
Interview: Dr. Abdul Alim Muhammad

ADL and the gay lobby are playing politics with D.C.'s AIDS epidemic

Dr. Muhammad is medical director of the Abundant Life Clinic in Washington, D.C., Minister of Health for the Nation of Islam, and National Spokesman for NOI leader Minister Louis Farrakhan. He was interviewed by Debra Freeman at the Abundant Life Clinic on March 18.

EIR: Dr. Muhammad, national statistics show that AIDS is right now spreading faster in Washington, D.C. than in any other U.S. city. At the same time that this is happening, the principal Washington, D.C. AIDS agency seems to be wracked by a controversy that has rendered it virtually impossible to deal with this accelerating crisis.

I would like to begin with a brief discussion of the crisis which is facing Washington. I'd like to talk a little about the demographics of AIDS, because my recollection is that in the early 1980s, about 68% of all HIV-positive individuals in the District were gay or bisexual men. What about today? Does that figure hold?

Dr. Muhammad: No, it's slipping. The percentage of heterosexual infected persons, right now, as far as the figures tell us, hovers around 50%. Those figures are not worth very much, simply because the kind of public health data that are necessary to get an accurate picture of any epidemic are simply missing.

The data come from people who volunteer to be tested and who allow that testing information to be looked at by the city. But we have a large number of people who have been tested anonymously, and that information is not available. And, of course, the overwhelming number of people have simply never been tested, and don't right now think that they are at any particular risk.

So whether it's 1 out of 20 males that is infected, as the official figure indicates, or whether it's much worse than that, we can't exactly say. And I think that's bordering on the criminal, when we're so far into an epidemic that has cost so many lives.

EIR: According to the city statistics, in 1991, some 73% of the reported AIDS cases in Washington, D.C. were among African-Americans, and, in what struck me as an absolutely startling statistic, 93% of all of the AIDS cases among the district's children occurred in black children. Do you think that that's an accurate portrayal as best as we can tell, and

from your experience here in Washington?

Dr. Muhammad: Again, we only have published statistics to go on. The statistics for children seem to be about what the national average is. I think across the nation, about 89% of infected children happen to be black or Latino, so that sounds consistent with those national figures.

Within the District of Columbia, I'm sure that it's at least 73%—I don't think that it's any less than that. It could very well be more.

One of the things that we want to do, since we can't have any real confidence in these numbers, is to arouse in the population a desire to be tested. What we're saying to the public every chance we get is, if you don't know your HIV status, you don't know enough about AIDS. And when more people step forward to be tested, then the numbers that get published will be more meaningful.

EIR: One of the things that gave rise to the controversy that I do want to discuss with you, occurred back in June of last year, when you applied, through the Abundant Life Clinic, for a grant to begin an outreach campaign and a public education campaign in the black community. Is that correct?

Dr. Muhammad: Yes, and that was a direct result of the city's five-year plan against AIDS, which said that there were large segments of the city that were underserved, and these were largely the black and Latino populations, especially those east of the Anacostia River. And so we wanted to have an impact, precisely in those areas. Our clinic is located in that area, the only full-service AIDS clinic available to residents in that area of the city.

So we applied for that grant. The review panel gave us the highest score out of all the vendors that applied, and, to boot, we had the lowest bid. So we felt that there was no chance that we could be denied this award. However, the then-agency head for HIV and AIDS, Caitlin Ryan, intervened, told the review panel that she could not accept their decision—the explanation being “Muslims hate gays.” And so she coerced them to lower our scores, and the attempt was made to award the contract to another vendor.

One of the review panel members happened to have a moral conscience about this, and contacted us and let us know exactly what had taken place. We sent a letter to the mayor and others in the city, protesting this illegal interven-

tion by Caitlin Ryan. A subsequent investigation found that what we had alleged was in fact true. Ms. Ryan and two others were suspended, and then, pending a formal hearing, were dismissed.

The kicker is, of course, that after all of this took place, you would think that we would have received the award. But we have not. And we have not had any official notification by any official in the city to date, about this matter.

Meanwhile, of course, there could have been hundreds of thousands district residents who would have heard a very clear AIDS education message, and by now would have mobilized themselves to protect themselves from AIDS, or, if they were unlucky and found themselves already infected, to seek the very best treatment available.

