



Podcast Transcript
"Lessons Learned: Caring for Employees,
Patients, and the Community During COVID-19"

Recorded: December 10, 2020

Moderator: Idaho State Senator Abby Lee

Panelists: Lauren Duprey, Head of Human Resources, U.S., Takeda Pharmaceuticals

Voiceover: Welcome to the Women In Government Podcast. Whether discussing important issues or policies of the day, this is the place where lawmakers and decision-makers unite to get the conversation started.

Senator Abby Lee: To say that the COVID-19 pandemic made us readjust to a "new normal" is an understatement. Over the past several months, we've grown accustomed to social distancing, wearing masks everywhere we go, working from home and attending multiple virtual meetings throughout the day.

Hello, I'm Idaho State Senator Abby Lee. Thank you for listening to the Women In Government podcast. On this episode, we're talking about "Lessons Learned: Caring for Employees, Patients and the Community During COVID-19."

Joining the conversation is Lauren Duprey, Head of HR U.S. for Takeda, a global biopharmaceutical company that's focused on bringing better health for people, brighter future for the world."

Lauren Duprey: Thank you so much for having me today.

Senator Abby Lee: Before we get started, I'd like to thank everyone for listening to the podcast today and to not forget to subscribe to, like, or share this podcast. You can also find out more by visiting <https://www.womeningovernment.org/>.

At last count, more than 14 million Americans have been infected with COVID-19. That number keeps growing and is constantly changing how we as a society are living, working, and moving forward with our everyday lives.

Lauren, how can we all have "better health and a brighter future," especially during this uncertain time?

Lauren Duprey: That's such an important question, and first, before we get started, I'd like to say thank you, Senator Lee and also Women In Government and Lucy Gettman for inviting me. I'm really looking forward to this discussion. We'll all seen our lives this year and the lives of those we love disrupted and really altered in ways that I think many of us never would have imagined. I know myself a year ago never would have imagined that my 5-year-old would be wearing a mask every day to go to school.

So, I think it's given us a lot of time really to reflect on our purpose and our values and to prioritize what's most important. For Takeda specifically, that means focusing on our purpose, and our purpose is exactly what you said. It's providing for better health for people and a brighter future for the world. We do this by really staying focused on that and with that underlying it with our values. Those values don't



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change in a pandemic, and they don't change in a crisis. Our values have guided us for hundreds of years, actually, as a company, and those values for us are Integrity, Fairness, Honesty, and Perseverance.

We also make decisions based on a pretty unique framework. I can talk more about this later, but we make decisions based on thinking about patients, trust, reputation, and business, and we call that PTRB. I think it's by focusing on this sense of purpose with a foundation of values that that's how we can really achieve this goal – this audacious goal, really – of better health and a brighter future.

Senator Abby Lee: I love that. I love that it's an audacious goal, and I love the idea that our values don't change during a crisis or a pandemic, and so, that importance of really getting a foundation so that you can weather some of these things. I look forward to hearing more about that.

As head of HR, you rolled out a brand-new model in February of 2020, right as COVID-19 was beginning to hit. This pivot in operating models has a deep focus on equity and inclusion and more, but it sounds incredibly relevant for the world we're currently living in.

We're going to discuss equity and inclusion a little later, but for now I've got another question. Can you tell me some of your key priorities and guiding philosophy as you started to address the pandemic, including managing the impact on your employees, patients and the community?

Lauren Duprey: I mentioned Takeda's values and our decision-making framework PTRB – patient, trust, reputation, business – earlier, and as we were faced with the COVID-19 pandemic, we knew that we needed to stay true to those values and that we could apply that framework quite readily. It was already so ingrained in our ways of working. We use them to make decisions both big and small all of the time.

As we were faced with the pandemic, we recognized first and foremost our very important role as a global pharmaceutical company is to serve patients and communities, so we were committed to helping those impacted by COVID-19 through those efforts both in terms of serving the broader patients and healthcare provider communities as well as the health and safety of our employees.

