

Libyan government to execute foreign health workers

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In a politically motivated frame-up, sustained in defiance of overwhelming scientific evidence and using evidence extracted under torture, a Libyan court has sentenced five Bulgarian nurses and a Palestinian doctor to be executed by firing squad. No date for their execution has yet been set.

The six health professionals were found guilty in May of deliberately infecting nearly 400 children in Benghazi with the HIV virus. Another Bulgarian doctor was given a four year suspended sentence for currency charges. The verdict is the culmination of a five-year campaign by the Libyan government to scapegoat health workers in Benghazi children's hospital for the spread of HIV in Libya.

In February 1999, 23 Bulgarians were arrested in secret, along with health workers of other nationalities. Information on the exact identity and condition of those arrested was kept from the Bulgarian government for months. They were not charged. Eventually it emerged that all but six, five women and one man, had been released, but had been deprived of their passports by the Libyan authorities.

In August 1999 a Bulgarian diplomat was told that the six were working for an external power, not Bulgaria, and would be charged with murder. In February 2000, the six were charged with commissioning acts within Libyan territory leading to indiscriminate killing for the purposes of subversion, conspiring in a premeditated crime, and deliberately infecting 393 children at the Al Fateh Children's Hospital in Benghazi. The Bulgarians were also charged with acting against the norms and traditions of Libya by having "illicit sexual relations", distilling and drinking alcohol and trading foreign currency.

Thereafter, the Libyan authorities set about securing confessions from the defendants through the use of torture. The Palestinian and Bulgarian defendants were beaten with sticks and rubber hoses for extended periods, left without food or water and given electric shocks. Two of the women reported being raped. Confessions were extracted, which subsequently became the basis of the legal case. Under torture, Nurse Nassya Nenova admitted to injecting children with contaminated products. She withdrew her confession in 2001. One of the women, Snezhana Dimitrova, is reported to be in a very bad physical condition. Dr Zdravki Georgiev, married to one of the accused nurses, Kristiyana Vulcheva, and who moved to Libya

as soon as the accusations were made, has also had health problems.

When the parents of Dr Ashraf Hasan, the accused Palestinian, met him they did not recognise the 34-year-old. According to Hasan's account, which is backed by a hospital report, he had been electrocuted for hours, sodomised with a broom handle, dragged around a field, hung upside down, burnt and beaten. He collapsed in court April 2001. The other detainees are Valentina Siropoulo, a nurse with 20 years experience, and Valya Chervenyashka.

As early as March 2000, it was proposed by Professor Luc Montaigner, one of those credited with first identifying the HIV virus, of the Institut Pasteur in Paris that the most likely source of the epidemic was in-hospital infection. This was confirmed by another HIV authority, Professor Luc Perrin of Geneva University, who gave a report to the Libyan authorities in Benghazi. Perrin stated categorically his view that the HIV epidemic in Benghazi hospital was solely due to nosocomial (in-hospital) infection, probably due to unsafe medical practices such as badly sterilised, or repeated use of, instruments and syringes. Both experts were contacted by the Bulgarian government. Both offered to give evidence at any trial.

These basic facts were all established more than four years ago. In the intervening years much more scientific evidence has been presented showing the concocted character of the case being made by the Libyan authorities. In 2001, Russian Academician Vadim Pokrovsky, head of the Russian Federal Centre for AIDS Prevention, insisted that intentional infection by medical professionals is absurd. Pokrovsky pointed out a similar case of infection due to bad practices in a Kalmykia hospital in 1998.

In 2003, Luc Montaigner and another HIV authority, Professor Vittorio Colizzi, testified for the defence in another phase of the protracted legal proceedings. The academics stated categorically that the HIV epidemic in the Benghazi hospital predated the arrival of the Bulgarian medics. Montaigner stated that the type of virus identified in the infected children was a rare variant usually found in West Africa. One infected child arriving at the hospital was the likely source of the outbreak. Infection of the others could have come through a number of means—injections, any other penetration of the skin, or even use

of an unsterilised oxygen mask. The experts also pointed out that the disease has an incubation period of several years, further exonerating the accused medics who only arrived in Libya in 1998.