EIR: When I interviewed Caitlin Ryan, she described herself as a “fierce lesbian warrior.” She never made a secret of her belief that gays had earned the right to lead the fight against AIDS. By the time she was forced out of office, our statistics show that a full 80% of the \$23 million in federal and local grants that her agency administered, was directed to white, gay, and lesbian organizations. To your knowledge, has that pattern shifted since Ryan was ousted?

Dr. Muhammad: No, that pattern has not shifted. We have been exerting pressure to bring about a shift in funding patterns, but as we speak, that has not yet occurred. We were somewhat dismayed that the replacement who was selected for Ms. Ryan, was an English major from New York, who has no background in public health or any health-related field at all, whose primary qualification seems to be that of an “activist” in the New York City gay movement.

To his credit, he seems to be open-minded. He seems to acknowledge the fact that there has been a shift in the demographics of this epidemic in the city, and perhaps he will use the agency for HIV and AIDS to bring about such a shift. But as of yet, that has not occurred.

In looking further into the Caitlin Ryan affair, we now believe that perhaps she was just a convenient scapegoat who could be blamed for what happened in that matter.

In February, when Minister Louis Farrakhan was in Washington for a press conference on another matter, he had an internal document of the Anti-Defamation League [ADL], and in that document they considered it to be at the top of their agenda to prevent any funding from coming to “Nation of Islam operations” such as the Abundant Life Clinic. They indicated in that document, that they had sent a letter to Mayor Sharon Pratt Kelly, at the time that all of this was being debated, indicating their displeasure with any decision in our favor in the matter of this media contract. They pointed to my “odious theories” concerning the origin and dissemination of AIDS in the world, and also what they alleged to be my views, that Jewish doctors injected blacks in Africa with the AIDS virus.

Needless to say, I was shocked to find that they had

intervened in this matter, and this raises serious questions as to how much influence the ADL actually has over Mayor Kelly and her entire administration. And I’m just shocked that Ms. Kelly did not contact me to let me know that these serious charges by the ADL were being leveled against me, to give me an opportunity to clarify what my views are on those issues.

First of all, let me just say that it is not my position and never has been my position, nor have I ever stated that Jewish doctors injected *anybody* with AIDS. This was a statement that was made I believe in 1988 by Steve Cokely. Since Mr. Cokely made that statement, I have been repeatedly baited in interviews to make a comment on something that I simply know nothing about, and I’ve consistently referred people to Mr. Cokely: If you want to know about that statement, talk to him. He says he has documentation for it, I don’t know anything about it, and can take no position on it.

In terms of my “odious theories on the origin of AIDS,” I have simply stated consistently for a number of years that the origins of AIDS are quite mysterious, and there is enough information on the public record to justify full-scale hearings into the matter.

There are statements in the *Congressional Record* from scientists working in the biological warfare section at Fort Dietrich, Maryland, that they were making artificial microorganisms that would have the potential to cause cancer and to destroy the human immune system. There are other documents on the public record that lend credence at least to the possibility that AIDS may have an artificial origin. So I’ve called on Congress to convene hearings, because most of the people who may have been involved in such work, are still alive, and they could be compelled to testify, under oath, and then the world would know one way or the other whether or not AIDS has an artificial origin, or whether there is another explanation for it.

EIR: Even if one is not entirely prepared to identify beyond the level of hypothesis (and certainly without an investigation it is difficult to go beyond hypothesis) what the origins of the AIDS epidemic indeed were, it has been our position since at least the 1980s, that the manner in which this epidemic has been dealt with, once it was identified, has not only not led to stopping the epidemic, but has led to spreading the epidemic. We have, both editorially and otherwise, accused those in charge of this policy both domestically and internationally, of being guilty of criminal malfeasance.

In August, a coalition was formed. It included not only this clinic, but other organizations as well, which came together to try to address the problem of AIDS, and which tried to challenge the gay lobby’s exclusive dominion over how this epidemic would be dealt with. Can you talk a little bit about the formation of that coalition?

Dr. Muhammad: Our approach to this epidemic has been quite systematic. I think in a previous interview that I did with

the *New Federalist*, I talked about our nine-point program for waging war against AIDS.

Point number nine happens to be forming coalitions with other groups, because we don't believe that the solution to this problem is going to come from a single point or from a single group, but it's going to be a coalition of interested people, workers in this area, who will evolve eventually the proper solutions.

