

Ravyn Miller, MBA
Narrator

Kristen Reynolds
The Bakken Museum
Interviewer

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Ravyn Miller -RM
Kristen Reynolds -KR

KR: 00:00:07 Can you please state your name and where you work for the record?

RM: 00:00:13 I am Ravyn Miller and I work for Medtronic.

KR: 00:00:17 Awesome. Thank you, Ravyn. We're going to jump right in. As I said before, if you need a break, just let me know. If there's a question you don't want to answer, that's perfectly fine. Let's get rolling and start with the first question. Can you tell me about your early life, culture, and how you became interested in the work that you currently do?

RM: 00:00:39 I grew up in Little Rock, Arkansas. I am the second of four girls, and we liked to call it a 24-hour slumber party, except for my dad [Laughs]. We're all close. I had a magical childhood. We all got along well.

I had a lot of strong role models early in my life. My first three teachers were African American women. From an authority perspective, I saw us in charge at a very early age. That was very inspiring for me, but that got challenged when I looked at the content being taught—it was largely centered around American culture that was largely white. When other ethnicities were introduced into the conversation, it was usually around slavery for African Americans. Often, we talked about our Native American friends too, but in ways that didn't feel like we were ever central to American history.

00:01:53 I remember going home one day and saying to my dad, “You know what? I’m tired of being Black. I don’t want to be Black anymore.” And he said, “Why?” And I said, “Because it doesn’t seem like anything good is associated with it. We only talk about Black people when it comes to slavery, and nobody seems to respect it.” For the next hour or two hours, my dad just kept repeating this one phrase: “You are proud to be Black, and you are proud to be Black because...” Then he started naming off all these inventors, physicians, and the positive things that my family were doing. By the end of it, I was saying, “Yes, I am proud to be Black.” That happened when I was nine years old, and I’ve never turned away from that since.

00:02:53 I have a deep pride and appreciation for being Black in America, and it’s my hope that every little brown girl is also saying, “I’m very proud to be Black” when she looks in the mirror. When it comes to my interest in medicine, my parents were both very avid readers. The book that I loved the most was about Louis Pasteur. They had it in a cartoon version and my parents read to me every night. It talked about how Pasteur’s invention saved the world with vaccines. That was always inspiring to me. There were two toys that I loved. One was Operation, if you remember that game. I felt like I was saving the man through surgery, and it was my job to do no harm.

00:03:59 As I played Operation, I tried to be careful taking out all the little pieces because I didn’t want to harm that person. That became a very central reason why I played that game. The other toy that I loved was a microscope. My mom bought me a microscope to make different slides and explore. What that did for me was open up curiosity. It made me ask a lot of questions. I started then going out to the grass and finding other things that I could put under the microscope. I became so curious and wanted to explore what I could see, not just with my naked eye, but if I were able to explore that further. I think those two pieces really piqued my interest as far as medicine is concerned at a very early age.

KR: 00:04:51 With Operation and the microscope, did you ever start school to be a doctor or to go into research science?

RM: 00:05:03 I never wanted to be a doctor. I thought about it for a hot second. I asked myself, “Should I be a doctor?” I looked at all those extra classes and I said, “No!” [Laughs] “I don’t want to be a doctor.” I did think that there was still some opportunity for me to make a difference in medicine, but I didn’t know what it was. I started hearing about different opportunities once I got to college and asked myself, “What is it that I can do beyond being a doctor that will still help with the advancement of medicine?” That question made me think about some of my own stories and my own history. My grandmother, for instance, died at an early age to a heart attack. My grandfather died because of a medical mistake in the hospital. He ended up getting sepsis. I never met my other grandmother because she died very early of breast cancer.

00:06:06 It started to raise questions for me. Why were Black people dying so early from disease states that were either preventable and/or curable? I really started to explore these questions when I was in college. I heard about different opportunities to do medical sales. That got back to my competitive nature, but it also married up my love of science and curiosity while providing the opportunity to help people in meaningful ways. My first job out of college was a medical device sales rep [representative] on the orthopedic side. It was fun to get into the operating rooms and not just be a sales rep, but an actual partner in the room answering questions, helping them to problem solve, and seeing people get back to their normal life in just a matter of weeks. That to me, felt like I was meaningfully contributing to my community, and it just made me even more excited about being in my role.

KR: 00:07:24 Wow! Let’s go back a couple steps. Where did you go to college?

RM: 00:07:31 I went to Texas A&M University.

KR: 00:07:33 Okay, so you left Little Rock to go to Texas?

RM: 00:07:38 Yes.

KR: 00:07:40 Was Texas A&M where you first learned about sales? What did you major in?

RM: 00:07:47 Once I got to Texas A&M, I initially majored in chemical engineering because I was told that it would make a lot of money. It was also a great opportunity to go and really make a difference in my community. I majored in it just to start, and I even got a scholarship for it. But when I got my first internship in the chemical field, I knew right away that it was not going to be my jam [Laughs].

KR: 00:08:25 What was the internship and how did it go?

RM: 00:08:26 It was an awesome internship, so I don't want to knock it. I actually got the internship on an airplane. I was sitting next to a gentleman, and I had my earbuds in. I was a freshman straight off my first set of finals. I just wanted to listen to my music and go to sleep. He hits me on my leg, and he asked, "What are you doing?" I said, "Listening to my music. I'm about to take a nap. And he asked, "Where are you going?" I replied, "I'm from Little Rock, Arkansas." That started a little conversation between us, and then he said, "Where are you going to school?" I said, "I'm a Texas A&M Aggie."

