

# AIH2022\_Closing

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## SUMMARY KEYWORDS

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## SPEAKERS

Xavier Becerra, Nicholas St. Fleur, Deepika Chopra, Kate Snow, Elizabeth Cohen, Ruth Katz, Pavlo Kovtoniuk

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Ruth Katz 00:00

Good morning, everybody. Can I ask you to take your seats and I'm also going to say good morning once again, you can't be tired yet. Good morning. For those I have not yet met. I am Ruth Katz, Director of Aspen Ideas health and executive director of the Aspen Institute's Health Medicine and Society Program. It's really great to see all of you here this morning, including those of us, those of you who are just joining us for fest, one, which begins later this afternoon. For those of you who have been with us for Aspen Ideas, health, I hope you would agree what an incredible time we've had together over these past few days. Early morning walks and evening conversations about the healing properties of art and the therapeutic potential of psychedelics. relevation is about the digital future and a look at astonishing medical breakthroughs, a deeper understanding of the importance of animals in our lives, and perhaps why we may need robots to and of course, the incredibly, very special session on the implications of the Supreme Court's decision to overturn Roe versus Wade, keeping Aspen Ideas health. Absolutely. up to the minute on breaking news and issues. Our team did an incredible job of putting that together. We also heard some extraordinary stories about a grocery store that doubles as the community sanctuary, the intuition of a mother, teens who are literally changing the world and barbers talking to their clients about colon cancer screening. And the personal remembrance is from those who knew Global Health Champion, Paul Farmer touched us deeply. I am sure that all of us have our favorite session, the one that sparked that aha moment, or tapped into the deepest emotions of empathy and hope. I know a lot of lessons have been learned. And I noticed and it's absolutely true. There were tears that were shed. But as this event draws nearer to what's close, I think what has really stood out is the sense of community that Aspen health ideas engenders whatever health related role you play as a consumer, as an advocate, provider, entrepreneur, researcher or public official, you are part of the ecosystem that offers an opportunity to drive better health for all this year, perhaps more than ever, that sense of connection was palpable. We felt it in the many questions asked of our speakers, the engaging conversations that followed every single session, the enthusiasm of our fellows and of course, in the many ideas big and small, that kept emerging, we were continually reminded that together, we can accomplish so much more than any one of us can accomplish alone. We truly are a community. I know you will be returning home with a rekindled sense of possibility. And I urge you to turn some of the compelling

insights you have gained here into action that drives change. That is part of what Aspen Ideas health is all about. Now, of course it takes an enormous amount of energy and dedication to pull off an event like this one which takes almost one year to develop especially in the midst of a pandemic. And many thanks for do and please bear with me. There are many first who are small but mighty Aspen Ideas health team Natalie Johnson, whom you've met before, Katie Taylor, Deb Cunningham, Jamie Davidow, Kathleen Shea and Karen Pheidon. You guys are simply the best and it's the only group I'm going to have to stand by. A special shout out as well to the Health Medicine Society staff, Katya Juan's er and Raven talker. Dan Porterfield, our president and CEO has been immensely supportive of Aspen Ideas health, and Elliot Gerson, Executive Vice President for policy and public programs and international partners, has championed our work from day one, which is now nine years ago. Thanks to to the institute's communications team, particularly John proviz. And Ben Berliner. It is always a great privilege to open the 10 day Aspen Ideas Festival and we are grateful for the help of those who make the festival possible. Especially kitty Boone, Killeen Breadman, Deborah Murphy and Deborah's incomparable conference services team. Thank you also to the leaders of Several sister programs within the Aspen Institute special recognition to Lola otter dokkan. Now, at a token, Executive Director of the Aspen Global Innovators group and Jonathan Price, who directs our international partners program, which includes Aspen Institute Ukraine. That the program went smoothly is in good measure to Richard stettner and the Aspen Meadows team most especially the remarkable the truly remarkable Rachel Butler. NBC Universal proved to be a terrific media partner, and we look forward to continuing collaboration with them. We are very appreciative of the video and audio expertise provided by six productions of liberty Franklin's editorial assistants, and Erika van bucktails, tremendous communications related support. And of course, of course, the generosity of our underwriters makes all the difference. I think they really get the value of Aspen Ideas, health, and their contributions in so many ways are just essential. A special thank you to each and every one of them. Huge gratitude is also due to our terrific speakers and moderators. Many of them travelled long distances to be with us. And all of them sparkled sparked scintillating exchanges. My only regret and this is my regret every single year that each session couldn't have lasted longer. Thanks as well to our dozens and dozens of volunteers who are always on hand to greet us warmly answer questions and lend a helping hand wherever it was needed. I told you it was a long list. But finally, and most importantly, a salute to all of you for your intention and enthusiasm. You are the reason we work so very hard all year long to put this program together. We wouldn't be here if you didn't remind us how meaningful Aspen Ideas health is to you. And again, thank you so much for being here. And now, to close out Aspen Ideas health 2020 to three terrific conversations. First, US Health and Human Services secretaries Aviar Barcella farts. It's been a long three days, guys. My apologies, Mr. Secretary. He will be interviewed by Kate's Now Kate is the anchor of NBC Nightly News Sunday, a senior national correspondent for NBC News and recipient of multiple Emmy Awards. Pablo cough talking new I've been practicing my Ukrainian former Ukrainian deputy health minister and co founder of the Ukrainian Health Care Center will be interviewed by Elizabeth Cohen. Elizabeth is the award winning SENIOR MEDICAL CORRESPONDENT at CNN and author of the popular cnn.com column the Empowered patient. Finally, Deepika Chopra, widely known as the optimism doctor will be interviewed by Nick same floor Nick is a general assignment reporter at stat and a former Nightline was reporting fellow who covers the intersection of race medicine and the life sciences. They will be coming up one right after another there won't be an interruption between among them. Before I turn the Aspen stage over to Kate, let me just take a moment to thank you all. Once again, you have a lot of choices of where you can spend your June you have chosen to spend part of it with us. We are deeply grateful. Please travel home so safely be well. And I promise you it will see you all back here for Aspen Ideas health 2023.

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Kate Snow 08:50

so much. Thank you so much. Hello, everyone. Good morning. Oh, this has been such an amazing how many days now? Mr. Secretary, thank you so much for being with us and making time in an incredibly busy and an incredibly busy time. I don't know if you've noticed there's some things in the news. A few, a few that the Secretary has been having to deal with. I do need to start with the Supreme Court's decision. You were in Missouri. You were at one of the last I think the last clinic that performs abortions in the state right. When the decision came down. I was scheduled to be there it'd been a activity we'd scheduled because we're going around the country talking to people about what might happen. Yesterday morning, we were at the Planned Parenthood site in St. Louis. At the time, we were talking about what women should be preparing for. And by the time we had finished that conversation. The word was out that the decision was in right afterwards. They told me that they were already answering phones telling people they could no longer take appointments. Fortunately, they were smart.

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Xavier Becerra 10:00

They help establish the site just across the state line in Illinois. And now they are referring women to that site in Illinois. So

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Kate Snow 10:07

that's already happening. It's already up, you know, people don't. People don't normally ask a secretary how you felt. But I really would like to know, I mean, you were expecting this. And yet, I'm sure it took the wind out of you.