Then, as we looked at how we would respond specifically to the pandemic, we really focused on four priorities and principles in our response. First and foremost was protecting the health and safety of our employees. If we didn't get that right, nothing else would really matter because we couldn't achieve anything else. So, we focused on first on the health and safety of our employees. Second, we needed to ensure that our medicines were available to all patients who rely on them - ensuring the supply chain continuity and that supply was reliable and that there were not breaks in it.

Third, it was playing our part in reducing transmissions and supporting the community where our employees live and work. We knew that keeping our employees safe was the right thing to do, but we also knew it would have this knock-on effect. The more that we ourselves as a company worked to reduce transmissions, that would help the communities in which we serve and reduce transmission overall. We took that really seriously.



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And then finally it was leveraging our industry expertise to help develop essential therapies to either treat or prevent COVID-19. So, that was through things such as leadership and participating in the COVID-19 Plasma Alliance, evaluation of some of our existing clinical assets, as well as cross-industry collaborations and partnerships. All of these things are ongoing.

With this, we also established very quickly global as well as U.S. prices committees, and we gave those committees a high degree of autonomy to make decisions, to take action, that followed these principles but applied them locally. We knew that was the key. We've all seen the pandemic is changing daily, and we needed to make sure that the local teams really had the autonomy that they needed to take action and to see through these principles.

Senator Abby Lee: It sounds like you had a real commitment for trust and trust in your employees. As we look at how everything has changed for employees and where they're working – my background is I work in a community college, and we all of a sudden were faced with having faculty who were teaching from home while their children were home and having to be online at home – how were you able to support your employees during this time? And how are your employees managing working remotely? What are some of the lessons that other folks could take from this?

Lauren Duprey: We've learned so much during this time, and I spoke earlier about it. It's just unprecedented. When we saw schools back in March and April begin to close, that was nothing that we had ever seen before.

So, while we're on this topic of supporting employees, I do want to just take a moment to recognize and thank all the essential workers out there who put their lives on the line and their health to continue to do what they need to do every day. Takeda has many of these, whether it be in our manufacturing plants or our BioLife Plasma collection centers. The work they do is so important. We're making so much progress, but they've given us so much towards the greater good here.

We have over 18,000 employees in the U.S., and they work across several different business units and functions with a variety of different jobs and natures, so we knew that it wouldn't be a "one size fits all." We knew that there were some very common needs, and how we approached this was to implement a lot of flexibility – taking advantages of adjusted work hours if that was something that worked for you, taking time out during the day. We implemented for many of our office space employees many "no meeting" days, which allowed people to have more flexibility in when and how they got their work done. We allowed people to reduce to a part-time schedule if they needed to, shortened their work week, etc. – just really a focus on flexibility.

We did roll out in 2020 – and we're going to have it again in 2021 – an additional special paid sick leave policy which gave an additional two weeks of paid time off, and that was both to cover your own illness, caring for somebody who was sick, or child care needs that came up due to school or daycare closures. Particularly this past year, we've seen many unexpected needs, and so that leaves us with something that many of our employees felt was really, really helpful.



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We also were able to enhance with some partnerships externally some of the benefits that we have around backup in-home care, center-based childcare, and other virtual learning benefits. We did some of these through Horizon and Care.com as they also were adapting in many of their offerings.

Another thing that we’ve done that I was really proud of that I thought was pretty unique was we enhanced our volunteer time-off policy. We allowed our employees to take up to five days paid time-off to do volunteer work to help those impacted by COVID-19. What we saw was the needs were so great and in some cases just given the nature of what our work was it might have slowed down in spots, and so people felt like hey, I have this time, and I want to get out into my community and serve. That was something that we really wanted to support.

And then finally, I’ll just add – I think we’re seeing this more and more, particularly as we head into the winter months in many parts of the U.S. – mental and physical health and well-being is becoming a real priority. We’ve done a lot in terms of communicating the benefits that we have in this space, particularly the telehealth benefits. We do offer emotional and mental health services through telehealth, and we’ve made sure just to remind people of that phone number and that website so that if they need it, it’s right there, and they can access it.

