

America's Top Family Doctor Reinventing Surgeon General Role

Cynthia Martin

At her January commissioning ceremony to serve four years as the United States' chief health educator for almost 310 million people, Regina M. Benjamin became the 18th surgeon general (www.surgeongeneral.gov/index.html). Originally from a rural area of Alabama, where generations of her family have lived since the early 1800s, she returned with her MD, choosing family medicine as she would "get to do a bit of everything." Her firsts are many, such as the first physician under 40 and first African American woman elected to the American Medical Association's Board of Trustees, and first African American woman president of any state's medical society (Alabama). Besides an MBA and numerous accolades, Benjamin has received a MacArthur Foundation Fellowship and a Nelson Mandela Award for Health and Human Rights. As part of the US Department of Health and Human Services, she administers some 6,500 Public Health Service Commissioned Corps. She recently spoke with Cynthia Martin.



Q: How will health reform affect the surgeon general's role?

RB: The most visible [change] will be the emphasis on prevention; my personal priorities as well are in prevention. In health reform, the biggest part is in changing the health system from an illness-based model to a wellness-based model. That's what we're about in this office, and what we've been advocating is trying to become a healthier nation.

Q: You and First Lady Michelle Obama released a report noting two in three adults and one in three children are overweight or obese, and US\$150 billion per year is spent on obesity. You want people to eat better and exercise because they like to – how will that shift happen?

RB: I want to change the talk from negative conversations about obesity and illness to positive conversations about being healthy and fit, so basically just shifting the perceived issue and how we look at it. We've looked at the medical model, and now it's got to become a lifestyle model. We need to start positive conver-

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sations about doing things because people enjoy the activities and doing things because they have fun. In the past, we would go dancing at discos, not because disco dancing was a workout but because we enjoyed it – it was a social event. Bicycle riding and walking in the park are enjoyable, but we have to make sure we have safe places, like making sure there's no drug paraphernalia and that bike paths are safe – and this involves the entire community. It involves the public, private sector, government, parents, community leaders; everyone's going to have to do it together. Government can't do it alone.

Q: Is your focus on wellness and prevention partially informed by the deaths of your brother, father and mother from preventable health issues?

RB: In my family's case, with deaths related to human immunodeficiency virus, hypertension and lung cancer from smoking, they were preventable. We would all like to have a pill we could take or a cloak we could wrap around us and everything would be fine. It's actually simpler than that; and since so much is preventable, we must start there. We need to concentrate on the things we can do and make sure wellness is embedded in our everyday lives through goals such as becoming a smoke-free world. We don't need to look at what we can't do – we can't do this, we can't do that – we need to really enjoy our lives every day.

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Q: Some surgeon generals have captured media attention; some say the position has faded into obscurity. To some extent, does your role depend on Oprah-like media exposure?

RB: If Oprah calls, I'm there! We do need media to reach the public, and we have social marketing available to us that we didn't have years ago. The answers and responses we're giving, particularly about obesity, are very simplistic. It's not a sound bite, and it's not sexy; it's just simply bringing things we know we need to do into our everyday lives. I agree that the media often want to have something they can attack; they did that with my weight and made it controversial instead of examining the deeper issue of what we're talking about doing in having the entire nation embrace this change – they still wanted to focus on the controversial.

Q: You started Alabama's Bayou La Batre Rural Health Clinic, now serving 5,000 people who otherwise might not get care. Destroyed three times by hurricanes and fire, you refinanced

your home and maxed out your credit cards to rebuild it, and paid for patients' prescriptions. How did this all become a doctor's role?

RB: When I first went into practice, I realized patients did not have insurance, so they'd pay what they could; some would pay five dollars a month religiously. That's just what they could afford, and you couldn't make people pay what they didn't have. I actually went back and got my MBA so that I could find ways to make the office more efficient and more cost-effective – and I'm still working on trying to figure that out – so the degree really helped. Patients really depended on the clinic and depended on us to be there; and when you're part of a community, you take on the whole family. But patients do take care of us as well, like bringing us food. I once had a student working with me and a room full of people all day. We'd worked through lunch, and it was late afternoon when a patient hollered back, "Dr. Benjamin, you need to feed that boy!" They saw he'd been working straight through and made him take a break. As far as being a doctor's role, we rebuilt after one hurricane, and the office was ready to reopen after New Year's Day. On New Year's Eve the clinic burned down. That was really hard. But everybody chipped in and worked while the smoke was still coming out. One of our older patients sent an envelope over with her granddaughter. It had seven dollars in it to help us keep the clinic open. I thought if she could find seven dollars, then I could certainly find the rest.

Q: You've gone non-stop since college – after being America's top family doc, will you return to family medicine? And when will you reach your goal of climbing Mount Kilimanjaro?

RB: I'm just getting into the role and have to get some things accomplished first, but I would never hesitate to go back and see patients. I would always love to do that. As far as Kilimanjaro, I hope to do that this year or next. **HQ**

About the Author

Dr. Benjamin spoke with Cynthia Martin in her first interview with Canadian media.

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