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Xavier Becerra 10:21

Well, I say this, knowing that my high risk OB GYN wife for several decades who deals with this every day, has given me the real life way of looking at this, that, to me the biggest her heartbreak is having a Supreme Court that we can no longer trust that. To me, I think this last week tells you where the Supreme Court is taking us. They have said to states, you can regulate a woman's body but you not so much guns and assault weapons, and not so much religion in schools. And so if that's the direction the Supreme Court, which is supposed to be a non political body is taking this country, our democracies have real trouble. Yesterday, President Biden's called it a sad day for the court and the country. And he said, quote, the health and life of women in this nation are now at risk. What are you doing concretely in response to the Court's decision to try to help women? Well, we're working with centers like Planned Parenthood, so we are restoring funding for title 10 family planning services, we are working with supporters on the ground to make sure that we are providing services to women wherever we can. We are looking into everything, including assisting in transportation, something that HHS doesn't typically do. Can you do that legally? Talk to me later? We're good? That's a big question. Right? I always tell my team at HHS,

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Kate Snow 12:03

This is all on the record. Mr. Secretary, we are looking at every option. And among those is transportation. What say that, again, we are looking at every option. And among those is transportation, transporting women to other states. What about what about the so called abortion pill, which is FDA approved, the President said that you're making efforts to try to make sure women can get that even in states where abortion will now be illegal,

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Xavier Becerra 12:30

medicated medication abortion is available. It's been around for a couple of decades. Contraception was not overturned by the Supreme Court. So birth control is still available. We are doing everything we must including providing guidance and information not just to patients, but also to providers because there are laws and not just patients have rights to have their those laws enforced properly. But providers have to make sure that they are administering services, according to the law. And if a woman is entitled to services, we'll make sure that we enforce a law that requires

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Kate Snow 13:04

as we sit here now, can women order that kind of pill online wherever they are, as of today they can. The Secretary, the Attorney General of Texas, said that he's going to make yesterday a holiday to celebrate what happened. Former President Trump called it quote the biggest win for life in a generation, this country is divided. How do you in the government try to bridge that now?

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Xavier Becerra 13:29

Actually, I don't think it's a divided as they make you believe because the vast majority of Americans believe that women should have an opportunity to decide what's best for their health, we may start to see some gap in terms of what happens by the time you're in the third trimester of pregnancy. But there's very little doubt that the vast majority of Americans believe a woman should be able to make a decision early on during the pregnancy. And so as much as some people would like to have you believe that we are totally split, we're really not. And it's just a matter of making sure we're as aggressive as the other side has been to make sure that we're protecting women's right to have the health care that they need.

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Kate Snow 14:07

But politically, we're pretty split. I mean, I my inbox yesterday, all due respect was filled with statement after statement and they were diametrically opposite, depending on if it was

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Xavier Becerra 14:18

a Republican or Democrat. I took off that had a while ago being a politician and I now get to work with like folks like Dr. Collins, former director of NIH, great people like Dr. walensky. Dr. Caleb, who both were here, and Chiquita, Brook Slusher, who's the administrator at CMS. You

add here, but essentially, this is Aspen festival of health is the Aspen HHS festival. Because you have all these tremendously talented people who are by the way bargain basement price we get we get their talent serving the entire public. But those are the folks I turn to when it comes to things like women's health, not politicians. There's no reason why a politician should tell me whether I need to have a job heart surgery or whether I have to mend my broken knee, there's no reason why a politician should tell a woman the same thing about her body.

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Kate Snow 15:08

There's so much news. I don't know if everyone in this room even knows that this morning, the President signed a major new gun legislative piece of gun legislation, the biggest change that's happened in this country in decades. And it would have been the big news, if not for yesterday, I think as far as you know, the news cycle goes, tell me about there's money in the new gun law, for mental health. And for other federal measures that you're going to be in charge of what happens

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Xavier Becerra 15:36

that actually thinking about if you look at that bill, that now as becoming law, we probably have the largest equities in that new law than anyone else at HHS, because so much of the focus is on behavioral health. So we're going to be really at the tip of the spear trying to help implement a lot of that with our local and state partners on mental health and behavioral health. We again, put it in perspective, if we were sitting right now in the state of California, we with this new law, we'd still be doing far less than the state of California already requires when it comes to gun safety. So it's great. I was in Congress back in 1993 94, when we passed the assault weapon ban, we can't do what we did three decades ago, which is unfortunate. But take I'll take we made progress. Let's let's bank that. And let's keep going as I said never do mild, this was a good victory. We didn't stop it.

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Kate Snow 16:28

There are a lot of advocates who are disappointed it didn't go further. What just concretely, what, what will that money do that you disseminate out to local partners do you know

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Xavier Becerra 16:38

there'll be a lot more resources available a lot more than there are now which are woefully inadequate for what we need. So still not enough, but a lot more resources, especially to help young people, we'll be able to do much more behavioral health work in our schools. Remember, the days when there used to be a nurse in the in the school? Well, that's basic, we don't have hardly anything like that. And now with all these behavioral health issues that are popping up. And by the way, the pandemic has made everything incrementally worse, especially for young people, suicide rates, suicide ideation by adolescents are just dramatically higher, more than 100,000 people died from drug overdose. We're seeing it last year, we're seeing just the tremendous stress, this will help. We still have to do more. President Biden in his budget actually is doing more than what this this particular gun legislation is doing. Where he

essentially had his act in a game changing way. We're investing over \$50 billion over the next 10 years in mental health, because we're trying to give mental health the parity that it should have to physical health, and 50 billion goes away. It won't get us there. But it's the kind of commitment we've never seen from any president in the United States.

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Kate Snow 17:52

And the other thing that's in this legislation is allowing states to pass so called Red Flag laws, allowing people to try to stop someone who has a mental illness from obtaining weapons, do you you said in California, it won't really change anything. But in other states, it could.

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Xavier Becerra 18:08

Yeah, California has had its red flag laws, red flag laws for a while, if they're no brainers, you got somebody who's got a history of domestic violence who's had restraining orders poem, and is also a weapon holder. One when one usually equal to, and in this case, two could be deadly. And so most states, several states have acted, we finally now have a law that lets us move forward with these red, red flag laws in many ways. Again, it's good. It's not going to be enough. And we know what works that we could do. That's more because there are states like California, New York that have done them. But you know, California just had its concealed carry law, taken down by the Supreme Court, New York, I'm sorry. Yeah, New York, New York did and it's it's a travesty. As I said, it's, it's a it's free rein when it comes to weapons, but not when you're talking about a woman's body, or if you're transgender. Be careful with this Supreme Court.

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Kate Snow 19:01

I want to I want to stick on mental health and substance use just for a second since we were just on that subject, I have so many things I want to ask you about. But we had two panels yesterday that I moderated one was Youth Mental Health, and a lot of discussion about the lack of a system and lack of access to mental health care. And then separately, a panel right here where we talked about substance abuse. And you know how many I think 88% of people who are struggling with substance use disorder do not get help. So my question to you as the guy in charge of the systems, what can we be doing? What can this room help you do to make that better?

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Xavier Becerra 19:39

And I'm glad you ended by asking what people can do because well, it may look like we're in charge. We really help is really a state function under the US Constitution. We help because we supplement but we can't drive what states will do when it comes to health care. That's their prerogative. But what we can do is give you some money to incent you to do certain things. So in mental health, one of the things that we're doing is we are launching in less than a month, a three digit phone number 988. For anyone who is going through crisis, rather than have to dial a 10 digit number in a particular state, which is different than it is in another state, if you really are looking for some help, if you're willing to turn for help before you go in the wrong direction,

then we want you to be an answer to get somebody who's a professional who can help you. July 16, we launched nine ad, this Suicide Prevention Lifeline to help people we're also including text messaging there, because so many young people use text messaging. And so our goal is to make sure we can weave together all the states that have disparate programs, so that we can have a functional nine ad similar to what you expect on 911. Problem is, it's it's 50 separate parts. We don't own it, but we're trying to bring it together like the glue.

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Kate Snow 21:01

So just on that I just did a story on NBC Nightly News about 988. And we went to South Carolina, we went to the only center, the only call center that exists in South Carolina, and in the room where all these workstations and empty desks because they can't afford to hire anyone, because the state has not passed any legislation. You know where I'm going. But for the room going, a lot of states haven't passed laws that would actually support the the money that's needed for 988. What do you do about that?

