The Secret Plot to Destroy African Americans

From virus carrying mosquitoes to government biological warfare, the community is clamoring with theories about why blacks are hit harder by AIDS—and what to do about it.

December 1, 2000 By LeRoy Whitfield

On December 19, 1998, a month after President Clinton declared AIDS a crisis in black America -- a hard-won concession by the Congressional Black Caucus and a handful of determined African-American advocates -- Reverend Al Sharpton and a dirty dozen of community activists assembled for an AIDS assault of a different kind in Harlem.

They were responding to the same crazy reality: African Americans, who constitute only 13 percent of the U.S. population, then made up 32 percent of PWAs, a ratio that crept to 33 percent in 1999. But unlike Mario Cooper, whose Leading for Life campaign twisted the arms of African-American leaders to take on AIDS, or Maxine Waters, the empathetic Caucus chair who led the charge on Capitol Hill, Sharpton's six-hour-long meeting took aim at the reeling statistics with a whirlwind of theories. These theories, about why exactly AIDS shows such a strange affinity for blacks, have been blowing across America for more than 10 years now, stoking fires that no one's figured out how to put out.

One burning voice belongs to Boyd Ed Graves. Sitting at a well-polished dining room table at his home in Cleveland's black, solidly middle-class Mount Pleasant neighborhood, Graves offers an explanation for those numbers: genocide, plain and simple. In fact, he's suing the U.S. government for using tax dollars to secretly develop HIV in a lab and then deploy it as a biological weapon to kill blacks. It's ethnic cleansing, he says, and in the end not a single black soul will remain.

For the record, Graves, who was diagnosed with HIV in 1992 (and now has an undetectable viral load on HAART), concedes it's possible that he contracted the virus through unprotected sex. But more likely, he believes, he was the victim of a stealth dart gun, a "micro-bio-inoculator" that can tag unsuspecting victims from 100 feet away without so much as a prick, a product of the U.S. government's biological warfare program. Or, he imagines, he may have been one of thousands of unlucky African Americans infected through a bite by a virus-distributing mosquito bred by government contractors at an island facility off the shores of Manhattan. Or: "The HIV virus is the result of a century-long hunt for a contagious cancer that selectively kills." "If they didn't want me to discover the true origins of AIDS," Graves says, cutting a glare in my direction, "they shouldn't have given it to me."

Graves has an encyclopedic mind. He can pull numbers out of the air from reports he read 20 years ago. In 1976, he says, the U.S. Navy deemed him so competent that during his duty as a cryptography officer, he was one of only a few aboard the guided-missile destroyer on which he worked who were privy to nuclear launch codes. Later, Graves graduated from Ohio Northern University law school with honors.

His case against the government stemmed from a discrimination suit he filed against his first employer out of law school, a federally funded agency serving the disabled, which laid him off in 1995 shortly after he disclosed his HIV status. That suit was settled out of court for $48,000, he tells me, but in the process of building his extensive argument, Graves uncovered a document that would spark a lifelong obsession. It was the transcript of a 1970 Congressional hearing on defense appropriations during which a certain Dr. Donald MacArthur of the Pentagon mentioned a "biological agent...for which no natural immunity could be acquired...that could be developed within 5 to 10 years." That document was soon joined by hundreds of others to form the basis of Boyd Graves vs. the President of the United States, which Graves filed in federal court last January.

He pulls out a copy of the MacArthur transcript for me and begins reading highlights, then stops himself midsentence and looks up. "Do you want to hear me read it in my Nixon voice?" he asks. Nixon, I'll soon discover, is just one of Graves' dozen impersonations. He also does the hostile AIDS outreach worker, the annoyed relative and the impatient bureaucrat, all of whom he's encountered on his hell-bent mission and whose voices repeat inside his head.

A district court, calling his claims regarding the transmission of HIV "completely baseless and delusional," threw his case out a month after it was filed. But Graves, continues to appeal, and in March, a higher court granted a review.

Among Cleveland's AIDS leadershipm Graves has earned a nickname: Crazy Eddie. He has spread his gospel to every AIDS agency in the Corn Belt town; he's caused such a stir that some compare his impact in the Midwest to the that of ACT UP/ San Francisco AIDS dissidents in the West. Jon Darr Bradshaw, executive director of the Xchange Point, a program that does street outreach in Cleveland's toughest neighborhoods, says that Graves' theories have created such doubt among his clients that some have begun refusing condoms and clean needles, suspicious that the supplies are tainted with HIV.

