

## Profile

### Chris Beyrer: advocate for social justice and health as a human right

Chris Beyrer's journey into health and human rights began in Asia. His interest in medical anthropology took him to villages in Sri Lanka—his first real experience of living in another culture and his first contact with Buddhism, which was to play a pivotal role in his life. Later, he spent time in India with Tibetan refugees whose unmet health needs compelled Beyrer to return to New York and study medicine. Today, Beyrer is Professor in the Departments of Epidemiology, International Health, and Health Behaviour and Society at the Johns Hopkins Bloomberg School of Public Health in Baltimore, MD, USA.

Beyrer's first encounter with HIV was on the frontlines in the hospital wards in the 1980s. "I was a gay man in New York, in 1984–85, when the HIV epidemic was unfolding. It was inescapable. My local hospital was unique in that it served a primarily Haitian patient population, including children, the elderly, and people infected through transfusions, as well as Brooklyn's community of gay men and injecting drug users (IDUs). We couldn't do much for people in those days—nearly everyone just died", says Beyrer. It was then he began thinking about HIV prevention and epidemiology, which he has gone on to champion, notably in marginalised populations.

Much of Beyrer's work has focused on southeast Asia. What he found fascinating was the diversity of the region and how Buddhism, capitalism, profoundly traditional societies, and communist ideologies were bizarrely intertwined. At the peak of the HIV epidemic in Thailand, Beyrer got involved in HIV prevention work. His 2003 article on "fearful symmetries", which used molecular epidemiology to trace the ways HIV infections followed drug trafficking patterns, is considered seminal in the field of HIV prevention in IDUs.

Beyrer's leanings towards issues of social justice unfolded in Burma during 1993. "At the time the country was going through military misrule. What struck me at a public health level was how a military dictatorship could be such a disaster for responding to epidemics such as HIV. Burma taught me everything I know about why human rights are important." The mark of military rule by the Junta was their lack of funding for health and education. "In 2003, the total budget for infectious diseases and HIV/AIDS for a country with over 50 million people was \$20 000 and is now only up to \$200 000, which is just criminal", he explains. Beyrer helped provide support services for Burmese ethnic groups' health systems and programmes, alongside working with the democratic leadership while the Junta cracked down on them. Using cluster-randomised population-based tools, Beyrer is currently documenting the extent and health effects of human rights abuses among the Burmese people, in support of a commission of enquiry for crimes against humanity. "These tools have been insufficiently used, and

represent an approach in which science can have a much greater role than it has to date in social justice", he adds.

In 1997, Beyrer returned to mainstream HIV prevention research at Johns Hopkins. As his human rights work continued in other countries, he realised that human rights issues were understudied and underappreciated social determinants of health. "On the one hand, the human rights community needed to understand what the science brings to the debate and, on the other, the scientific and public health community needed to get real about the ways in which, for example, Russia's refusal to allow methadone or substitution therapy was a fundamental driver of the Russian epidemic, and this is a problem that is not going to be solved by doing more clinical trials", says Beyrer. His belief in these streams being brought together led to the creation of the Center for Public Health and Human Rights at Hopkins, which he heads.

One of the most disappointing domains for Beyrer is HIV in people who use drugs, which is the subject of *The Lancet Series* that Beyrer co-led. Stigma, discrimination, and punitive approaches, such as mass incarceration and detention, have aided and abetted the spread of HIV in this marginalised population. Beyrer hopes the Series will do two things: "that it will help move the policy dialogue forward toward real political reform and make HIV transmission related to injecting drug use more substantially part of the scientific debate as it has currently been overlooked".

Beyrer's commitment to tackling this issue is fired by both scientific rigour and Buddhism, which is a key part of his life. "It doesn't require a faith or belief system, which is important to someone who is fundamentally a scientist. Teachings such as 'be mindful of the question of your intentions and your motivations' is what I live by", he says. So in the competitive research environment at Hopkins, "Competing for grants in a world supportive of strong egos and competitive drive, you have to constantly check in with your own motivation. Am I really doing this to reduce suffering? Am I really trying to respond to the needs of the drug users of Kazakhstan, or is this going into ego support for me? If the motivation is selfless and to reduce suffering then the outcomes are better. That to me is very fundamental", he explains. According to Beyrer's colleague Daniel Wolfe, from the Open Society Institute, "Chris's work gives the lie to claims that science and political commitment can't mix—but he manages to mix them in a way that makes members of Congress and representatives of the Russian Ministry of Health able to listen. Surveillance and epidemiological analysis, yes—but surveillance and epidemiology linked to social purpose."

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