Senator Abby Lee: Fantastic, I love “no meeting” days! That’s a great idea just to allow people some idea to reset, and the idea of recognizing how much our mental health is improved when we can volunteer and give back – that enhanced volunteer hours is something that I’m going to take back to my organization.

We’re starting to connect, right? We’re working from home, we’re isolated, we can’t get together. I know that I compressed my Thanksgiving dinner. We typically have a large Thanksgiving dinner, and we just had a few people together – just my children and mother-in-law.

But how are you able help continue your company culture when we’re not able to connect face-to-face? What are some of the things that you’re doing to keep your employees connected when they’re working from home or they’re feeling isolated?

Lauren Duprey: It’s something that we’ve also had to adapt. We’ve encouraged people to share ideas that they’ve had. Actually, just this week, a leader was sharing with me that he did a pizza virtual cooking class with a team, and they shipped a cocktail-making kit out to everybody, so over a video chat, they all made this pizza together and made cocktails, and they found that bond. We’ve seen that in other places where people have found trivia platforms or just a basic WebEx type of meeting where people would just take the time to have a coffee and connect. We’ve seen lots of those.

We have, though, in a more formal way increased the communications that we’ve done with our employees. I think we’ve found that it’s really important that those be bi-directional communications, so it’s not just one way of let us talk to you, let us tell you everything, but it’s so important that we get questions and feedback. We did implement in the U.S. “pulse” surveys. We did about three of those



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since the pandemic started, and we’ve just gone out to employees with a relatively short amount of questions and asked, “How are you doing?” “And what can we do for you?” We did one back in May and then one in August and another at the beginning of November. There were quantitative measures, but there were a lot of qualitative measures and comments as well. I’ll tell you we used those to really adapt what we could do for people.

But preserving our company culture, I think we’ve seen that when you do this right, when you stay connected, when you stay true to your values, your culture will reveal itself for good. I think we were lucky Takeda in the U.S. went into this with a very strong and unique culture, and I often say Takeda in the U.S. is a very special place to be. I think that helped us to weather a lot of this, and many of these measures helped to even enhance and grow our culture.

Senator Abby Lee: That’s great, the idea of asking questions and actually having a space and a place to gather those responses and do something with that. I think that speaks about the integrity that you were talking about earlier.

According to a September Gallup Poll, a new 33% low say they’re “always” working remotely. That’s down from 51% in April during the height of restrictions on businesses and schools, so we’re adjusting and kind of coming back. This 18-percentage-point shift has been offset by a seven-point uptick in the percentage who are now “sometimes” working remotely—from 18% to 25%.

So, we’re coming back into the office. We’re getting back to school. As you shift from 100% virtual working, what does the transition back into the workplace look like?

Lauren Duprey: This is an incredibly complex undertaking to get back to the workplace safely, which was one of our key priorities. We recognize throughout all of this that for many of our employees, they never left. They never left the physical workplace - as I mentioned, our manufacturing employees, our BioLife Plasma collection centers. When we began preparing for this and communicating, we wanted to do so in a way that was very sensitive to that reality.

For our office space workers who were 100% virtual, what we needed to do first is make sure that we had that safe environment, that our offices were physically as safe they could possibly be. We looked at our air filtration systems, we implemented new cleaning protocols, we implemented additional signage, etc. and then policies. You needed to wear a mask and minimizing the number of people in a physical room when having meetings. So, all of these policies were so important as well as some of the technologies to enable them. We needed to implement tools to allow people to actually book a spot to work at in that given day because we still have to limit the capacity in our building, and so those technology solutions were really important.

But I think what we’ve done that I think has gone very well as we transitioned back is we communicated in positions the workplace – the physical office – as a resource. It’s a benefit. It is something that is there to help you, whether that be very reliable Wi-Fi, whether that be better lighting, whether it be a



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relatively pretty quiet place to work. There are so many benefits that I think we realized we all missed from our physical workplace. So, we very much tried to communicate it in that way.

