

[applause]

**Candy Hadsall:** “So how many of you that are here tonight know that the Minnesota Department of Health crowned a queen of chlamydia a few years ago? [laughter] Nobody? Well, if you’re from public health in Minnesota that means you're much younger because it was at least 20 years ago, so you haven’t been at MDH or in public health as long as I have. And I'm gonna tell you the story about the queen of chlamydia but first I want to tell you about how I finally found my way to public health and MDH. And I'm very nervous, I do public speaking all the time, I'm still really nervous.

“So when I was growing up, all I ever wanted to do was be a nurse. It was the only thing ever. My mom said, ‘I want you to be a teacher.’ I go ‘mm, I’m gonna be a nurse,’ and she was mad. So, I had to persist with that. I must have been listening to that inner voice, maybe. I think there will be lots of, examples of that. But I finally made my way, to be a nurse. Went to- I did what was expected. And I was raised in the 60’s and 70’s. So it was a time of great political turmoil. And it was also a time when there was still a lot of rigid rules. So I was expected to go to college. My mom went to college. My grandmother went to college. I was just supposed to do that. So I didn't question that. But I did question a few other things. So I went to nursing school, but I didn't do it a traditional way, or I did a traditional way back then, it was a Methodist-based learning program, it was a three-year school. So that meant we had school all year round, and we had three month practicums. Which doesn't exist in, in most places these days for nurses. So I feel like I got a fantastic education. In my last year of school, I got married and we eventually had two kids.

“In the intervening years, I worked many jobs, many nursing jobs in many specialty areas. ICU, CCU, E.R., all those things. And I found it wasn't very satisfying. And I was really disappointed because I really thought this was my path. So I paid attention to that, but I kept on in nursing ‘cus I didn't know what else I could do. And then probably the hardest part of my life happened, and that was that I had my son. And, I hated being a mother. I didn't like it. I didn't know how to do it. It didn't know who to ask. And in 1972, there were no baby books other than Doctor Spock, if any of you know that one, and there were no parenting books. So there was no one to ask. I was lost. I had no idea what I was doing, And, I couldn't adjust. I became depressed and suicidal. I now know that what I experienced was postpartum depression, but I didn't know that back then, and neither did my doctor, evidently, because nobody diagnosed it.

“So I saw my choices that I believed I had. The first one: stay, and risk doing something that I'll be sorry for later. And I definitely didn't want to hurt my kids. Kill myself. Which I didn't want to leave my children with a legacy of a parent who kills themselves, because frequently children of those people also kill themselves. So I didn't want to leave that, but I couldn't figure out anything else. I'm sure there were other options, but I didn't see those. So I took that option and I left. I left the children, and I left my ex-husband, who, by the way, is a wonderful man and still is to this day. But I left for a few months, and then I came back. My son was two at that point. So I came back, my now ex-husband and I decided to have another baby. So I had a baby, a girl, who's actually here tonight, I don’t know where she went, but she's someplace in this room. And, that time, I left when she was two and my son was six, and I just decided I couldn't go back. And so we eventually we separated. And eventually I was on my own, and I had to go back into nursing so I could support myself. By the way, I never lost touch with my children, I continued to talk to them every week on the phone, have them on weekends. So I left the situation that

was so stressful for me, but I didn't leave my children totally. So it was a very difficult time because in that day and age, no mothers left their children. Didn't happen.

“So I had, I really got immersed in my work because that was the only thing, that was the only thing that I could see that I could do. It became my guiding light. And so over the over the next few years, I worked in, I had many opportunities to work in nursing careers and some outside of nursing. One time I was a manager for a blues bar in Omaha for a couple of years, And then I traveled with a theater group for a couple months. And every time I made a new circle of friends, I had new experiences, people I'd never, not only just people I've never met, but people not like anybody else I'd ever met before. Um, so, I was also learning about alternative health, alternative mental health. And I really liked some of those things, and I started seeing how I thought those could apply to mental health patients. But I knew that, as a nurse, I would not be the one making the decisions. I'd be the one doing what somebody else told me to do. And I decided I didn't like that because I wanted to make decisions about alternative things that I could help people too. So in that process, I saw how I could help other people in new ways.

“And this along the way, helped me create my core values, which included, nonviolence, and several other things. So even though it was a tumultuous time for me, I continued to believe in the power of advocacy. I could see it around me with the feminist movement, with other movements that were happening. It was the days of the Vietnam War and the end of the Vietnam War, which, by the way, some people might be having flashbacks to those times, given what's happening on college campuses right now. That happened frequently when I was in that age group. So I really became involved, or convinced of that. And at that time, I found this quote from Margaret Mead. It says, ‘Never doubt that a small group of thoughtful, committed citizens, individuals, can change the world. Indeed, that’s the only-’ I get, I get choked up when I read that ‘cus it's so important, ‘Indeed, that's the only thing that ever has.’ So I really took that to heart. And I became committed to several social issues, and, and kept working as a nurse or wherever I could get a job that I liked.

