Struggle against disease is a fight for human rights

By Douglas Birch
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To the list of forces that can trigger a global pandemic of avian flu - such as mutating viruses and migrating birds - some scientists add another: regimes that trample human rights.

Early in March, the deadly H5N1 flu strain appeared in chickens on a farm in rural Burma, a nation ruled by a military junta since 1962 and embroiled in civil wars with ethnic separatists since it gained independence in 1948.

The reclusive government, which calls the country Myanmar, delayed reporting the H5N1 outbreak to the public and to international health authorities for eight days. One result, health experts say, was that precious time was lost before officials warned children not to play with pet birds, a major source of avian flu among humans.

The government declared the virus under control a short time later. But the United Nations Food and Agricultural Organization reported earlier this month that it is tracking more than 100 outbreaks of the disease in birds near the city of Mandalay alone.

The flu has killed more than 100 people worldwide, though so far none in Burma that are known. The Burmese government's slow response drew criticism from doctors at Johns Hopkins Medicine and other institutions, who increasingly see a connection between health and human rights.

The Myanmar embassy in Washington did not respond to a request for comment. But last month, the Ministry of Foreign Affairs rejected the U.S. State Department's latest and highly critical human rights report on the country.

Public health experts have a long history of advocacy for traditional health issues, ranging from clean water to immunization. But today they're just as likely to criticize allegedly repressive policies in Zimbabwe, North Korea, Uzbekistan or other nations that they say encourage disease and injury.

An 80-page report by a group of authors led by Dr. Chris Beyrer at the new Center for Public Health and Human Rights at Hopkins' Bloomberg School of Public Health warned that Burma's ruling State Peace and Development Council, led by Senior Gen. Than Shwe, could "play a devastating role in the evolution of Avian flu."
The secrecy and delay in reporting, health experts say, typify the regime's approach to public health.

Nor are health experts encouraged by Burma's record in handling health emergencies. It has one of the highest rates of AIDS and tuberculosis outside sub-Saharan Africa, as well as Asia's highest death rate from malaria.

"The health situation in Burma is among the worst in the world," said Dr. Thomas Lee, an assistant professor of medicine at the University of California, Los Angeles, and a co-author of the Burma report. "Everyone agrees that there's a humanitarian disaster going on inside Burma with respect to these diseases. The question is how to address it."

Some of the report's authors want international aid donors to pressure the Burmese junta to provide medical care to insurgent areas - or at least permit international aid groups, such as Doctors Without Borders, to work freely there.

Beyrer, a 47-year-old infectious disease physician, epidemiologist and associate professor, led the effort to create the Hopkins human rights center two years ago. He has studied AIDS among prostitutes in Moscow and heroin addicts in the former Soviet state of Tajikistan. But colleagues say he's best known for his studies of AIDS in Southeast Asia, where he began to work in 1993.

There, he has used data on genetic strains of HIV to track the spread of the illness along routes taken by drug traffickers and sex workers.

The Hopkins report is a stark picture of Burma's struggle with AIDS. One out of 29 Burmese, the authors say, is infected with HIV. The illness causes 48,000 deaths a year there. That compares with 16,000 in the United States.

An estimated 40 percent of Burma's 52 million citizens are infected with tuberculosis, the report says. Each year, 700,000 Burmese contract malaria, and 2,500 die. That represents more than half of the malaria deaths in all of Asia - including the world's two most populous nations, India and China.

The report notes that Burmese health authorities recently admitted that the country is periodically raked by epidemics of cholera, plague and dengue hemorrhagic fever. According to the World Health Organization, Burma suffers 2 million annual cases of filariasis, which causes elephantiasis.

Health conditions are so bad that some officials compare Burma to Angola, the war-torn nations of West Africa and violence-ravaged Afghanistan. Yet over the past year, a number of international aid organizations have abandoned work in Burma, blaming increased restrictions by authorities.
The United Nations' Global Fund to Fight AIDS, Tuberculosis and Malaria awarded Burma $98.4 million in aid in 2004. But the U.N. withdrew last August, saying that the junta's restrictions on its operations made it impossible to ensure that the money would be used effectively.

The U.N. special envoy to Burma quit in January, saying restrictions on his movements made his job impossible. The French chapter of Doctors without Borders pulled out during the last week of March.

The international group, which prides itself on working under the worst circumstances, said the Burmese government barred it from helping people in insurgent-controlled areas. Burmese military forces, human rights groups say, have forced millions from their homes in insurgent areas, burned many villages and recruited tens of thousands of laborers at gunpoint.

Journalists and rights groups document these abuses. But health specialists such as Beyrer say epidemiology - the study of the causes and distribution of disease - can strengthen the argument against repressive policies by using science to demonstrate their impact on health.

One in 10 deaths among Burmese adults, for example, results from diarrhea. In most nations, diarrheal deaths occur almost exclusively among infants and children. What makes Burma different?

Like a medieval army, Beyrer explained, Burma's 400,000 troops support themselves by seizing crops and livestock from villagers. They also recruit porters at gunpoint to carry their equipment and loot. The rule of thumb, Beyrer said, is that every soldier has two porters.

These porters, rights advocates say, typically must find their own water and drink out of contaminated forest streams, exposing them to microbes that cause diarrhea. Marching through the forest also exposes porters to malaria, for which they receive little or no treatment.

"If you looked at the statistics alone, you wouldn't recognize the connection between forced labor and dislocation and the deaths from diarrhea and malaria," Beyrer said.

Many international aid groups avoid taking political positions, noted Dr. Adam Richards, a co-author of the report and Hopkins graduate. But in a nation like Burma, he argues, that may be impossible.
Alfred Sommer, a professor and former dean of the School of Public Health, credits the late Jonathan Mann, a Harvard AIDS researcher, with convincing the health community that health and human rights are intertwined.

Mann, who died in a plane crash in 1998, argued that efforts to stigmatize and quarantine people with HIV only drove the disease underground.

"He really formulated the issue that while HIV was a disastrous public health problem, it was also an issue of human rights," Sommer said.

Mann founded the first public health and human rights center, at Harvard, in 1993. Over the past 13 years, similar centers have opened at Emory University, the University of California, Berkeley, and Hopkins.

The Hopkins center's approach differs from most others, several experts said, in its emphasis on gathering statistics and publishing health studies rather than cataloguing human rights abuses.

Previously, the concept of human rights was "largely a philosophical construct," Sommer said. Today, advocates increasingly argue that tyranny can be dangerous to a nation's health.

"Making human rights a part of the health agenda has in many ways changed the nature of the discussion," he said.

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