00:09:10 He went to the University of Texas. Anybody knows those two schools are rivals. We got into it, playfully though. By this time, others on the plane were also jumping into our conversation. He then said, "Last question. What are you majoring in?" I told him chemical engineering, and it turns out that was his major too. I said, "No way! You're just trying to make friends with me." He told me he was serious, listed off his accomplishments, and asked if I would be interested in learning more. I said, "Yeah, I think it would be awesome." He asked if I was looking for an internship. I said, "Yes, at some point." I was a freshman, so we generally took internships during our junior year because we don't know enough. He gave me his card and he ended up being the Chairman of the Board of Directors at a multinational oil and gas company. I looked at the card immediately and said, "If this is your real title, why are you flying on Southwest?" [Laughs].

00:10:17 The boldness of a freshman, right? That right there ended up getting me my first internship, and it also quickly taught me the power of sponsorship. That's a whole different

conversation that we can have. It just took one phone call with someone who really believed in you and the passion that you exude can absolutely make a difference in your career. That's what it did for me. I went to intern there for two summers and loved it, but also quickly learned that I probably was not going to be the right person or the right fit for that role. While there, I met a technical salesperson. In conversations with him, he said, "You ought to look at going into sales, just listening to your personality and your passion. I think you would do well." That next year, my junior year, I ended up switching my major from chemical engineering to biomedical science so I could focus on sales in that particular world. After college, I ended up not even going to pharma [pharmaceutical] sales, but immediately into medical device sales...

KR: 00:12:28 That's wild...That's so funny... But Southwest, Southwest is cool. It gets you from point A to point B. You leave Little Rock, you go to Texas A&M, and you meet this person on the plane. You were in chemical engineering, and then you switched to biomedical science. Can you tell me a little bit more about your first job out of college?

RM: 00:12:28 My first role out of college, I was an orthopedic sports medicine medical device sales rep with Johnson & Johnson. I started in Houston, Texas, as an assistant sales representative. My role was to support the cases and the workload of the two primary reps in Houston. What that did was give me a chance to ease into this world. I learned orthopedics and medical devices without having to carry a case number of my own, which was fantastic. It was probably one of the best development programs I could have gone into post-college. During that year, I got a chance to learn about the human body. I got to learn about sterile processes. I got a chance to learn how to sell competitively. Within the first six months, my reps trusted me to own my own accounts.

00:13:29 These accounts were ones where they were not able to go to on a regular basis, either because it was too far away from the core, or they just hadn't spent enough time getting to know those doctors. And through my own relationships, I was able to help both of their territories grow tremendously. It was through that demonstration that they said, "We think you're ready to have your own territory." They gave me a chance to go to Atlanta or Nashville. I had

to choose between Atlanta and Nashville, so I prayed about it. Long story short, I ended up in Nashville. I went kicking and screaming because I knew no one, and I thought Nashville was going to be about country music. I didn't know anybody besides Willie Nelson [Laughs]. I thought I was going to hate it there. That wasn't the case.

00:14:24 I ended up falling in love with Nashville for a few different reasons. One is that I ended up working with the person who recommended me for the job [John Jones]. He was recruiting at a National Society of Black Engineers [NBSE] career fair. I was literally handing out my resume, just setting it on the desks. All these companies were there and had tables out, but I didn't have much time. I set my resume down as people were packing up. I ran at full speed because people were packing up. I turned the corner and ran straight into a guy.

00:15:15 I almost ran him over, and he said, "Whoa, whoa, whoa. What are you doing?" I said, "Sir, I don't have time. I got to hand out my resume. I'm graduating in May. It's March and I don't have a job." He replied, "Talk to me. What do you want to do?" I said, "I'm trying to be in sales, but now nobody's going to know me because I haven't had a chance." He asked my name, where I went to school, and what I'm majoring in. I said, "I'm Ravyn Miller. I go to Texas A&M. I'm majoring in biomedical science. I want to get into pharmaceutical sales. I need to go find all the healthcare companies so I can get in pharmaceutical sales." And he said, "Here's my card, call me, give me your resume, and I'll follow up with you." Long story short, he was a hiring manager for a medical device company. I had never heard of medical device sales before, but the more I looked into it, the more I wanted to go into it. I called that poor HR lady at his company every week for three months until she finally said, "I finally have you on for an interview. Don't call me anymore." [Laughs]

KR: 00:16:29 What was the name of the person that you literally ran into?

RM: 00:16:33 His name is John Jones, and we are still friends to this day.

KR: 00:16:39 And the career fair was an NSBE Career Fair?

RM: 00:16:42 Yes. NSBE, the National Society of Black Engineers.

KR: 00:16:46 Your freshman year, you meet somebody on a plane who gets you an internship. Your senior year, you run into somebody who gives you his card and then that translates into an interview within three months. And that's your first job out of college?

RM: 00:17:03 Yes, that's my first job out of college.

KR: 00:17:04 So around what time is this?

RM: 00:17:06 This was in the early 2000s.

KR: 00:17:09 Wow. Tell me, I'm very curious about Nashville now. Tell me a little bit about Nashville.

RM: 00:17:18 I went there kicking and screaming [Laughs]. I was trying to decide between Nashville and Atlanta. When I decided I wanted to go to Nashville, I thought I still needed to interview. I got off the plane and John Jones greeted me. As soon as I got off the plane, he said, "Do you want the job?" I said, "Yes." He said, "You're hired. You're only here to go pick out an apartment and find a place to live." I thought, "You got to be kidding me." I rented a car and for the next two days, just went around to go find an apartment and find some place to live. That's what I ended up doing.

