

Speaker 1 (00:00)

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Everyone. Um, thank you for joining us. I'm Tanya Odom and I'm a global diversity and inclusion consultant and coach. And I've been working in the field of diversity equity and inclusion for over two decades. So toda-4.3 (.)d vddn-4.3 (.0.7 (a4 (d)-0.)-4.(v)2.46 (d)-.)6 (d)-. l(t)4.9 u(v)2.46 (d)-2 (a)-3.33 (n)-0.7 TJ0 -1.217 TD

ent, Bernard, Denise and I fussed over everything

Speaker 3 (04:16):

Most influential people at a banquet for all honorees Bernard was asked to make a toast. He shared several anecdotes about his dad, thus conveying the man's wisdom to all of the distinguished people in that ballroom in 2006 Bernard's perspective, expanded again, he suffered a heart attack and underwent open-heart surgery. It was a few months later when he and I met for the first time. One of the stories he told me is that, well, his doctors saved his life. His soul was soothed by a nurse who had held his hand and told him everything would be okay. He liked telling the story, I believe because it was a metaphor of how he ran his health system. Yet Bernard did not limit himself to healthcare. He lent his powerful, eloquent voice to address everything he considered unjust, including racism, gun violence, poverty, and homelessness. He did this simply because the people at the root of those issues needed him through his words, his actions, and the way he made people feel. He left the world of healthcare and the world at large, better than he found it. Their fruits of his labors will be reaped for generations.

Speaker 2 (05:38):

Thank you, Nancy. As always, your words are inspiring and grounding. Thank you for being with us. And Dr. Churchwell is the president of Yale, new Haven hospital and national board of directors, member of the American heart association and the chair of the national advocacy committee of the American heart associations. And I have to also someone who and I became an American heart association volunteer. I always thought Dr. Churchwell as someone who was literally in the middle of the very important conversation that aha was having. And so it's my pleasure to welcome Dr. Churchwell here. Can you just share how you came to know Bernard Tyson and one of your fondest memories of him?

Speaker 4 (06:17):

So, uh, Tonya, I got to know Bernard because of my association with American heart association and the fact that we were on the national executive board together. I had not met him previously. I obviously heard of him and heard of his great work. So in some respects, the first meeting, you're a bit intimidated given the portfolio I've been described by many and also particularly by Nancy of being in Davos with them and actually meeting the Prince with him. So what do you find you find the same individual that, uh, that probably lived down the street from you when you were growing up barge to his sensibility, his friendliness, his interaction with people. So, uh, I came home to my wife and I say, you know, I just met one of the most remarkable individuals I've ever met in medicine and opportunity to sit with them for a couple of days. So, uh, so I, I came to know him and, uh, and to see him work actually at our board meetings. And, anild8(,6.7 (h7 2-1 e--0.8 207 (a)7 i)] t0.f .8 (ge)4.9 (10a9.6 (l).8 (2 h)-08 2.8 (ge)4.-03 (A(t)-1.

Speaker 4 ([08:21](#)):

of the hospital or the acute care institution, but also within the communities that we actually live. And in that, how do we actually enhance those overall communities? So those stressors of, in terms of a lack of education stress in terms of, uh, of, uh, uh, you know, housing insecurity, nutritional insecurity, that is stressors that have actually the impact of mental health on the individual and also on the family, uh, he had, and put together initiatives with a significant amount of funding from Kaiser and with his leadership to think about, uh, thinking about how to improve those particular issues within the communities that they serve, uh, and to tie

And they're in a very, in terms of their, their social economic and their environment basis, which actually has impairment of their overall health and their mental health. So if we don't address the stresses and strains on their everyday life and to have them understand it and actually how they can adapt to it and improve it to a greater degree, we're not going to achieve our long-term goal, improve their overall hypertensive hypertensive health. So we're going to have a greater degree of failure. So with that, we're going to have a greater degree of actually incidents of cardiovascular incidences and cerebral vascular events in the population. If we don't actually take all that into consideration. So it's a combination of course, of talk therapy and understanding the stresses that people are under understanding actually, if they have a focal and it's discrete diagnosis from a mental health issue and how to actually compress that with the right personnel, both from a, from a pharmaceutical perspective, but also from a talk perspective, uh, to have someone there to actually that who understands what their issues are, and actually can combine the issues, uh, in a way that, uh, that things aren't left out in regards to their, both their medical issues, that they have their mental health issues and that overall combination.

Speaker 4 (16:50)

Speaker 4 ([19:23](#)):

uh, both at the personal level and actually at the population level, but we have actually been, I think
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that he was, uh, set to do good things. Uh, and, uh, and that's, I think something that all of us should

accumulative effect in terms of its, uh, their reproduction in terms of their overall cardiovascular function that kind of can occur. And then, uh, t