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Xavier Becerra 21:28

Colorado, by the way, did Colorado pass the law, so it will have a independent funding space to support 988. And that's what you got to do. We put President Biden gave us close to \$300 million to really help launch 988. Not enough, because you need to have to keep going, you can't just do it once. And there are states that are still behind, but we're working with them to get them going. We're setting up backup call centers, so that if a state doesn't have the ability to answer a particular call, you know, the worst thing you can do is say I'm going to reach out before I go the other way, and you get a busy signal or you're put on hold

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Kate Snow 22:06

and get transferred to other states, which is what I was told will happen well,

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Xavier Becerra 22:09

that we we won't have any choice if we want to have actual pickup of the phone. And we're not going to let people just hang. So we're setting up call centers, we're trying to get every state to the point where they don't need to rely on some other call center in some other state to get there. Colorado do the right thing. California has done the right thing. We need other states to join.

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Kate Snow 22:33

And I'm sorry, I interrupt. Go ahead. I interrupted before you got to substance abuse, you're gonna talk about that, too.

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Xavier Becerra 22:39



Xavier Becerra 22:59

We we we broke last. And we changed our strategy on drug addiction and overdose. Because they're typically in the past, we've treated drug addiction as something that should stigmatize you as not just you're not the victim, but you are the perpetrator of your own problem. It's your fault. Yeah, it's your fault. And unfortunately, it's already probably traumatizing to go through it. If you are ready to make that call the 988 are actually ready to get some help. The last thing you need is for someone to point a finger in you and say, you know, you're your fault about time. And so what we did is rather than just have a prevention of drug addiction, treatment of drug addiction approach, we're also now inserting what we call harm reduction, which a lot of places in the country have already started, which is that rather than wait till they're about to commit suicide, or OD, let's stop them because they're doing their body a lot of harm in between. And if we can stop them from doing the harm, when they finally get on track, they'll be ready to get back into life in a lot better shape than if they have totally ruined their body and their brain. And so harm reduction becomes a major focus. That's why you see we're giving opportunities for fentanyl strips to be used at some of these sites. Before it was all you got to keep your hands off of fentanyl



Kate Snow 24:01

strip strips that people use to test their drugs. Yeah,



Xavier Becerra 24:04

you strip that let you test the drug you're about to take which you shouldn't be taking that you're about to because fentanyl is so pervasive. Now, too many of these drugs unknowingly are laced with fentanyl, which is deadly, you could die and that's what's happening. So we're now supporting centers that offer fentanyl strips to people who are about to use drugs illicitly. So they can at least know if they're about to inject something in them that could kill them. A lot of folks say you're just promoting drug abuse. We're saving a life. And we'll talk about the other part later. Let's



Nicholas St. Fleur 24:35

save the life.



Xavier Becerra 24:37

And now we're also going to do follow we're not going to let someone say hey, you went through treatment. Good luck. You're on your own. Now we're going to follow them now. We're going to try to be their support centers that want to provide follow up services so we don't let someone just dangle once around the naked world trying to survive after getting themselves clean.



Kate Snow 24:54

I feel like this is rapid fire. Can I go to COVID now? Sorry, it's I'm looking at the clock. I'm so

I feel like this is rapid fire. Can I go to COVID now? Sorry, it's I'm looking at the clock. I'm so COVID this week, shots, vaccines available for the smallest of children. And parents. You heard I'm sure from a lot of parents concerned or worried or not sure. What do you say to parents who aren't sure what to do?

X Xavier Becerra 25:16

Talk to the best person who can give you the best advice. That's your pediatrician. Please don't talk to a politician. Talk to your pediatrician, talk to your medical adviser. Talk to the people you consult with if you don't have your own insurance and your own pediatrician. Family clinics are all over the country, and they offer you services, talk to people who understand and then I trust. If you do that you're going to make the right decision for your child. We've put out several million vaccines around the country already. Parents are asking, there's going to be a slower uptake. Most parents will say I'll wait till my child is ready for their pediatrician visit before I get the vaccinated

K Kate Snow 25:53

and that's another visit before school. Maybe

X Xavier Becerra 25:56

that's not the best way to do it. But at least if they get their child vaccinated, look, the vaccine has proven itself effective, including for kids. We waited this long, because we wanted to make sure for the our tiniest we had the right combination

K Kate Snow 26:10

should so it's time should schools be requiring it this fall? should watch it schools and preschools be requiring

X Xavier Becerra 26:16

education is a state function, not a federal function. And so what's your My opinion is? If I had my kids going to school, I'd say Why aren't you offering them a chance to get vaccinated. And but I'm not an educator and I am not a school district board member. But it seems to me that the quickest and fastest way to protect your child and by the way, protect the child to protect your their grandparents and other relatives. The immunocompromised family member is to get your child vaccinated where it's most easy. They've made it. I suspect most people who are here watching this, it's not an issue. But go to parts of Alabama go to parts of Central California, where families don't have a lot of money and a lot of options. It is a big issue there. If your kid can't get vaccinated to school, you don't have health insurance, you probably aren't getting your child vaccinated right away. That is not a reason why we should help protect people from a deadly virus.

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Kate Snow 27:11

The FDA is pulling jewel vaping products off the shelf I know you're supportive of this. Is that enough is that we are well kids, I have two teenagers will they find another way? And will another brand pop up

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Xavier Becerra 27:30

kids or kids or of course they're gonna find another way. But but we're doing is what's right. By the way, it's not just jewel. It's the vaping industry, which was marketing to young people. A product that is addictive with nicotine. So we're not just tackling vaping we're tackling tobacco, we're going at nicotine. And to me, this is one of our proudest, I won't say it's an achievement yet, because we haven't passed through all the court fights. But we have taken we're now pushing to take menthol cigarettes off of the market, we're now pushing to take all the flavored tobacco cigarettes and videos off the market. We have now a proposal that's in the works to reduce the level of nicotine to trace amounts so that it's not so addictive when you smoke tobacco, which we think will cause most people, especially young people first starting to not want to smoke because there's no pleasure in smoking tobacco and putting your lungs if it doesn't taste good, or if it doesn't give you a high. And now we're going after the vaping industry, which was going around the rules and marketing principally to young people. So on tobacco, we're not doing miles. You know what, we're not doing mild? We're going as I said, Never do miles never do miles and we're not doing mile.

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Kate Snow 28:51

What about the argument that some of these electronic cigarettes replace cigarettes, right? Replace the real cigarettes with the tar and the nicotine and so they're better for adults.

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Xavier Becerra 29:03

But the evidence to it FDA has to move forward and it's there to regulate and it can only regulate based on on health and safety. If there's no health or safety reason to have a particular product, then it should be on the market. If there is a health or safety reason if you can prove that this helps keep people safe from using cigarettes, and it helps promote health of those who aren't smoking cigarettes. Show that evidence FDA must consider it.

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Kate Snow 29:32

Mr. Secretary, you have taken some criticism. I'm going to ask this as nicely as possible. But there might be people in this room who were among your critics. There were people who said in the health community, you have no frontline health care experience. You shouldn't be in this job. There was an article in the Washington Post in January that said the White House was worried about your approach on COVID. are you securing your job right now? And and what do you say to those critics?