Such incidents have only earned Graves more credibility in the eyes of some African Americans. Last March, he was named one of the 25 most influential people in Cleveland by *Cleveland Life*, Ohio's largest African-American newspaper. That followed a December 1999 editorial by the paper's then-news editor, Daniel Gray-Kontar, in which he wrote: "Is what Boyd Ed Graves saying accurate? I would respond with another question: If we would have been told about the experiments with blacks in Tuskegee with the syphilis virus, would we have believed the crier then?"

The long history of slavery and Jim Crow set the stage for African Americans to suspect an AIDS conspiracy, and, for many, evidence of other plots clinches the case. Two episodes famously

surfaced in the 1970s: Tuskegee, where government researchers withheld syphilis meds from unsuspecting black southerners, and COINTELPRO, an FBI program that surveilled and harassed black radicals. Equally disturbing facts came out in an August 1996 *San Jose Mercury News* piece, later partly retracted, which suggested a CIA role in allowing crack to be sold in LA's South Central to profit Nicaraguan contras. A June 1998 *Los Angeles Times* article documented germ-warfare techniques planned against South African revolutionaries, including Nelson Mandela. As one woman said at an LA town meeting convened by Rep. Maxine Waters (D-CA) after the *Mercury News* piece ran, "Black men are in jail for selling drugs the CIA brought to our community the same way they brought the guns here for us to kill each other. If they don't get you that way, government doctors will stick you with AIDS. One way or another they'll destroy us."

The sister's not alone in her thinking. According to a 1999 study funded by the National Institutes of Health (NIH), one out of four African Americans surveyed said that they believed HIV was created by the U.S. government to eliminate blacks. That study echoed the findings of an earlier one by the Southern Christian Leadership Conference, which found that 54 percent of blacks surveyed viewed HIV testing as a ploy to infect them with the virus. Look at those numbers and the truth stares back: Belief in conspiracies is far from fringe.

Just stroll into an Afrocentric bookstore in any of America's urban centers and you'll find plenty of reading to reinforce even the slightest doubts about HIV, from white right-winger William Campbell Douglass' *AIDS: The End of Civilization* to black agitator Curtis Cost's *Vaccines Are Dangerous: A Warning to the Black Community*, which argues that HIV is a man-made biological weapon created to wipe out blacks. Cost's 1991 book is still a steady seller, recommended by the Universal Zulu Nation, a 12-city hip hop fraternity that discourages condom use and claims that HIV doesn't cause AIDS. Recently, Cost did a complete 180 on HIV. As his latest, unpublished book will show, the Bronx resident tells me, "There's no such thing as AIDS," and we're all dupes of a misinformation campaign.

Cost, as a new AIDS dissident, was a key organizer of that well-attended December 1998 Harlem AIDS forum convened by Rev. Sharpton. There, Phillip Valentine, a self-described "natural healer," who believes blacks should abstain from all meds, even herbs, shared the podium with a dozen speakers, only one of whom thought HIV caused AIDS -- and that speaker argued that the virus had been intentionally transmitted to blacks through World Health Organization vaccine programs. Later, during an animated conversation, Valentine told me that it's the medicine, not the virus, that kills: "The only time you start getting sick is when you go to see a doctor." Valentine advises HIVers to stay away from meds under any circumstance. When a newly diagnosed friend of Valentine's called him in tears seeking advice, Valentine invited him over with his bag of prescriptions. "I asked 'What did they give you?' He named all the drugs. We prayed. After a brief ritual, I helped him pour them down the toilet."