00:18:06 Once I transitioned there, it was different because I was the rep. I didn't have another assistant rep to help me grow my territory. It was all me. What was interesting was the rep who had been in the territory before me kind of destroyed it. The company had some reputation building that we needed to work on. There were physicians and some hospitals whom we had never touched, and the hospitals that we touched, we didn't necessarily do a good job with. I worked my way from the outer end because I figured I could create relationships in some of those regions that had never seen us before and maybe get a fresh start. That way they could get to know me for me, and not have to rebuild from broken relationships. It was interesting. One of the first hospitals I walked in, they said, "Who are you?"

00:19:05 I said, "I'm Ravyn Miller, your rep." And they were like, "Our who?" I repeated, "Your rep." It was the first time they'd ever seen an African American rep come through those doors, pharma or medical device. That was an anomaly for me coming from Houston, Texas, where there

were several of us. I felt like there was a lot that I needed to prove because I was also the only female rep in all of Nashville at the time, between myself and our competitors. I felt an obligation and an accountability, not to just do well for my company, but to also do well for my race and my gender. I used that as a motivating force to show up well all the time. And I did [Laughs]. I did. We grew that territory leaps and bounds above what they had anticipated we would do. By the time I left, they had to split my territory and needed two and eventually three people to support it. We did a good job.

KR: You did a good job!

RM: 00:20:05 I was initially really scared to go into one of the accounts because it was sports medicine. You're dealing with the big-time doctors, the doctors of the professional teams. One of the doctors was a professional NFL [National Football League] doctor, so I was scared to go into his territory. I was talking to John Jones once, and we were looking over our growth numbers. He said, "Hey, this one account, I would've expected us to grow here since you've been here. What's going on?" I said, "I haven't been to the account." He replied, "What?" I was like, "I haven't been to the account." "Why?" "I'm scared." [Laughs].

00:20:57 He said, "Girl, you better go get that account." [Both laugh]. I reluctantly went to the account the next week. I talked to John, and then I had to go in there and prove myself. I wanted to make sure I was ready, which is why I worked on the smaller accounts first. When I went over there to the big account where the NFL physician was, I walked into the break room. When I walked in, everybody looked at me and they stopped eating. They said, "Who are you?" I said, "I'm Ravyn Miller." "Who is Ravyn Miller?" "I'm your new rep for this territory." "You've got to be kidding." "Nope." "We haven't seen a rep for months." "I get it, but I'm your new rep."

00:21:43 "Do you need scrubs?" "Yeah, I do." They go and get me scrubs, but they gave me an extra small. I'm a little different in size now, but I was never an extra small. I'm in these extra small scrubs walking down the hallway like Frankenstein. They claimed they didn't have a bigger size. They go and get me scrubs, but they gave me an extra small. I'm a little different in size now, but I was never an

extra small. I'm in these extra small scrubs walking down the hallway like Frankenstein. They claimed they didn't have a bigger size.

This was their joke. I'm walking down the territory, like Frankenstein in these extra small scrubs, to which everybody is cracking up. At this point I still don't know them, and they don't know my personality. I walk into the room and the doctor [Burton Elrod] is there operating on a patient. He's finishing up and he says, "Who are you?" I said, "I'm Ravyn Miller. I'm your rep." "We haven't seen a rep in months." "I know." "Huh, are you any good?"

00:22:39 And I said, "I think so, but I guess you're going to have to be the one to determine." And he was like, "Well, welcome to the club." Then he squirts me with all this water, to which the room cracks up. That was the beginning of our relationship, and he was my absolute best customer. We're still friends to this day. He's retired, but we're still friends to this day. He helped really take me under his wing, and I think they taught me way more than I could ever teach them. It was just a good lesson to remember to bet on myself, even if I'm scared to do it.

KR: What was the doctor's name?

RM: His name is Burton Elrod, and he was the team doctor for the Tennessee Titans.

KR: And your first meeting with him is in the OR [operating room]?

RM: My first meeting with him is in the OR, to which he turns around and completely drenches me in water. Between these extra small scrubs—now really cold, wet scrubs—I had officially been hazed [Laughs].

KR: 00:23:42 I really appreciate you naming how scared you were to pursue your goals, even with all the great work that you had done up until that point. You still had that moment of not being completely sure you were ready for it. Along that same vein, could you share any narratives about failures that you've had. You can think about failures very broadly, in the early stages of your career or where you are now as a member of the C-suite. Do you have any stories to share about that?

RM:

00:24:24 Failure is just part of the game. It's a part of the game that doesn't feel good, but it's a part of the game that is necessary. One, to keep us all humble, and two, to help us learn lessons that eventually help us to get better. I have a myriad of stories I could tell around failure, but I'll settle in on one or two.

The first failure I had was working with a group where we were going to be talking about a new pricing strategy. Now anybody in commercial marketing or commercial sales will tell you that one of the most highly debated topics in any organization is: "How are you going to price this thing?" The team and I knew that this was going to be a hotly debated topic. We met early on to try to get alignment, which is the whole name of the game. How do you pre-sell some of this, so that we walk in with some level of alignment so it's not as hard to reach a conclusion.

00:25:25 Five minutes before we were getting ready to walk into the meeting, the Vice President [VP] of Sales walked up to me and said, "The other fellows and I have decided that we no longer like your strategy, and we're going to call it out when we get here in this room." Now there are thirty other colleagues in this room who are all waiting to have this conversation, and who are assuming that we are aligned. My heart immediately sank because I didn't have a response. I'm one of those people that freezes when I get nervous. The VP walked in the room and I'm still sitting there. I don't even have time to think or to process before the meeting.