We are not in any way forcing people. This is very much a voluntary return to the workplace, and what we've seen is that people are kind of coming and going as they need to. I know one woman on my team is going in most days because her home set-up with children and a spouse and everything just isn't conducive to work. So, she was very grateful to be able to go into the office. And for others, whether it is due to an underlying health condition or other circumstances, it's just not something that they're interested in right now, and that's ok.

I do want to share that we are thinking about and studying and working on what this is going to look like in the long-term. Right now we're still very much living with the impacts of COVID-19, and we're not back to normal. But once we do go back, it's won't be the same normal. It won't be the normal that we had before. Through some broad work that we're doing, we're understanding what the preferences of our employees are in terms of when we come back, how much they like to work virtually or remotely, and how much they'd like to work in the office.

Senator Abby Lee: I'd love to have this conversation a year from now and see what you've learned and what you're doing. As you shared, bringing better health and a brighter future to your employees is really a great way to maintain a happy and productive workforce. But it's not just internal processes that matter. You spoke earlier about one of the first parts of making sure your employees were safe but also your communities were safe, and caring about communities outside your organization is a priority and is also important.

I just was looking at this statistic, and it says according to a Horizon Media study, one emerging group places a premium on corporate social responsibility efforts. 81% of Millennials expect companies to make a public commitment to good corporate citizenship.

With more than 18,000 employees in the U.S., what is Takeda doing to help support the communities in which you live and work during this pandemic? You talked about volunteer hours and you talked about flexibility, but what are some other things that could be lessons for other companies and organizations?

Lauren Duprey: We think about this in a number of ways. As you mentioned, we have our volunteer policy that lets employees identify causes locally that might be meaningful to them and serve directly. We do also in the U.S. have an employee gift matching program, so for those charitable donations for eligible organizations we'll actually match those. Again, kind of connecting to the very local communities of our employees is important.

But then we do also have our global corporate social responsibility program, and with that we prioritize really long-term commitments to disease prevention, capacity building, and development in emerging countries. We are also focused on our local community in the U.S. here, and so in the U.S., we have a very natural connection to organizations that work to improve lives through medicine and healthcare.



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We've been donating almost \$2 million annually through our corporate philanthropy as well as our gift matching program as I mentioned, some of those individual volunteer awards.

Right now, there's a lot of urgency, as you mentioned. We have been working globally, and we've donated about \$23 million across a few UN organizations to help strengthen health systems globally. We've been working as well through the United Nations Populations Fund and the World Food Program to support some of those vulnerable communities globally.

And then, in the U.S., we've also been thinking about making partnerships and donations to causes that are impacting social issues as well because as we've seen, the two are connected.

Senator Abby Lee: The COVID-19 pandemic has had a devastating effect on many of our minority communities in the United States. The most disproportionately high COVID-19 mortality rate was among Black or African Americans in 35 states and with American Indian and Alaskan Native residents in 5 states. We're all still certainly struggling in the Southwest with the number of our American Indian populations. With Asian Americans in 4 states, and Native Hawaiian and Pacific Islanders in 1 state, across our nation we're seeing that the pandemic has really revealed and exacerbated social inequities and longstanding health disparities.

How is your Takeda specifically helping ensure that people who are at most risk are getting this appropriate care? What are things that your employees are doing to respond to the most vulnerable populations we have during this pandemic?

Lauren Duprey: Where we've really focused through this crisis is our patient assistance response team, who's been working around the clock to ensure that every patient who needs our medicines and treatments can continue access to them safely and without interruption.

As we've all seen, COVID-19 has disrupted many things. It's disrupted employment, it has disrupted people's ability to go out and see their doctor physically or pick up a prescription even from the pharmacy. So, we knew that we needed to make sure that we were assisting patients in appropriate but additional ways. We've enhanced our programs. We are helping eligible patients who've lost a job and are experiencing a financial hardship. We have put in place additional measures for enhancing our free drug program for eligible patients that are enrolled in our program who have also experienced a loss or gap in insurance coverage due to COVID-19. We've also extended some of the eligibility periods for certain patients to allow them to really be more flexible, and we've also implemented some virtual training that pairs our specially trained nurses with patients to teach proper self-administration of certain medicines from the safety of their own home.