While Graves, Valentine and Cost peddle their conspiracies on the ground, prominent African Americans have validated these ideas from the airwaves. Nation of Islam (NOI) head Louis Farrakhan has long maintained that AIDS was made in a government lab just outside Virginia, a message he spreads through his speeches and the NOI's organ, *The Final Call*. Several black

entertainers have endorsed these views as well. In a 1990 appearance on The Arsenio Hall Show, rapper Kool Moe Dee stated that he thought AIDS was a part of a “clean up America campaign” intended to hit gays and minorities. Director Spike Lee seconded the notion in November 1991 in *Rolling Stone*, and in an October 1992 interview on CNN, media giant Bill Cosby said he thought AIDS was “man-made” and that “if it wasn’t created to get rid of black folks, it sure likes us a lot.” Though statements like these are less common of late, megastar Will Smith speculated in the July 1999 *Vanity Fair* that “possibly AIDS was created as a result of biological-warfare testing.” These messages leave many African Americans caught in a life-or-death struggle between advice from their doctor and words from public figures they respect.

Forty miles northeast of Montgomery, Alabama, where Rosa Parks touched off the civil rights movement, lies a town whose very name has come to symbolize government malevolence: Tuskegee. I took a trip down to the scene of the crime last May, on the occasion of an AIDS training for black church leaders, to see with my own eyes the rooms where federal researchers watched, probed and tested 399 African American men as many slowly died, untreated and uninformed, from syphilis. The windows at the old John A. Andrew Hospital were broken and boarded. I came upon an open side entrance and, once inside, found retired medical equipment, a wall calendar that had collected dust since 1958 and, everywhere, the buzzing of hornets. Standing in a dim corridor, I tried to imagine 1932, back when the hospital was busy with black men waiting in chairs for treatment they never got. After 40 years, the study was finally halted and the hospital eventually closed, but somehow, standing in that place, the men’s fears and misplaced hopes lingered.

Pernessa Steele, executive diector of Balm in Gilead, which organized the training, said she chose to bring black church leaders into this haunted town because “healing the legacy of Tuskegee will help us to ensure that black people begin to demand and use services from our nation’s health care system.”. Steele was trying to challenge not only Tuskegee, but all these motions of conspiracy that steer blacks away from AIDS care. “I was raised in black America, and I understand how people feel around these conspiracies,” she says, “but that shouldn’t prevent us from taking an HIV test and getting information about our health. It is dangerous for any African American with HIV to not be in medical care, or to have HIV and not know it.” Every one of the eight African-American AIDS leaders I spoke with expressed deep empathy with black fears of the medical establishment. But each hoped to leverage those fears into AIDS self-defense.

A. Cornelius Baker, the African-American executive director of the Whitman-Walker Clinic in Washington, DC took the matter so seriously that he campaigned to make President Clinton apologize for Tuskegee, which he did in May 1997. “There was no way to have an honest discussion in the black community about HIV if that experiment was not addressed,” Baker says. “But, at some point, the real issue isn’t whether our government has acted in a way we don’t like, but what do we do to fight against it.”

One night during the training, I had dinner out on a patio with Karen Washington, an AIDS ministry lay leader at Friendship Baptist Church in Dallas. Washington, 37, tested positive at 23, but avoided taking HAART until three years ago because, she says, “I didn’t want to be a guinea pig.”

She found out about her status while stationed on a U.S. Air Force base in London in 1987. “At the time I didn1t even know what the disease was,” she says, though she noticed that other blacks -- but not whites -- on her base were experiencing the same thing. “People in the government are always working on things that we’ll never know about. I thought that I might have gotten AIDS because something went wrong in the lab.” Williams says her mistrust of the government only grew in the ’90s after she heard reports of the mysterious symptoms of Gulf War Syndrome. She only went on HAART, years later, out of respect for her increasingly worried mother. For now, she’s doing well: Her CD4s are just shy of 500, and her viral load is undetectable.

As Washington and other PWAs at Tuskegee opened up to me about their postdiagnosis searchings, I found myself identifying with their fears, and with their basic suspicion about the disease and the drugs. As an African-American AIDS journalist, I have access to cutting-edge treatment information, and yet I haven’t been to a doctor in a year and a half. Maybe the truth is I’ve examined every crackpot theory from Tuskegee to Cleveland with an open mind because, quietly, I hope I can believe one of them. When you’re asymptomatic like I am, you really want to believe that AIDS can’t happen; if Valentine and Cost are right, and AIDS isn’t real, then I could distance myself from the virus in my blood.