X

Xavier Becerra 30:00

We have gotten 260 million Americans fully vaccinated. There are some close to 600 million shots of vaccine have been administered in the country vaccination boosters. We are now working on helping address long COVID. For people who are suffering effects after their first incident in Elmas, nine, eight. We're dealing with undocumented, migrant children at the border. There is not a child that you hear about today, as you were a few years ago that we're dying in the custody of the federal government. We are treating children with dignity, even though we don't know what their final outcome will be in this country when they once they go through the asylum process. But we're treating them with dignity and giving them the health and safety that you would expect to give to any child you don't. That's not in the news anymore. We were in charge of that. We are taking care of behavioral health issues. We are launching a major effort on maternal health to try to address the disparities that occurred in America where there are some women who don't have good access to prenatal care and postnatal care and are actually dying or having their child die. That's happening a lot in the African American and Native American community, we are going gangbusters in, in funding that. I don't think any of that requires me to have a an MD. And if I did need it, I have my wife who's been adding them for three to three decades. So she's a great consultant. But as I said, I've got a team, Dr. walensky, Dr. Kala, Dr. Collins, you got some of the best medical minds that are there for you. What you need is someone who can manage the second largest department in the US federal government with a budget of \$1.8 trillion, who can navigate Congress to continue to get more money, who understands how to deal with the courts when it comes to protecting women's reproductive rights, who will make sure that we work with the states, having been at State Ag to make sure that our 988 or whether it's behavioral health, or whether it's drug drug addiction services, that we are getting the response from our local partners as we should you get a doctor. In fact, you've had doctors serve as HHS secretaries. Tell me how that went? And then we'll talk a little bit more.

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Kate Snow 32:22

I've had to answer that a few times. I'm sure you have. We have like a minute and a half left. And I want to end on a hopeful note. What are you most proud of that you've you've been able to do or see in this job?

X

Xavier Becerra 32:36

My mother would always remind me make her brave and eat get ready. Yeah. Better to prevent that to remediate. We're doing a lot of prevent. So we don't have to remediate. A Frederick Douglass, a great American leader 150 years ago said it just as well. He said, Better to build strong children than to repair broken men. We're gonna build strong children at HHS. And whereas I said we're not going to do it mildly. We're going to go all the way. And so I'm probably most proud that we have helped essentially close a lot of gaps. Vaccines when I came in, the vaccination rate for white American adults was close to two thirds of them having had at least a first shot. This is early on last year, May or so. Black and Latinos, barely over 50%. Today, first shot, adult Americans, not over 90% for white Americans, over 90% for black America, over 90% for Latinos, over 90% for Asian Americans over 90%. For Indian Americans, we are going to make sure we close gaps. Today there are more people who have insurance coverage to go access a doctor or hospital than ever in the history of our country. That's because we went gangbusters in making sure the Affordable Care Act increased the number of

people who got insurance. And today Medicaid covers an additional 10 to 15 million Americans as a result of the pandemic. More Americans today have coverage than ever before. As I said, we're closing gaps to me. I think I can be proud that every night that my mom prayed the rosary, she could say with some authority to the man upstairs the woman upstairs. My son's trying to do his part to prove a need in order.

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Kate Snow 34:31

To prepare secretary, secretary Javier Becerra, thank you so much.

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Elizabeth Cohen 35:00

We're gonna talk very fast, because we have to get moving even before he sits down. But thank you, Mr. Secretary Kate, that was a tremendous session. Thank you so much. Pablo, you arrived from the Ukraine to here just a few days ago? Yeah. You took a bus to the border with Poland, walked across the border. And then you're going back to the Ukraine tomorrow? Yeah. Can you tell us all we've all read about it? But you've been there the whole time? Can you tell us what is the situation there?

P

Pavlo Kovtoniuk 35:39

Well, you know, Elizabeth, I meant on my way here to talk about one thing. And the thing is that some really evil things are happening in the world. And that is that health is not being a victim to war, which is happening in my country. But health is also being the weapon to war. And this is what I observe with my own eyes. And this is what I want to tell you about today. If you give me a couple of minutes, I will, I will tell the story about that. Actually, I have never imagined that I will be talking about the things. By background, I'm Health Economist. And the most exciting part of my career was working in the Minister of Health, I was a deputy minister of health, during a very historical times in the health care in my country, we were when implementing the largest transformation in Europe, indicates in healthcare sector, we implemented the single payer universal health care in Ukraine in 2017. The thing which America is struggling to have right, for many years, so we succeeded. And then back in it was in 2017, and the health care was growing. And it was the boom of development of the healthcare and communities began to invest in, in health and to build nice clinics, like like this one on the screen, which I see here, but probably Yeah, that's it. That's a interesting place. I want to tell you a short story about this place. This is a primary care clinic near Kyiv, kind of 30 miles from Keefe. The town is called ma Cardiff. And that was built in 2018. As a part of this reform, the community invested their money, they build this place, the community, this community didn't have the, the cleaning before that, and there was a huge thing. And I visited this place as a deputy minister of health when they built it. And that was a huge story, people celebrate it to carry it later, it became the mass vaccination center, and you can see this sign, it says, Get your vaccine here. So that was the community vaccination Center during the COVID pandemic. And, and that was great times. And then I left the ministry in 2019. And then I worked for World Health Organization for for some time. And then I started my own NGO, together with my colleagues, the Ukrainian health Healthcare Center to promote reforms. Further in country, we were working with communities like this in helping them to build their health infrastructure. But then the war began on February 24. This year why it's, you know,

unexpectedly for many, I remember this day very well. I got off actually 5am in the morning, hitting huge explosions, and then another explosion and then another employee. And then next day, I just brought my family out of the city into safety. And most of my team in the center did the same. And then we started to look at what was happening. And as we started to see that as Russian troops were advancing, they were ruthlessly and brutally destroying the civilian infrastructure and livelihoods. It was not only military thing, they could have been destroying the civilian infrastructure and they can be destroying healthcare. And I assembled a part of my team who were at the contact. They of course, it was remotely they were all across the Europe and Ukraine. I was in Ukraine. And we started to document those episodes of attacks on health facilities just intuitively. But very soon, that became our more systemic work. And you figure out the really impressively massive scale of what was happening. In the first 100 Days of War, there was 170 hospitals and primary care centers being bombed very severely. That is one or two every day. And within those 100 days, there was a period of three weeks, from March one to March 21 when the intensity of attacks was four to five hospitals every day. And then we understood one thing, that these attacks is not a coincidence. It's not that it is a collateral damage, you know, of the military are fighting. And of course, there is some damage to civilian infrastructure. Now, we understood that this is something bigger, and this is something more sinister. And they began to investigate to dig down into that. And once Russian troops retreated from cave, my family came back immediately to cave, we decided that we need to be together with our city to be at home, even though it was very difficult to be there at that time. And I began to deep dive into this hospital attacks, and I began to visit sites of those attacks. And on the news, I got to know that this clinic in Makati was one of the clinics under attack. And I jumped in my car and drove onto the place. And this is what I saw there. And the sign was the only thing which remained. And I also made the clip, a short clip for you guys, maybe we'll be able to, to show you at the place that was just on the rubble over there. And the sign vaccinate here and I want to show you one more one more thing I brought with me from this place this this I found here on among the rubble This is a part of the shrapnel This is a particle of the mortar shell with which the place was want and you can you can see that this is quite an if you want