So we formed what is called Sankofa, Community Coalition Against AIDS. Right now it's composed of 14 different community-based organizations, both black and Latino. These members of Sankofa are active care-givers in the field. These are not people who have simply come together for the sake of receiving funding. These are people who collectively have a more-than-200-year professional track record working in the area of AIDS prevention, education, care, and research.

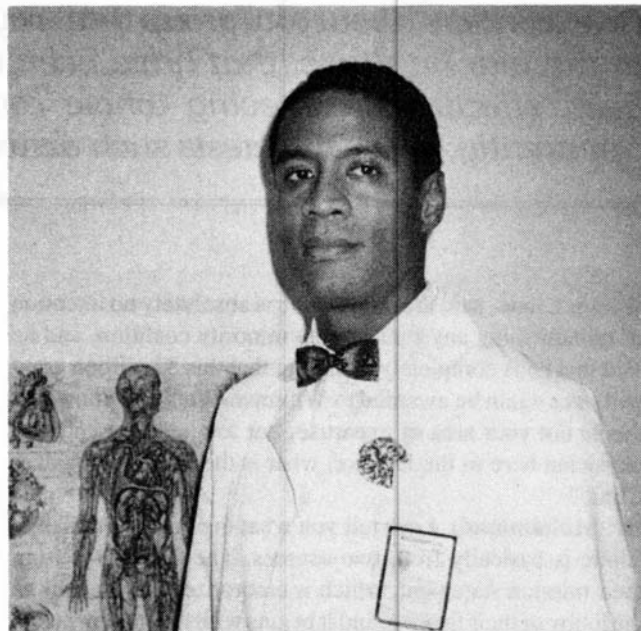
One of the prominent members of our coalition is a technical assistance group called Urban, Inc., or United Response to Black America's Needs. And they have done a lot of the fundamental research that has uncovered these patterns of funding disparities and policies of the local and national governments where this epidemic is concerned.

So Sankofa represents the community's response—at long last—to an epidemic that they had previously neglected, and we would expect that the city would support Sankofa and allow us to evolve into a first-class prevention and care facility in much the same way as their previous support for Whitman-Walker allowed Whitman-Walker to come out of a stage of being a storefront operation to being a multimillion-dollar facility, well endowed from private sources. They currently have an operating budget of more than \$13 million a year. So the \$2 million contract that they have received for the past nine years from the city is no longer needed by them, but it is certainly desperately needed by the black and Latino segments of the community that have come together to form Sankofa.

EIR: So you are actively bidding for this grant?

Dr. Muhammad: Yes. We submitted Sankofa's proposal to the city in September 1993. We passed the first muster with the review panel, and right now Whitman-Walker and Sankofa are the only two vendors that are still in the competition. The review panel made their decision and recommendation sometime in October, and at that time the proposal was passed to the mayor's office. From there it went to the legal department, and that's the last that we've heard of it.

The deadline on the current contract expired in December 1993; here we are in March 1994 and no decision has been announced. What is most disturbing is that we fear that perhaps a decision has been made to make no decision, and currently what is taking place is that on a month-to-month basis, Whitman-Walker is being funded by the city to continue this contract with the explanation given that we don't want



Dr. Abdul Alim Muhammad, head of the Abundant Life Clinic in Washington, D.C., a full-service clinic which has joined 14 community-based organizations in the Community Coalition Against AIDS. The Anti-Defamation League is fighting to cut off any government funding.

an interruption in services.

This despite the fact that the city auditor, Otis Troop, has held that this kind of month-to-month "emergency financing" is illegal.

EIR: Does this emergency financing come *outside* of the \$2 million involved in the grant, or are they spending that grant money?

Dr. Muhammad: It depends on who you talk to. We are generally under the impression that this is money coming from the grant right now. Some people say no, it's not, they're taking it from other sources. But we can't get a clear answer to let us know one way or the other.

EIR: And this is the first year that city officials have opened this grant to competitive bids. Is that correct?

Dr. Muhammad: Yes. I think the first grant was let out under the [Marion] Barry administration in 1983 or 1984, and it has been let out without competitive bidding until this time. So this is really the first time that anyone has ever had a chance to compete for this contract, that delivers comprehensive AIDS services to the citizens of Washington, D.C.

This grant actually represents the total commitment of Washington, D.C. to the war on AIDS; and that total commitment since the beginning of this epidemic has been entirely in the homosexual community.

