

A Plea for Justice for Jailed Medical Workers

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In 2000-2001, reports began to surface of an HIV-1 outbreak in approximately 400 children who were hospitalized or treated as outpatients in the Al-Fateh Hospital, Benghazi, Libya. The Libyan government accused six medical workers (five Bulgarian nurses and a Palestinian doctor) of intentionally infecting these children with HIV-1. The Libyan Head of State, Moammar Kadafi, speaking at the HIV/AIDS summit in Abuja, Nigeria in April 2001, stated that these children had been deliberately infected as part of a vast international conspiracy to destabilize his country. The six healthcare workers were imprisoned, tortured with electric shocks to extract "confessions," tried in a Libyan court, convicted, and sentenced to death by firing squad. The resulting publicity caused the Benghazi pediatric HIV-1

outbreak to become the focus of international scientific efforts to understand how it occurred.

The Benghazi Children's Hospital was visited by international experts, and the records of infected children were compiled. Many of these children were treated in European hospitals, making it possible to obtain clinical specimens for virology studies. The examination of hospital records showed that without question, HIV-infected children were admitted to several wards of the Al Fateh Benghazi Children's Hospital in 1997 and early 1998 (with some possibility that HIV-infected children were present in the hospital as early as 1994), before the arrival in Libya of the six accused. The results of serology studies (1) and viral genome sequencing (1, 2) established that the HIV-1

infections in all the children arose from a single source with very low interstrain variation and the virus was of the CRF02_AG subtype that is common in sub-Saharan Africa. A high percentage of the HIV-1-infected children were also infected with Hepatitis C virus, of several different genotypes, and many also had Hepatitis B virus infection despite an active pediatric immunization program (1). All three viruses were present in the children at rates far above those in the local population. Documentation of HIV-infected children admitted to the hospital in 1997 and the prevalence of multiple blood-borne viruses within the children, proves that HIV was present in the Al-Fateh Hospital by 1997, and the most reasonable explanation is that poor infection control practices, including the lack of sterile, disposable injecting equipment, led to the spread of HIV-1, Hepatitis B, and Hepatitis C. A change in medical practices at the hospital, including the introduction of disposable injection materials, stopped the further spread of HIV-1 infection (1).

Convicting a small group of individuals of such an appalling crime as the deliberate infection of 400 innocent children requires a very high degree of proof. Yet the Libyan court chose to exclude expert testimony from independent scientists and to prevent access to crucial pieces of evidence to test for HIV contamination, while relying instead on “confessions” extracted under torture and making threats of execution for any noncooperation by the accused. At the same time, the Libyan government made demands for ever-increasing financial compensation from Bulgaria for the parents of the infected children. These six innocent healthcare

workers have been incarcerated in a Libyan prison for nearly 8 years, for what we believe was performing their jobs with inadequate equipment, after receiving inadequate training and having been exposed to the same risk of HIV infection as the Libyan children and hospital staff. What has happened to the accused sends a chilling message to all healthcare workers who choose to work in difficult circumstances to deliver life-saving care to HIV-1-infected or at-risk people worldwide.

Libya is now seeking closer ties with the Western world. We therefore request that our governments reach out to the Libyan people and their political leadership to find a way to release the imprisoned health care workers, provide means to look after the HIV-1-infected children, and help with all efforts to detect, treat, and prevent HIV-1 infection within Libya. If Libya is truly willing to enter into meaningful dialogs with Western nations, it should take the opportunity to benefit from the knowledge Western scientists have gained about HIV-1 and AIDS over the past 25 years and not instead create yet more victims of the AIDS epidemic—in this case, the five Bulgarian nurses and Palestinian doctor.

References

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