E

Elizabeth Cohen 42:46

it's very heavy, it's heavy thing

P

Pavlo Kovtoniuk 42:50

and how it works. So when the bomb hits the place dozens of these pieces hundreds of pieces of this just flow in all directions that acute with a huge force and they just break everything to the ground and even was don't protect from this this breaks the wall you read two walls to be protected from from this particles and being at this place in Makati if and there is again the photo my team was able to investigate what happened. And he found out that it was attacked by the by the mortar fire do we know what the mortar is? I have to know unfortunately, I also never knew about that before February embarrassed you can you can show it on the on the screen please. The mortar is a kind of the tube like this, which stands on the ground at the angle. And then there is three to four people soldiers operating the mortar and then had a shell like this. And they put it into the mortar and close to yours and then and then the other guy called the spotter, he looks at the target whether a target is hit or not. And if it's not, he says one step correction and the guy at the mortar makes the adjustment and the end goal changes

and then another and they make another shot another shell is being fired and then it is 10 meter step forward. And then the spotter says again whether it was there or not and then make another correction. And we could see on the screen and you can see the holes from this mortar shell and we could see the direction we could detect the angle of the attack and we walked along the line of this of this attack, and they found another shell, another hole from the shell, and then another one, and then another one, and then another one for holes outside the clinic. And then he walked one mile, which is the medium range of the mortar attack one mile from the clinic, and we found actually their actual place from which it was fired. And we reconstructed the whole story that those people did it on purpose. There were at least four of them. One of them was commander, he was making orders Fire, fire. The other one was further he could very clearly see what was the target. There were no mistakes, yes, that he saw that that was a cleaning. And they were for adjustments, you know, to targeted finally. And then what we began to investigate more and more. And he found out that in most of those 170 cases, that was either deliberate targeted attacks like this, or that they were indiscriminate attacks, but also without any care about what was there, and hospitals there. And this is the story we are trying to tell the world now. It is not the war, war is bad, everybody feels bad about the war. But there is something more sinister happening. And that is turning our values, our where value of human life of health care being being, you know, the part of outside politics, outside war, these values are being turned against us, and uses it as a weapon.

E

Elizabeth Cohen 46:51

Talk about that a little bit more why the Russians, from your description of it? are making such an effort to target a clinic? Why would they do that?

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Pavlo Kovtoniuk 47:02

First of all, it's not only clinics, it's every part of civilian infrastructure, which is there, for example, in McCarrick schools were being bombed to water towers, they had water towers, to have them in the in the town. Every one every one of them was also destroyed by the target that tank fire just to deprive people of water in the city. And I am sure that you know all this atrocities in Bucha and 13. familiar names, but those are names of towns where the reporting reporters were allowed. On sites, there is about 10 to 12, places nearby Makati, one of them, which were very seriously destroyed. And in every of those towns, all civilian infrastructure was destroyed in order to inflict terror. You know, what was the result? People were fleeing. People were being terrified. And they were fleeing. And I don't know if you know that. But Ukraine now has a largest numbers of refugees, and internally displaced people since World War Two. 7 million fled the country with a population of 40,000,007 of them fled the country. And another seven moved internally, including me and my family. Right 14,000,001 In three Ukrainians was forced to move out of his or her home. And I think that was not a coincidence. Again, I think that was a tactic. Why think so because I saw that before. It happened in Syria. The wars in Syria and Ukraine are very different, of course, right. Ukraine has a world war two style war of aggression. Syria was a civil war. But Russia intervened Syrian war in 2015. And since 2015, there was 244 attacks on health facilities committed by Russian troops. Before that, America was already there fighting ISIS. You know that right? So coalition forces America and the European Union had four cases of hospital attacks in couple of years, four cases, all of them incidental. ISIS committed 10 hospital attacks. Russia committed 244 hospital attacks in Syria. What we had as a result, a huge refugee crisis right to Europe. But that was 1 million of people

fleeing into European Union creating the huge crisis in in in Europe. Now what was 7 million of those 5 million, went to Europe and 3 million went to only one country, Poland. And I think this is a tactic of war. I think this is weaponization of civilian infrastructure. And

E

Elizabeth Cohen 50:14

have you reached out to the World Health Organization about this? Yes. What was the response?

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Pavlo Kovtoniuk 50:22

And are in the very beginning, we were, of course, very hopeful that that would be the reaction. Because the things were quite obvious, you know, the scale was unprecedented. And we hope for the reaction from the international community. And we'll look at who, you know, because it was quite a quite a specific situation in the history of the who, because one member state would come to the other member state and begin to destroy their healthcare system. And who, by the way, has their their own tracking system of hospital attacks. And they, it was clear to them. But what they did, they did nothing. For one month, World Health Organization refrained to call the Russia and aggressor. They even refrain to call it a war. They use the words like crisis, tragedy is unfolding in Ukraine,

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Elizabeth Cohen 51:21

you know, as if they were no,

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Pavlo Kovtoniuk 51:23

as if it was no a disaster, right? Yes. Right. Absolutely. Only after approximately one month, they began to say that Russia should stop that, you know, and so on and so forth. But they never did anything, anything serious. They had their regular World Health Assembly in May, three months after the war began. Now emergency meeting, anything regular health assembly gathered, and they did what they adopted the resolution with a word of being terribly sorry. And that's it, you know, what could they have done? They, they could conduct something because they have the Constitution, who like un, they are kind of who is a replica of the UN, it is the assembly of countries, it's like the Parliament of countries in health, you know that right. And they have the Constitution saying that if some unexpected things like this happen, they can impose sanctions on member states, like suspending voting rights, like depriving them of privileges. For example, Russia, Minister of Health is a member of the executive committee of who, and they are okay with it. And now, he decides on the policy of who or how the money flows, you know, and by the way, he will listen to the Director General of The Who, about the humanitarian response in Ukraine soon, so he will sit and listen, I imagine like, you know, on Wednesday, for example, Russian Minister of Health is sitting in Russia, at one table with the Minister of Defense, discussing how they destroy Ukraine. And on Saturday, he goes to the who, and they discuss how, who helps Ukraine, you know, crazy. But I think that the who is just, you know, helpless about that they don't know what to do, because this is quite new for them. And I wrote an email to my friend, the director of the European Police Department, the

European Bureau for who I wrote, in the very beginning, I was very direct. He never responded, Maybe I was too direct. But yeah. Yeah, that's it, who just pretending that they are apolitical? You know, they're just bringing drugs to Ukraine, which they do. Thanks for that. But as a political body, they do nothing.

E

Elizabeth Cohen 54:04

So you reach out to the who was an email? Did you ever get a response? No. What you're describing are war crimes. Can you talk about? Actually, let's go back in time a bit to Bosnia to the 90s. Yeah. How long did it take to prosecute those war crimes?

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Pavlo Kovtoniuk 54:23

Yeah, that's a good question. Because part of our work now is that we are documenting to people from my team do full time job of documenting war crimes for international criminal courts. But this is not enough for us because we knew they knew the example of Bosnia when it took up to 20 years to get people accountable. They were held accountable. That's a good news, but it took almost 20 years. That's too long. So we chose another strategy. And we okay in parallel, we do all those As litigation work, but what we do most is we are trying to reach audiences like you. And we are trying to work with investigative journalists with the media, just to build this case that guys something that you know, the evil is growing, you know, that winter is coming, look up. And we need to stop that. Because this is a very serious attack, not on infrastructure. This is attack on our values, on our shared values. And on our words of life, and what we respect on what we believe. And this is intentional, because, you know, if you if you are attacking the country, right, knowing that a human life is what is valued there. And the human suffering is what you want to diminish in your country. So what you would do, you would inflict as much suffering as you can to exert the pressure on the government of this country, and to make it surrender. So you make pain to this country. And now, and this is the red line, I think, right? This is the red line. And this is exactly what Russia was doing in Syria, in Georgia, in Chechnya. Nobody did nothing. So and I don't want that the world will do nothing again.

E

Elizabeth Cohen 56:23

So you're gathering this evidence? Yes. So that 20 years from now, you'll be able to present it.

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Pavlo Kovtoniuk 56:30

We will present it next week. Finishing the report, and we are going to present it not waiting for the for the legal system, which is very slow.