EIR: Jim Graham, the executive director of the Whitman-

One wonders about any group that would attack efforts that have been effective in the war on drugs, that have been effective in the war on AIDS, and have been effective in relieving whole communities of violence and crime. . . . Apparently, the ADL detests such activities.

Walker Clinic, said that his clinic has absolutely no intention of relinquishing any funds to the minority coalition, and he said that he is completely confident that this \$2 million grant will once again be awarded to Whitman-Walker. I know that this is not your area of expertise, but as a resident and as a physician here in the District, what is the Whitman-Walker Clinic?

Dr. Muhammad: I can tell you what the Whitman-Walker Clinic is basically from two sources. The first one is from their mission statement, which is embrozed as you walk in the lobby of their facility, and it begins with the statement that the Whitman-Walker Clinic exists to offer health services to the gay and lesbian community.

The second source is Mr. Graham himself, with whom I met in the summer of 1993 to discuss these issues; and he told me quite clearly (and I can only paraphrase, I didn't write down exactly what he said) that his commitment was to the gay and lesbian communities. I was a little bit astonished at his candid admission, so I asked him: "Let me get this straight, Mr. Graham. What you're saying is that you are only interested in the gay and lesbian community?" He said, "That's almost correct, Dr. Muhammad. The *white* gay and lesbian community." And he went on to say that he is a proud gay man and he's doing all that he can for his people.

He indicated that he looked forward to the emergence of the Abundant Life Clinic, in the sense that we would relieve them of the responsibility of having to be concerned about blacks and Latinos.

Evidently, since our conversation, his position has shifted.

EIR: Certainly what he says *publicly* is that, indeed, it is not true that the Abundant Life Clinic is the only full-service clinic serving the black community. He insists that the majority of Whitman-Walker's patients are people of color, and he also frequently cites the existence of the Max Robinson Center, which he says is a full-service facility which exists in the black community, that it is there to serve the black community, and this has become a point of some dispute and some controversy.

What is your experience, since you do serve this community, of the effectiveness of the Max Robinson Center?

Dr. Muhammad: As far as I know right now, the Max Robinson Center is padlocked and chained, in some dispute with the landlord. So it's sitting over there, unused.

We are told that they have temporarily moved the operations of the Max Robinson Center to the basement of a church; but even when the center was open (I believe it opened sometime in 1993), it was never a full-service center, never able to offer medical services at all, and in its entire history, has only served 40 clients.

An ad that appeared today in the *Washington Post* lauding the Max Robinson Center, says that 100% of their clients are African-American, but they neglect to point out that the total number [of clients] is 40. Then, if those clients need any medical services or social services, they are referred to the Whitman-Walker Clinic.

Most of our people feel very uncomfortable going to the Whitman-Walker Clinic, simply because it is a landmark of the gay community, and one is just struck profoundly when you enter it, with the sado-masochistic, homoerotic art that adorns the walls, and the glorification of a gay lifestyle. So many of our people who need services simply refuse to go into such a facility, because the community view is that anyone who enters there, is probably gay, and/or has AIDS. And so, many of our people who need care, simply stay away.

EIR: Back in 1986, when associates of Lyndon LaRouche moved to place an initiative on the California ballot that simply proposed to invoke classic public health measures to stop the spread of AIDS, there was a virulent campaign that was launched against that, and one of the leaders of it was Elizabeth Taylor.

I understand that Whitman-Walker has in fact opened up a clinic which was built based on an endowment by Ms. Taylor, which opened right around the same time as the Max Robinson Center. The difference, however, is that, while the Max Robinson Center dealt with 40 patients, the Elizabeth Taylor Center is a facility which is capable, I understand, of handling 8,000 patients. One of the issues that I think is really on the table here, is that, with the kind of private endowments that Whitman-Walker has accessible to it, there is a very legitimate question as to how the District can justify spending \$4 million, at my last count, of its very limited budget. Their budget is some \$13 million, and \$4 million is spent directly in grants to Whitman-Walker.

At this moment, is the Abundant Life Clinic financed in any way by grants from the District of Columbia?

Dr. Muhammad: No. We haven't received any funding

directly from the city. What we have received is some Ryan White funding, which actually represents federal dollars that come through city hands. The origin of those dollars is from the federal government.

We believe that the ugly head of electoral politics has reared itself in these matters. We know that the current administration received strong support from the gay community in the last election. The Whitman-Walker Clinic is one of the only tangible ways for this administration to show its appreciation for the political support received from the gay community.