00:26:18 When the meeting started, we got to pricing, which is the agenda topic that we're leading. We immediately put up a slide discussion of the proposal we wanted feedback on. The VP immediately threw his hand down on the desk and said, "We are not aligned on this. We think this is stupid and we are not going to support this." To which another person on our team was like, "Hey, you know what? We thought we would talk about this. We feel like this is good alignment." Within thirty seconds, the whole room is yelling at each other. I had never seen chaos like that. As the room is yelling at each other, I'm getting text messages from my manager saying, "Get this meeting back under control." I lean into the mic to try to do something, but I look up at my colleague who is on my team reporting to

me, and she is crying. This throws me all the way back off guard, and my phone buzzes again.

It's my manager writing, "This is chaos!" My manager immediately stands up and says, "Hey, five-minute break. Everybody walk out of here. Let's get a breather." I walk into a room. I've never cried at work, but I was crying at work. I'm not crying because I'm sad. I'm crying out of frustration because I feel like I got completely bamboozled and I can't understand why it happened. My manager comes into the room, and we have our set of words, and we eventually laugh. I said, "Okay, let's call a time out for today and let's think this through. How do we do this?" The next day, we broke the room into four sections. We had three people redo what they thought would be a correct pricing strategy. Me and the Vice President of Sales go into our own room and talk about, "Hey, what is the new process or procedure we need to have moving forward so that this does not happen again?" We went back to the room. Long story short, all the groups come within five percent of what we initially proposed in the first place. This says a lot about transparent communication, triple checking your work, and co-leading the conversation. Even if we're driving alignment, my big lesson from that is how we co-present so it looks like co-ownership, as opposed to one leading the other. That was the first fatal flaw, of sorts, that I had.

00:27:22

My manager's like, this is chaos. And so he immediately stands up and says, Hey, five minute break. Everybody walk out of here. Let's get a breather. We walk into a room, I've never cried at work. I'm crying at work, but not crying because I'm sad, crying out of frustration because I feel like I got completely bamboozled and I can't understand why this happened. And he comes in and we have our set of words, and we eventually laugh. And I said, okay, let's call a time out for today and let's think through how do we do this? And so the next day what we ended up doing was we broke the room up into four sections. We had three people go off and redo what they think would be a correct pricing strategy. Me and the vice president of sales go into our own room and talk about, Hey, what is the new process or procedure we need to have moving forward so that this does not happen again? We get back to the room. Long story short, all of the groups come within 5% of what we initially proposed in the first place. So it just says a lot

about transparent communication, maybe triple checking your work to make sure and co-leading the conversation. So even if we're driving alignment, my big lesson from that is how do we co-present so it looks like co-ownership as opposed to one leading the other. So that was a first kind of fatal flaw I had. Oh, go ahead.

- KR:** 00:28:56 Let me ask a clarifying question. Is this still at Johnson and Johnson?
- RM:** 00:28:59 Oh, no, this is at Medtronic.
- KR:** 00:29:04 What was your title or role?
- RM:** 00:29:06 I was the Director of Commercial Marketing at that time.
- KR:** 00:29:10 How long had you been there when this happened?
- RM:** 00:29:12 I'd been in that role for probably two and a half years at that point. I established relationships with all the people in the room. We had been working together on other sensitive topics, so I thought we would have a good approach for how we were going to address that issue. But we had never launched a new product together, and it was something new. Moving forward, I didn't take things for granted, such as the fact that we've always worked together. If it's a new program, it must be a new approach. I think what the approach that was desired was to really have co-ownership, as opposed to it looking like one group was leading the other.
- KR:** 00:29:56 You've been in this role for two-and-a-half years, and you had been at Medtronic for how long?
- RM:** 00:30:00 I have been at Medtronic close to eight or nine years. This was not anything where I was a novice. I also don't take for granted the fact that I was the only woman of color in the organization. Not even the leadership team, the whole organization. I asked them later, "Would you have done this to another man? Would you have done this had circumstances been different?" To which, of course, they said, "No, we would've that done to anybody." I get it, but that type of behavior is not acceptable in any place, and it felt very targeted.
- KR:** 00:30:54 Yeah, I agree. Especially right before the meeting.

RM:

00:31:02 Yes. That was a major failure. The other major failure was in a meeting with key opinion leaders. I had not met any of them, and these are physicians who are the crème de la crème around the world. I went to introduce myself to one of them, and I said, “Hey, I’m so excited to meet you. Thank you for all your work.” I then said his name, to which he just then walked off. When he walked off, I thought, “Why would he just walk off?” He didn’t say a word, didn’t say goodbye, didn’t say anything. Then I realized that I had said the wrong name. My soul felt crushed. He is a heavy hitter, and if he goes to share that I called him the wrong name with leadership, that was going to be a problem.

00:31:58 It is still very uncomfortable for me. I thought, “I don’t know if I have completely ruined my reputation or ruined my credibility to be able to partner with him if I’m making my company look bad at this point.” I left the meeting to call my mentor [Brooke Story] because I could not get it out of my head. The day was ruined, and it was only 9:30 in the morning. Brooke sent me a video and she said, “You’ve got to watch this video by Carolyn Wanga, which is called ‘Five Fails a Day.’” The “Five Fails a Day” concept is that you don’t get to say it as a bad day until you’ve messed up five times. You’re human, so failing once, twice, three times is okay. You still have some wiggle room at four, but be careful because after five, that’s it.