Three months after the conference, I trek up to Columbia University at the edge of Harlem to sit down with African-American scholars Mindy Fullilove, MD, a psychiatrist, and Robert Fullilove, EdD, a statistician and theologian, whom I met in Tuskegee. After 17 years of marriage and 14 years of partnered community research, the Fullilloves have their rountine down pat. Today, she fields calls whle he answers my questions. “As we’ve talked to people who are HIV infected, but are not interested in getting treatment, who have a completely different worldview about their illness and what they ought to do about it, it becomes very clear that saying, “Trust your doctor’ is not enough to make them accept advice,” Fullilove says. “They simply don’t accept science as the final word on what they should do about their health.”

In published essays and in many of the the 70 studies they’ve co-authored, the Fullilloves have examined myths about the origins of HIV, government intent with regard to AIDS, why African Americans are at greater risk, and why they avoid mainstream treatment. “Time isn’t enough to heal every wound,” he says, “or to resolve a worldview that made slavery possible. So there’s a tendency on the part of African Americans, founded in their experience, to view everything done by whites with suspicion and mistrust.” And to give the benefit of the doubt to solutions that come from within the black community.

Take Bronx resident Andre Cromer, 34. “All the stories I was hearing,” he says, his solid gold medallion swaying with every gesture, “was that the medicine kills you, not the disease, and that AZT is poison. I was looking for an alternative.” In 1992, six years before he was diagnosed with HIV, he found one. He was sitting in a large crowd at Louis Farrakhan’s majestic Mosque Maryam in Chicago when the NOI’s health minister, Abdul Alim Muhammad, took the stage. Cromer listened spellbound as Muhammad infused the audience with hope and racial pride, announcing that an AIDS cure, Kemron (a low-dose, oral preparation of alpha interferon), had been discovered in Africa. The miraculous news had been slow to spread, Muhammad said, because the discoverer,

a Kenyan, couldn't get black ink in the white press. At the Million Man March in 1995, Farrakhan shared his limelight with Muhammad to bring the same message to the masses; bow-tied *Final Call* salesmen were pushing the word about Kemron, too, penetrating black communities from Bed-Stuy to Compton.

Muhammad's speech was all that Cromer needed to hear. "After that, I didn't really worry about getting the disease, because I always felt that I knew where the cure was," he says After Cromer ditched condoms and hard-to-keep rules about safer sex, it wasn't much of a surprise in 1988 when, after 10 days in Harlem's North General Hospital with pneumonia, his HIV test was positive. Cromer already knew what to do: He logged on to the website of NOI's Abundant Life Clinic, looking to buy some Kemron.

He found Barbara Justice, MD, who sold him Kemron out of her office in Harlem, not too far from North General, where he had tested positive and was offered his first round of combo therapy. Not too far, either, from the trash receptacle where he dumped the meds he'd been prescribed. Before, in 1992, at the height of Kemron's success, Justice was one of 70 NOI-affiliated doctors nationwide selling the drug, for $1,500 for a six-month supply. Kemron was then so wildly popular that it was even peddled on 125th Street, Harlem's main artery, on the same strip where you could cop a rock or a nickel bag.

Throughout the '90s, the drug was beset by troubles: A buyers' club offered low-dose alpha interferon to PWAs for only $50, a tiny fraction of the NOI price; anecdotal reports of the drug's ineffectiveness accumulated; when, after NOI pressure, the NIH finally agreed to begin clinical trials of Kemron, the agency halted them due to lack of enrollment. While New York City HIV doc Joseph Sonnabend, MD, says the diluted alpha interferon "doesn't hurt anyone," he also says it doesn't help. Some of his patients in the pre-protease era went to Kenya for Kemron, he calls: "It cost them quite a bit to go there, they came back and died anyway."

But none of that matters to Cromer, who's only on insurance-reimbursed antiretrovrials now because he's short on cash for Kemron. (On Kemron, he says, his CD4s spiked from 28 to 128, and his viral load dived from 75,000 to undectable—a result he's maintained on HAART.) Or at least it wasn't enough to challenge his racial solidarity.

While Cromer's sticking with Kemron, 9-year-old Precious Thomas, of Suitland, Maryland, says she's on to the next new thing: goat therapy. Precious had tried Kemron, too, but quit the drug because her mom Rock says, it made me her "listless." Perhaps a testament to the Thomases' continuing faith in black cures, the sixth-grader has since become the poster child for what Tulsa native Gary Davis, MD, aka "the goat doctor," calls "goat anti-human immune globulin." "You see, ladies and gentlement," the confident child told an audience of 1,500 at 1998's Congressional Black Caucus town meeting on AIDS, "God, Dr. Muhammad and Dr. Davis, my heroes, took my viral load from 180,000 to zero, because of a special medicine called an antibody. Who would have thought something this special could be found in a goat?"

