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.

A Plea for Justice for Jailed Medical Workers


1University of Texas Health Science Center, San Antonio, TX, USA. 2University of Rome “La Sapienza,” Rome, Italy. 3University of Amsterdam, Amsterdam, The Netherlands. 4Karolinska Hospital/Institute, Stockholm, Sweden. 5The Scripps Research Institute, La Jolla, CA, USA. 6University of Rome “Tor Vergata,” Rome, Italy. 7University of California, San Francisco, San Francisco, CA, USA. 8Harvard Medical School, New England Primate Research Center, Southboro, MA, USA. 9Innsbruck Medical University, Innsbruck, Austria. 10University of Pennsylvania, Philadelphia, PA, USA. 11Fred Hutchinson Cancer Research Center, Seattle, WA, USA. 12Institute of Human Virology, University of Maryland at Baltimore, Baltimore, MD, USA. 13Lyon, France. 14Gladstone Institute of Virology and Immunology, University of California, San Francisco, San Francisco, CA, USA. 15Penn Center for AIDS Research, University of Pennsylvania, Philadelphia, PA, USA. 16Emory University, Atlanta, GA, USA. 17Santa Fe Institute, Santa Fe, NM, USA. 18Harvard Medical School, Cambridge, MA, USA. 19Center for AIDS Research, Case Western Reserve University/University Hospitals of Cleveland, Cleveland, OH, USA. 20King’s College London School of Medicine, London, UK. 21Tulane National Primate Research Center, Covington, LA, USA. 22Weatherall Institute of Molecular Medicine, John Radcliffe Hospital, Headington, Oxford, UK. 23California National Primate Research Center, University of California-Davis, Davis, CA, USA. 24The George Washington University, Washington, DC, USA. 25World Foundation for AIDS Research and Prevention, Paris, France. 26Duke University Medical Center, Durham, NC, USA. 27Weill Medical College of Cornell University, New York, NY, USA. 28University of California, San Diego, San Diego, CA, USA. 29UAB Center for AIDS Research, Birmingham, AL, USA. 30University of Oxford, Oxford, UK. 31University of London, London, UK. 32University of Alabama at Birmingham, Birmingham, AL, USA. 33University of Massachusetts Medical School, Worcester, MA, USA. 34University Hospital Zurich, Zurich, Switzerland. 35McGill University AIDS Centre, Montreal, Canada. 36University College London, London, UK. 37Northwestern University, Chicago, IL, USA. 38David Geffen School of Medicine at UCLA, Los Angeles, CA, USA

To whom correspondence should be addressed. E-mail: gallo@umbi.umd.edu

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 A/G 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 (I). 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 (I).

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 lifesaving 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

20 October 2006; accepted 24 October 2006
Published online 24 October 2006; 10.1126/science.1136578
Include this information when citing this paper.
A Plea for Justice for Jailed Medical Workers

published online October 24, 2006

ARTICLE TOOLS
http://science.sciencemag.org/content/early/2006/10/24/science.1136578.citation

PERMISSIONS
http://www.sciencemag.org/help/reprints-and-permissions

Use of this article is subject to the Terms of Service

Science (print ISSN 0036-8075; online ISSN 1095-9203) is published by the American Association for the Advancement of Science, 1200 New York Avenue NW, Washington, DC 20005. 2017 © The Authors, some rights reserved; exclusive licensee American Association for the Advancement of Science. No claim to original U.S. Government Works. The title Science is a registered trademark of AAAS.