------- Original message --------
From: Andrew Bostom <andrewgbostom@gmail.com>
Date: 4/15/25 5:30 PM (GMT-05:00)
To: mlazarovich@adl.org
Subject: Follow-up to my inquiry, & your/ADL's response about Muslim demographic data, especially in Western Europe

Dear Ms. Lazarovich,

While appreciative, I admit to being rather puzzled by your/ ADL's response.

It is unusual to remove publicly accessible data without a public explanation--indeed a detailed explanation--that everyone can read.

Moreover, there is a disturbing track record that needs to be addressed, apropos to your reference to "peer review"

The 2004 ADL "public facing" data from Western Europe
(archived here: **https://archive.jpr.org.uk/download?id=14251**) made no mention whatsoever to the Muslim sample obtained. Yet in a peer reviewed paper by Kaplan & Small published in 2006 **https://isgap.org/wp-content/uploads/2013/04/Kaplan-and-Small-AntiIsrael-Predicts.pdf** these investigators, using multivariable adjusted analyses (see table below) found not only were there Muslim data in that dataset, they got these stunning results: namely Islam, relative to the referent religion, Christianity, conferred a multivariable adjusted relative risk estimate for "extreme antisemitism" of almost 8-fold!

Table 3. Multifactor Logistic Model *Predicting Extreme Antisemitism* Controlling for Country of Residence, Age, Religion, Income, Gender, Contact with Jews, Commonality with Other Races/Religions, and Attitudes Toward Immigrants.

Religion (Relative to Christianity)	Odds ratio	95% Confidence Interval	
		Lower	Upper
Islam	7.80	4.69	12.98

There is a rather blatant selectivity here that is quite apparent, vis-a-vis concealment of index scores on Western European Muslims, that is quite concerning and disorienting to those of us trying to gauge Muslim Antisemitism and place it into perspective, or to use a medical term, based upon my 35-year medical career, "triage" it.

Sincerely,

Andrew Bostom, MD, MS

Your/ADL's response today (4/15/25):
-------- Original message --------
From: "Lazarovich, Mayan" <mlazarovich@adl.org>
Date: 4/15/25 3:55 PM (GMT-05:00)
To: andrewgbostom@gmail.com
Subject: ADL Inquiry

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Dear Dr. Bostom,

Thank you for your thoughtful message and for your longstanding interest in the ADL Global 100 (G100) Index. We appreciate your engagement with our data and the work you've done in the field of antisemitism studies.

After consulting with our experts regarding your inquiry, here is their reply:

In recent years, we have made strategic decisions about which demographic cross-tabs to prioritize in our public-facing releases. Our goal has been to enhance the comparative value of the G100 by focusing on variables that are broadly generalizable across countries and regions—such as education and age. In contrast, religious affiliation has proven less generalizable due to significant variability in definition, measurement, and representation across national contexts.

Additionally, we are in the process of updating and standardizing our metrics to maximize the longitudinal integrity of the G100 data. As the G100 grows in scale and analytic scope, ensuring methodological consistency has become essential for supporting reliable trend analyses across survey waves.

Importantly, we want to reassure you that religious affiliation continues to be measured as part of the G100 project. In accordance with academic norms, we now reserve full demographic cross-tabulations—especially those involving identity variables like religion—until our internal research and peer-reviewed analysis is complete. We remain committed to transparency and fully intend to share this data publicly in the future once our initial review and publication cycle concludes.

We thank you again for reaching out and for your close reading of the G100 data across years. Your careful attention underscores the continued relevance of this work.

Sincerely,
Mayan Lazarovich

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My message from 4/6/25
-------- Original message --------
From: Andrew Bostom <andrewgbostom@gmail.com>
Date: 4/6/25 10:03 AM (GMT-05:00)
To: adlmedia@adl.org

Subject: Help locating previously available ADL religious demographic data on Index Scores for Western Europe

Dear ADL media contact,

I am a published scholar on Muslim Antisemitism (see my well-received tome, "The Legacy of Islamic Antisemitism" https://andrewbostom.org/new-edition-the-legacy-of-islamic-antisemitism/) and have found ADL's index scoring dating back to 2004 to be very illuminating and helpful.

But recently I noted a concerning inadvertent or perhaps designed "scrubbing" of ADL's demographic data from 2019 and 2023 which previously had included religious affiliation index scores for Western Europe. Those data are still accessible for 2015.

I have laid this out in a blog (please review it for clarification, here: https://andrewbostom.org/2025/04/adl-western-european-data-from-2015-full-2019-press-release-demonstrating-2-to-4-fold-excess-prevalence-of-extreme-antisemitism-among-muslims-vs-non-muslims/) complete with now inaccessible 2023 screenshots for Belgium and France.

While ADL's press release for 2019 still has a "live" link, the link to the full 2019 ADL report (usually a pdf) is dead and not even accessible at the Internet Archive which only defaults to the most recent 2024 data.

Moreover, as the 2023 screenshots demonstrate, at the ADL 100 site, until very recently, one could interrogate Western European countries individually, and look at 2015, 2019, and 2023 data broken by Muslim index scores, specifically, where available.

That feature is no longer available at the the ADL 100 site--only the 2024 data are available, and those 2024 data include demographics by sex and age, but not by religious affiliation, for Western Europe--as was previously available for 2015, 2019, and 2023, for up to six Western European nations.

Again, I am hoping this is simply an archiving glitch and the data are still available, but would like direct guidance and clarification.

If the data have been rendered permanently unavailable, by design, I would like an explanation as to why.

Sincerely,

Andrew G. Bostom, MD, MS
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