The idea for the serum came to Davis in a dream, and he quickly got to work isolating a goat's

antibodies. By his account, he was able to use the substance to stop HIV from infecting CD4 cells in the lab. He put in a new drug application to the FDA in 1996, and when the agency turned him down, Davis cried foul. “I’m a black physician in the heart of the Tulsa ghetto, he told *The Washington Post*. “I’m not Pfizer. I’m not Merck. Get real. It’s hard for you to be accepted within the ruling clique. What you say has to be proven above and beyond the normal expectations.” NIH head Anthony Fauci told *Fox News* in 1998, “Not only is there not any basis for it to work, but there is evidence that it won’t work.”Even without human or animal testing, media exposure has made Davis’ remedy urban legend. Unlike Kemron distributors, who make a healthy profit, Davis gives his drug away for free, which adds to his appeal. Rocky Thomas was sold; she crossed the country to grab a bottle from his lab for her daughter, who’s now been on the therapy for two years. “When she started taking [HAART], she stayed sick,” says Rocky. “I asked myself, ’Why am I constantly giving this child stuff that’s making her sick?’ But her numbers are better now [on the goat serum]. It’s the only thing that’s truly given me hope.”

I asked Robert Fullilove what he thought of these miracle meds, Kemron and goat serum. “We create goat doctors ourselves,” he says, “because they fill the vacuum of what is perceived to be a complete disinterest in doing what is necessary to combat this epidemic among blacks. Our failure to be proactive makes people think that they need to find someone else who is.”

There’s a bit of disagreement among the conspiracy theorists: Graves and Farrakhan say that HIV is a biological weapon, while Valentine, Cost and Davis preach that blacks need to avoid toxic HIV drugs and seek out alternatives. But what binds these black men together is that each has made a successful grassroots push to get his message out into the streets of black communities across the country -- where many better-funded AIDS outreach workers fear to tread. The conspiracists have one up on mainstream African American AIDS advocates, who are often perceived to be pushing the same old message -- wear condoms, get tested, get treated with pharmaceutical meds -- dressed up in “culturally appropriate” garb, a kind of AIDS in blackface. Instead of trying to allay black fears, Graves and company speak directly to them. And they share an electrifying contention that their ideas have been shut out by white America.

At this point, Graves has been shut out for so long that he’s almost shrunk into the self-loathing “nigger faggot with AIDS” that he often calls himself. He’s earned the cynicism: He lost a job for being positive, got kicked out of the military for being gay and experiences racism every day as he tries to spread the word about his obsession, the government’s secret virus program. In the face of all of this rejection, it’s probably easier for him to think his life will come to a fiery apocalyptic end, a target of an international plot, than to face his illness day by day, holed up in his teenage nephew’s room. Just before I leave him, all his voices are quiet. It’s just me and Graves. “There’s no hope, my friend,” he says, eyes cast to the floor. “The elimination of the black population is well underway. They’ve got their crosshairs aimed at Africans and people of African decent.”

Here are some more numbers for you. According to two 1999 Kaiser Family Foundation reports, African Americans are more than twice as likely as whites to not be taking combination therapy. We’re one and a half times more likely to not get preventative treatment for pneumonia. Once in care, 64 percent of us believe that we’ll receive worse treatment than whites do. And there are

more to these numbers than the entrenched racism of a health care system in which African Americans are less often insured and have less access to health care than most.

As long as black AIDS deaths continue to rise, Crazy Eddie's crew will keep home-court advantage in the black community. "In addition to the threat of the virus itself, many black people think that there are larger questions about which they have very serious doubts," says Robert Fullilove. "These doubts aren't going to be calmed by showering folks with facts and figures or the preaching of noted scientists. If we don't face the fact that this is part of the HIV/AIDS dialogue, our failure to take it into account is going to cost us. The us I'm referring to is not just African Americans, but anyone who's interested in waging an effective battle against the epidemic."

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