

[applause]

**Brooke Cunningham:** “Good evening. I am so happy to be here with you all this evening to talk about public health. The Minnesota Department of Health is one of our nation's leading state health departments. And in a moment, you're going to see why, as my colleagues come up here on stage. We have a large department, 2000 employees of talented, dedicated, caring staff who work tirelessly to protect and improve the health of Minnesotans. And some of you all probably know public health works, like, infectious disease, infection control work. Like, you know, there's this thing called COVID. And, you know, we work on measles outbreaks. And, you know, there's salmonella in the salad. So you may know us from that sort of work, but our work in public health is much broader than that.

“We work with community health systems to make sure that Minnesotans have access to safe and adequate drinking water. We do newborn screening to make sure we can catch conditions early, and literally save babies lives. We have chronic disease programs and cardiovascular disease and diabetes and asthma. We are working with partners to try to stem the tide of the opioid epidemic, and to address mental health. We have our health policy team which really thinks with partners and policy makers about the complexities of health care delivery and payment and workforce in 2024. And of course, when you go into care, we want you to be safe, so we have our health care regulation group that works with partners to make sure the care that you receive is safe care, whether it's in hospitals or assisted living. And we want to make sure you're also safe when you go out to eat, on food - food pools and logic. And so we do a lot at the department. We are a very data driven organization. Data and analytics. But I will tell you that we are successful because of the people and the work is rewarding because of the people.

“Now, if you're anything like me and you were good in science and math in school, you know, people tell you like, ‘You should think about being a doctor,’ right? Nobody really says, like, ‘Have you thought about public health?’ You know, that's not what you, that's not what you tend to get, right? And when I came up, there were no undergraduate majors in public health like there are now. And I'm gonna be honest with you, I didn't learn about public health until I was in graduate school, so I did go on to become a doctor. I went to graduate professional school to get an M.D, and a PhD, and my Ph.D. was in sociology. Right. And while I was doing my sociology studies, right, and I looked at the sociology of medicine, the sociology of health, the sociology of race, that's when I first learned about the Tuskegee Syphilis Study.

“Now, the full name of the Tuskegee Syphilis Study is the U.S. Public Health Service Study of Untreated Syphilis at Tuskegee. Right. And so, for those of you all who know the history of that study, what happened was the U.S. public health service enrolled 399 black men with syphilis and followed them for 40 years. They just followed them. And that study started in the 1930s. Penicillin, which cured Syphilis, came out and was widely available at the 1940s But the U.S. Public Health Service did not treat the men. So I'm going to say, you know, that's not the sort of history that, like, immediately draws you into a professional field.

“So I did my studies, right, I finished my graduate and professional degrees. I wasn't really checking too much for public health. I went and did my residency down in North Carolina. I trained at Duke. I learned about, because I was so academically inclined, I learned about USC's School of Public Health, a very strong school of public health, and they were doing some interesting things, some good things. I was in residency. I didn't really get to explore it much, but I noted it, I was seeing what was happening. I did a fellowship at Hopkins, which has another Johns Hopkins, which has another very strong school of public health, and I actually remember, like I went through all the curriculum, I was like, this is a lot of what I

did in my sociology training, right? I didn't engage - I was in the Department of Medicine, I didn't engage that much with the faculty in the School of Public Health. And then I came here to Minnesota.

"I came to Minnesota in 2013. And something pretty pivotal for me happened in 2014. You know, I was doing my postdoc and somehow this report came across my desk or my email - Advancing Health Equity report came out in 2014 and I looked into that report. It's a 100 plus pages report. And I was like, 'OMG where have these people been my whole life?' And let me tell you why my reaction was to that, right? As a person who had studied medicine and the sociology of race. And then here was this report where folks at the Minnesota Department of Health were courageous enough to talk about health inequities and health disparities and the ways in which structural racism contributes to those disparities. This was 2014. Very few people in health and in medicine and even in public health, were talking about that. And so I got just enough courage to reach out, probably to the same person who helps me today, to Sandy Pizzuti probably. Yeah. To reach out to Commissioner Ed Ellinger to, to get a meeting. And I came to Saint Paul, came down to the Freeman building went up way down to his office, which is my office now, ain't that crazy? When I went up to his office and I said, 'Commissioner Ellinger, this is fantastic. You did this in public health. How can we do this in health care?' Commissioner Ellinger was also a physician.

"You know, I don't think he quite answered my question fully, but from that time, the Minnesota Department of Health was on the map for me. I kept checking in to see what was happening, I'm still ensconced in health care, but I kept checking in to see what was happening.

"Being Commissioner of Health was nowhere on my radar. Not at all. So then you might ask, 'Well then, how did you get here? Like, how did you get here?' And I'm going to share with you what I think is the simplest answer: I had just enough courage, all along the way, to listen to my inner voice. Now, my mother may call it stubbornness, you know, she did say I was a strong willed child. I prefer to think about it as listening to my inner voice. But I share that with you, and particularly those of you all who are still deciding on your careers and, and in school, or thinking about a career transition. I share the importance of that. Because the toughest thing may not be the class that you're in or the class that you will be in or, completing this graduate degree or this certificate that actually might not be the toughest thing. The toughest thing might be finding the courage to listen to your inner voice. And I want you to hear me, when I say I'm not saying listen to the you that is up here, I'm saying listen to the you that is in here.

"And I'm saying that particularly to this audience, right, that is attracted to STEM - science, technology, engineering, math, right? An audience that can get, really caught up in the analytics, that can do cognitive somersaults if there's a tough decision to be made that's mired in uncertainty. Right. So I'm saying it to you specifically because I know that. I've done that repeatedly. But what has been most important to me was when I listened to that inner voice, when I listened to that voice that said, you know, 'Brooke, you know, you are the only medical student who does all these med school classes and then goes across the street to take a graduate school class in sociology, and people are looking at you like, what is she doing? Still do it.' And so I believe our inner voice really, speaks to us through our bodies. We often come to know it first because we get that feeling, we get that warning. 'Brooke - don't do that. Don't do it. That's a bad idea.' We get that feeling. We get that feeling in our bodies.

"But I want to say, what I want to share, is don't just listen to your inner voice when it's warning you. When it shows up as a warning. Also listen to it when it shows up as affirmation, Right? When it shows up as a feeling of excitement, of energy. And it's more than that is actually like you are being magnetically pulled to do something. And if you are able to do it, you just you can't not. You can't not do

it. And so that inner voice, it can start off as small, it can start off as relatively soft, it can be drowned out by all the noise around us. But over time it will grow louder. Now you may need a few experiences to gain some clarity. Those experiences will turn up the volume. You may need a few experiences to get real about what matters to you. Those experiences will turn up the volume. You may need to take some risks, may even need to fail at something. All of that will turn up the volume.

“I would not have this incredible opportunity as Commissioner of Health if I did not let go of what others said I should do, and learn to listen to my inner voice, to let it guide me, to be my navigation, to be my G.P.S. I would not be here without that. Commissioner of Health was nowhere on my radar. It wasn't in my mind. And yet I am here today. And yes, the classes were important and the training was important, and the mentorship were all incredibly important, but none were as important as trusting myself.

“Thank you all.”

[applause]