So, we've put in place some of these different measures and put in place these virtual tools to help address some of these disparities. I'm also excited to say we are working with others in our industry, and we're supporting the first ever industry-wide principle on clinical trial diversity, which was recently



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released by PhRMA, the trade association for pharmaceutical companies. It was endorsed by companies across the biopharmaceutical industry.

I think what we see is that the health disparities start early. They start really in the clinical trials, and this work will aim to enhance education about the role of clinical trials and awareness but also expand diversity in the trials themselves by reducing barriers to access and participation and ultimately to ensure that we get better data and better access for all.

Senator Abby Lee: That's great. We've talked a little bit earlier about Takeda's commitment to equity, diversity and inclusion (DEI). You just talked about some of that as we look at clinical trials and making sure that we have a breadth and depth of diversity. Can you talk about the specific steps that you're taking to create a more diverse and inclusive workplace that reflects the diversity of the patients you serve? And why do you think that's important?

Lauren Duprey: It is so critical. The purpose of our company is delivering better health and a brighter future through innovative medicines. Innovation is the key to what we do, and we know that diversity, equity, and inclusion – all of these things will ultimately enhance innovation and therefore better serve patients.

It is also the right thing to do from a moral and ethical standpoint. In the U.S., we saw the tragic events that unfolded around our country related to racism and some of the violent deaths that we saw – George Floyd, Breonna Taylor, and countless others – that was a compelling reminder of the work that we needed to do. We see this in the patients that we serve and the healthcare systems that we work in. We also see it internally. We see our goal as to build a workplace that's as diverse as those patients that we serve, where all of employees are welcomed, empowered, and inspired to use their unique voices and talents.

We know there is a lot of work to do in this space, both individually and collectively. We're taking steps in our commitment to diversity, equity, and inclusion. This year, we actually kicked off a multi-year strategy of a truly integrated DE&I strategy across the U.S. We have eight pillars that we're focused on. We think of DE&I as it relates to talent, we think about it in learning and development or how we are providing tools and resources for our employees. We think about our vendors and suppliers. Who are we actually partnering with and doing business with? Next, we think about communications with patients, both internally and externally. We think about our work in policy and access and connecting that vision of DE&I. And then we also think sales and marketing – are our marketing materials reflective of the diverse populations that we serve? Are our sales practices inclusive? We think about patient engagement – many of the things that I mentioned to you earlier, but it may be as simple as what languages we are engaging in. And then finally, we think about medical and driving health equity in the scientific and clinical trials.

By focusing across these eight pillars, we're aiming to improve and enhance and kind of see this vision of diversity, equity, and inclusion within the walls of Takeda, within our workplace, but we know that we



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want to impact the community and really the broader ecosystem around us. Again, I think it's ambitious, but we are I would say energized and excited about the work ahead. We know that it's not going to be short. As I mentioned, this is a multi-year journey, and we might not fully get there. It will always be a process. It's something we are very committed to.

Senator Abby Lee: Well, it sounds like it's part of your culture, the culture that you have and the culture that you want to continue creating. How have your employees responded to these efforts?

Lauren Duprey: They have done more than respond to it. They called for it. It was really our employees that called for us to take this action. We have Employee Resource Groups. Many companies have these, right, where different affinity groups can kind of set up. Those have always been active, and they were the ones coming to us, coming to leadership, coming to HR saying that we need to do more. We need to do more in a structured way as well.

When we stood up this council, we actually had over 100 people sign up to participate in the council. I should say participate doesn't just mean you get a T-shirt and feel good about yourself. It actually means you're going above and beyond, taking on additional work at a time when I know that many of us are burning the candle at both ends. The response has been tremendous, but it's more than a response. It's really an employee-led and employee-driven initiative.

Senator Abby Lee: I can kind of see that integration from your community into your workplace. So, in Idaho we're a part-time legislature, as many legislatures are. We are heading into our legislative session in January, and the big topic is vaccines. There's a lot of excitement for treatments for the COVID-19 virus.