But I think that we have to exhort Mayor Kelly and her administration to rise above electoral politics, because after all, we're talking about a disease that threatens the very foundation of the city, and if we act now, we have a chance to save the whole city. But if we continue to pander to special interest groups, then what we're doing, is causing needless suffering and the ultimate death of many, many people.

EIR: I'd like to come back to the issue of the role of the ADL in all of this. A couple of years ago, at a testimonial dinner that was held to honor your work in the community, not only in the area of AIDS but particularly in fighting drugs, the city issued a proclamation honoring your work in fighting drugs. The ADL went on a full-scale mobilization to attempt to have that proclamation rescinded.

Now, one thing that has emerged and which has been given fairly broad press coverage in this area, is the fact that the ADL is currently challenging your funding, and is not only challenging the awarding of this new grant, but is apparently challenging what little funds you do get from government sources. Do you have any idea what their problem is?

Dr. Muhammad: It's a very interesting question. I think part of their problem is that they still are burdened with the fundamental ideas of slavery. According to their various spokesmen from time to time, they don't seem to mind that we work in the field of AIDS or in the field of helping with drugs and crime and violence; they just don't want us to get paid or to receive any resources to help support that kind of work.

One wonders about any group that would attack efforts that have been effective in the war on drugs, that have been effective in the war on AIDS, and have been effective in relieving whole communities of violence and crime, pacifying whole neighborhoods. There are about 14 neighborhoods that are breathing free and easy in Washington, D.C. as a result of the so-called Muslim dopebusters.

Apparently, the ADL detests such activities. One can only wonder how they view the continuing spread of AIDS as being in their interest, or how they can view the continuing use of drugs in our community, to be in their interest. Which side are they on, after all? Evidently they're not on the side with the rest of us.

EIR: Do you agree that it would be fair to say that the ADL,

as part of its declared war on the Nation of Islam, is willing to sabotage the delivery of care to the black community of Washington, D.C. simply because that care is largely provided by a clinic whose director happens to be a leader of the Nation of Islam?

Dr. Muhammad: I think that's precisely the case. I think that their position really is they don't care anything about the problems that might affect the African-American or the Latino communities, and they are willing to sacrifice anything and anybody to pursue their vendetta against Minister Farrakhan and the Nation of Islam. They are willing to use any tactic or apply any amount of pressure to any public official, black or otherwise, who resists their efforts.

And so I think it's a time for courage, for elected officials and other community leadership to resist these kinds of dastardly efforts, because ultimately, the whole community suffers if we follow the agenda of the ADL.

So we need to identify them as the enemy, not just as the enemy to members of the Nation of Islam, but by their actions, they are identifying *themselves* as the enemy of *all* black leadership and all progressive leadership, and of people who want to see the problems of society solved.

EIR: Dr. Alim, we certainly wish you the best in your effort to continue your work in arresting the spread of this horrible epidemic, and we are very much aware of the fact that innocent people continue to die because groups such as the ADL and the gay lobby, which is very closely tied to the ADL, continue to dictate policy and to monopolize scarce funds in this area. Is there anything that you'd like to say in conclusion, either regarding your current campaign to conduct testing here in the District or any of the other issues that we've discussed?

Dr. Muhammad: I think it's important for the readers to understand how far-reaching the negative activities of the ADL actually are.

The Abundant Life Clinic and the Nation of Islam, for that matter, have been in the forefront of arousing the awareness of the black community to the threat of AIDS, and have also been in the forefront of looking for new answers in terms of treatment of people who are HIV-infected.

I think everyone is familiar with our work with low-dose Alpha Interferon, Kemron, and other medications pioneered in Kenya, and the ability of the Abundant Life Clinic, along with others, to do independent research in this direction, research of a caliber that could not be ignored by people at the National Institutes of Health.

But we can only suspect that the delays in the commencement of clinical trials that have been agreed to by the National Institutes of Health, could be laid also at the feet of the ADL.

I can assure your readers that we have fully cooperated with the National Institutes of Health. We have met all of their requirements in terms of the clinical trials.

