

Surgeon General's Perspectives

QUIET HEROES, DEAFENING IMPACTS

At the last Commissioned Officers Association (COA) of the U.S. Public Health Service (USPHS) conference held in Durham, North Carolina, this past June, I had the privilege of meeting an extraordinary woman, Dr. Sharon Elliott-Bynum. She is the cofounder of Healing with CAARE, Inc., a grassroots nonprofit organization in Durham that provides services for people with chronic diseases, addressing both the medical causes and the social and human factors that contribute to them.¹

At the conference, Dr. Elliott-Bynum related how she and her older sister, the late Patricia Amaechi, sat down together at their kitchen table after church one Sunday afternoon in 1995. They discussed their concerns about the effects of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the community and the large population of Durham with little or no access to health care. Spurred by this glaring disparity in health-care access and the

sisters' desire to give back to their community, they founded Healing with CAARE, Inc. CAARE stands for "Case Management of AIDS and Addiction through Resources and Education."¹ Initially, the organization aimed to support, educate, and empower people with HIV/AIDS and their families by providing needed community-based services.² In later years, CAARE expanded its services to address disparities in the care and prevention of four other conditions with the highest mortality rates in the Durham County area: cancer, cardiovascular disease, diabetes, and obesity.¹

While in Durham, several staff members and I toured the CAARE facility. We were inspired and awed by the breadth of CAARE's services and the enthusiasm of the all-volunteer staff. At CAARE's free clinic, a cadre of volunteer health-care professionals provide services such as clinical breast examinations, Papanicolaou (Pap) tests, prostate and colorectal exams, and referrals for free mammograms, MRIs, and biopsies. At the organization's health and wellness center, staff members provide free health screening for HIV/AIDS, diabetes, high blood pressure, elevated cholesterol, and obesity, plus outpatient substance abuse treatment, dental services (staffed by a volunteer dentist), and laboratory services.¹ CAARE provides these traditional clinical services in the context of holistic and alternative/complementary medicine techniques. The organization offers physical activity with a certified personal trainer, a part-time massage therapist, and healthy cooking and nutrition classes.^{1,2} It offers acupuncture, massage, Reiki (a Japanese technique for stress reduction), mind-body-spirit exercises, yoga, and meditation classes. In addition, CAARE works to address the social determinants of health by providing an array of other services, such as assisting male veterans with their transition back to civilian life by helping them find affordable and decent housing. CAARE also connects people to public assistance funding, provides emergency food assistance to eligible individuals, helps prepare unemployed people with job searches and training to join the workplace, and provides financial literacy classes.¹

For me, CAARE epitomizes the values behind the National Prevention Strategy (released by the Office of the Surgeon General [OSG] in 2011), which focuses on empowering individuals, families, and communities to live and spread the message of prevention.³ In one fell swoop, the organization supports all four of the Strategy's foci: (1) healthy and safe community



Acting Surgeon General Boris D. Lushniak, MD, MPH, RADM, meets with Monique Bethell, PhD, a volunteer at Healing with CAARE, Inc., and Health Equity Coordinator, Community Transformation Grant for the North Carolina Division of Public Health, Department of Health and Human Services (center); and Dr. Sharon Elliott-Bynum, Founder of Healing with CAARE, Inc. (right).

environments, (2) clinical and community preventive services, (3) empowered people, and (4) elimination of health disparities.

Perhaps even more importantly, CAARE speaks to the power of human commitment and action. Renowned psychologist Albert Bandura explains that, "People are partly the products of their environments, but by selecting, creating, and transforming their environmental circumstances, they are producers of environments as well."⁴ The strength of conviction of Dr. Elliott-Bynum and her sister certainly contributed to a strong sense of human commitment and action that helped transform the Durham community environment.

At the same time, the sisters would be the first to say they did not do it alone. Public health problems, such as the health disparities witnessed in Durham and across the globe, require cooperative and coordinated responses. As Bandura explains, "The growing interdependence of human functioning is placing a premium on the exercise of *collective agency*." This shared belief influences groups' commitment to their missions, efforts toward meeting group goals, use of resources, future accomplishments, and resilience during times of adversity.⁴ The enthusiasm of Dr. Elliot-Bynum and CAARE staff and volunteers has contributed to a sense of collective accomplishment.

In Healing with CAARE, Inc., I see connections to other illustrations of collective agency in tackling public health problems. As Acting Surgeon General, I oversee the USPHS Commissioned Corps, America's uniformed service of public health professionals, consisting of more than 6,800 highly qualified public health professionals who chose to devote their careers to the service of our nation's health. Officers serve their country by assisting in public health responses to manmade and natural disasters, such as Hurricane Katrina, the Haiti earthquake, the Deepwater Horizon oil spill, and other disasters.⁵ The Medical Reserve Corps, also under the auspices of the OSG, is a national network of volunteers comprising 993 community-based units and nearly 210,000 volunteers located throughout the United States and its territories.⁶ Organized locally, these volunteer public health professionals and community members prepare for and respond to natural disasters (e.g., wildfires, hurricanes, tornadoes, blizzards, and floods) and other public health emergencies (e.g., disease outbreaks), while also contributing to community health activities that promote healthy habits. Internationally, Peace Corps Health Volunteers work within communities across the globe to promote nutrition, maternal and child health, HIV/AIDS education

and prevention, basic hygiene, and water sanitation.⁷ The United Nations Volunteers directly mobilizes more than 7,500 volunteers every year nationally and internationally supporting peace, relief, and development initiatives.⁸ Locally in the United States and across all cultures, community health workers serve as bridges between community members and health-care providers to promote health among groups that have traditionally lacked access to adequate health care.⁹

After hearing and seeing the story of CAARE, it occurred to me that its lessons apply to the work that all of us do every day to advance public health research and practice. Dr. Elliott-Bynum and her sister serve as examples not only of the power of personal conviction and hard work to affect societal change, but also of the power of community. Beyond our job titles and work locations, we in public health are part of a unified body of individuals working toward common population health goals. We draw strength from our own communities, which might be the Commissioned Corps or a small local health department.

At the COA conference, I thanked Dr. Elliott-Bynum for the good that has come out of her endeavor, the lessons she has taught us, and for the strong impression she made on me personally. Her sincerity, focus, sense of mission for her community, and kindness to the volunteers will remain with me.

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