00:32:54 Six, it’s officially a bad day. When you look at all the work that you do within a sixteen-hour period, if that’s your waking period, five mistakes [method] gives you a grace before you start beating yourself down. What I know is, without that phone call and without that redirection, I would’ve checked out for the absolute rest of the day and made myself scarce. The five mistakes concept invited me to lean back into the work, to talk myself back up, and go have an amazing day, which I did. For the rest of the day, I made sure that I was prepared and ready to talk to everyone I encountered. The spirit of confidence, imagining myself being excellent on the other side of it, helped me to not beat myself up for the one mistake that I made. We are all human. We want to have this spirit of perfection, but sometimes it’s just not going to always be like that. So how do you get yourself back out of your own head? That five

mistakes concept was a game changer for me, so I am sharing that with as many people as I can.

KR: 00:34:13 Well, thank you. I'll have to go and find that. You mentioned that in this situation, you talked to your mentor. Is this person still your mentor? Was this a recent occurrence?

RM: Oh, yes [Laughs].

KR: What is your mentor's name, if you don't mind sharing?

RM: My mentor's name is Brooke E. Story.

KR: That's a beautiful name.

RM: I love her! She is also a beautiful personality inside and out.

KR: Was this person your mentor also with the first failure that you shared? Did you call her after that?

RM: Yes, I did. As a matter of fact, she was.

KR: Did you call her after that?

RM: 00:34:53 I did.

KR: 00:34:53 How did that conversation go?

RM: 00:34:54 I did call her after that first failure. Brooke was very direct in saying that at this level, I can't take things too personally. Director roles mean that you are sitting at an executive seat within the company. With [myself] being in that seat, there are a lot of people who did not get to be there. The sheer number of people that get to director is going to cause chaos if they, or their person, didn't get selected. Let's start with that. Second, as a Black woman, I have to be willing to stand and fight regardless of what conversation happens. There are so few of us represented that we have to show and pull our chair up to the table to remind people that we belong there, we earned it, and we absolutely can demonstrate it every day that we show up. She reminded me of that.

00:35:57 Third, she said, "Beat em at their own game. What is the desired endpoint? Put yourself in their shoes to see what

they wanted and create a scenario where everybody feels like they're winning." That's where I got the idea to break everybody up. We gave people autonomy to go and create what they think is the right solution. And they came back within five percent of what we originally planned in the first place. For one, I think it spoke to the entire organization that we all have mutual thoughts and ideas of how we are going to win. But two, for me again, it was important to give them that shared sense of ownership, which is what they desired. I had to remember to take off my shoes, put on their shoes and say, "If I'm sitting in their seat, what would they want?" What would they want? They would want a full seat at the table. And for them, that looks like also having the mics standing at the front making the presentation, which is essentially what we were able to do.

- KR:** 00:37:11 Nice. I love hearing you talk about your mentor and the role that she played in helping you pivot that situation in your favor. Thank you for sharing that. As we begin talking more about your role at Medtronic factor that mentorship plays in your life, I'm reflecting on you talking about your dad and when you came home from school when you were nine years old. I'm curious what role your parents or your family is also playing in your life in these moments as you move through Medtronic, if any?
- 00:38:02 My family is a blessing to me. I'll start with my dad; I call him Papa Smurf. Papa Smurf and I have been having conversations one-on-one since I was young. Every Saturday morning, my mom would have the chance to sleep in. My dad and I woke up early, when we got our one-on-one time. He would make me cereal and would sit down and watch cartoons like the Smurfs, which is how he got the Papa Smurf moniker. I would tell him about what happened during the week. Fast forward to today, every Saturday at 8am my dad and I talk on the phone. We talk about what happened during the week and the things that are at top of my mind through work, personal, and social life. He is this light I look to help me think through things. I love him for that.
- 00:39:01 I call my mother Big Shirley, but her name is Shirley Miller. She is also the center of my world. She taught me what it meant to be a Black woman—to stand in the fullness of excellence, to accept your brilliance, to not apologize for it, but to still have humility. My dad says,

“Don’t read the paper and believe your own headlines.” There still needs to be some level of humility because nobody has got where they are on their own. And my mom oftentimes reminds me of that. She built a village around me, and she now expects me to play with other people as well. I try to pay that forward as much as possible. I lean into the role of being a mentor because I realize that I did not get anywhere in my career, college, or socially on my own. This whole “go pull up your own bootstraps” thing.

00:40:14 I’m like, “Who put on my shoe? Who taught me how to lace it up? Who then showed me how to tie my bootstraps before I could then do it on my own?” There were many steps that I took before that whole pulling up and tying my own bootstraps took place. It is now my job to help put the boot on somebody else, show them how to lace it up, show them how to tie it, and then give them the same charge of “now you go do the same.” To me, that is the “it takes a village” mentality that my parents taught me a long time ago.

KR: 00:40:47 I love that. With all of that in mind, as you’re returning to the universe in terms of mentorship and opportunities, what do you think that it takes to be an innovator in medicine and technology today as a Black woman, or as a person that works at Medtronic? It’s however you want to think about it.

RM: 00:41:12 There is an interesting article published in American Scientific that asked, “Why does diversity work?” We have all these studies that talk about how diverse companies—whether it’s ethnic diversity or diversity of gender, neurotype, or sexuality—perform twenty-five percent higher than their colleagues who are non-diverse. When you look at the fourth quartile relative to the first quartile, you see that diverse companies outpace the other ones—at the board level, within management and across rank. More diverse companies outpace the other ones. It’s fantastic. What is never talked about is the “why.” There was an article that I found that talked about the why, and this is what they suggested. When you walk into a room that is homogenous in nature—let’s say all white males—there is an assumption or a bias that because I see people that look like me, we are going to get to a solution faster. Because we think alike, we move alike, and we come with the same types of experiences, there is the propensity to go with the

least friction when creating a solution. We can pick a solution and go fast.