E

Elizabeth Cohen 56:44

You're presenting it to him next week, to the public. Okay. So but as far as presenting it to the actual court that deals with this, are you are you sort of sounds like you're trying to do two things. You're you're doing something more quickly, more soon? Yes. For the for the public for

the world. But you're also gathering evidence for what could happen years from now? Yes, you're doing but you're taking her back to me, it

P

Pavlo Kovtoniuk 57:06

was all the all the means all the instruments we have. And I, you know, I do believe that in the international justice system. But first, it's long. And second, it's political, you know, and it is very important that Russia and Putin regime, they don't win this war, even at their at the smallest part. Why? Because then it will be very difficult to bring him to the accountability and to justice, you know, because in Bosnia, Serbia, then the perpetrator, they lost the war. And this is why Milosevic and all this war criminals were brought to the court. If Putin wins the war, they will never be brought to the court. You know, nobody can take them. So what we need, we need your help help of your government, of your public opinion to be in this work. We will be fighting to the end. But we need to your support, we need to fight together with you because we are fighting for the cause, which is common to to us.

E

Elizabeth Cohen 58:15

Aid has been given by the United States and by others. What more you've got a secretary right here, you've got other dignitaries in the audience. What is it some is it just more of the same or something different that's needed?

P

Pavlo Kovtoniuk 58:29

I'm a health person, right. And I shouldn't be a political, but I would ask for weapons. Now, it's only about military. Thanks. Now military are speaking, you know, when they do their job, when we will, when, when and throw them away, then a health people will be speaking, you know, and other people will be speaking. So please help us when

E

Elizabeth Cohen 59:07

you said something that surprised me a little bit, you said that you have I think you use the word confidence in the international justice system. And you worked for who so So presumably, you have some respect for that system? Neither one of those systems that sounds like has been helpful at all in the past, you know, four or five months? Why? Why do you have confidence in them?

P

Pavlo Kovtoniuk 59:29

Because I'm an idealist, you know, and I believe in values which are proclaimed, you know, and who proclaims good values. And the international system of peacekeeping, which we had after World War Two, has a very good value set core, which I strongly believe in, and we must, you know, use the infrastructure we have, and there is a part of the political leadership of this system which feels very uncomfortable about being tough and about getting out of the comfort zone and do some some tough things. But that's the problem of of people not have the values,

you know. So I would say let's defend our wellness. Let's not make health being part of war. And let's let's fight for this justice help us to do that, you know, we will do that we are holding on and yeah, we're carrying

**E** Elizabeth Cohen 1:00:20

on. We've reached zero, but I want you to read your bracelet and then we'll go

**P** Pavlo Kovtoniuk 1:00:25

Yeah, I need another minute. Sorry. I have a bracelet here it says, fuck you, Putin. Yeah. Back in 2014. There, the the Minister of Health I worked with her name is Alana Sopran. And he is American board. He came from America to Ukraine, to help in a war against Russia in 2014, when it all started, and she was busy assembling the tactical medical kits for our soldiers. And when they had this tactical medical kit, they would put one bracelet like this into that medical kit. So many of our soldiers have this bracelets on their hands right now. And I have one with me. So that's the story.

**E** Elizabeth Cohen 1:01:18

Pablo, thank you Thank you.

**N** Nicholas St. Fleur 1:02:27

You hear me? Oh, I just wanted to say that was so incredibly powerful. And I would actually love if we could give another round of applause. Thank you for being here. Thank you for sharing your message. So Dr. Chopra, and I have the difficult task of talking about optimism following where we've we've just heard about, you know, war crimes and then the repeal of Roe versus Wade. But I think something that would be particularly helpful to our discussion is to first turn it over to you all and ask, Who in here considers themselves an optimist? I'd like to see a show of hands. Okay, this is actually a pretty optimistic group. I'm very happy about that. And when we talk about optimism, what are some words that come to mind? I'd love if you could shout out some words that come to mind when we when we say optimism. Hope Obama Okay. I heard what was that? Love? Oh, science? Youth? Yeah. So youth. Oh, action trust. Oh, this is a very optimistic group. Dr. Chopra. Tell us a bit about what was that gratitude? Yes, what optimism is to you, and then the words that come to mind when you think about optimism. First of all, I'm so happy to be here. I woke up this morning, and I have to be honest about something. I am known as the optimism doctor. And first and foremost, I am not the most optimistic person out there. I always like to share that I am a human. And I am on the same journey as everyone trying to increase my own optimism. And at times, it can be really, really tough. I woke up this morning and I turned to my husband who is actually here in this audience. And he's never actually heard me speak in all the years that I've done this.

**D** Deepika Chopra 1:04:16

But help here with me. And I turned to him and I said, I don't feel very optimistic. And I just had

but he's here with me. And I turned to him and I said, I don't feel very optimistic. And I just had this really heavy feeling. And not in the mindset or the uplifted mindset I would have liked to be in addressing the topic of optimism. But as I stood there, and I was getting ready, I all of a sudden started to think and I thought it is in this time day is like yesterday, days, like when I woke up this morning that we actually need to talk about optimism. We don't really need to talk about optimism when everything's going well. We need to talk about optimism when we're going through struggle. And that's when the tools count. That's when the resources count. And I think that really sort of made me think about the words that I think about when I think of optimism. And a lot of them are the words that you guys shared. Oftentimes, when I speak to a large crowd, the words that get shouted out the most, and I heard it a couple of times, but not as much as they usually do, which I actually was kind of happy about. This is very truly optimistic crowd, I hear a lot of positivity. And I did hear that and that is one of the words that definitely comes up. But for me, it's about fourth, fifth sixth on my list. The two words that come to the forefront of my mind and studying optimism, when I think about the notion of optimism, is resiliency, and curiosity. And I think that surprises a lot of people. But I started to feel a lot more optimistic when I look at that lens of resiliency and curiosity, after I heard the first two talks today in the closing session. And I needed that I also felt a little more optimistic when I walked through this insanely gorgeous campus that's just inspiring just to be here, which I know we will talk about different ways to actually increase our optimism. But, you know, I always like to start and it's a weird place to start. But I like to start when I define optimism with what optimism is not.

N

Nicholas St. Fleur 1:06:17

Yeah, depot, some some optimism myths for us, please. So optimism is not and I thought about this, because, you know, I was sort of I know, I was brought here to have the ending of this whole festival to ever to leave everyone in the optimistic note. And when I woke up yesterday, as I was here, that obviously felt extremely daunting. It was a big task. But optimism is not about having all the answers. Optimism is not about being the quickest to recite some blanket affirmation in the mirror 10 times, optimism is not about being positive 24/7 Optimism is not about being devoid of reality, optimism is not about turning off real life scenarios that are happening around us in our personal lives globally. A true optimist is someone that is very intentionally aware and mindful of the roadblocks, the setbacks, the less than ideal situations that are going to happen in our everyday life. But the caveat is that they see these situations as temporary, and something that they have the ability and power to overcome, even if they don't know when, or how. And I heard a lot of that today, even with Mr. Secretary speaking, I needed to hear all those things. I obviously am in the mental health world. And I know it's grim out there right now. You know, one of the statistics that sort of shocks and ahhs me is that the average delay time between onset of a symptom of a mental illness or anything like that is 11 years before someone gets treatment 11 years. That's astonishing. But at the same time, what I know about some statistics and Mental Health recently, and especially after COVID, is that we are all talking about mental health a lot more. And one of the reasons that there is that 11 year, there's a lot of reasons why and a lot of that's access, and thank you for 988, that's really help. But a lot of it is stigma, and just have people ask me all the time, what is one way that we can actually start to break down the stigma, I don't know if I can do it. I'm just this random person. Literally, the most important way to break down mental health stigma is to talk about your mental health with your own networks and community while you're eating dinner with your friends. Talk about your mental health, ask about their mental health, who offers who is that community to you? To me, oh, my community, my husband, my family, I come from an Indian background where mental health is not something that you actually talk about. You

