The Killing of bin Laden and the Undermining of Public Health

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Abstract

The military raid in Abbottabad, Pakistan, that resulted in the killing of Osama bin Laden was preceded by a fake childhood immunization campaign meant to collect DNA samples for confirming the bin Laden family’s presence. This use of a public health activity under false pretences undermines the validity and effectiveness of international public health endeavours, and may put workers in danger. It is time for agencies and governments to declare that health and development programs will no longer be used as cover for violent or subversive adventures.

In May of 2011, Osama bin Laden was shot dead by US forces in Abbottabad, Pakistan. It was later reported that bin Laden family’s presence was likely confirmed via the comparison of DNA samples from bin Laden’s dead sister to samples taken from children in the Abbottabad neighbourhood. They were obtained via a childhood Hepatitis-B immunization program that was devised and implemented by US Intelligence for the sole purpose of locating bin Laden [1].

While acknowledging that the Hepatitis-B campaign was implemented for reasons unrelated to public health, the CIA insists that the actual injections were real and can therefore be considered a valid public health intervention [2]. But reports suggest that the duplicitous nature of the vaccine’s delivery did not allow for provision of the follow-up dosages required for proper conferral of immunization against Hep-B [3]. This means that the inoculated children do not have full immunity; their health has therefore been compromised.

Concern has been voiced in the international public health community about the damage that this operation has done to the effectiveness of real public health campaigns, current and future. Two themes predominate: fear of greater distrust of public health campaigns, leading to reduced treatment compliance and vaccination coverage, and fear of backlash, perhaps violent, against individual health care workers.

Public health campaigns, particularly vaccination programs, already suffer from public distrust. This is particularly true in Pakistan, where a 2007 polio vaccination program famously failed to immunize 160,000 children due to rumours that the campaign was “a conspiracy of the Jews and Christians to stunt the population growth of Muslims” [4] or an “American conspiracy” to cause widespread sexual impotence [5]. Similar stories arise from other parts of the developing world, such as Nigeria, where accusations of a population control agenda were also laid against the polio vaccine [6]. In such areas, the success of an immunization campaign depends strongly on the cooperation of local religious and community leaders. With public admission now that at least one such campaign was in fact a CIA operation, the chances of such future cooperation in that region—and others—are greatly reduced. In wealthier countries, of course, the anti-vaccination movement is similarly driven by conspiratorial sentiments, usually with pharmaceutical companies, rather than government agencies, typically painted as the villains.

Distrust of vaccination campaigns endangers the workers. The 2007 scare in Pakistan involved cases of violence against the clinicians who gave the inoculations [7], an issue that is growing worldwide. By undermining the legitimacy of health programs, the Abbottabad raid has increased the likelihood of violence against all caregivers.

American international health and development efforts have long been accused of being fronts for American intelligence. According to William Blum, a few decades ago USAID maintained “a close working relationship with the CIA, and Agency officers often operated abroad under USAID cover” [8]. And well before the Abbottabad raid, the media reported
on Pakistan’s suspicion that USAID efforts in that country were thin cover for CIA activities [9]. Health and development workers are thus unknowingly tainted with a history of official duplicity.

Steps must be taken immediately to assuage the damage to public health that the Abbottabad raid and similar operations have wrought upon workers’ ability to protect both themselves and the populations in need. While most international health workers have become experienced in helping to diffuse anti-vaccination propaganda, now is the time for more official and systematic steps to be taken. There are rumours that WHO and UNICEF are devising special identification procedures for vaccination workers, to make it harder for them to be infiltrated by intelligence agents [7]. While this is unlikely to deter infiltrations that have official state sanction, it is at least a first step in restoring public confidence.

What is truly needed is for key agencies to issue individual and joint public statements, first to condemn the use of public health as cover for an act of military violence, and second to make assurances that despite whatever activities might have been permitted in the past, in future all public health activities and interventions will be free from any type of political or intelligence-related duplicity.

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References
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