00:42:56 Fantastic. Not to say that you won't do well, but that is the propensity of what happens. When you walk into a room that is more heterogeneous in nature—meaning you see a woman at the table, someone who is ethnically diverse, someone who is neurodiverse, or someone who has a different sexual orientation than you—there is an automatic assumption and/or bias that because they are different than me, they think differently than me. Therefore, I have to work harder to convince them of my solution. Everybody looks around the table and assumes that they will work harder to convince other people to come to their solution. But it's through that friction, different set of experiences, and that conversation that you come up with more creative ideas and comprehensive solutions, which then allows you to out-innovate your competitors.

00:43:57 For me, the way we drive innovation is through diversity, inclusion, and engagement. That drives innovation all day, every day. We have to invite people who are different than us—knowingly different than us—to the table and give them a microphone that is the same size as ours. We have to say, "I want to hear your opinion." It's through those conversations, different experiences, wrestling, and friction. People don't want friction. You need friction. You need friction in order to drive innovation that is better than what you would have gotten if you had done the easiest thing. I'll give you another example. I took an innovation class taught by David Owens at Vanderbilt in the MBA business school. He said, "I'm going to give you a problem and I want you and a partner to sit down and come up with ten solutions."

00:45:08 I can't remember what the problem was, but we came up with ten solutions in five minutes. He then said, "I want you to come up with ten more solutions and I'll give you another five minutes." Okay, easy. He then says again, "I want to give you fifteen to twenty more minutes to come up with ten more solutions." By the end of class, we have thirty solutions. He says, "Now, during the next week, I want you and your colleague to go and think about new solutions that can be an offshoot of what you have or something completely different. Do not return to my classroom until you have a hundred solutions total." We all

thought, “How are we going to do this?” Over the next week, [my project partner] and I met for coffee at night, and we finally got to a hundred solutions. By the time we get back to class, the professor says, “All right, I want you to take out your hundred solutions, and I want you to circle the top five.”

00:46:15 The top five usually fell within the range fifty-one through a hundred for most pairs. That means when we are solutioning and driving innovation, we oftentimes default to the first thing that comes to mind, which is usually the easiest thing. We haven’t spent enough time thinking about it, being creative, wrestling through it, and going through the process of friction. Sometimes the easiest thing is not always the inventive thing. The other piece to driving innovation is needing time to be creative, and not always going for the first and easiest thing that we come up with.

KR: 00:46:58 Absolutely, that’s true. I agree, that is what I should say. Wow, I have so many questions.

RM: 00:47:10 Ask them! Now we’re just talking [Both laughs].

KR: 00:47:12 You said that you’re at Vanderbilt when you’re having this experience, so you’re still working at Johnson and Johnson while you’re pursuing MBA?

RM: 00:47:22 No, I quit J&J.

KR: 00:47:24 Do you want to talk about quitting?

RM: I didn’t quit for any bad reasons. It wasn’t bad as much as it was annoying. At the time, again, I was a sales rep. I’m having the time of my life when I became a sales rep, especially in sports medicine. I love sports. To marry up sports and medicine, I thought I died and went to heaven. I thought, “I can’t believe I found the job I’m going to retire in on my first job. Who does that?” I had invited one of our marketers to come down from corporate to help me launch a new product in my territory. We did eight cases in a row, which is unheard of, but I really believed so much in the product. I wanted to show her that I could create an amazing experience and how we were going to win in the market.

00:48:18 In between the cases, I said, “Hey, at some point down the line, I might want to consider going into marketing. What do you think it’s going to take to make that pivot?” And she said, “Oh, you don’t want to do marketing. I mean, it would require an MBA [Master of Business Administration] and you’d have to go back to school. That probably is more than you can do, so I think you should just be a rep.” And I said, “Excuse me?” She was like, “Yeah, I mean, you’re good at it. We know you can do it. Why don’t you just do this?”

I cannot tell you the temperature at which my blood was boiling. Let’s say if somebody would’ve touched me, they would’ve probably fried to death [Laughs]. I was hot. I was so upset that somebody told me I could just do this, and I was not having it. Within those three months, I quit my job and got accepted into grad school.

KR: At Vanderbilt.

RM: 00:49:20 We had to put that baby to bed.

KR: At this point, you had expanded your territory and done all this stuff already.

RM: 00:49:26 And I was happy!

KR: 00:49:28 But someone comes in and is like, “This is your limit.”

RM: 00:49:31 Yes.

KR: 00:49:32 Wow.

RM: 00:49:33 I said, “I vehemently disagree with you, and I can show you better than I can tell you.”

KR: 00:49:36 I can show you better than I can tell you. My goodness, I’m sorry that happened.

RM: 00:49:46 It’s all good! It catapulted me in a different direction.

KR: 00:49:52 Exactly. But it’s still very frustrating to have gone as far as you’d gone and already demonstrated what you could do, right? So, you leave Johnson and Johnson, and you go to Vanderbilt to get your MBA.

RM: 00:50:04 I initially actually went to Divinity School [Laughs].

KR: 00:50:07 That was also a question, because I had seen somewhere that you had a divinity degree. Can you talk about that a little bit and how your relationship to the church also shows up in your work?

RM: 00:50:20 When I initially went to divinity school, I was wrestling through what I was going to do with it. I didn't know if I was going to a pastor full-time, if I was going to be a chaplain, or if I wanted to be a medical ethicist. I was thinking through all of that, and eventually my mind turned to my family. I thought of grandmother, who died from a heart attack way too early. My grandfather, who died of sepsis, and my uncle, who was one of the first sixty cases to be diagnosed with AIDS back in Arkansas. They said he died of pneumonia. All these instances, I looked at my own family and see just linkages of shame, injustice, and inequity. It was through my work at divinity school where I wanted focus not only on the spirituality side and what we can do through the church, but also through justice and how that shows up in community.