Despite the weight of scientific opinion and growing international concern, the Libyan regime has persisted in victimising the medics. In court, Libyan prosecutors sought to question evidence of torture, undermine the scientific evidence presented to them, and smear the accused for additional “crimes” such as being able to speak Arabic. At the same time as the medics were found guilty, nine Libyan security officers were found not guilty on charges of torture.

In conditions when the country’s health system has been starved of investment and resources because of international sanctions, which were still in force in 1999, there would inevitably be real scientific problems in identifying the source of an HIV epidemic. Much of Libya’s social infrastructure decayed during the years of sanctions, which were first imposed by the United States in 1986, and the United Nations in 1992 under the pretext of combating terrorism. To a great extent then, blame for the disaster, and the fate of the medics, can be laid at the door of the US government and the UN.

But the Libyan government’s primary concern has been to prevent any investigation of the real origins of the outbreak, particularly the extent of its own responsibility for the dangerous conditions in the hospital. In 2001 at an AIDS conference, Libyan leader Colonel Muammar Gadhaffi claimed that the CIA had engineered the HIV outbreak, and the nurses had infected Libyan children on the orders of the CIA or the Israeli intelligence service, Mossad. This is, internally, the line to which the government has stuck, despite being unable to produce a shred of serious evidence to back up Gadhaffi’s original claims.

In the period when Libya was a “pariah state”, isolated by the collapse of the Soviet Union, there is no question but that Libya was the target of US and UK intelligence operations, including plans to assassinate Gadhaffi. Benghazi itself, Libya’s second city, a major commercial centre with a population of nearly one million people, was bombed by US planes in 1986. But in a land of close media control, where patronage is handed out by the regime in the manner of medieval favours, repeated scares, real and imaginary, are an important means of maintaining rule.

By 1999, Libya was on the way to international rehabilitation, having just handed over two state officials for trial for the Lockerbie bombing. The government had made it known to the US, the European Union, and their allies that Libya was seeking a rapprochement with its former tormentors to allow investment in the country’s huge but decrepit oil industry. In October of 2001, the country’s intelligence minister met a number of leading US and UK officials to chart Libya’s course back into the “international community.”

Earlier this year, Gadhaffi finally got his reward with the removal of all sanctions by the US—a move necessary to stop

UK and European companies snapping up Libya’s oil related investment opportunities. Under conditions in which Iraq has become a military and political disaster for US imperialism, and oil profits are not emerging in the quantities expected, Libya has become the favoured world location for new oil investment and a train of political leaders and oil company CEOs have beaten a path to Gadhaffi’s tent.

Throughout this process, the government has maintained an internal campaign to channel the enormous concern the HIV outbreak has caused amongst the Benghazi population against the medics. During the 2004 trial, 100 armed guards were deployed outside the courthouse. The government has also played on general hatred and suspicion for the US government, particularly in the aftermath of the attack on Iraq.

Typical of Libyan internal propaganda was a comment of government spokesperson, Hassuna Shaush. Shaush complained, “Before voicing an opinion on the Benghazi verdict the United States would have done better to apologise for Abu Ghraib ... the United States means that the death of more than 400 Libyan children is acceptable but the punishment of the guilty is unacceptable.”

Victimising foreign workers is a tested technique of the government. At moments of crisis during the 35 years of his rule, Gadhaffi has repeatedly targeted or expelled the large numbers of immigrant workers needed to sustain the infrastructure developed by Libya during the years of its relative wealth in the 1970s and early 1980s. Usually the targets are African and Arab workers from neighbouring states.

The fact that Bulgarians have been targeted reflects the changing weight of Libya’s international priorities. There are 6,000 Bulgarians working in Libya, including large numbers of privately recruited health workers. But trade with Bulgaria has collapsed since the collapse of the Soviet bloc. In 1990, Bulgarian exports to Libya were worth \$224 million annually. By 2001, this had plummeted to \$0.8 million. For its part, the Bulgarian government has made sustained efforts to exert diplomatic pressure on Libya but has always held back from publicly attacking the regime that has imprisoned its citizens.

Shortly after the verdict, hundreds of doctors and medical staff demonstrated in the Bulgarian capital Sophia, while smaller protests were also held in the towns of Blagoevgrad, Sliven, Stara Zagora, Varna and Pernik.



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