know, we see in a lot of a lot of different places that they may not have the same statistics we have. But a lot of times it's also because you don't talk about it, right. And seeking help is for when things get really, really bad. Like I mean, like really bad. But what we really should be doing here and I think what what I'm optimistic about is preventative care. And I know we've talked about that as well. And I'm, I feel blessed that I do come from a family where even my grandparents who my grandpa's 95 And I talked to him about my mental health. I asked them about theirs, and I probably was putting it in their face a little too much, but I was trying to normalize it. I've been talking about this since I was 12. You know, bringing stuff to the dinner table. Do you have any kind of stories to share with us or any experiences that that were, you know, dark or that were tough? And how you were able to find optimism through that or find resiliency through that. I mean, I'm telling you, this is a really tough time as a woman as a mother This is a really tough time as a human in our country over the last, I'd say, a lot of years, but the last five years, things are very grim. And there's a lot of despair. There's a lot of inequity, there's, there's a lot of rage. And what I would say, and I think another thing that maybe would be surprising is that it's okay to be full of rage. In fact, we need you to be full of rage. You know, it is important that we understand that we are humans, and we experienced the full range of emotions, and we need to start normalizing that. It's not about like I said before, looking in the mirror and saying things are going to be great. Everything's lovely, I love myself, the world's wonderful, the world is wonderful optimism is not about or optimism is about. And it's about being able to sit in your experience, like right now I can feel the rage and the terror, I'm scared of what's happening, but at the same time leaves space for hope that things will change. And they always do, even if we don't know how. So it's this idea of living with the and there was a panel yesterday on Roe versus Wade that I'm sure many of you attended. And one of the optimistic notes we left with was that, you know, people are angry people are really are ready for action people are really, you know, ready to to make change. And I think that really is a point of optimism during all of this. So, you know, you've been elaborating on this, but I'd love if you could speak a bit more after everything that we've heard today. You know, the wars happening in Ukraine, you know, Roe vs. Wade, and our and our country's mental health crisis, how do you keep yourself optimistic? Are there whether it be like little things that help you just feel better? Or little things that help you get through the day? I mean, what are you doing now to get through the day. So I think a huge piece of this that we don't really talk about a lot is timing. You know, not all of us are ready at the same time to find a silver lining. And that's okay, I woke up this morning, I'm talking about optimism, and I'm not ready. I'm not ready to sort of flip that switch and say, like, everything's gonna be okay. But what I am ready is for that, that and I am ready, I know that what it means to be optimistic, is to sit in my emotion and respect it and validate it and know that it's okay, and that I'm not getting out of it. Unless I'm in it, and I go through it. There's no way out. I mean, you've heard that there's no way out. But there's, it's just through. I know, this sounds kind of silly, but I'm very visual person. I'm a visual imagery expert. And that's actually another that's a whole nother topic, visualization. But I like to really visualize things and I visualize emotions, like needing a piece of dough, you have to literally need the piece of dough, your emotion to go through it. You can't just pop it into the oven and expect it to turn into a pizza. You have to you have to work on it to go through it. And it's not and it's uncomfortable. And so a lot of being optimistic is being uncomfortable. And it's about resiliency. And so for me what helped me today, I have to be honest, is I came in one way I walked through this campus, things started to shift for me. Research shows that spending just two hours on average outdoors, and I'm not even talking about exercise, just outdoors two hours, that's not a lot, on average per week really increases positive emotions and decreases stress, cortisol. And that works for me, I walked through here, I started to feel a little bit different. I started to be open to different ideas and different things. I didn't feel so stuck, but it doesn't change any of the reality. I sat down and I listened to the last two sessions and I was able to gather and garner up a lot of hope. A lot

of things are going to change things are already changing things that I didn't even know were happening, that I'm hopeful about in this country while at the same time being excuse my language, but fucking pissed about what's happening in this country. And those two things, the end is where optimism lies. I mean, so and then hearing you know, Pavlov's really incredible story and resiliency, you know, it doesn't change the situation, but he's here, he got here, straw that he's telling us what he needs. That's really important. His resiliency is one of the largest forms of optimism and I know this whole last few years, we've all gone through all of us in different ways, a collective sort of a collective level of trauma. And what I like to share not to be too silver lining, because some of us aren't there yet, or we can be but not not totally is that we also have gone through a collective level of growth and resiliency. I'm sure every single person in this audience in the last few years whether it was because of the pandemic, whether it was because of a number of different things that we've talked about here and I know we're focused on health, but I'm sure you guys have surpassed certain limit But you've never knew you could surpass. And whether they feel small or big, you've changed, you've grown, your level of resiliency has increased. There's no going back from that. And that is something to be optimistic about. Dr. Chopra, you brought up some examples of research in the field of optimism. This is a health conference, you know, we're most of us are very much science people. Can you kind of make for us the science or the evidence based argument for the importance of optimism for incorporating optimism and optimistic practices in our lives? Yes. And I love this question right now, because there was a really, really amazing, exciting piece of research that just came out of Harvard, I'm not sure if anyone saw it, because I know there's been a lot going on. But for me, this was this was big news in the last couple of weeks. So what we've always known about optimism is that not only is optimism as we can imagine good for our emotional health, optimism is actually very protective and good for our physical health as well. And so we've through and through lots of research over time, we've really seen that the more optimistic you are, the longer life you live, and not just long but enjoyable. So it actually increases our lifespan, longevity, we get sick less often, we bounce back from respiratory illnesses, more, our cardiovascular health is much better, we have greater sense of purpose, we have better relationships, which are all aspects that help us live longer. But in the last couple of weeks, what we have seen, which is very exciting, most of this research, big surprise, not big surprise has really been done with the white population. And that's something that we can't ignore. And in the last couple of weeks out of Harvard, there was a really amazing this has been going on, it's a very long study. It was mostly women and women from all different racial backgrounds and socio economic status. And what we found was the same thing, even for that space that 25% of the most optimistic people in the study, are likely to live 10% longer than the 25% that were the least optimistic, and that's big. And they were to live longer beyond 90, right? So tell us what does that mean, though, to be optimistic? Do I have to walk around all day and thinking to myself, like, I'm going to look at the bright side of this, I'm always going to look at everything, you know, glass half full, what does that mean? To be optimistic. So it's, it's that idea of living, like I said, with the and and knowing that your situations are temporary, whether good or bad. To me, you know, the thing with the study that came out, which was actually really interesting, as well as the more optimistic you are, the more likely you are to live a healthier lifestyle. And that makes sense. Because if you have some investment in your future self, you can see yourself in the future, which by the way, a lot of us humans are not great at we actually can't see past very new near future, our brains are doing so much that we just say that's too far off, I can't really think about it. And that's where visual imagery comes in. A lot of work has been done now on the study of visual imagery and optimism. And if you can visualize your exact self years from now living a good life and filled with purpose and the things that you want out of it, you're more likely to make decisions today that are healthy and preventative to get you there. And so being optimistic is about being resilient. It's about looking through your life and seeing the struggles you've overcome. And knowing and focusing on your

