When I started my term as Surgeon General of the United States, the news media seemed to enjoy proclaiming my experience as a trauma surgeon, a professor, and the CEO of a health system. What I challenged them to notice was that for the first time in US history, a health professional with nursing experience was serving as the US Surgeon General.

Having had the unique opportunity to be a nurse made me a much better physician and a much better Surgeon General. Nursing provided me with a great deal of not only education but insight into how to best care for patients.

I started my health services career in US Army Special Forces, serving in Vietnam as a medic and weapons specialist. After returning home as a combat-decorated veteran I knew that I wanted to pursue a life in medicine. I became a registered nurse and worked in emergency, trauma, and critical-care departments. I then pursued a medical degree, graduating at the top of my class from the University of California, San Francisco in 1979. I see the irreplaceable value of nursing. Nurses approach patients from a different perspective than physicians. Nursing’s holistic approach integrates all of the resources around the patient, yet both professionals complement each other and are integral to providing good care.

The culture is still with me; the training and patient approach. Once you train as a nurse, you’re not really ever a “former” nurse. You are still a nurse and build on that profession, although you may hold different titles throughout your life. Whenever people describe me as a “former” nurse, I tend to correct them, because the truth is “Once a nurse, always a nurse!”

In 2002, President George W. Bush nominated me to serve a four-year term as US Surgeon General. I was unanimously confirmed by the US Senate. The US Surgeon General advises the president and Congress on health policy, is sworn to protect and improve citizens’ health, and administers the US Public Health Service Commissioned Corps, a team of uniformed-service health professionals who respond to the nation’s immediate and long-term health needs, including disaster preparedness and response.

I focused my time as Surgeon General on prevention, preparedness, health disparities, health literacy, and global health—to include health diplomacy. Nurses are critical in all of those areas.

At every juncture where we have nursing, whether it is pediatrics or oncology, clinic nursing or inpatient, nurses have so many teaching moments every single day as they interact with their patients.

I challenge every nursing professional to seize these opportunities to advance patients’ health literacy about prevention and what they can do to stay healthy, such as exercising, eating healthy foods in healthy portions, and avoiding risky behaviors. In truth, these patient contacts also help to alleviate health disparities. Low-income people and people of color like my Hispanic family typically have less access to care and poorer outcomes. Nurses must tailor their messages to the person, be sensitive to cultural differences, and advocate for those who cannot do so for themselves.

Some of the health disparity issues can be addressed by improving health literacy and by empowering patients. At Canyon Ranch Institute, the non-profit organization that I lead as president of the Board of Directors, we use the Calgary Charter on Health Literacy’s definition of health

17th US Surgeon General Richard Carmona, MD, MPH, FACS, and some friends
literacy as allowing “the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information.” The Calgary Charter suggests that health literacy applies to both individuals and to health systems, explaining that a system is health literate when it provides equal, easy to use, and shame-free access to and delivery of health care and health information.

As health professionals, health literacy is translating what we know to the patients we serve in a culturally competent manner to effect behavioral change. Science itself is a tough sell. When we’re speaking with our patients, we have to convert our scientific knowledge into information and experiences that resonate, are relevant, and result in positive behavior changes.

Low health literacy is a problem throughout our nation and the world. As a trauma surgeon, there were times when I felt that my impact was minimal. My colleagues and I would save a life, which was a wonderful outcome, but our patient would not necessarily continue to be healthy or safe because they lacked health literacy.

At the hospital, we would use the best science to treat problems that were largely preventable. This included the patients who harmed themselves by never exercising, by eating an unhealthy diet, by smoking, or by engaging in risky or violent activities. But when those patients awoke after life-saving surgery, there was often no education about how to avoid a return trip to the emergency room or the surgeon’s table. I started teaching interns, residents, and my medical students at the University of Arizona about the importance of following up with patients to teach them how to stop repeating the unhealthy behaviors that eventually led them to the door of an emergency room.

Today’s nursing curriculum can do so much to improve health literacy. Health literacy can be further integrated into scholarly practice, communication in nursing, and professionalism.

In the area of preparedness, I contacted nursing organizations soon after accepting the position of Surgeon General, in order to involve nurses in disaster planning. During my four-year statutory term, the US Department of Health and Human Services, in conjunction with the American Nurses Association, established National Nurse Response teams as an operational component of the National Disaster Medical System.

While these teams of first responders receive special training, all nurses should know the signs and symptoms of conditions associated with potential terror threats. Nurses are pivotal in our preparedness activities.

If you are surprised to be reading about prevention, health literacy, health disparities, and disaster preparedness side-by-side in this publication, you are probably not alone. I am writing about all of these topics because I am a strong proponent of nurses reaching out and expanding their sphere of influence, creating even more opportunities for the profession to improve the health of all people. We need more young people to choose a career in nursing. We need more nurses to develop a broad portfolio of knowledge and inquiry. That multi-sectoral, inter-professional approach leads to innovation.

Today, I am thrilled to continue my collaboration with my friend Dean Bernadette Melnyk, who is the university chief wellness officer. I am pleased to join Bern as she helps transform health, healthcare, and lives through outstanding collaborations across The Ohio State University and beyond.

In fact, The Ohio State University College of Nursing and Canyon Ranch Institute are already partnering to advance health literacy, improve prevention, honor cultural diversity, apply integrative health, and eliminate health disparities. With my colleagues Jennifer Cabe and Andrew Pleasant, who are both expert in working with health professionals and the public to advance health literacy and improve prevention around the world, we are starting innovative new programs and planning new curricula in research, practice, and policy within the College of Nursing and in collaboration with other partners across Ohio, the nation, and in other nations.

One of my responsibilities with the College of Nursing is to help students learn to think innovatively and entrepreneurially about the delivery of healthcare. The healthcare environment is challenging and ever-changing. The reality is that the challenges we face all have multi-disciplinary solutions. Nursing graduates can lead innovation by collaborating across disciplines to improve healthcare quality and control costs.

For my fellow faculty members, I have a few special comments: You hold the future of health in your hands. We must teach our students to take technical knowledge and translate it into language that people can understand, with practical applications they can explain to patients in ways that make good health achievable. We must train our students to move between the realms of science and the everyday reality of patient care. More than any other aspect of life, health impacts everything in our lives, from how children learn, to how productive business can be, to how we maintain our well-being and independence into our senior years. As academic medical leaders, you are helping people to achieve and maintain health. During my years as a nurse, a professor, and as Surgeon General of the United States, I had the opportunity to work with many of you. Today, I am constantly seeing the results of your dedication. Thank you, and keep up the good work.

Richard H. Carmona is dean’s distinguished professor of health promotion and entrepreneurship.