00:51:29 I also had a heart for business. I quit [J&J] because I got a little frustrated, but it wasn't that I didn't love medicine and that I didn't love business. I ended up applying and enrolling in the business school, thank God. I was always wondering how these two things went together. How do I marry up my love of business and medicine with this need to drive justice in communities? In talking with Medtronic, they created a role for me to address healthcare disparities through their work. I had the opportunity through my first role at Medtronic to focus solely on that. How do we address healthcare disparities through various cardiac diseases and use that to create access for more patients? That is beneficial to patients and physicians, but most importantly, to the patients and their families.

KR: 00:52:31 Medtronic is your first job out of your MBA? And they created the role for you? Wow! Tell me more [Both laugh].

RM: 00:52:43 Yeah, I know. I think that I have been blessed in so many ways, and I do believe the hand of God sits with me and through me in all these experiences. No matter how anyone coins God, I do believe that there is a higher power that is guiding my steps. Let me just say that.

I was at a national Black MBA conference walking through the halls, putting my resume down in different places. I remember going over to Harrah's because we had some alum that were there from Vanderbilt working there. I handed them my resume, and they immediately looked at it and they said, "You're also majoring in divinity?" I said, "Yeah." And they said, "You want to work at Harrah's?"

KR: The casino?

RM: 00:53:47 Yeah, the casino. They were like, "No thanks" [Both laugh]. I felt seen. I ended up strolling past Medtronic. I was literally strolling past, and one of the people walked up to me and they said, "Hey, how are you doing?" I said, "I'm good. I know all about Medtronic." They said, "How?" And I said, "I used to be in medical devices as a sales rep. I worked at this hospital, so I used to see your stuff here, here, and there." He was like, "Really? Come talk to me." I'm just literally having a conversation and he walks over to another gentleman and says, "Hey, Ravyn used to be a rep with J&J on the ortho side, so she knows a little bit about Medtronic." I'm just talking to him not realizing that these conversations were interview questions. They were interviewing me.

00:54:38 I think I'm just having casual conversation. By the fourth conversation, I received a job offer. What was so amazing, and why I know I was so blessed, is that Medtronic was not there to hire interns. They were there only to hire for full-time jobs. They said they were so impressed and engaged with our conversations that they made an exception for me. One of the people I was talking to on the floor was the one that hired me, which was awesome. But how they got me was that I had the opportunity to come up to Minneapolis. They said, "Hey, we chose you, but we want you to also choose us. Why don't you come here?" I went to Minneapolis in the middle of December. They told me to rent a car. I was like, "This is not going to be good."

00:55:32 We don't have snow down south. But I ended up renting a car. I first went to the Mall of America so I could get on a ride to get out all my crazies. I rode the roller coaster, and then I went to my interviews. I had good conversations, but they got me at the end of the day at a holiday program. The holiday program is where they bring in physicians from

around the world with their patients and their families to tell their stories of why their device has improved or saved their life. By the seventh patient, I'm falling on the ground crying. My original signature probably has a tear stain on it. I signed it before I got back on the plane, and I said, "I have to come work at this place. It's very special."

- KR:** 00:56:23 That was around when?
- RM:** 00:56:26 2007.
- KR:** 00:56:30 Wow, what a powerful experience. You get to see these physicians globally, to hear these folks from around the world share their stories about their relationship with Medtronic. You're also informed by your own family's relationship to health and medicine. Tell me a little more about that first position then—how justice shows up in your work and how you marry your own history and experiences with the work that you do in that healthcare disparity position.
- RM:** 00:57:05 With the first role, the first thing I needed to do was to prove whether or not there was a problem. I read hundreds of journal articles specific to the cardiac side of things. Then I created a business case to prove the rate at which [marginalized groups] are being treated relative to white male colleagues, using them as a control. There was ample disparity between these different groups. What was interesting was that people didn't believe my data at first. They looked at the data and they said, "You know what? There is no way that African American folks are being treated two times than their colleagues. There's no way that women are being treated two times less than their male colleagues."
- 00:58:07 The mic drop for them is when I said, "These are disparities within insured patient populations." We can't play this game of assuming patients aren't being treated because they aren't insured or because they're underinsured, whatever the case may be. I looked at Medicare data, which means everyone is equally insured. There are other pieces of the system that are broken, which we need to highlight and address to ensure that we can get equitable access to care so that we can then drive equitable outcomes for the patients who are going to be impacted by this treatment or this therapy. We were then able to partner with groups such

as the Association of Black Cardiologists [ABC], which was important. The reason it's important is there is still a tie to Medtronic that I didn't learn until I was working on this as a business case.

00:59:08 When the Association of Black Cardiologists was founded in 1974, the founders of that organization set up a meeting with one of the founders of our company, Earl Bakken. It was through that conversation that Earl Bakken became the first corporate sponsor of the Association of Black Cardiologists. That relationship is so important to maintain. Not just because of the legacy that the ABC and Earl Bakken created together, but because through their work, so many more people have had more time to live with their parents, their great grandparents, and their grandparents. They have the chance to share memories, create stories, and love with one another that otherwise wouldn't be possible because of the work these organizations were able to do together. It was through those relationships that we were able to recruit and identify talented African Americans to come into fellowship for the space that were in.