strengths and the things that you're good at and knowing and having a trust and confidence that you will get there. And being curious about where you're at and how you'll get there. Because it's not no one knows all the answers. So how do we share that optimism, optimism with others? I mean, is that practicing gratitude is that giving people you know, thank yous, how do you share your optimism. So it's funny, I know, gratitude has come up a lot. And there, it's actually it's something that I think most people know about, because there's been a lot of research on done on gratitude. And it is, I won't spend too much time on it. Because I feel like most people here actually know, the research behind gratitude. And it is it is it's, it's amazing for ourselves emotionally, but also physically, and it actually changes the way our brains fire the neurons fire. But what I will focus on is another piece of research, because I like research, too. In the last couple years, that was very exciting. To me, one of the greatest forms of sort of protected from anxiety that we can be, which is also something that's associated with optimism is less anxiety, and being able to sort of navigate through stress and anxiety better, is experiencing more levels of awe. And to me this was one of the most acute this research came out right before the pandemic sort of started. And to me this was one of the most exciting and interesting sort of I like that there was something different that we were talking about other than just sort of gratitude, or mindfulness which is huge, but the more we practice and are in this Step, the sense of awe. And so when I say I mean, being transcended out of yourself into something bigger, something that inspires you, it could be a person, it could be a beautiful piece of music, it could be walking through the meadows here, because you're looking at the trees and the wind I'm seeing so much right now that's actually bringing me off, looking at a piece of art. You know, being with someone that deeply inspires you or listening to their story. I actually interviewed for my podcast, this woman, Dr. Edith Eger, I'm not sure if anyone here knows her, she is one of the most phenomenal and optimistic humans I've ever encountered in all of my sort of research on this. She is a Holocaust survivor, and is also a psychologist and just listening to her voice brings me into awe, and sort of, you know, it's not easy to listen to her stories. I mean, there that's, that's not it. But it is one of the most inspiring things and brings me sort of outside of myself. What we know about it is, you know, astronauts that go into space there, that could be a very anxious thing, you're in a tiny little spaceship is not, it's not being at, you know, the Jerome hotel. It's, it's claustrophobic. It's scary. It's, you know, they prep for this a lot. But what we found was there's this protective factor, it's seeing the things they see, and that are of looking out into the vast space is actually protective. And it I don't even know if I'm answering the question that you said, VR, but there are a lot of things that we can do for ourselves on an everyday level. And what I really am passionate about and specialize in, is not these far off, sort of like you, you know, to get better, and be more optimistic, you need to, you know, go to this retreat and spend all this money or do this course. I mean, it's literally focusing on the strengths and resources that we have as humans inside, whether it's things like using our breath, whether it's taking a walk outside, whether it's perspective shifting, or asking yourself certain questions, or spending the time to figure out what your purpose is, purpose is wildly protected. What do you feel is your purpose, then? This is my purpose. Honestly, I, I have gone through in a short period of time, a number of different careers, I started as an investment banker, I worked at a punk label, a punk music label.

 Deepika Chopra 1:22:26

I worked in the healthcare space for a little bit. And I was never really quite if it became a big joke in my family, sort of like, she's not that great at commitment.

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## NICHOLAS ST. FLEUR 1:22:36

I am married to my husband coming up on seven years, and we've been dating for 11. And I foresee it I visualized as being together for a very long time, we've two small boys, not that type of commitment. But I think partly it was that I hadn't found my purpose. And I think what's important to know is that our purpose changes. And there's a very ancient, so I love I love blending together evidence based science with holistic practices, and from all different places, I teach a workshop on something called AK guy, has anyone heard of it? Good guy. Yeah, it's a Okinawa in ancient Okinawa, and practice where you actually find your true calling and your sense of purpose. And it's sort of this exercise that you can go through. And I like to do it seasonally, your purpose changes your values change. And one thing we know if you're flexible with your emotions, you live in the end, not the or so we're not being rigid, you know, your sense of purpose. These are all just my little these are the things I think are the most important. And you focus on your strengths, and the things that you're good at. Because as humans, what are we mostly sort of prone to do? We focus on what we need to improve on the things that are not going so well. When we're at work as teams, we focus on what did what, what milestones, did we not reach? How can we do better? How many of us today have already thought about what we're good at? Has anyone actually today thought about? I'm really good at this one thing? Yeah. Good, good. One person, which I mean, it's amazing to see. One, I would urge everyone to think about something they're good at right now. I would urge everyone to spend it sounds. Some of these things sound kind of silly. But it's the silly little things that we're finding from an evidence based perspective actually increases our quality of life like joy, right? Have you thought about Has anyone here thought about something that brings them joy today and gone forth with it? So sounds kind of silly, but I woke up in the mood I told you about and I bought cowboy boots. And I thought about wearing them this morning, but I felt kind of silly. So Dr. Chopra. What do you then say to the critics of optimism, the dare I say pessimist? Well, what I would say is first of all, there are no such thing as optimists and pessimists. I think we all are on a continuum of optimism. pessimism. And we are naturally better at being optimistic about certain aspects of our life. And we're naturally more prone to be pessimistic, I know, I'll just share for myself. I am wildly pessimistic about my own health and medical related stuff. So you can imagine what it's like living with me through when the pandemic started. Don't ask my husband. And I know that's where my work lies. And I'm really optimistic naturally in some other aspects of my life. But it's an ongoing process. And it changes over time when I had kids, I became more optimistic in some levels, and super anxious and less optimistic and other aspects of my life. And it's this constant check in. And so what I'd say is, the one thing that's so important to know is a lot of people come to me and it's another myth and say, but wasn't just born optimistic, or pessimistic. And don't I have to just think my genetics or my parents are my grandparents for the reason why I just, I am pessimistic, I'm optimistic. And yes, there is a genetic component. There's a lot of research done on this and some, some varying, but the most that I've ever seen in research is about 25%. Of a heritability. And the rest of it can be learned, and it's a muscle. So you've talked about the scientific benefits to being optimistic, I'd love if you could give the crowd just some take home or tangible things, and you've already touched upon a number of them. But if you were to give us a few tangible things that this crowd can do, as soon as they leave this tent, go back home from Aspen that can help them be bit a bit more optimistic about the world, and about themselves, go outside, get outside, whatever that is 20 minutes a day, if you can be outside, I know that is different for depending on where you live, or what your life looks like. But I'm I mean, seriously, just open your front door and sit on the sidewalk. I mean, obviously, that if you can move your body, excellent, what we find is that moving our body, not like extreme exercise, but just a small amount every day, body moving naturally, people that are happier and live healthier lives they live in, in towns or cities where you have to walk a lot, you walk for something that you need to do, or, you know, they just they move more. And so I would say

move your body, be outside focus, I can't say it enough, but focus on your strengths and celebrate your small and large wins. That is such an important piece. Optimism is about accepting responsibility for when the things go well, and also not accepting too much responsibility when they don't go so well. So what we know about when we measure for optimism, one of the questions I always ask is, when something negative happens? Are you the type of person that sort of is like, well, I did that it was because of me. And it's permanent? And it's always going to be that way? Or are you someone that sort of like, well, these are the different aspects of what happened, there's some of them are outside of me, probably won't stay this way forever. And then when something good happens, are you are you someone that's able to accept responsibility and say, I did a really good job, I made that happen. It's actually kind of rare for people to be able to do that. And that's a really, that's a hallmark of optimism. And I noticed that Pavlos free slip, but I know you brought something up here as well. I'd love for us to take an option just to look at tell us a bit about the cards and I'd love to leave our audience with just one. Yes. So this is the things are looking up optimism deck of cards, they it's it's actually interesting. It was born out of speaking to audiences like this and being asked, What are a few different tips are science based, you know, things that we can do when we leave here that actually work on increasing resiliency, optimism and more joy, hopefully in our lives. And so here are 52 of them. And you just pick one. I like this one, this one. Yeah. So this one says, you know, and I think it's something that we can all think of just check your expectations. Are you expecting something positive or negative to happen? Now try and focus on the things you are positively expecting to occur. The optimism tip is we often get what we expect, not what we want. And I think that's, I think that's certainly something that you know, everyone here can kind of keep front of mind as we go forward, despite all the things happening right now in the world. Yes, Dr. Chopra, thank you so much for your time and thank you for sharing your optimism. I thank you all so much for being here at the Aspen

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Ruth Katz 1:29:28

and while you're all wandering outside, thinking about all the good things that you do every single day also think about Aspen Ideas health 2023 We'll see you then it's a wrap. Thank you all so much.