Takeda, I understand, is focusing its efforts on plasma from people who have recovered from COVID-19, known as “convalescent plasma,” which could be a key part of the fight against the new coronavirus.

Lauren, can you explain this plasma-derived therapy that Takeda and other global plasma companies are developing to potentially treat those who are fighting COVID-19? It sounds exciting, and we're all looking for answers and opportunities.

Lauren Duprey: I think the news coming out about the Pfizer vaccine is incredibly exciting. I think the FDA has made it clear that it won't compromise on safety but also wants to make this big effort to engage in the dialogue quickly so that we can move rapidly in these efforts.

I think we have to think about this as a toolkit. There's not going to be one single vaccine, on single medicine, one single anything that's going to address COVID-19. There will be a variety of tools, and the hyperimmune treatments may be one of those tools.

We are working on a potential plasma-derived therapy. We're doing this as part of the COVID-19 Plasma Alliance, which I mentioned earlier, an alliance of a number of companies working in this space, and



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together, we’re developing a hyperimmune-globulin therapy to combat COVID-19. It’s for the treatment of hospitalized patients at the risk of serious complications from COVID-19.

The way that this works is we are pooling and processing plasma from recovered COVID-19 patients, so someone who has had COVID-19 and fully recovered. We are able to collect their plasma and then actually pool it with other donors. This is also known as convalescent plasma. When we do this, we’ll be developing a non-branded plasma-derived therapy that will contain consistently high levels of antibodies to COVID-19. We collect the donated plasma, and it goes through a number of processes - purification, fractionation, standardization – along with some virus inactivation steps. With that, it produces a medicine that has consistent levels of antibodies. What’s important to understand is that we do this process that purifies the donated plasma to remove any viruses and standardize it so that you do have those consistent levels.

We’ve seen where hyperimmune therapies have been shown to be effective in treating other severe bio-respiratory infections, so we do believe that this has the potential to treat people and those risks of complications from COVID-19. I want to point out the hyperimmune program is unrelated to some of the discussion that maybe you’ve heard about emergency authorizations for direct transfusions of COVID-19 convalescent plasma, but of course we welcome all efforts that contribute to any potential therapeutic solutions for COVID-19.

Senator Abby Lee: There’s still a lot to learn. I was really intrigued earlier when you talked about this industry-wide collaboration under PhRMA, and then you just mentioned some non-branded solutions. You touched on this COVID-19 Plasma Alliance. What’s its mission and approach, and is this typical where the industry comes together to really try to solve an issue like COVID-19? And what’s the impact to date that this Alliance has had?

Lauren Duprey: We believe this pandemic like many crises demands bold moves. When we were faced with this really unprecedented challenge, we co-founded this alliance of world-class plasma companies to help work together to address what we knew would be a global need for plasma treatments.

We’ve been a leader in plasma-derived therapies for over 75 years, so we bring a lot of experience in development and manufacturing. We felt compelled to offer our scale and our expertise to help. We have a global plasma collection network called BioLife that operates in more than 140 centers in the U.S. and Europe. There are actually a few centers in Idaho as well. Demand for these types of therapies has grown drastically over the past 15 years, and so we knew that having the supply of plasma would be so critical.

The COVID-19 Plasma Alliance includes twelve leading plasma companies. Together we’re working to accelerate the development of these treatments to really improve the chances of success and also to increase the supply and availability of medicine as it is improved.



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I think that way that you've seen the pharmaceutical companies and communities come together and be mobilized is really unprecedented.

Senator Abby Lee: You mentioned the plasma centers that are all across the United States. We know blood plasma is a safe process, and we've used it for more than 100 years to help save lives and in many different therapies. My community's college students are typically the ones that are coming into the plasma centers as they're kind of an easy way to pick up a few dollars to help supplement, but I'm seeing more and more families really responding and coming together to these plasma centers, particularly those who are COVID-19 survivors who fought off the virus and have antibodies that could help others fight it off too.

Can you tell me about the urgent need for plasma and "The Fight Is In Us" campaign?

Lauren Duprey: As you mentioned, it's really bringing awareness to this area. You hear so much about blood drives, but the unique needs of plasma are something that maybe you don't hear as much about.

