

FARRAKHAN CLAIMS THAT DOCTORS WITHOUT FRONTIERS CREATED EBOLA

Ebola: Impossible Choices in Liberia



The MSF Ebola management center in Monrovia is the largest Ebola management center ever constructed.

DOCTORS WITHOUT BORDERS EBOLA MANAGEMENT CENTER



NATION OF ISLAM EBOLA MANAGEMENT CENTER

Wastin' away in Ebolaville
After eating uncooked African game
Wastin' away in Ebolaville
But the White man's to blame

Farrakhan is a thoroughly evil “man.” While people of his race are dying like flies he is trying to convince them not to seek treatment from Doctors Without Borders as he claims they are spreading the disease as part of a program to wipe out Blacks. This Jew hating conman is rotten to the core and only the stupidest people in the world could allow themselves to be deceived by him. This is what Louis Farrakhan of the Nation of Flim Flam has to say about Ebola.

Not everyone is convinced Ebola comes from infected Central African fruit bats and was transmitted by humans who ate infected meat or infected animals. There is skepticism about the disease mysteriously making its way from Zaire to Liberia through animal transmission without significant infections in countries along the way. Those who reject the Western view or have questions are not willing to easily stop sounding the alarm—and with valid **reasons**.



“There is no natural disease called Ebola,” according to Dr. Abdul Alim Muhammad, minister of health and human services for the Nation of Islam. He called Ebola a “weaponized virus” rooted in chemical and biological weapons research by Germany in the 1930’s and perfected in the United States. It is a weapon that can be used to depopulate, **weaken and dominate nations**, he said. There are “stories of the U.S. Department of Defense funding Ebola trials on humans, trials which started just weeks before the Ebola outbreak in Guinea and Sierra Leone.



PHARMACEUTICALS

The reports continue and state that the DoD gave a contract worth \$140 million dollars to Tekmira, a Canadian pharmaceutical company, to conduct Ebola research. This research work involved injecting and infusing healthy humans with the deadly Ebola virus,” according to [Dr. Cyril Broderick](#), a professor of plant pathology at Delaware State University and a Liberian national. His thoughts were contained in a piece published in an online edition of *The Daily Observer*, a newspaper in Monrovia. “Disturbingly, many reports also



conclude that the U.S. government has a viral fever bioterrorism research laboratory in Kenema, a town at the epicentre of the Ebola outbreak in West Africa,” he added. Dr. Broderick listed research into Ebola and similar viruses conducted in West Africa, and Liberia, by the U.S. Army Medical Research Institute of Infectious Diseases, “a well-known centre for bio-war

research, located at Fort Detrick, Maryland;” Tulane University through the National Institutes of Health; the Centers for Disease Control; **Doctors Without Borders**; UK-based GlaxoSmithKline; and the Kenema Government Hospital in Kenema, Sierra Leone.

The Defense Dept. is named as a “collaborator in a ‘First in Human’ Ebola clinical trial ... which started in January 2014 shortly before an Ebola epidemic was declared in West Africa in March,” he wrote. And, he added, “The guardian.com reported, ‘The U.S. government funding of Ebola trials on healthy humans comes amid warnings by top scientists in Harvard and Yale that such virus experiments risk triggering a worldwide pandemic.’ That threat still persists.”

But, Dr. Broderick added, “Africa must not relegate the continent to become the locality for disposal and the deposition of hazardous chemicals, dangerous drugs, and chemical or biological agents of emerging diseases. There is urgent need for affirmative action in protecting the less affluent of poorer countries, especially African citizens, whose countries are not as scientifically and industrially endowed as the United States and most Western countries, sources of most viral or bacterial GMOs that are strategically designed as biological weapons. It is most disturbing that the U.S. government has been operating a viral hemorrhagic fever bioterrorism research laboratory in Sierra Leone. Are there others? Wherever they exist, it is time to terminate them. If any other sites exist, it is advisable to follow the delayed but essential step: Sierra Leone closed the U.S. bioweapons lab and stopped Tulane University for further testing.” “The Ebola pandemic began in late February in the former French colony of Guinea while UN agencies were conducting nationwide vaccine campaigns for three other diseases in rural districts. The simultaneous eruptions of this filovirus virus in widely separated zones strongly suggests that the virulent Zaire ebola strain (ZEBOV) was deliberately introduced to test an antidote in secret trials on unsuspecting humans,” charged writer Yoichi Shimatsu, in an online piece called “The Ebola breakout coincided with UN vaccine campaigns.” The cross-border escape of Ebola into neighboring Sierra Leone and Liberia indicates something went terribly

wrong during the illegal clinical trials by a major pharmaceutical company, he wrote. Mr. Shimatsu puts Doctors Without Frontiers “under a dark cloud of suspicion because its distribution of a two-step anti-cholera vaccine.”

“After exposure to the Ebola virus, a patient shows symptoms of high fever, vomiting and diarrhea, no less than 8 days later and more likely after two weeks. Re-arriving on schedule, the covert drug-testing team administers the anti-Ebola antibodies as ‘the second dose of cholera vaccine.’ The perfect crime of illegal human testing should have gone off without a hitch,” he wrote.

“The U. S., Canada, France, and the U. K. are all implicated in the detestable and devilish deeds that these Ebola tests are. There is the need to pursue criminal and civil redress for damages, and African countries and people should secure legal representation to seek damages from these countries, some corporations, and the United Nations. Evidence seems abundant against Tulane University, and suits should start there,” Dr. Broderick wrote.

According to Dr. Muhammad, the Ebola virus comes out of the Defense Dept. bio-weapons program in Fort Detrick, Md., during the 1970s. The late leader of Zaire, Mobutu Sese Seko, was approached by a U.S. contractor with the Department of Defense associated with biological weapons research at Fort Detrick, said Dr. Muhammad. The company was contracted to field test the HIV virus and needed a population of people to conduct the tests on, he continued.

They chose Eastern Zaire at the time, but President Mobutu refused the plan, he said. “In retaliation they released a virus that later became known as Ebola” in a village near the Ebola River that had a 90 percent mortality rate, charged Dr. Muhammad. That was 1976 and the first occurrence of Ebola—

in what was then Zaire—now the Democratic Republic of the Congo, he said.

“Since then every outbreak of Ebola had been a deliberate act of bio-warfare against a population,” said Dr. Muhammad.

In a national security memo dated December 10, 1974 titled, “Implications of Worldwide Population Growth for the United States Security and Overseas Interest,” Henry Kissinger, then the secretary of state, wrote: “The United States economy will require large and increasing amounts of minerals from abroad, especially from less developed countries.”

The policy paper “Rebuilding America’s Defenses” by the Project for a New American Century,” noted: “The art of warfare will be vastly different than it is today. Combat likely will take place in new dimensions. Advanced forms of biological warfare that can target specific genotypes, may transform biological warfare from the realm of terror to a politically useful tool.”