01:00:20 They now have more opportunities to see Black doctors when they walk into these spaces. We had the opportunity, and are still working on the opportunity, to create more diverse physician engagement for clinical trials. Diverse physicians tend to have diverse patient bases, which then can invite more patients to be involved in clinical trials. That representation is super important. Before you go into commercial sales, you want to make sure there will be equitable treatment and drive equitable outcomes—whether you are a woman, whether you're Black, whether you're Asian, whether you're Hispanic, or whether you're white. You want to make sure that you have good representation in the trial. That helps identify parts of the system that we can address to say, "This is how we're going to make sure that patients are informed and empowered to make the best decisions for their health." What we found is that there's more room and opportunity to create culturally sensitive materials that will invite people to become more empowered, educated, and aware about their choices. Then they make those choices on their own behalf. That work continues.

KR: 01:01:41 It all started in 2007 and here we are, sixteen years later.

RM: 01:01:54 There's still some work to do.

KR: I think that's really amazing, and it really speaks to a lot of the things that you've already shared. I love seeing these things bloom in the work that you're doing at Medtronic, but I also think about how that contrasts with your last few months at Johnson and Johnson and the way that Medtronic is giving you the resources to do those kinds of things... I want to know more about your role now, how you continue to build on your tenure at Medtronic, and what you hope the future holds for you there.

RM: 01:03:18 As I think about my role right now, I'm trying not to tear up. I'm the Vice President of Strategy and Business Development for Defibrillation Solutions at Medtronic. I'm tearing up, because as I talk about it, I didn't realize how grateful I am to be in this role for so many reasons. One is I had so many colleagues who wanted to be at this level in the organization and for whatever reason, they decided to go a different route. When I got here, we just celebrated together. It was never just about me. It was always about the village and having representation at the table. Because when I walk in the room, from a representative's perspective, I'm the only Black woman at this level in the organization. That means a lot for so many reasons and for so many people.

01:04:27 I'm just grateful. I didn't realize that. I'm so grateful. Talking about it out loud has made me a little emotional. I am responsible for creating the ten-year roadmap for the strategy of our entire organization for patients who are living with heart failure or who are at risk for sudden cardiac arrest. If people are wondering what that looks like—if you all got a chance to watch that football game where Damar Hamlin fell on the field and we didn't know if he was going to make it, that was sudden cardiac arrest.¹ That is the type of condition we treat. There's an urgency to the work we do, and our devices need to make smart decisions so that people have another chance at life. The other device that treats heart failure not only can save your life, but it can also improve it so that you can have a better quality of life and go do the things that you love and enjoy without getting overly tired within the first ten minutes...

¹ Damar Hamlin is a safety for the Buffalo Bills in the National Football League. After being hit in the chest, Hamlin's heart suddenly stopped during a football game against the Cincinnati Bengals on January 2, 2023. Hamlin was administered cardiopulmonary resuscitation (CPR) on the field and ultimately survived.

I am starting to think about this from a technological perspective. What type of technology—I think about AI or deep machine learning, things of that sort—do we need to consider as we think about either the device itself, or the things around the device that can help enable people to make good decisions?

01:07:53 I think of apps as an opportunity as well. I get a chance to think about what new evidence we need to create. Are we creating new clinical studies that just have women enrolled in it? Do we have clinical studies where we're making sure that the ethnic representation in the study matches the ethnic representation of how many people actually get the disease? I get a chance to think about what is the new therapy that we are creating? And I can think about all this white space, and it gives me a chance to go back to being a kid where I can ask myself and my colleagues, "If you were to start with white space and think about the craziest idea ever, no holds bar, don't put in a dollar sign on it yet, what would those ideas be?" We come up with these crazy, cool ideas that people initially think are impossible and we work with our engineers to make it possible.

01:08:55 And it makes not only the technology possible, but for people to live a life that is more fulfilling possible as well. It's my honor to be able to do that for our neighbors in Japan, China, Korea, Colombia, and all around the world. It is my honor to do this work because when I look at what is most impactful from a disease state, I believe I'm working in it. When we talk about heart failure or we talk about heart disease being the number one killer of people globally, it's that disease state that I'm working on. To know that I'm working on the number one killer of people around the world, sitting at a seat at the table at the largest medical device company in the world, how could I not be honored? How could I not be humble to sit in this seat? I start crying again, man. It is such a tall order.

01:10:09 I often find myself praying before I go into meetings because I want to have my heart remain open to considering what people who are sitting at the doctor hearing that they have heart failure, what are they imagining? What are they going through? What's going to make their life better on the other side of this procedure, and how can I make sure that it's normalized? How do I put these devices in physicians' hands so that something so

complex can be made easy enough that they can treat more patients? How do I modernize what it is that we are doing so that people can have access to the next best thing every year? And that we aren't sitting on our laurels saying, just because we're the best today, that we'll always be the best. I invite people to be curious and hungry and explore what seemingly is impossible so that we can help people live their best lives. I think that's so important.

- KR:** 01:11:30 Wow, that's beautiful. Thank you so much for sharing that. And again, I'm happy and grateful that you are in this role and have this role that allows you to be creative, your team to be creative, and provide solutions to people. It really feels like you're entering a room and thinking about patients first. Not Medtronic first, but patient first and the patient's needs, which is really, really powerful and important as well.
- RM:** 01:12:07 The first pillar of our strategy is "people first."
- KR:** 01:12:13 That's great. That's an awesome first pillar to have. As we end, I want to ask you if there is anything you hoped to share when you came into this space today that I didn't ask you about.
- RM:** 01:12:29 Oh man, that's a hard question. I don't think so. I believe everybody has a purpose in life, and I think when we find our purpose and we lean into that purpose, our world is made so much better. It's my prayer that when I reach the end of my life, I can look back and say that I worked in my purpose. That I did my best creating my purpose, and that people benefited from it.
- KR:** 01:13:08 I think that's an excellent place to close. Thank you so much.
- RM:** 01:13:13 Thank y'all.