So, Takeda and other members of the COVID-19 Plasma Alliance teamed up with other organizations both public and private for the launch of "The Fight Is In Us" campaign, which mobilized tens of thousands of survivors to donate their plasma. We've seen celebrities like The Rock and Helen Mirren who are joining the campaign to lend their status to it to just help raise the awareness because the most important step in developing the COVID-19 treatment is collecting enough convalescent plasma.

We cannot make this product without donors, and so that is absolutely critical. It cannot be made in a lab or by any other artificial method. We actually really need those donations from people that have recovered from COVID-19.

Senator Abby Lee: As a legislator myself, I have to ask do you see this experience changing the way government and industry interact? I serve on the Health and Welfare Committee, and we've had a lot of policies and proposals that have come through, but how do you see this changing our interaction between government and industry?

Lauren Duprey: I think I see this experience changing everything. I think we will in years ahead look back at this time period as something that shifted many, many aspects of our life and our society, and I think the interaction of government and industry will be no exception.

I look at the past year, and I'm so proud of how our community has banded together with some of these partnerships and collaborations that I mentioned as some of these examples. But I've also seen barriers come down. There's no better way to bring people together, I think, than a crisis. It's a great equalizer, and we've seen that with COVID-19. Barriers have come down between industry and regulators, and I think certainly we can be proud of some of the government partners and the phenomenal work and being proactive and responsive to the needs of patients.



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I think it's important, though, as we do this with some of the things we're seeing now with approvals of treatments and vaccines as well is that we don't compromise on safety because we have made huge efforts to establish trust in the safety of our products, and that's something that we don't ever want to sacrifice.

I think a collaborative approach, though, it what's most important because that is truly what put patients first. If we put our own self-interest aside and focus on patients, focus on people, and focus on the public health, we really can't go wrong in that way.

Senator Abby Lee: That's great. I have really enjoyed this conversation, and I have taken so many notes about things that I'm going to take back to my workplace, to my community, and also to the legislature as I consider some of these proposals that will be coming forward.

As we wrap up, can you share some of your best workplace practices that we can carry forward from this experience? And again, I hope we can have this conversation a year from now and find out lessons learned and things that have really helped us transition.

Lauren Duprey: I think about three things, really. The first is at the beginning establishing what your foundation is, what your true north is, what your guiding principles will be. Those should be rooted in hopefully values and a culture that has been established, and then from there, the second thing is making sure that you are setting up systems and teams that can operate in an efficient and very decisive way. So, understanding how decisions get made, having the right decision makers at the table, and then trusting them to make those decisions because speed matters in a crisis like this.

And then finally – and this might actually be the most important – is focus on people. If you put people first, whether that be your employees, whether that be your customers or the people that you serve, if you think of that, the rest will really follow. So, investing in people internally, providing that support whether it be physical or emotional, thinking about flexibility and how people work, and always staying focused too on the broader community around you. I think if you put people first, through any crisis you'll come out on the other side doing well.

Senator Abby Lee: So, focus on people, and your values don't change during a crisis or a pandemic. I really appreciate your time today, and I'm excited about the things that you're doing on the front line to help create a culture in an industry that is so needed right now. Thank you so much for your time, and I really enjoyed meeting you and talking with you today.

Lauren Duprey: Thank you, Senator. I enjoyed it as well.

Senator Abby Lee: During the COVID-19 pandemic, we have seen unprecedented levels of collaboration, increased use of technology, and new ways of working that we would never have thought possible. 2020 may have been a year like no other, but it has certainly transformed our workforce and healthcare community into stronger versions of themselves.



Podcast Transcript
“Lessons Learned: Caring for Employees,
Patients, and the Community During COVID-19”

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Once again, I’d like to thank Lauren Duprey, Head of HR U.S. for Takeda for providing such incredible insights.

I’d also like to thank all the listeners for taking the time to hear this important discussion. Don’t forget to subscribe to, like or share our podcast. You can also email us by visiting <https://www.womeningovernment.org/>.

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