The research protocol has been written and is ready for implementation, but for unexplained reasons, these clinical

Plot to kill Farrakhan

"Things fall apart; the center cannot hold; / Near anarchy is loosed upon the world, / the blood-dimmed tide is loosed. . . . / The best lack all conviction, while the worst / Are full of passionate intensity. . . . / And what rough beast, its hour come round at last, / Slouches toward Bethlehem to be born?"—William Butler Yeats, "The Second Coming," 1919.

Yeats's invocation of Satan, quoted above, provides an apt starting point to identify the mindset of those forces now at work in the construction of a plot to murder the leader of the Nation of Islam, Minister Louis Farrakhan. For that murder, a ritualistic replay of a routine all too familiar in the 1960s is being prepared, with the same combination of deliberateness and frenzy as would characterize a Southern lynching of the turn of the century.

The newest twist is a claim, circulated in the national press as a "precondition" for Farrakhan's execution, that he authored the assassination of former Nation of Islam leader Malcolm X in 1965. The Nation of Islam filed a \$4.4 billion suit against the *New York Post*, for a March 12 banner story entitled "Widow Pins Murder On Farrakhan." The article reported that Malcolm X's widow, Betty Shabazz, had, on a New York television talk show, asserted in response to interviewer Gabe Pressman's question, "Do you believe Farrakhan had anything to do with the death of your husband?" "Of course, yes. Nobody kept it a secret. It was a badge of honor."

The question of course, is, if it was not a secret that Farrakhan had been so involved, why was he not indicted or arrested for the murder? And why would the *New York Post*, known for an editorial stand toward New York's African-Americans that would make the most rabid Apartheid proponent blush with shame, become the champion of "cracking the Malcolm X case"?

On March 19, speaking in Fresno, California to a capacity crowd of over 2,500 people, Farrakhan said, "They've already determined that I must die." He also asserted that his adversaries were seeking "trial and false

imprisonment and setting me up for murder." And, he pointed out that the same press that call him anti-Semitic, had, during his lifetime, labeled Malcolm X as "a minister of hate and anti-Jew. . . . They have always used one black man against another. They couldn't find anyone alive to do it, so [they] raise one from the dead."

Statesman and physical economist Lyndon LaRouche, himself the target of confirmed assassination threats, was the first, to the best knowledge of this journal, to have corroborated this assessment. On March 21, he issued a statement that a live operation against the life of Louis Farrakhan was, in his view, ongoing. LaRouche's statement appears in full in the *New Federalist* newspaper.

Any assassination of a major public figure, carried out by an intelligence agency or combination of agencies, is a "major production," prepared far in advance. To ensure success, such an operation must 1) isolate the figure from the general public; 2) divide the figure from his/her constituency, for the which purpose, a particularly effective technique is the fomentation of at least the perception of "factional strife within their organization"; 3) initiate, or imply, that "legal action is about to be taken" for financial or other transgressions; 4) successfully represent the figure as "megalomaniacal," "eccentric," "unstable," "weird," etc.

LaRouche points out that "the presently escalated level of threat to Minister Farrakhan has occurred in the midst of an ongoing destabilization of the U.S. government's executive branch," and that, in the midst of press focus on the Whitewater scandal, such an assassination could be carried out with far less risk to its perpetrators than normally. Specifically, LaRouche cites the Hollinger Corp., an international media empire, as potentially culpable.

Hollinger, which now owns 80 newspapers in the United States, has not only been the main purveyor of the Whitewater scandal, but also, in its London *Sunday Telegraph* of March 20, printed a half-page feature entitled "American Jews Worried at the Rise of Black Anti-Semitism." Author Hugh Davies describes Farrakhan to his British readers as "an eccentric fringe figure who, at

trials are not moving forward. Whether the ADL is directly involved in that, I can't say; but based on their past activities, I would not be surprised, and I think we need to generate as much public pressure as possible to see to it that this research goes forward. And just as we are questioning funding patterns on the local level, in terms of AIDS education and prevention and care, we also have to look at the same pattern on the level of AIDS research, that out of \$3.5 billion appropriated for AIDS research last year, a mere \$500,000 was

received by a minority institution, namely, Howard University. If you calculate that out, that's .0014% of the total research budget allocated to a minority institution.

EIR: You do continue in your efforts to build a national network that is capable of delivering this new treatment that you're working on. Isn't that true?

Dr. Muhammad: Yes. We are attempting to do that, and meeting, in some cases, very stiff resistance to our efforts.

