Building partnerships to stop disease

Dr. Victor Cáceres is a lot of things: board-certified clinician, researcher, and a field epidemiologist who has investigated disease outbreaks. His friend and colleague, Dr. Augusto Lopez, says, "Victor's participation always opens doors instead of closing them."



A captain in the Commissioned Corps of the U.S. Public Health Service, Cáceres serves as team leader for the Centers for Disease Control's Field Epidemiology Training Program (FETP) in Central America, which trains epidemiologists to investigate disease outbreaks and promote public health in six countries.

Cáceres, who received his medical degree from the UNC School of Medicine and his master's in maternal and child health from the UNC School of Public Health, is reluctant to call himself a leader, but likes the concept of servant leadership. "I like that attitude of a leader as a person developing others to help them become leaders themselves," he says.

That's just what Cáceres does in his work with the FETP. The effort began as one regional training program managed by

Dr. Victor Cáceres poses for a photograph with his wife, Susan, and son, Nicholas. Cáceres is a team leader for the Centers for Disease Control's Field Epidemiology Training Program in Central America, which trains epidemiologists to investigate disease outbreaks and promote public health in six countries. He earned his master's in maternal and child health from UNC.



Dr. Victor Cáceres gives an oral polio vaccine to a young girl in the Dominican Republic as part of a response to an outbreak of polio in that country in 2000.

whomever is in charge, and continually builds bridges between the CDC, the FETP offices in each country, and the ministries of health in Central America.

Cáceres brings his ability to see issues from many different perspectives to his job. "There's no doubt that the CDC is a leader in epidemiology and public health, but we also have a lot to learn from

the other countries," Cáceres says. "There's a lot of give-and-take and back-and-forth, constant interaction and problem-solving."

lina outbreak of Cyclospora (a pathogen that causes diarrheal illness) to raspberries imported from Guatemala. He ended up traveling to Guatemala to find the source of the outbreak and talking with farmers who were understandably skeptical.

In addition, over several years, Cáceres applied his team-building approach to eradicating polio. "He has contributed greatly to polio eradication by taking leadership in the research area," says Roland Sutter, director of research and product development for polio eradication at the World Health Organization. Sutter points to Cáceres' perseverance and diplomacy in implementing a study of inactivated polio vaccine (IPV) in Cuba.

Unlike other developing countries, Cuba has eradicated polio and doesn't routinely give the oral vaccine, which is made of an attenuated live virus. That made Cuba a perfect testing ground to find out if the alternative, IPV, will really be effective once polio is eradicated and the oral vaccine phased out. "We were able to show the IPV worked in the polio-free environment," Cáceres says. The Cuba IPV study was published in 2007 in the New England Journal of Medicine.

For Cáceres, the partnerships he forms in every aspect of his work aren't just about

>> the Centers for Disease Control (CDC), in partnership with the ministries of health in the six countries. Gradually, each country is taking ownership of its own program. "We're helping countries build sustainable programs to improve their public health systems. We're doing it in a way that creates selfsufficiency, and that's very exciting," Cáceres says. "Our role now is finding ways for them to collaborate, to maintain the quality of the curriculum, and to work with partners to see that the elements are in place for these programs to remain and flourish." Part of that effort includes a cooperative agreement in which the FETP develops curriculum materials with universities, including UNC-Chapel Hill, and Dr. Pia MacDonald, research assistant professor of epidemiology in the School of Public Health.

Dr. Augusto Lopez, a medical epidemiologist and regional advisor in FETP who has worked with Cáceres for about three years, says the six countries in which FETP operates often experience changes in government leadership. Through it all, Lopez says that Cáceres maintains a clear vision that he conveys to

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It doesn't hurt that Cáceres knows Central America well; his parents emigrated from Honduras two months before he was born. He visited there often as a child and still has extended family there.

Cáceres also knows what it's like for epidemiologists learning to work in the field. From 1995 to 1997, he served as a member of the CDC's Epidemic Intelligence Service, on which the FETP is modeled. Cáceres was part of a group that traced a South Caro-

playing nice; they're necessary to ensure global health. "As the world becomes more of a global community, it's the relationship-building that we do in our work that will enable the countries to form teams in responding to a major pandemic," Cáceres says. "That goodwill is capital that's hard to measure but extremely important because it will help us when we have to unite against a disease threat."

— BY ANGELA SPIVEY