten years yet to come, no responsible government will depend upon any defense but mass-testing and isolation of AIDS carriers.

Our objective must be to develop a medical treatment for the infection within ten years. Why ten years? Because we

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dare not count on success sooner, although certainly we would be very pleased to be luckier.

We have available today three general lines of research:

1) Medical clinical research. This will never produce a cure, although it will provide us indispensable knowledge of the disease and its co-factors. It is an indispensable part of the total package, but will not contribute directly to discovering a cure.

2) Conventional biological research, up to the level of today's state-of-the-art in "genetic engineering." The AIDS problem is essentially a biological research problem, not a medical research problem.

3) Unconventional biological research, specifically the rapid expansion of the field of "nonlinear spectroscopy."

My best estimate of the probabilities, is that we might be lucky enough to win the war against the virus through conventional biological research methods, but that we could surely win the war through an enlarged role of methods of "nonlinear spectroscopy." In any case, conventional lines of biological research will depend to a large degree on techniques and knowledge developed through fostering progress in non-linear spectroscopy.

I must be technical for a moment, here. Since the AIDS

virus infects directly the cell chromosomes, the key to understanding hows AIDS works is mastering the processes of cell-mitosis with this AIDS problem in focus. This research will require some very modern technology. To discover what happens in mitosis, we must be able to detect electromagnetic pulses of one quantum, and to trace their generation and transmission within the cell during every phase of the process leading up to, through, and immediately beyond mitosis.

What we must aim for, in the language of anyone experienced in radar or related matters, is the ability to find the characteristic tuning of the unwanted part of the mitotic process, characteristic of AIDS, and then discover some way to "de-tune" that part of the total spectrum of the cell. Since I have been pushing this line of biological research for a number of years, I can report that the general possibility of doing this is already known; however, I know enough about the problems involved, to report that the amount of research which must be done to master the issues involved, is massive.

This requires very sensitive, very sophisticated electronic equipment. Equipment of this general type exists, as working prototypes. Existing prototypes are not yet sufficiently refined to do what we require, but I know a list of the world's leading specialists, who, brought together as a team, and given assistance from certain instrument-building firms, could develop the equipment we require.

Even if we assume that the needed biological breakthrough providing the cure were accomplished within the scope of more or less conventional lines of biological research, those conventional biological researchers would probably depend to a significant degree on investigations in the area of nonlinear spectroscopy, for analyzing the cell processes, and for analyzing effects of types of pharmaceutical repertoires. Also, even if the nonlinear spectroscopy itself did not produce the needed cure directly, it would be immensely valuable in pushing forward cancer research and related studies of the problems of aging of tissues.

So, a rational course of action for government would involve a twofold program: 1) Public health measures of mass-testing, and medically required isolation of carriers, to get us through the next 10 years; 2) An "Apollo-style crash program" of combined clinical, conventional biological, and optical biology research, the combined effort given the mission assignment of conquering the virus.

4. The issue of homosexuality

There are increasing numbers of people who believe that AIDS is a form of God's punishment to mankind for tolerating the spread of such abnormalities as homosexuality and drug-usage, something like a new Biblical flood, or perhaps an aspect of a looming Armageddon. Certainly, the modern "rock-drug-sex counterculture" is a flagrant violation of the fundamental precepts of Judeo-Christian morality, and certainly the United States would not be threatened by the present AIDS crisis but for the counterculture's role in spreading the infection. I hold it to be true, that Creation has endowed

our bodies with certain functions, including the body's orifices, each to be used in one way, and not contrary ways; AIDS demonstrates afresh, in the cases of the homosexuals and drug-users, and the sexually promiscuous, that if society promotes the violation of the principles of our bodies' design, that society shall suffer in some way or another for this obscenity.

However, I think it almost self-evident, that political leaders, as distinct from religious leaders, must exclude from their role in the processes of government, those kinds of mystical speculations in theology which lead to no majority agreement on governmental action taken according to principles of law.

Since the AIDS pandemic could potentially make the human species extinct, no sane person should object to describing AIDS as "apocalyptic." However, politicians must never hold God to blame for mankind's condition. Responsible political leaders hold themselves, and our government generally, accountable to God for what they do, or fail to do, to deal with the problems of the human condition.

Yet, within the limits of that political dimension, the role of homosexuality and drug-use, in bringing this plague upon our nation, must be taken into account as a moral problem, as well as a practical one. Morally, to a large degree, the homosexuals and drug-users are guilty of bringing this pandemic upon us, to the degree it would not yet exist for us except for the abnormal things such aberrant persons have done to bring it about. I hold that homosexuality, prostitution, and drug-use have no natural rights under our Constitution; indeed, both were outlawed at the time of our republic's formation, such that no judge can rightly claim the intent of the Constitution to afford special rights to these practices. Above all, the notion that testing for AIDS, and quarantine of carriers, is a violation of the special rights of a few, is obscene, when the award of such a "right" amounts to a license to murder the innocent many by spreading a fatal infection.

The political rights of the members of the counterculture are those they enjoy as persons. They have no rights to carry a species-killer variety of contagious infection, any more than they have the right to fire a machine-gun indiscriminately in a public place. They have the rights of the sinner, as we extend the protection of the law to the persons of even the worst among convicted, but the sin itself has no rights, as the crime of the felon is not condoned by the lawful protection we afford to the person of the convicted rapist or murderer.

For these views, I am called "an extremist," and also a "homophobe." By these views I stand, and you must judge me on this account as your conscience instructs you. I am resolved to save our nation, the human species, from extinction, and to protect the rights and lives of the innocent from a foul disease for whose existence they have no blame. No one would have thought to disagree with my present views on these matters in the Rochester, New Hampshire of 1922. How stands New Hampshire today?