60, plays the violin obsessively and lives in a fortress-like compound. . . . But this one-time choir-boy from Boston . . . now fills 25,000-seat arenas with his so-called sermons." This article appears on page 27, juxtaposed to Ambrose Evans-Pritchard's latest Whitewater diatribe against Clinton.

Indeed, the Clintons are increasingly being described by the British press in similar terms. James Adams of the *Sunday Times* of London wrote in the March 20 issue, "the administration has responded with a mixture of paranoia and panic. . . . Now [Clinton] sees the media as his enemy and himself as the subject of a wide-ranging vendetta. . . . Hillary, in more danger than her husband from Whitewater, also embraces the conspiracy theory."

On the role of the press in shaping the climate for assassination of a prominent figure, LaRouche recalls, "I possess an official FBI document which identifies the existence, in November 1973, of an active FBI plot, run out of the New York City FBI office with the knowledge of the Washington, D.C. headquarters, to have the Communist Party U.S.A. arrange my personal 'elimination' on or about the close of that year. . . . It was this FBI operation which the January (1974) *New York Times* rushed in to cover up with wild and massive libels against me. . . ."

"How often did the *New York Times* step in to cover up for the FBI in similar circumstances? I have received no evidence that that crowd in government close to the ADL, or the old Confederacy sympathizer families running the *New York Times* ever stopped doing such things."

The journalists that work for the ADL are, in many cases, no less gangsters than their controllers. For example, *Times* columnist William Safire, according to sources, helped to open up some of the Bahamas-based gambling operations of Meyer Lansky, and was the public-relations man for the Permindex-connected Lionel Corporation, the 1950s model for what was termed "Murder Inc."

Permindex was headed by Maj. Louis Mortimer Bloomfield, who assisted the notorious racist J. Edgar Hoover in establishing Division Five of the FBI, the "counter-intelligence," "dirty tricks," and "wetworks" di-

vision. This division has crusaded against everything from Martin Luther King and the civil rights movement, to "black anti-Semitism." The FBI used JDL founder Meir Kahane and his organization against "black militant groups" in the U.S. starting in 1969, as part of Cointelpro, the now-exposed, illegal assault against all forms of political dissent of that era.

The mass ferment that Farrakhan is intersecting—he spoke to 9,000, predominantly African-American men, in Washington, D.C. on the theme, "Stop the Killing"—is undeniable. Recently, Farrakhan announced that he would start a voter registration drive throughout America, where, in local elections, sometimes no more than 10% of the electorate—which only makes up 50% of the eligible adult population—votes. In Washington, he called for a million-person rally to protest the economic disenfranchisement of the poor.

Dr. King did not live to see his 1968 Poor People's March, conceived as a statement against the U.S. involvement in Vietnam. In Farrakhan's case, the option to use some "distracted Zionist" of the Baruch Goldstein variety, backed up by a several-score-deep hit squad, informers, press, etc., if cleared by several co-ordinating sections of intelligence agencies, including international agencies, cannot be ruled out.

What might be the broader strategic significance of an assassination of Minister Louis Farrakhan? Can the President of the United States suffer the same fate? What would happen as a result, in America's cities—more than 100 of which burned in the wake of the 1968 assassination of Martin Luther King?

More importantly, what happens to the soul of a country that allows the powerful to kill at will? If the U.S. will acquiesce to such lawlessness, as it has already done in the cases of earlier assassinations and attempts, and if the country continues its decades-long descent into a condition in which "the best lack all conviction, while the worst are full of passionate intensity," it could not hope to survive. In that case, the "beast that slouches toward Bethlehem" will be fully recognizable to us, for we will have created ourselves to be in its image.

—Dennis Speed

For example, in the summer of 1992, when we were able to present our research in the area of Alpha Interferon to the National Medical Association meeting in San Francisco, and the House of Delegates of the NMA passed a resolution of clinical trials of Alpha Interferon, we were informed some time later that the National Institutes of Health demanded and got the mailing list of the NMA, and letters were sent to each and every member of the NMA telling them that Alpha Interferon didn't work and that was not the way to go.

So we're just fighting uphill, going upstream; but we believe that if you're truly committed to right principles, then those right principles have a way of enduring any attack, and when the dust settles, those who are standing on correct principles, will emerge victorious.

So we try to be very careful about our principles and make sure that we have those in order. We don't much care whether it's the ADL or others who take unprincipled stands against us, because we know in the end, we will win.