“I, after a few years, and, years of experiencing all these different things, I finally said, ‘I need to go to graduate school.’ But still, in the meantime, I was blessed with a lot of good opportunities. So I worked with sexual violence victims, domestic violence victims. I, after I came to Minnesota, I worked with sexual offenders because I wanted to know after working with rape victims, I want to know why men do that—mostly men, do that. I worked in a chemical dependency treatment program, and in almost all of them, things narrowed down to sex education. And so that gradually became sort of my specialty. I also, during this time, got to learn about what it was like in jails because I taught classes in jails. I also taught classes in public schools and some parochial schools. So clearly, those early years of nursing, helped prepare me for the job that I do now.

“So in 2000, I moved to Minnesota because my daughter asked me if I would please move up here. And I thought, sure. So I moved up here and I, worked at several different things, part time jobs, consulting things, until I figured out that, you know, consulting was never going to work full time because I didn't get paid enough. Or if I got paid enough, it stopped, you know, contracts stopped. I decided I needed a full time, well-paying job. And so I looked at the health department, I had worked with some people from the health department. So I looked at the health department, and all my friends said, ‘You'll never make it at the health department.’ They knew how outspoken I was, and they said, ‘It'll never last.’ I go, ‘You're right. I'm probably going to get fired in the first two years. [laughter] So clearly, I've been here,

well I didn't get fired, I'm still here. I've been here 23 years, and I never had considered public health until I came to the department.

“So soon after I came, I think I'm already over my time, I'll try to talk quickly. The public health department got what was called an infertility prevention grant from CDC. CDC was, providing these grants to every state health department across the country. And what it really was, was a chlamydia screening and treatment program, project. What they, what I thought was brilliant, another one of the lessons I learned along the way, was that, what I thought was brilliant was the people who came up with the terminology ‘Infertility Prevention Project’ knew instinctively that they could not go to Congress and ask for money for a sexually transmitted disease test. So they found a way that made it work, and chlamydia is one of the leading causes of infertility, especially in women. So it was great. And so I was there a couple of years, and then I saw, you know, we can't get very far. We needed advocacy. That thing working with multiple people like the, the slide was on before. So- oops, no supposed to show you that yet! [laughter] Sorry!

“So we created what was called the Minnesota Chlamydia Partnership. I applied for a \$10,000 grant, not very much money, from the CDC for one year. My boss at that time told me ‘We have no money, after that's gone, you can't make you can't make it last more than a year.’ I said, ‘Okay.’ I said, so what we're going to do is we're, I'm going to get a whole bunch of people here. People that work in sexually transmitted disease clinics, teen clinics, schools, wherever, and get them to come and be a group that's going to put together a plan for the state of Minnesota. And, I was going to do it in one year. People told me I was crazy. I said, in three months I'm going to I'm going to have all these people here, they're not getting paid, they're coming anyway. We're going to put on a conference in three months because the public needed to know about chlamydia. So after weekly meetings, and they didn't get reimbursed, weekly meetings for three months, we put on what was called the Minnesota Chlamydia Partnership- I'm sorry, Summit. And it was very successful. We had 375 people from across the state that came to that conference. And out of that, we created the Minnesota Chlamydia Partnership, because that was how the people continued to stay involved.

“So basically, they came up with, at the, summit, all the ideas that they had about what should be done about chlamydia. So we took all those ideas, and we also asked them to volunteer to be in, workgroups for six months and take the ideas that came from the summit and do something with them, tell people what we could do with those ideas. They all agreed, the people who wanted to work in workgroups, they all did that, again, for nothing. And they created the Minnesota Chlamydia Plan, Prevention Plan, which is still around today. And they came up with a lot of ideas and after that was over, they took those ideas, came up with a plan. We posted it on our website. Then a graphics person said, you need something else. You need something because nobody is going to sit, and read you know, a 50-page report.

“So I forgot to mention that one of the things that happened at the Chlamydia Summit, was that I decided that we needed a queen. We needed somebody that would be in charge. And, I'd watched a movie where I realized, queens don't take no from people. So I thought, okay, that's what I'm going to do. So this is my lovely costume that I borrowed from my granddaughters. So actually this group continued to meet until last year. Not under the direction of the health department in anyway, because somebody came along in the middle and said, ‘you know what? This isn't a health department project.’ So they decided to take it out of the health department. But the people who were facilitating it kept doing that until last year. The, the group and the plan won awards, we were asked to speak at national

conferences, we were instrumental in the formation of CRUSH, which is still going today, out of the Annex Teen Clinic. And they were a group of adolescents going out and doing, on the street doing STD testing and education. And um, so, and we had a whole bunch of swag. presented, or made, because everybody loves swag. And so, we've had to reorder that a couple of times because people love it, and even adults.

“So um, there’s one more slide, that has a quote that I really thought was important. It’s from Buckminster Fuller, the architect, who said that ‘People who work in a system are not the people who need to fix it. People who work in the system that aren't happy with it need to create a separate system and do that work themselves.’ So I leave you with the charge we have, we've been doing the same treatment, not the same meds, but the same methods of dealing with STD’s for the last 50 years. And it hasn't changed. And we need to change because we're still doing it and the numbers are skyrocketing.

“So I leave you with those ideas and think about how do you think we could change the STD world these days?”

[applause]